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## Special COVID-19 Letter of Direction #2

**Date:** April 29, 2020  
**To:** Centennial Care 2.0 Managed Care Organizations  
**From:** Nicole Comeaux, Director, Medical Assistance Division   
**Subject:** COVID-19 Guidance for Hospitals using Alternate Care Sites  
**Title:** Hospitals using Alternate Care Sites

The purpose of this Letter of Direction (LOD) is to provide guidance and directives to the Centennial Care 2.0 Managed Care Organizations (MCOs) for modification of services and program standards related to the national public health emergency associated with the 2019 Novel Coronavirus (COVID-19) outbreak. The purpose of these changes is to assure the continuation of essential services to Medicaid patients without disruption or delay while following Centers for Disease Control and Prevention (CDC) direction to maximize social distancing for the duration of the public health emergency.

**Services Provided in Alternate Care Sites (ACS):** An ACS is an extension of a hospital that will house individuals who test positive for COVID-19 and provide the required level of medical care to meet the patient's medical needs. The facility will be used to house patients requiring continued care. MCO's will work with their in-network and out of network in state hospital providers to coordinate the process for providing care in this type of setting and to ensure that the ACS is staffed and equipped to provide the required medical care. The hospital provider utilizing an ACS will be referred to as the "Lead Provider".

The hospital provider will be responsible for coordination of transfer from the hospital to the ACS. The ground ambulance will bill for the transport.

- 1. Patient Status:** The patient will be discharged from the acute care setting allowing the facility to submit an "admit to discharge" claim. The transfer to the ACS facility initiates a new admit to discharge billing period. The prior authorization required for a transfer from DRG to DRG will be waived.

**2. Billing Requirements for the Lead Provider:** The lead provider will be responsible for billing for the services provided in the ACS setting and for reimbursement to the ACS facility. The billing provider will be directed to bill the inpatient stay on a UB-04 claim and to complete the billing form as they currently do when billing an inpatient stay.

**3. Billing Requirements for the ACS Admission:**

- a. To identify an ACS related claim the provider will report the following:
  - i. Type of Bill (TOB): 0621 – Intermediate Care Inpatient Admit to Discharge
  - ii. Report the physical address of the ACS facility
  - iii. The NPI and Tax ID will be that of the Lead provider
  - iv. Report COVID-19 diagnosis code when appropriate
  
- b. Professional services (inpatient hospital visits, etc.) must be billed on a HCFA 1500. The billing provider will be instructed to:
  - i. Bill the hospital visit code or telehealth codes as appropriate (see telehealth codes in COVID-19 LOD)
  - ii. Report COVID-19 diagnosis code when appropriate
  - iii. Report Place of Service (POS) 16 – Temporary Lodging
  - iv. Report the physical address of the ACS facility

This COVID-19 Letter of Direction will sunset when the Human Services Department determines that the outbreak of the 2019 Novel Coronavirus (COVID-19) associated with the national public health emergency has been contained.