

Date: July 17, 2020

To: Nursing Facility Administrator

From: Valerie Cooke, Director
Nursing Facility Rates and Policy Division
MN Department of Human Services

RE: COVID-19 Testing of Staff of Nursing Facilities

Nursing facilities have been severely impacted by COVID-19. The vulnerable adult population residing in congregate living in a healthcare setting have inherent risks, which requires aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing facilities. The Minnesota Department of Health (MDH) and Centers for Medicare and Medicaid Services (CMS) have issued guidance recommending numerous COVID-19 prevention and control measures in nursing facilities, including guidance related to implementing screening measures for staff and residents. The Centers for Medicare & Medicaid Services (CMS) guidance released 5/18/20 recommend a baseline universal test for all residents and staff before a facility progresses between any phases of modifying visitation guidelines. These federal recommendations can be found here: <https://www.cms.gov/files/document/qso-20-30-nh.pdf>

This memo provides information regarding reimbursement from the Minnesota Department of Human Services (DHS) for Medicaid certified nursing facilities that offer and/or administer baseline and on-going testing of all staff for COVID-19. Recommended responses to COVID-19 is continuously updated as more is learned about the virus. The information contained in this letter may be subject to change per future state and federal guidelines. If seeking reimbursement for staff COVID-testing from DHS, the facility must comply with MDH testing guidance. See: [Long-term Care Testing: COVID-19 - Minnesota Dept. of Health](#).

Reimbursement information:

- For the purposes of COVID-testing reimbursement by DHS, a staff member is any employee, contractor, pool staff, volunteer, or other personnel who provides health care, personal care, social, administrative, clerical, dietary, environmental, or any other kind of services WITHIN the facility.
 - In order to seek reimbursement for these testing costs nursing facilities must use either the DHS NFRP [COVID Form A](#) or Form B. A Medicaid enrolled provider may choose to claim these testing costs on their Medicaid cost report INSTEAD of claiming it on a Form A or Form B. Testing costs must be reported on line 9080 "Other Employee Benefits" on the Medicaid cost report. COVID reimbursement forms may be submitted by facilities to DHS no more than once monthly. Costs reimbursed through COVID Form A or Form B must be recorded as an adjustment on line 9080.
 - Allowable costs for testing are limited to the Medicare Fee Schedule in effect on that date of service. These limits apply to the testing costs regardless of whether the facility is seeking reimbursement via the NFRP COVID reimbursement forms, or, are claiming these costs on their Medicaid cost report.
 - If the facility is using in-house nursing staff to collect specimens, a separate fee for that service will not be allowed. Incremental staffing costs to perform this function can be claimed on Forms A or B.
 - Testing costs eligible for reimbursement under 12A using Form A or Form B must be COVID-19 related expenses. Eligibility for reimbursement under 12A for COVID-19 staff testing will end 60 days after the Governor's emergency declaration for COVID-19 is over.
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- COVID testing costs for residents and visitors are **not** allowable on the NFRP COVID reimbursement forms nor the Medicaid cost report. Labs will bill for resident tests through the resident's insurance and the nursing facility is obligated to provide the payer information of the residents to the labs.
- Facilities that are reimbursed for these testing costs will have to make available to DHS immediately upon request, documentation that the facility has incurred these costs, the costs were allowable, and that the facility has paid for these costs in full.
- Maintain records of employee testing and make this information available to DHS staff upon request. These records must be kept for seven years. These records shall include each employee name and test date(s) for those the facility is seeking reimbursement for from DHS.
- If these costs are subsequently reimbursed to the provider for any reason, the provider shall return these funds to DHS within 30 days of receipt.

For questions about this memo, please contact Kim Brenne at 651-431-4339 or kimberly.brenne@state.mn.us