



NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

# NEBRASKA CASEMIX INFORMATION SYSTEM (NCIS)

DHHS MEDICAID & LONG-TERM CARE

CASEMIX PROCEDURES AND INSTRUCTIONS

# CASEMIX INTRO...

The Nebraska Casemix System (NCS) website was developed in conjunction with MDS 3.0 and the Nebraska Casemix system as an easy on line service to facilitate providers with completing care level reports, weighted days reports, viewing past due assessments and errors that caused the assessments to be rejected by the Nebraska Casemix system. This replaces paper documents and related costs and will allow providers and state staff to communicate online to resolve assessment issues.

Several States use the Casemix method for Medicaid MDS-based reimbursement.

# BENEFITS AND FEATURES

- FREE 24/7/365 on-demand access to NCS!
- Access/print/save monthly Care Level Reports and annual (or month-by-month) Weighted Day reports
- Enter/view bed hold day(s)
- View past-due resident assessment data (marked with asterisks on report)
- NO PAPER OR POSTAGE EXPENSES!
- Work more efficiently and conveniently
- Less paperwork to submit to DHHS!

# HOW TO ENROLL IN CASEMIX...

- Enrollment is mandatory
- Visit <http://dhhs.ne.gov/Documents/Confidentiality%20Statement%20NCS%20Web.pdf>
- And <http://dhhs.ne.gov/Documents/External%20Access%20Application-NCIS.pdf>
- And <http://dhhs.ne.gov/Documents/Confidentiality%20Agreement%20and%20External%20Access%20Confidentiality%20Statement%20Instructions.pdf>
- Complete/submit the following forms:
  - Confidentiality Statement to DHHS IT Assets (for newly enrolling Nursing Facilities)
  - External Access Confidentiality Statement (required for EACH user requesting access)
  - Facility IT security/HIPAA violation policy/procedures (for newly enrolling Nursing Facilities)
  - Completed forms may be sent via email ([DHHS.NECaseMix@nebraska.gov](mailto:DHHS.NECaseMix@nebraska.gov)); faxed to (402) 471-9092; or mailed to the following contact/address:  
Greg Carlson – DHHS MLTC  
PO BOX 95026  
Lincoln, NE 68509-5026

# APPLICATION REVIEW PROCESS

- Approximate two to five day standard processing
- Users will be notified via email when access is processed
- Applications that are not complete and accurate will be returned via email
- Return ALL required forms with corrections

# APPLICATION APPROVAL AND INITIAL LOG IN

- New users will receive an email from DHHS staff containing:
  - User ID/temporary password
  - Log in link to Casemix - <http://dhhs-ncsweb.ne.gov/NCSweb>
- You **MUST** change your password upon successful initial log in
  - Visit <https://my.ne.gov> and change password via main menu bar link
  - Three security questions must be created to change password
- Be sure to save the separate links to log into Casemix and change your password!
  - If you are getting a log-in error message stating “this session has been authenticated for 30 minutes”, you are not using the correct Casemix log-in link
  - If you are getting a page that says you don’t have access to any applications, you are in the change password page and need to log in under <http://dhhs-ncsweb.ne.gov/NCSweb>

# BOOKMARKING NCIS LOG-IN PAGE

- Do NOT bookmark the change password page! (<https://my.ne.gov>)
- Bookmark the following link AFTER changing your password BUT BEFORE you enter your log-in credentials: <http://dhhs-ncsweb.ne.gov/NCSweb>

# PASSWORD MAINTENANCE

- Please do NOT share you password with anyone!!!
- My.ne.gov may be used to change passwords at any time
- 3 incorrect entries of password will result in locked account
- You MUST call the DHHS Help Desk at (402) 471-9069 to reset you password (it can NOT be reset through my.ne.gov)!
- A new password must be created every 90 days

# ADDING AND REMOVING USER ACCESS

## ADDING ADDITIONAL STAFF

- Complete an External Access Confidentiality Statement and submit to DHHS via:  
[DHHS.NECaseMix@nebraska.gov](mailto:DHHS.NECaseMix@nebraska.gov)
- User will receive email with user ID, password and log in link

## REMOVING STAFF

- Send notification to:  
[DHHS.NECaseMix@nebraska.gov](mailto:DHHS.NECaseMix@nebraska.gov),  
[greg.carlson@nebraska.gov](mailto:greg.carlson@nebraska.gov), or  
[dawn.sybrant@nebraska.gov](mailto:dawn.sybrant@nebraska.gov)

# CARE LEVEL REPORT

- Available starting the 14<sup>th</sup> of each month (unless the 14<sup>th</sup> falls on a weekend)
- Paper version will no longer be mailed beginning in August 2015
- Download/save in PDF format or export/save to Excel document
- Late assessments will be displayed on the home page
- One (1) line will be added with a name of "N/A" (Not Applicable) so comments can be added for the month and not attached to an individual resident
- Questions on report should be directed to Dawn Sybrant, Program Specialist – MDS/OASIS Automation Coordinator
  - (402) 471-9678
  - Dawn.Sybrant@nebraska.gov

# CARE LEVEL REPORT EXAMPLE

Care Levels Effective For Services – 09/01/2011    Create Date:09/15/2011    Print Date: 09/15/2011

111111111-11 A Perfect Nursing Facility-Pleasant City, NE  
RN Coordinator: Ima Caring-Person    Phone: 111-111-1111

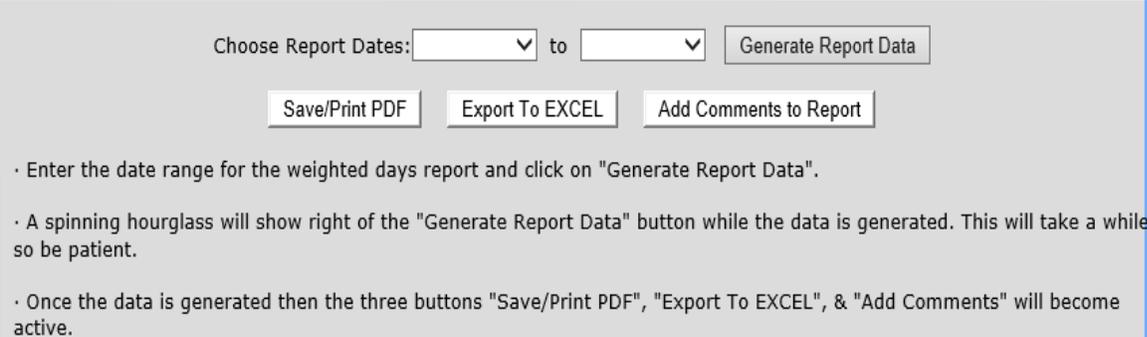
Ssn	Assessment Date	Admission Date	Last Name	First Name	Care Level	ADL	Discharge or Reentry	Bedhold From To
111111111	06/07/2011	12/30/2005	Mouse	Mickey	141	04		
222222222	07/20/2011	02/15/2010	Chilly	Frost	143	16		
333333333			Chilly	Frost			D 08/06/2011	_____
444444444			Chilly	Frost	143	16	R 08/10/2011	_____
555555555	07/05/2011	02/07/2006	Duck	Donald	130	04		
666666666			Duck	Donald			D 07/26/2011	_____
777777777	07/19/2011	07/30/2008	White	Snow	112	15		
888888888	06/28/2011	02/25/2009	Cinder	Ella	141	04		
888888888			Cinder	Ella			D 05/01/2011	_____
999999999	03/31/2011	06/15/2007	Charming	Prince	172	16		
999999999							D 04/01/2011	_____
101010101	05/26/2011	02/02/2002	Yeller	Old	110	06	D 07/15/2011	_____

\* - Indicates that this assessment is over 4 months old. Please send a current assessment. STS - indicates short term stay.

# WEIGHTED DAYS REPORT

- Report can be generated on a month to month or annual basis
- Download/save in PDF or Excel format
- Add comments to report for DHHS staff review
- Annual report will be available in mid-July and can be completed anytime thereafter
- Bed holds must be entered by each facility. Medicaid will no longer enter bed hold days
- If no report changes are necessary or to document discrepancies/missing residents, send notification to: [DHHS.NECaseMix@nebraska.gov](mailto:DHHS.NECaseMix@nebraska.gov)
- Acknowledgement of report receipt and review must be provided to DHHS (via [DHHS.NECaseMix@nebraska.gov](mailto:DHHS.NECaseMix@nebraska.gov)) regardless if changes are needed or not
- Your rates for the following year (7/1) will be affected so be sure your report data is as complete and accurate as possible!

DHHS NE MLTC – ONLINE CASEMIX SYSTEM TRAINING – REVISED 10/1/2019



The screenshot displays a web interface for generating a report. At the top, it says "Choose Report Dates:" followed by two dropdown menus and a "Generate Report Data" button. Below this are three buttons: "Save/Print PDF", "Export To EXCEL", and "Add Comments to Report".

- Enter the date range for the weighted days report and click on "Generate Report Data".
- A spinning hourglass will show right of the "Generate Report Data" button while the data is generated. This will take a while so be patient.
- Once the data is generated then the three buttons "Save/Print PDF", "Export To EXCEL", & "Add Comments" will become active.

# WEIGHTED DAYS REPORT EXAMPLE

## SAMPLE REPORT

TO ADD COMMENTS TO A MONTH (I.E. FOR RESIDENT NOT ON THE REPORT), CLICK ON THE N/A BY THE MONTH IN QUESTION. A COMMENT BOX WILL APPEAR AT THE BOTTOM OF THE SCREEN, ENTER YOUR COMMENT AND CLICK UPDATE

**A Perfect Nursing Facility(0000000004) - Pleasant City**

Choose Report Dates: 2011-08-01 to 2011-12-31

Name	SSN	Start Date	End Date	Class	Days	Comment
N/A		8/1/2011	8/31/2011		0	No
N/A		9/1/2011	9/30/2011		0	No
N/A		10/1/2011	10/31/2011		0	No
N/A		11/1/2011	11/30/2011		0	No
N/A		12/1/2011	12/31/2011		0	No
Charming, Prince	987654325	8/1/2011	8/31/2011	171	31	No
Charming, Prince	987654325	9/1/2011	9/30/2011	171	30	No
Charming, Prince	987654325	10/1/2011	10/31/2011	171	31	No
Charming, Prince	987654325	11/1/2011	11/30/2011	171	30	No
Charming, Prince	987654325	12/1/2011	12/31/2011	171	31	No

Select a page: 1 Page 1 of 3

**A Perfect Nursing Facility(0000000004) - Pleasant City**

Choose Report Dates: 2011-08-01 to 2011-12-31

Name	SSN	Start Date	End Date	Class	Days	Comment
N/A		8/1/2011	8/31/2011		0	No
N/A		9/1/2011	9/30/2011		0	No
N/A		10/1/2011	10/31/2011		0	No
N/A		11/1/2011	11/30/2011		0	No
N/A		12/1/2011	12/31/2011		0	No
Charming, Prince	987654325	8/1/2011	8/31/2011	171	31	No
Charming, Prince	987654325	9/1/2011	9/30/2011	171	30	No
Charming, Prince	987654325	10/1/2011	10/31/2011	171	31	No
Charming, Prince	987654325	11/1/2011	11/30/2011	171	30	No
Charming, Prince	987654325	12/1/2011	12/31/2011	171	31	No

Select a page: 1 Page 1 of 3

Comment: John Doe is not appearing on the report, he was in the facility from 12/02/2011 to 12/25/2011.

# BED HOLD

- You will do your own bed hold data entry!
- Per policy, a maximum of 15 consecutive days are allowed. Therefore, the system will not allow you to enter any amount above 15 days.
- Keep up on your bed hold day entry (or you will do it later anyway)!
- Remember:
  - Please note that swingbed days cannot be counted/entered as bed hold days.
  - REGARDLESS OF PAYER SOURCE...If you held the bed, bed hold day(s) must be entered
  - Discharge assessments and reentry tracking forms should NOT be transmitted for therapeutic leave days. These days MUST, however, be reported on your claim.

# ENTERING BED HOLD DAYS

- Click bed hold tab
  - Residents with discharge return anticipated assessments within past 60 days will be displayed
  - Uncheck box to display ALL discharge return anticipated accepted assessments
  - If bed hold days are already on file, they will be displayed in the bed hold start/end columns
  - Choose select for the resident/discharge that you wish to enter bed hold for
  - You can sort/view residents by first/last name and SSN in ascending/descending order
  - Comments for internal/DHHS MLTC review may be added to bed hold entries and will be indicated with a “YES” in the comment column with the list of bed hold residents
  - Detailed instructions are included in the instructions tab

# BED HOLD SCREENS

View only last 60 days. Uncheck to view all.

<u>SSN</u>	<u>Last name</u>	<u>First name</u>	<u>Entry Date</u>	<u>Discharge Date</u>	<u>Bedhold Start</u>	<u>Bedhold End</u>	<u>Comment</u>
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Status: 03    Entry Date: 12/23/2010    Discharge Date: 1/10/2012

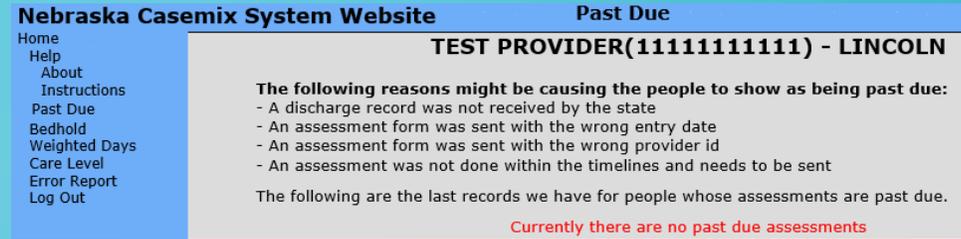
Re-entry on 1/16/2012.  
Bedhold must be between 1/11/2012 and 1/16/2012

Bedhold Start: 1/10/2012    Bedhold End:  ...    Bedhold Days:

Comments

<b>Status (Discharge Status Code):</b>	01 - Community
02 - Another nursing home or swing bed	03 - Acute hospital
04 - Psychiatric hospital	05 - Inpatient rehabilitation facility
06 - MR/DD facility	07 - Hospice
08 - Deceased	99 - Other

# PAST DUE ASSESSMENTS



The screenshot shows the 'Nebraska Casemix System Website' with a 'Past Due' tab selected. The page title is 'TEST PROVIDER(1111111111) - LINCOLN'. A list of reasons for past due assessments is provided: 'A discharge record was not received by the state', 'An assessment form was sent with the wrong entry date', 'An assessment form was sent with the wrong provider id', and 'An assessment was not done within the timelines and needs to be sent'. Below this, it states 'The following are the last records we have for people whose assessments are past due.' and a red message at the bottom says 'Currently there are no past due assessments'.

- Residents with no assessment processed within past 4+ months (based on 10<sup>th</sup> of each month/ARD of last processed assessment) are displayed in Past Due tab
- Questions should be directed to Dawn Sybrant or Greg Carlson at [Dawn.Sybrant@nebraska.gov](mailto:Dawn.Sybrant@nebraska.gov) or [Greg.Carlson@nebraska.gov](mailto:Greg.Carlson@nebraska.gov)

# ERROR REPORT

ebsite
Error Report

TEST PROVIDER(1111111111) - LINCOLN

Status: New
 SSN: 
 Submission Date Range:  ... to  ...

- Used to display resident assessment errors marked by Medicaid staff for NF user(s) review
  - No resident data will display if assessments not marked for NF user(s) review
- Search for assessment errors by individual or all residents
- List of all viewable load errors:

Err #	NCS Description	NCSWeb Description
7	E007: (B0154)(AA1a) First Name Cannot Be Blank	(A0500A) First Name Cannot Be Blank
8	E008: (B0167)(AA1c) Last Name Cannot Be Blank	(A0500C) Last Name Cannot Be Blank
14	E014: (B0263)(AB1) Date Of Entry must be equal to or less than today's date	(A1600) Date of Entry must be equal to or less than today's date
59	E059: (B0361)(A3a) Assessment Date must be equal to or less than today's date	(A2300) Assessment Date must be equal to or less than today's date
513	E513: (B0198-0206)(AA5A) SSN Must Be All Numeric	(A0600A) SSN Must Be All Numeric
707	E707: (Entry Date) Entry date can not be more than 90 previous to assessment date	Entry date (A1600) cannot be more than 90 days prior to assessment date (A2300)
709	E709:(A1600) Re-Entry date is more than 30 days past discharge date.	(A1600) Re-Entry date is more than 30 days past discharge date.
710	E710: (A1700) Invalid assessment reason after a 1T record. Only 01,09,10,11, or 12 are allowed	Only an admission assessment or a discharge is allowed after an entry tracking record indicating a new admit date.
851	E851: (B0154)(AA1a) First Name Does Not Match Database	First name doesn't match current records first name.
856	E856: (B0260)(AA8) Reason For Assessment 02,03,04,05,06,07,09 need an admission record first	(A0310) Type of Assessment 02, 03,04, 05, 06 need an admission assessment first
859	E859: (B0002) A Discharge Record With Reason Code 07,08 must exist before a reentry can be entered	(A0310F) A Discharge Record type 11 must exist before a reentry tracking (A1700)=2 can be accepted
861	E861: (Ab1) An Admission Record With This Entry Date Already Exists	(A1600) An Admission Record With this Entry Date Already Exists
862	E862: (B0260)(AA8A) Previous Record Is a Discharge Of Type '06'. No Other Records Are Being Allowed	(A0310F) A discharge Record type 10 or 12 exists, no other records allowed

# ERROR REPORT RESOLUTION EXAMPLE

Error #	Error Message	Possible Cause	Solution
7	E7: (A0500A) First Name Cannot Be Blank		Transmit modification of assessment.
8	E8: (A0500C) Last Name Cannot Be Blank		Transmit modification of assessment.
14	E14: (A1600) Date of Entry must be equal to or less than today's date	The date of entry cannot be a future date.	Transmit modification of assessment; send corrected assessment.
59	E59: (A2300) Assessment Date must be equal to or less than today's date	The Assessment Reference Date cannot be a future date.	Transmit modification of assessment; send corrected assessment.
513	E513: (A0600A) SSN Must Be All Numeric	SSN must contain nine (9) digits, no dashes (-), or carots (^), letters, etc. If no SSN, please complete Section S0150 after obtaining a number from DHHS.	Transmit modification.
708	E708: (A1300B) Room number doesn't match provider room numbers.	For facilities whose beds are not 100% Medicaid certified, the room number is required and must be a Medicaid Certified room in order for NE to accept the assessment.	If the resident is residing in a Medicaid Certified bed, transmit a modification.
709	E709: (A1600) Re-Entry date is more than 30 days past discharge date.	If a resident is out of the facility for more than 30 days, a new admission assessment and entry tracking (A1700=1) is required. In other words, it must be treated as a new admission.	Modify the NT record (A1700=1) and transmit an admission assessment.
710	E710: Only an admission assessment or a discharge is allowed after an entry tracking record indicating a new admit date	Make sure that this is a new entry and not a reentry. If an entry tracking marked as a new admission is transmitted the NE system will only allow an admission assessment or a discharge.	Modify the NT record (A1700=2) to indicate a reentry and transmit. If it truly is a new admit, be sure to transmit an admission assessment prior to submitting any other OBRA (A0310A) assessment.
851	E851: First name doesn't match current records first name.		If both errors 851 and 852 appear on your error report, it could mean that the incorrect SSN was entered. Verify SSN and, if correct, contact DHHS. If incorrect, transmit a modification.
852	E852: Last Name doesn't match current record's last name.		If both errors 851 and 852 appear on your error report, it could mean that the incorrect SSN was entered. Verify SSN and, if correct, contact DHHS. If incorrect, transmit a modification.
855	E855: Medicaid Number Does Not Match Database	The resident Medicaid number must be in a valid format or a valid Nebraska Medicaid number.	Refer to current data specifications and resident eligibility information and transmit a modification.
856	E856: (A0310) Type of Assessment 02, 03, 04, 05, 06 need an admission assessment first	Either an admission assessment was not transmitted or the assessment has errors that we cannot process.	If you have not transmitted an admission assessment, please do so. If you have transmitted the assessment, modify the assessment errors that appear on the error listing. If it does not appear on the error listing, contact DHHS.
859	E859: (A0310F) A Discharge Record type 11 must exist before a reentry tracking (A1700)=2 can be accepted		Transmit the appropriate discharge.
861	E861: (A1600) An Admission Record With this Entry Date Already Exists	Every admission assessment should have a new entry date in A1600.	Transmit inactivation and then submit the corrected assessment.
862	E862: (A0310F) A discharge Record type 10 or 12 exists, no other records allowed	Discharge 10/12 indicate return NOT ANTICIPATED. If a discharge reason 10 was transmitted, the NE system will only accept a new entry or new admission assessment.	If the incorrect reason for discharge was transmitted, inactivate and submit the correct reason for discharge.
863	E863: (A0900)(BIRTHDATE) Birthdate Does Not Match Database.	Birthdate must match the date indicated on the Medicaid eligibility system.	If you feel that you have the correct birthdate, contact Access Nebraska. If you have the incorrect birthdate on the MDS, modify the assessment.

859	E859: (A0310F) A Discharge Record type 11 must exist before a reentry tracking (A1700)=2 can be accepted	Transmit the appropriate discharge.
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Status: New SSN: [REDACTED] Submission Date Range: ... to ...  
   
 Rows: 1 Page: 1 of 1

Viewed	Date	SSN	Last Name	First Name	Comment
<input type="checkbox"/>	4/27/2015	[REDACTED]	[REDACTED]	[REDACTED]	Record type = "R" and last Assessment Reason not equal "07", "08", or "11"
<input type="checkbox"/>	<a href="#">View</a>	E859: (A0310F) A Discharge Record type 11 must exist before a reentry tracking (A1700)=2 can be accepted			

Nebraska Casemix System Website		Submitted Data		Close
Nebraska Casemix Record ID: 1859270				
A0050	1	A0100A_NPI	[REDACTED]	[REDACTED]
A0100B	[REDACTED]	A0100C_PROVIDERNO	[REDACTED]	[REDACTED]
A0200_TYPEOFPROVIDER	1	A0310A_TYPEOFASMTA	99	[REDACTED]
A0310B_TYPEOFASMTB	99	A0310C	0	[REDACTED]
A0310D	^	A0310E	0	[REDACTED]
A0310F_DISCHARGESTATUS	01	A0310G_DISCHARGETYPE	^	[REDACTED]
A0410	3	A0500A_FIRSTNAME	[REDACTED]	[REDACTED]
A0500B_MIDDLEINIT	M	A0500C_LASTNAME	[REDACTED]	[REDACTED]
A0500D_NAMESUFFIX	^	A0600A_SSN	[REDACTED]	[REDACTED]
A0600B_MEDICARENO	[REDACTED]	A0700_MEDICAIDNO	[REDACTED]	[REDACTED]
A0800_GENDER	2	A0900_BIRTHDATE	[REDACTED]	[REDACTED]
A1000A_ETHNICAMERIND	0	A1000B_ETHNICASIAN	0	[REDACTED]
A1000C_ETHNICAFRAME	0	A1000D_ETHNICHISPANIC	0	[REDACTED]
A1000E_ETHNICHAWAIIAN	0	A1000F_WHITE	1	[REDACTED]
A1100A_INTERPNEEDED	1	A1100B_PREFERREDLANGUAGE	[REDACTED]	[REDACTED]
A1200_MARITALSTATUS	1	A1300A_MEDRECNO	[REDACTED]	[REDACTED]
A1300B_ROOMNO	SNF-B-06-1	A1300C_PREFERREDNAME	[REDACTED]	[REDACTED]
A1300D_LIFETIMEOCCUPATION	MUTUAL OF OMAHA	A1500_EVALPASRR	[REDACTED]	[REDACTED]
A1510A_SERIOUSMENTAL		A1510B_INTELDISABILITY	[REDACTED]	[REDACTED]
A1510C_OTHER		A1550A_MRDDOWNS	[REDACTED]	[REDACTED]
A1550B_MRDDAUTISM		A1550C_MRDDPLEPSY	[REDACTED]	[REDACTED]
A1550D_MRDDOTHERORG		A1550E_MRDDNOORG	[REDACTED]	[REDACTED]
A1550Z_NONE		A1600_ENTRYDATE	20150422	[REDACTED]
A1700_ENTRYTYPE	2	A1800_ENTEREDFROM	03	[REDACTED]
A2000_DISCHARGEDATE	^	A2100_STATUSOFDISCHARGE	^	[REDACTED]

# COMMON FORM QUESTIONS – CONFIDENTIALITY AGREEMENT

- Page 1: Just leave the “DHHS Sponsor Office” blank? YES
- Page 2, Question 1: What information would the facility enter here, or do they leave it blank? JUST PUT CASEMIX REPORTS/BED HOLD. THAT’S FINE.
- Page 2, Question 2: Are they supposed to put a check mark next to “Nebraska Casemix System,” because the form won’t allow it? YES. I’LL HAVE THAT UPDATED SO IT ALLOWS IT TO BE CHECKED.
- Page 2, Question 6: The form isn’t fillable to list the name, title, location and hours of access for each individual, so should they leave it blank? NO, THEY NEED TO PUT DOWN THE STAFF MEMBERS REQUESTING ACCESS (FOR EACH ONE FILLING OUT AN EXTERNAL ACCESS STATEMENT) AND AN APPROXIMATE # OF HOURS OF ANTICIPATED USE.
- Page 2, Question 7: What period of access should they request? INDEFINITE
- Page 2, Question 9: Can the facilities just attach a copy of DHHS’ HIPAA process webpage? NO. THEY SHOULD AND NEED TO INCLUDE THEIR POLICY ON HIPAA/SECURITY VIOLATION PROCESSING AND REPORTING. IF THEY DON’T HAVE ONE, THEY NEED TO CREATE ONE.
- Page 2, Question 10: The form isn’t fillable to include this information, so should they leave it blank? I WILL HAVE THIS CHANGED. THEY NEED TO COMPLETE (i.e. through the facility IS&T network) THE FIELD.
- Page 3 ‘Access Costs’: Do the facilities need to use encryption software? There are a lot of possible costs listed, do you know if the facilities will be charged a certain amount? THERE ARE NO ASSOCIATED COSTS. NO ENCRYPTION SOFTWARE IS NEEDED TO ACCESS THE SYSTEM AS IT IS SECURE.
- Page 3 ‘Access Requirements’: Is there any “DHHS mandated training” the facilities must complete in order to gain access? NO

# COMMON FORM QUESTIONS/REOCCURRING PROCESSING ERRORS – EXTERNAL ACCESS STATEMENT

- Typed signatures are not accepted – it must be an actual signature
- Administrators requesting access are not listing their immediate supervisor
  - Everyone has a supervisor!
  - It must be included on the access form – even if the supervisor is out of state (corporate supervisor)
- Page 2 “Does this supervisor have access to a DHHS Application – should they answer ‘yes’? Lotus Notes?”
  - ANSWER: MOST WON’T HAVE ACCESS TO A DHHS APPLICATION. SOME WILL HAVE ACCESS TO THEIR PAYMENT EOBs AND THE WEB PORTAL TO CHECK CLAIM STATUS. IF THEY DO, THEY CHECK YES. NO ONE WILL HAVE LOTUS NOTES SO THAT WILL BE MARKED NO.
- Page 2 “Does your access request relate to: NCS WEB” – should they answer, ‘yes’ or do they enter something in the ‘other’ field?
  - ANSWER: YES

# HIPAA/IT SECURITY (HEALTH INFORMATION) POLICY

- What are the facility's policies regarding HIPAA violations AND IT security breaches (i.e. safeguarding of resident PHI and managing access to appropriate staff members)?
- What are the protocol(s) that are enacted in the event that a HIPAA/IT security violation/breach occurs?
  - **Internal process** (i.e. warnings/disciplinary/staff education/reporting to appropriate internal management)
  - Please visit <http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/securityruleguidance.html> for information on creating a Health Information Policy.
  - **External process** (i.e. reporting violations to the DHHS Security Officer when appropriate)
    - Report may be made to DHHS Privacy Officer in the event that an unauthorized user inappropriately accesses or misuses information in a DHHS application (i.e. NCIS)
    - For further information regarding external violation reporting, please visit <http://dhhs.ne.gov/Documents/HIPAA-IT-SECURITY-POLICY-INSTRUCTIONS.pdf>

# TIPS FOR WRITING NCIS MESSAGES

- Do not note bed hold days; you must enter them!
- Bed move/discrepancy (from/to or not/never in a Medicaid bed) notifications should include:
  - Client's SSN/Medicaid number
  - Date of the bed move OR that the client was never in a Medicaid bed.
  - Modify the admission assessment with the state provider number if it was previously omitted
  - You may also email questions to [DHHS.NECaseMix@nebraska.gov](mailto:DHHS.NECaseMix@nebraska.gov)

# NCIS HOME PAGE

**Nebraska Casemix System Website** **Home Page**

- Home
- Help
  - About
  - Instructions
- Past Due
- Bedhold
- Weighted Days
- Care Level
- Error Report
- Log Out

**Select Provider**

TEST PROVIDER(11111111111) - LINCOLN

**Past Due Assessments:**

Number of past due assessments: 0

# NCIS CHANGE PASSWORD PAGE

Official Nebraska Government Website



STATE OF NEBRASKA  
*my.ne.gov*

Scotts Bluff National Monument

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# QUESTIONS?

PLEASE CONTACT DAWN SYBRANT OR GREG CARLSON AT  
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