

Hurricane Sandy Survey Q & A's

December 11, 2012

The following is a summary of the issues raised via the Webinars or email:

1. How should the hospital handle any charitable donations/philanthropy received to help offset costs related to the Emergency? Should items like Cost of providing housing/emergency shelter for the staff and community be net of any donations? Or should the hospital report the actual cost?

Ans: If your entity has received charitable donations specifically earmarked to offset the costs related to the Emergency, then the expenses reported on the survey should be net of these contributions.
2. A nursing home is hospital based for Medicare, but considered free standing for DOH. In addition, the Nursing home has separate Tax ID and Operating Certificate numbers than the main hospital. Should two surveys be submitted?

Ans: If your facility files an Institutional Cost Report with the Bureau of Primary and Acute Care Reimbursement for the hospital and an RHCF4 with the Bureau of Long Term Care Reimbursement for the nursing home, two separate surveys should be filed.
3. If we have reached out to FEMA but have not been given a name of a representative yet, how should we answer the FEMA section?

Ans: If you do not have a representative to date, then leave the FEMA contact information (Name, Phone #, and Email) blank.
4. Can the survey be completed at a System level, rather than for each hospital within the System?

Ans: No, surveys are to be completed for each hospital in your system if separate ICR (Institutional Cost Reports) are filed.
5. Should non-hospital based Outpatient entities such as DTC's complete this survey?

Ans: Diagnostic and Treatment Centers should complete the survey if they incurred extensive damage, lost power, lost ability to operate during the Emergency, or suffered a permanent loss of revenue due to the Emergency should complete the survey.
6. Should the "Revenue Lost" section be completed for facilities that did not experience material unit closures?

Ans: The section is there to aid NYS in gathering data to help determine the overall impact of the Emergency on our healthcare providers. The provider must decide whether or not the section is to be completed.
7. For submission that include a Hospital based Nursing Home, should the Hospital Op Cert # be the one used in the file naming convention?

Ans: If the Hospital and Nursing Home are reported on the ICR, with an RHCF2 also being filed, one survey is to be filed with the Hospital's operating certificate number being used.
8. How do you answer 2G if you have a multi campus hospital? If you have one service is closed but open at another. Do we need to be specific which one is closed?

Ans: Use the Notepad to specify which site has the closure.

9. Will the aggregate results / findings / final report be made available to us at some point?

Ans: The data is being collected to determine the overall impact the Emergency had on NYS healthcare providers and will assist us in developing reimbursement policies which is dependent upon agreement with CMS. At some point, the information may be shared with the Health Care Associations.

10. For storm-related costs, are there date constraints within which the costs were incurred?

Ans: No, there are no date constraints as some facilities are still experiencing closures. Be sure to use the Notepad if you need to explain any entries.

11. Do we need to complete Section 4 if we suffer no physical plant damage?

Ans: No, that section can be left blank if it does not apply to you. On the Notepad, please note "There was no physical damage".

12. Do you want the cost of remediation (correcting a fault or deficiency) as a part of this survey?

Ans: Yes, include the cost, and identify on Notepad.

13. If hospital admitted patients who were on oxygen and lived in evacuation zone, those patients will not be reimbursed by payor as admissions were not "medically necessary". Where to include cost?

Ans: The Emergency shelter and food costs should be reported on lines 12b and 13b.

14. What timeframe is considered a part of the storm period for answering question 43B?

Ans: The timeframe begins October 28, but the ending date will vary per provider, depending upon how long you were affected by the storm. Your ending date should be when the facility/agency was able to operate as normal.

15. We are a large health system with 13 entities, hospitals, nursing homes, home care, hospice, etc. Can we submit one survey with separate tabs? Each facility files its own ICR.

Ans: Each facility which files a separate ICR should be filing a separate survey. If the nursing home, hospice, home care, etc are part of the entity which files the ICR, then they also will be part of the same survey.

16. Our hospital owns approx. 30 private practices. Can we include their losses on this survey & how?

Ans: Yes, you can include the 30 private practices on one of the "Other" lines (21 a through f). You will identify the entry in Column B as "Physician Private Practices" and then report the total loss in Column C.

17. Where would home health agencies indicate non-emergency transport costs? Line 21 a-21F?

Ans: Yes, Non-Emergency transport costs would be an "Other" operating expense which would be reported on lines 21a through f.

18. Please explain the 150% mandate and which providers it applies to.

Ans: The Health Department's Commissioner mandated that nursing homes in Zone A had to staff 150% of the normal staffing requirements of the facility during the storm. For more information, go to the Health Departments website @ www.health.ny.gov.

19. Where would home health agencies indicate overtime costs due to aides not being able to return to their homes or having to stay with patients due to not being able to be left alone without power?
Ans: These costs would be reported on line 7c.
20. We were told that there would be an extension for submitting the FEMA RPA- We don't know where to send the form to. Who can we talk to?
Ans: Contact FEMA at 1-800-621-3362 or @ www.FEMA.gov.
21. Please expound on "in lieu of salary compensation" what does that mean?
Ans: "In lieu of salary" is additional expense incurred regarding a salaried employee, such as compensatory time. This additional expense would have to be defined in your facility's/agency's policy.
22. Residents that have been evacuated and are gone for more than thirty days, does the evacuated facility have to discharge the resident?
Ans: This is not a survey question, but rather a question for The Office of Health Systems Management (OHSM). OHSM has responded that they have told providers that they must discharge the resident. For other related questions please contact OHSM at 518-408-1272.
23. You ask if we have property insurance. If there is flood exclusion, what do we put down? That translates to not having insurance.
Ans: Enter the value of the property insurance, but detail the information about the flood exclusion on the Notepad.
24. I received an overflow of residents from the hospital, not direct evacuees, does this apply to me?
Ans: Yes, indicate Yes on line 1c, and then indicate how many patients/residents received on lines 1e through 1n on each applicable line.
25. I have been advised that if you admitted an evacuee to an empty bed you will be reimbursed for the bed but the bed does not count towards your bed hold. Is that accurate and if so, if it results in lost revenue because it triggered the facility to come off bed hold, should those lost bed hold days be reported as a loss in the survey.
Ans: For information regarding bed hold counts, contact OHSM at: 518-408-1272. There is some confusion as to what revenue you are considering to be lost? Keep it separate and report the specifics on the Notepad.
26. In Section 5, What if the facility did not incur any net loss of revenue but actually had net increases due to taking in evacuees?
Ans: If your facility did not incur a loss of revenue, do not fill out this section.
27. What if the 150% mandate did not cause overtime but only extra regular time, where should that cost be reported?
Ans: In order to gather all salary costs associated with the 150% mandate together, please report the extra regular time online 7a.
28. Will there be another form or survey for billing to Medicaid if we accepted evacuees for other facilities?

Ans: At this time, we are not certain if there will be additional forms/surveys to be completed. As stated at the beginning of the Webinar, the data collected in this survey will help determine the overall impact the Emergency had on NYS healthcare providers and assist us in developing reimbursement policies which is dependent upon agreement with CMS.

29. For questions 43/44- should revenue from home-based care be considered, and if so, should it be categorized as 'outpatient'?

Ans: Yes, home based care should be considered and reported on lines 44a through e as outpatient.

30. If facilities are still incurring costs (e.g. receiving facility that still has residents) how do they estimate/report the ongoing costs?

Ans: Report costs known to date on survey. If there are anticipated costs or ongoing costs, report those on the corresponding lines on the Notepad.

31. Are managed care programs (with day health centers) included in this survey?

Ans: Article 28 licensed providers who offer Adult Day Care should complete the survey.

32. We are a system with multiple corporations, programs and sites. Which one should appear on the actual survey and which in the notepad? Additionally, the notepad cannot be succinct as we have over 30 sites- all of which have had different levels of generator utilization?

Ans: Each facility which files a separate ICR should be filing a separate survey. If a nursing home, hospice, home care, etc are part of the entity which files the ICR, then they also will be part of the same survey. If you are unsure of how many to file, contact your lead agency.

33. By "formal application for FEMA assistance" are you referring to the identification of damages due 60 days after the FEMA kickoff meeting?

Ans: Yes, that is correct.

34. Do you want to complete one combined form for hospital, outpatient dialysis center, home health agency and other ambulatory sites? Some sites are open and some are still closed.

Ans: Yes, enter all of the services' costs on the one combined survey. With regard to the closure of services, use lines 2g through 2j to report what services closed, and enter any additional information needed on the Notepad.

35. We took in residents from a shelter whom had been sent to the shelter from an evacuated nursing home. When we indicate from where our residents came do we indicate nursing home or shelter?

Ans: You will record them as being received from a nursing home. That is the type of care that you are providing for them.

36. Are LHCSA able to fill out this survey? Who in the organization would have received the survey file from you?

Ans: Those LHCSA's (Licensed Home Care Service Agency) who do direct Medicaid business received the survey - it went sent to the contact administrator on the Health Commerce System (HCS). Those LHCSA's that act solely as subcontractors for CHHA's and LTHHCP's and MLTC's were not sent a survey.

37. How am I supposed to fill out if our residents are still evacuated to other facilities?

Ans: Lines 1a and 1b will be used to indicate your residents have been evacuated. You can indicate on Notepad that the evacuation is still ongoing. You will then fill out the remaining sections.

38. ADC Revenue should be put in under line 43 or 44?

Ans: An Adult Care Center should be reporting under the Outpatient, line 44 Revenue section.

39. Line 10 Billing ID, if it's the same as the Tax ID should we leave it empty?

Ans: They are not the same. The Billing ID is distributed to the providers/agencies by NYS; the Tax ID is issued by the Federal Government.

40. If my ADC was closed for 2 days should I put that the revenue was lost for the 2 days?

Ans: Yes, as those days will not be rescheduled, it is lost revenue and should be reported on the line 44 section.

41. For home care, is the survey applicable for personal care providers as well as CHHAs and LTHHCPs?

Ans: CHHAs and LTHHCPs should complete this survey.

42. What are the implications if this survey is not submitted?

Ans: As stated above, we are trying to attain as complete an understanding of the overall impact of the storm. If you do not submit the survey, it will be determined that your facility/agency was not impacted by the storm.

43. What do we fill out in Billing ID? NPI, EIN, MMIS?

Ans: The Billing ID is a different identification number than the ones listed in the above question. It is assigned to you by NYS.

44. Does this apply only to Medicaid providers? For example, if an ACF was affected, should they be completing this?

Ans: Adult Care Facilities should not fill out this survey. (They are not listed in the drop down menu for provider choice.)

45. In gathering information for the OT piece, many departments are explaining that the OT was incurred because other staff were not able to make it to work because of their homes being flooded or roadway closures. I know when I filed the FEMA application for Hurricane Irene they were not permitting facilities to record the OT for shift coverage when the relief was unable to make it in to work but were covering if we had to incur OT to staff up the facility for the anticipated influx of patients. Is this the same rule that I should use for the DOH Survey when OT is concerned? Or can I include the OT incurred for shift relief coverage?

Ans: you should report those costs on the survey. The FEMA rules are their rules, but we are trying to gather all the costs related to this, net of reimbursements. Please note this in the note pad line for where you report the OT costs.

46. We have a mobile van with 1 dentist. The dentist was in an area that was flooded and could not get to work for an additional 3 days. Can we include those days as days closed?

Ans: Yes, for lines 2g through 2j, those days would be considered closed. However, the revenue is considered lost only if the visits/treatments were not rescheduled.

47. We had to cancel all our patients for 2 days. It's possible they were able to reschedule for a different day, how would I record this in lost revenue?
Ans: The lost revenue is included in section 5. However, if patients are rescheduled, then it is a cash flow issue, not a lost revenue issue. You must determine what was rescheduled, from what lost.
48. Sec. 5, outpatient: If we lost revenue from services to current clients, not delivered during storm week, we cannot "re-schedule" these. Is this considered "permanent"?
Ans: Yes, if clients cannot be rescheduled, it is a permanent loss of revenue.
49. If facility was closed for 1 week due to flooding on subways and general disaster that kept clients and staff from coming in, but facility was not flooded, is "flooding" an appropriate response?
Ans: No the flooding question, line 3c, is meant for the facility/agency; not the surrounding area.
50. To consider "net" revenue, should we include only what we got paid for each week or amount actually billed? (We bill for those with inactive Medicaid but do not get paid.)
Ans: you are to enter the average Net Patient Revenue from all payors that you will be actually paid for.
51. I just want to clarify - this is to be completed by Chief Financial Officer?
Ans: Yes, or the equivalent. An Officer of the agency/facility/hospital must attest to the survey.
52. What version of Excel should it be saved in?
Ans: Either version is acceptable.
53. As a new program starting in January 12 the weekly average Jan-September 12 does not reflect the average billing of the 10 weeks prior to the storm as patient population and billing increased.
Ans: Enter what the average billing for your program was for the 10 weeks prior to the storm. Add a note in the Notepad explaining why you are doing so.
54. Survey heading Section 1 has no corresponding notepad area to explain answer(s). I am not ANY of the "provider type" listed.
Ans: All provider types who are supposed to fill out the survey are listed. If you are not listed, then you should not fill it out. Contact your lead agency if you have further questions. Please note that Diagnostic and Treatment Centers were added to the survey and a revised survey was distributed to D&TCs.
55. Is it anticipated that a provider would be reimbursed the amount they claim? If so, what is the timeframe?
Ans: This survey is not a reimbursement tool. It may be used to establish a reimbursement policy at a later date.
56. What kind of back-up/supporting documents are required for the claim?
Ans: The survey requires no supporting documentation.
57. Do you submit any forms other than the worksheet?
Ans: Do not submit any other forms.
58. Under storm related operating costs, for "emergency pharmaceuticals" should we include the cost of pharmaceuticals that were lost due to the storm?
Ans: Yes, include those costs on line 15.

59. "Line 155 does not foot as it does not take into account any of the information on lines 30, 32, 35 and 36 only lines 36 on."

ANS: The insurance policies should not be part of the Capital Expense total. It is appropriate that the calculation starts for question 37 down.

60. Is Putnam County included in the disaster area?

ANS: The affected areas went as far north as Westchester County. The criteria as set forth at the beginning of the survey stated that a facility/agency/provider had to send or receive patients, residents, or program participants during the emergency; incur extensive damage, lose power or otherwise lose its ability to operate during the emergency.

If a facility/agency/provider in Putnam County is saying they do meet the above definition, the lead agency for the facility/agency/provider will review it closely.

61. In the original file, there was a validation of the certificate number used. This has been disabled in the revised file. Will this create a problem?

Ans: The macro was removed because some facilities/providers/agencies do not accept emails containing macros. Therefore all facilities/providers/agencies will have to enter the information instead of some of it being filled in automatically.

62. Please provide me with the definition of "Net Patient Revenue."

Ans: This would be revenue from all payor sources less adjustments. For example, a hospital would use Exhibit 46 as a guideline.

63. If we did not have a surge in patients, then I presume all OT costs incurred by a hospital related to the storm would be reported on line 7c.

Ans: That is correct. Please use line 7a only for the DOH Commissioner's mandate which applied to nursing homes; line 7b is for OT associated with a surge in patients.

