

# **OPERATIONAL MEMO**

| TITLE:                                  | <b>REPORTING COVID-19 SUPPLEMENTAL</b>        |  |
|---|---|--|
|   | PAYMENTS ON THE MED-13                        |  |
| <b>SUPERSEDES NUMBER:</b>               | N/A   |  |
| EFFECTIVE DATE:                         | MAY 22, 2020                                  |  |
| <b>DIVISION AND OFFICE:</b>             | BENEFITS AND SERVICES MANAGEMENT              |  |
|   | DIVISION, OFFICE OF COMMUNITY LIVING          |  |
| PROGRAM AREA:                           | SKILLED NURSING FACILITIES                    |  |
| KEY WORDS:                              | SKILLED NURSING FACILITIES, SNF, NURSING      |  |
|   | FACILITIES, NF, COST REPORT, MED-13, COVID-19 |  |
| OPERATIONAL MEMO NUMBER: HCPF OM 20-086 |   |  |
| ISSUE DATE: AUGUST 26, 2020             |   |  |
| APPROVED BY: COLIN LAUGHLIN             |   |  |

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### **Purpose and Audience:**

The purpose of this Operational Memo is to inform Nursing Facilities, Nursing Facility Management companies, and cost report preparers of operational instructions on reporting COVID-19 supplemental payment revenue issued May 22, 2020 on the cost report containing this revenue.

#### Information:

As described in Operational Memo 20-050, the Department of Health Care Policy & Financing (Department) issued a temporary provider rate increase for Skilled Nursing Facilities (SNFs). The payment was issued in order to offset the increased cost of COVID-19 related precautions and staffing needs. For SNFs, this payment was issued as a one-time supplemental payment based on Medicaid census data.

Because these revenues and costs fall in a time period that will be used to set future rates, facilities must report this revenue and costs on their applicable cost report.

#### The COVID-19 supplemental payment revenue must be offset as follows:

Total revenue received through the State-issued supplemental COVID-19 payment should be offset against the associated expenses. The offset must be made based on the proportion of adjusted (net allowable) costs reported in each of the following cost centers:

**Schedule C, Line 6, Total Direct Nursing** (Offset must be made to Line 4 as an offset to Line 6, Total Direct Nursing is not possible on the cost report template).

#### Schedule C, Line 19, Medical Supplies

#### Schedule C, Line 43, Dietary Not Food

**Schedule C, Line 44, 45, 46, Laundry & Housekeeping** (Offsets should be made to the applicable lines related to Laundry and Housekeeping Expenses)

Example:

**FACILITY A** received \$70,000 in COVID payments and had a total of \$3,500,000 in the relevant costs.

- In this scenario, *Facility A's* COVID-19 supplemental payment of \$70,000 is equal to 2% of their actual costs in the relevant cost centers of \$3,500,000. The revenues should be reported proportionally across the identified cost centers at 2% of costs.
- Cost report preparers should calculate the appropriate percentage to offset on a facility by facility basis using actual costs and revenues.

| Cost Center  | Adjusted (Net Allowable)<br>Expense | Revenue Offset (2%) |
|--|-------------------------------------|---------------------|
| Schedule C, Line 6, Total<br>Direct Nursing        | \$3,000,000                         | (\$60,000)          |
| Schedule C, Line 19, Medical<br>Supplies \$125,000 | \$125,000                           | (\$2,500)           |

| Total   | \$3,500,000 | (70,000) |
|---|-------------|----------|
| Schedule C, Line 44-46,<br>Laundry & Housekeeping | \$75,000    | (1,500)  |
| Schedule C, Line 43, Dietary<br>Not Food          | \$300,000   | (6,000)  |

MED-13's that do not report the revenue or report the revenues outside the stated method will be adjusted prior to finalization.

## **Attachments:**

None

# **Department Contact:**

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