**NC Medicaid “COVID+ Report Template for In-Home Providers”**

**Preliminary Guidance**

**June 1, 2020, updated June 15, 2020**

As noted in [SPECIAL BULLETIN COVID-19 #93: Targeted Rate Increase, Additional Hours and Associated Reporting Requirements for In-Home Personal Care Services (PCS) Providers under State Plan PCS and CAP/C and CAP/DA Programs](https://medicaid.ncdhhs.gov/blog/2020/05/29/special-bulletin-covid-19-93-targeted-rate-increase-additional-hours-and-associated), in-home providers claiming enhanced reimbursement for supporting a Medicaid beneficiary with a COVID-19 diagnosis, must submit a  *NC Medicaid COVID+ Report Template for In-Home Providers.*

Please review the bulletin at the link provided above before proceeding.

**Overview Guidance**

* These instructions provide guidance for completing the *NC Medicaid COVID+ Report Template for In-Home Providers*.
* This template and related instructions apply **only** to in-home personal care service providers under State Plan PCS, CAP/DA and CAP/C providing services to Medicaid beneficiaries with a COVID-19 diagnosis listed in Technical Assistance presentations.
* This report should reflect **only** those days during the reporting month for which both the reporting provider provided a billable service and appropriately included/will include a U07.1 diagnosis code on the applicable claim.
* Special Bulletin #93 and this report are **not** applicable to retainer payments established under Appendix K.

**Additional Guidance for Completing the Template**

* Technical instructions for completing the template are also found on the Face Page of the template workbook.
* The generic template Excel workbook is named: *NC DHB COVID+ In-Home Date Reporting Provider Template.* Each reporting provider **must** customize the workbook template’s name for submission, following the instructions provided.
* Please list only Medicaid beneficiaries who have a COVID-19 Diagnosis (“COVID+”) during the reporting period.
  + This includes dually eligible (covered by both Medicaid and Medicare) beneficiaries.
  + Please **do not** include Medicaid beneficiaries who do not have a confirmed COVID-19 diagnosis.
  + Please **do not** include clients who are not Medicaid beneficiaries, regardless of their COVID status.
* This report will be used to validate proper billing, so the Provider should not include beneficiaries for whom a COVID diagnosis is not confirmed.
* Please ensure all COVID+ residents listed on the template have a diagnosis consistent with ICD 10 U07.1 diagnosis criterion as outlined here: <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>. If the provider is unsure or unclear of U07.1 diagnosis, the beneficiary should not be included on the report. If a diagnosis is confirmed after the report’s submission, the provider may include updated information as part of the following month’s report submission.
* A beneficiary’s COVID “recovery date” is aligned with the CDC’s guidance on Discontinuation of Transmission-Based Precautions. Please review this guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>. If you need guidance on interpreting these criteria, please contact your local health department.

**Guidance for Submitting the Report**

* Please submit an *updated, amended* version of the *same* workbook each reporting period so that a single workbook is revised monthly and includes a new a tab each month the provider is serving COVID+ beneficiaries and drawing down the appropriate rate. Please submit this to [Medicaid.ProviderReimbursement@dhhs.nc.gov](mailto:Medicaid.ProviderReimbursement@dhhs.nc.gov).
* The report should be submitted on the 5th (or following business day) of the month following the reporting period. For initial reports (covering April and May, 2020), please submit by June 10, 2020.

**Questions**

* If you have additional questions about this report, please review the COVID Report Template TA Session for In-Home Providers Part 1 and Part 2 or email [Medicaid.ProviderReimbursement@dhhs.nc.gov](mailto:Medicaid.ProviderReimbursement@dhhs.nc.gov)