

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Audit
11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011
Tel.: (207) 287-2403; Fax: (207) 287-2601
TTY: Dial 711 (Maine Relay)

June 30, 2020

Dear Administrator,

All Nursing Facilities, Intermediate Care Facilities, and PNMI Appendix C and F providers received a temporary rate increase to assist with increased costs resulting from the COVID-19 pandemic. Providers are required to submit a financial reconciliation to DHHS-Division of Audit on the attached reconciliation form no later than 30 days after the authorized period has ended. The authorized period to incur expenses was extended through June 30, 2020; therefore, the reconciliation forms must be filed no later than July 31, 2020. Instructions for the reconciliation are attached as well.

The financial reconciliation must document the actual costs incurred for COVID-19 related expenditures compared to the temporary rate increase payments received. The Department will review the submissions for reasonableness and necessity of the expenditures and settle on any overpayment within 45 days of receipt of the reconciliation.

Completed forms and supporting documentation should be sent electronically to the Division of Audit at DHHS.Audit@maine.gov with the subject line of "COVID-19 TRI Reconciliation". The Division of Audit prefers you do not send the information in paper.

If you have questions on completing or filing the reconciliation form, please contact Trisha White, Program Audit Manager, Division of Audit at DHHS.Audit@maine.gov with "COVID-19 Temporary Rate Increase Question" in the subject line or call the Division of Audit main line at 207-287-2403.

Sincerely,

A handwritten signature in blue ink, appearing to read "Herbert F. Downs".

Herbert F. Downs, Director
Division of Audit

Enclosures:

TRI Reconciliation Instructions
COVID-19 TRI Reconciliation Form

Temporary Rate Increase Reconciliation Instructions

All Nursing Facilities, Intermediate Care Facilities, and PNMI Appendix C and F providers received a temporary rate increase to assist with increased costs resulting from the COVID-19 pandemic. Providers will need to submit a financial reconciliation to DHHS-Division of Audit no later than 30 days after the authorized period has ended. The period to incur allowable expenses is from March 1, 2020 through June 30, 2020. The financial reconciliation must document the actual costs incurred for COVID-19 related expenditures compared to the temporary rate increase payments received. The Department will review the submissions for reasonableness and necessity of the expenditures and settle on any overpayment within 45 days of receipt of the reconciliation.

The attached reconciliation template must be completed. If the reconciliation is not received within 30 days of the temporary rate increase period, the funds will be recalled. If the facility is a multi-level, a reconciliation form needs to be completed for each level of care.

On the reconciliation template, please complete the following information. The supporting documentation of expenses and funding from other sources is required as well.

1. The facility name, NPI, and facility type.
2. Line 1, enter the allowable COVID-19 related expenses, which may include personal protective equipment (PPE), additional housekeeping supplies, overtime wages, taxes and benefits, hazard pay, and retention bonuses. If retention bonuses are paid, supply a written policy that outlines the rationale, performance basis and the amount of the bonus as required in the MaineCare Benefits Manual, Chapter III, Sections 50, 67, and 97. For PPE and supplies, only include the amount expensed during the reporting period. Provider should adjust for any unused PPE as of June 30, 2020. Enter the total of lines 1a through 1f on line 1g.
3. Line 2, enter the amount of other available funding utilized from programs such as the CARES Act, Paycheck Protection Program, the Economic Injury Disaster Loan Emergency Advance, etc.
4. Line 3, enter the results of line 1g less line 2.
5. Line 4, enter the Medicaid Occupancy percentage from March 2020 to June 2020 (state days divided by total days). Please identify the state days and total days for this period.
6. Line 5, enter the result of line 3 times line 4.
7. Line 6, enter the amount of funds billed for the MaineCare temporary rate increase.
8. Line 7, enter the sum of line 5 minus line 6. If the Medicaid share of COVID-19 related expenses is greater than the temporary rate increase funds received, enter \$0 on this line.
9. Enter the name of the individual completing the form, their phone number, email address and date completed.

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Reconciliation of MaineCare Temporary Rate Increase (TRI) Funding

Facility Name: _____
NPI: _____
Facility Type: _____
Period of TRI: March 1, 2020 to May 31, 2020

Supporting Documentation reference

1. COVID-19 Related Expenses (incurred March 1, 2020 through June 30, 2020):
 - 1a. Personal Protective Equipment (PPE) \$ _____
 - 1b. Supplies \$ _____
 - 1c. Overtime Wages, Taxes & Benefits \$ _____
 - 1d. Hazard Pay \$ _____
 - 1e. Retention Bonuses \$ _____
 - 1f. Other Expenses \$ _____
 - 1g. Total Expenses \$ _____

2. Less: Other Available Funding (ex: CARES, PPP, EIDL, etc.) \$ _____

3. COVID-19 Related Expenses Net of Funding (line 1g less line 2) \$ _____

4. Medicaid occupancy (March 2020 - June 2020) _____ 0%
(State days _____ Total days _____)

5. Medicaid share of COVID-19 relate expenses (line 3 times line 4) \$ _____

6. MaineCare Temporary Rate Increase Funds Received \$ _____

7. Amount Due the State (line 5 Minus line 6)
(If line 5 is greater than line 6, enter zero) \$ _____

Form Completed By: _____
Phone Number: _____
Email Address: _____
Date: _____