

# Personal Assistance Services (PAS) Provider Billing Training

## Resource Development Medicaid & Long-Term Care

7/30/2019

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

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# PAS Billing – Forms you will use:

- ▶ Provider Authorization
- ▶ Services Needs Assessment (SNA)/Plan Notification
- ▶ Provider Record of Services (MC-37-ES-A) (10/16 version)
- ▶ N-Focus Billing Document

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# Provider Authorization

This form will show you:

- Authorized Client- the client you may provide services to.
- Client ID#: number needed for forms MC-37-ES-A and the N-Focus billing document.
- Authorization Number: this number is on the N-Focus billing document.
- Authorized Period: Dates you are authorized to provide and bill for services.
- Authorized Unit: the number of units you can bill in the span of the Authorized Period.
- Authorized Rate: the rate at which you can bill DHHS.
- Provider ID number: this number is assigned to you and is needed for the MC-37-ES-A and N-Focus billing document
- This form can also have special instructions regarding services and billing with a specific client.
  - This information would be found at the bottom of the Authorization Notice.

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# Example of a Provider Authorization

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PO BOX 2992  
OMAHA NE 68103-2992

Case Name - HENRY APPLE  
CONTACT - Medicaid  
Fax Number - (402)595-1901  
Date of Notice - 07-11-2017  
Mail Date - 07-11-2017

HANKS, TOM  
4848 FAKE ADDRESS  
LINCOLN NE 68510

**PROVIDER AUTHORIZATION**  
Personal Assistance Services

HANKS, TOM  
Telephone: (308)447-1110

Provider ID: 48735291

On behalf of the client named below, the Department of Health and Human Services authorizes you to provide the service indicated below. This document authorizes you to provide and bill for the listed service in accordance with the units of service, the rate of charge and the authorization period stated. In providing authorized services you accept responsibility and liability for injury to client(s) or damage to clients' property resulting from negligence by you or your employees in the provision of services. All billings must be received by the Department within ninety (90) days of service provision.

HENRY APPLE  
67 ROUNDABOUT BLVD  
LINCOLN NE 68505

Case Number: 00000080  
Telephone:

Authorized Service: PERSONAL ASSISTANCE SERVICE  
Service Code: 00004475

Authorized Clients  
APPLE, HENRY

Client ID# 58770691

Authorization # 04456442

Authorized Period: 07-01-2017 through 08-30-2017

Authorized Units:  
27.40 Quarter Hours

Authorized Rate:  
2.300 per Quarter Hour effective 07-01-2017

Rate to bill per quarter hour

PLEASE BILL ACCORDING TO THE TERMS OF YOUR AGREEMENT FOR THE TIMES YOU PROVIDED SERVICE TO THE CLIENT.

Nebraska Medicaid Eligibility  
Toll Free: (855)632-7633  
Lincoln: (402)473-7000  
Omaha: (402)595-1178

Go online:  
ACCESSNebraska.ne.gov

Federal Health Insurance Marketplace  
Go online: Healthcare.gov  
Customer Service Center: (800)318-2596

Service Authorization Page 1 of 1 59766211

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Name of authorized client

Dates the Authorization is active

Number of Authorized units that can be used in the Authorized Period

Provider ID number

Client ID Number

Authorization Number

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# SNA/Plan Notification

## This form will show you:

- The dates that the client is eligible for the services listed.
- The total service time approved in one week.
- The services for which providers can receive payment.
- The frequency or number of times in a week that service is expected to be provided to the client.
- The amount of time the provider can bill for the service provided.
  - **Note** – The dates on the SNA should be verified to the dates on the client's authorizations

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# Example of a SNA/Plan Notification

Dates client is eligible for services.

The number the amount of time a client is approved for in a weeks time.

The frequency that a needs/task should be completed in a week. Example: 7 frequency should be done 7 days a week. 14 is the frequency so that needs should be done twice a day, for 7 days.

List of the needs of the client. These are the tasks that the provider is expected to complete each week.

The Time/Occurrence tells a provider how much time they can bill for completing "needs". Example- Needs meals prepared can bill 30 minutes each time it is done.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PO BOX 85801  
LINCOLN NE 68501-9884

CONTACT - ACCESSNebraska  
Toll Free Number - (402)323-3900  
Fax Number - (402)471-9209  
Date of Notice - 07-01-2017  
Mail Date - 07-01-2017

TOM HANKS  
4884 FAKE ADDRESS  
LINCOLN NE 68510

**SERVICE NEED ASSESSMENT/PLAN Notification**

The request for services for HENRY APPLE has been reviewed. The information provided indicates you are eligible for the following services listed below for the period beginning 07-01-2017 to 06-30-2018. The total time approved is 27 hours 40 minutes/week.

**Eligibility Criteria**

Does not have needs that require more intensive services due to an acute health care level.  
Needs Personal Assistance or Chore services to live in the community.  
Is not receiving or eligible for similar staff support based on residence of place of employment.  
Lives in a residence (not a hospital, nursing facility, intermediate care facility, prison or other institution).  
Is a current Medicaid client.  
Meets Income eligibility guidelines for SSAD.

| NEEDS   | FREQUENCY/WEEK | TIME/OCCURRENCE |
|---|----------------|-----------------|
| Accompany to appointments                           | 1              | 120             |
| Bath/shower   | 5              | 30              |
| Dressing  | 14             | 15              |
| Shaving   | 2              | 10              |
| Nail Care   | 1              | 20              |
| Assist with administration of medications           | 14             | 5               |
| Walking - Minimal assistance                        | 14             | 10              |
| Needs meals prepared                                | 14             | 30              |
| Laundry   | 2              | 45              |
| Clean bathroom                                      | 2              | 10              |
| Clean kitchen                                       | 7              | 10              |
| Clean other living areas used by client             | 2              | 10              |
| Make bed and/or change linens                       | 7              | 5               |
| Wash dishes   | 7              | 10              |
| Remove Trash  | 2              | 5               |
| Shopping for groceries                              | 1              | 60              |
| Shopping for personal items, medications, and other | 1              | 30              |
| Establish/maintain brief/diaper/bedpan routine      | 7              | 15              |

For information regarding the status of your case or to complete an interview, call the Automated Voice Response System (VRU) at 1-800-383-4278 or if in Lincoln, call 402-323-3900.  
Please visit [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov) to complete applications for assistance, report changes and connect with other on-line services.

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# Why you must follow the SNA?

- DHHS will only pay for the services listed on the SNA for the amount of time on the SNA and at the frequency listed on the SNA
- You must document exactly what the SNA says on the MC-37-ES-A (10/2016 form)

## Example:

| Needs       | Frequency/Week | Time/Occurrence |
|-------------|----------------|-----------------|
| Wash Dishes | 7              | 10              |

This means that the provider is expected to wash dishes 7 times a week (once every day, Sunday through Saturday) and can bill for 10 minutes each time

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# Provider Authorization and SNA/Plan Notification

- The Provider Record of Services (MC-37-ES-A) must match each frequency/unit/task authorized on the SNA/Plan Notification and Provider Authorization.
- Payment would not be made when submitting claims for services that were **NOT authorized** on the SNA/Plan Notification. For example: washing dishes is included on the Provider Record of Service form (MC-37-ES-A). However, it is not listed as an authorized service on the SNA/Plan Notification.
- This means that the provider cannot bill for more units than what is authorized on their Provider Authorization and cannot bill for tasks and frequencies per week that are not authorized in the SNA/Plan Notification.
- The above information was mentioned in Provider Bulletin No. 17-09

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# Provider Record of Services (MC-37-ES-A)

This form is for the provider to document what services they are providing the client.

- Under what program : 4475 is the service code for PAS
- On what day: the work week is ALWAYS Sunday through Saturday
- At what time: you must put time in and time out, and use AM or PM after the time
- A description of Authorized Services Provided: Use SNA terminology to describe billable tasks
- The number of units provided in a day: These are quarterly units for PAS and should be filled out in the quarterly unit column.
  
- Example: if you worked four hours that would be sixteen quarterly units  
(4 x 4 = 16)

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# Example of a Provider Record of Services (MC-37-ES-A)

**Division of Medicaid and Long-Term Care / División de Medicaid y Cuidado de Largo Plazo**  
**Provider Record of Services / Registro del Proveedor de Servicios**

This Record of Services is a legal document completed by you to record the dates and units of service provided. Both the provider and the client must sign and date this record verifying the accuracy of this information. A description of services provided must be recorded. \* This Record of Services with the billing document must be submitted within 90 days of service and can be submitted semi-monthly or monthly. Return this Record of Services with the billing document to your specified worker. The Provider is responsible for keeping records for six years. \*Please print clearly and legibly.

Este registro de servicios es un documento legal completado por usted para registrar las fechas y unidades de servicio provistos. Tanto el proveedor como el cliente deben firmar y fechar este registro verificando la exactitud de esta información. Una descripción de los servicios prestados debe ser registrada. El Registro de Servicios con el documento de facturación debe ser enviado dentro del plazo de 90 días del servicio, y pueden ser enviados quincenalmente o mensualmente. Regrese este Registro de Servicios con el documento de facturación a su trabajador asignado. El Proveedor es responsable de mantener los registros por seis años. \*Por favor escriba en letra impresa clara y legible.

Client's Name / Nombre del Cliente: \_\_\_\_\_ Client's ID Number / # de Identificación del Cliente: \_\_\_\_\_ Provider Name / Nombre del Proveedor: \_\_\_\_\_

Service Provided: Servicio Prestado: \_\_\_\_\_ Home Again (8234) Independence Skills Building / Desarrollo de Destrezas para la Independencia (8382) In-Home Child Care / Cuidado Infantil en el Hogar (2500) Chore / Quehaceres (1691) Respite / Relevo para el descanso del cuidador (7395) In-Home Respite / Relevo para el descanso del cuidador en el hogar (1113) Personal Assistance Services (4475) Servicio de Asistencia Personal (4475)

Month/Mes: \_\_\_\_\_ Year/Año: \_\_\_\_\_

| Day of the Week / Día de la Semana | Date / Fecha | Service Code / Código del Servicio | Time in and out / Tiempo de inicio y de Fin |     | Description of Authorized Services Provided / Descripción de los Servicios Provistos | Quarterly Units / Unidades trimestrales | Hourly Units / Unidades por Hora | Daily Units / Unidades diarias | Occurrence Units / Unidades de frecuencia |
|------------------------------------|--------------|------------------------------------|---|-----|--|---|----------------------------------|--------------------------------|---|
|                                    |              |                                    | IN  | OUT |  |   |                                  |                                |   |
| Sunday / Domingo                   |              |                                    |   |     |  |   |                                  |                                |   |
| Monday / Lunes                     |              |                                    |   |     |  |   |                                  |                                |   |
| Tuesday / Martes                   |              |                                    |   |     |  |   |                                  |                                |   |
| Wednesday / Miércoles              |              |                                    |   |     |  |   |                                  |                                |   |
| Thursday / Jueves                  |              |                                    |   |     |  |   |                                  |                                |   |
| Friday / Viernes                   |              |                                    |   |     |  |   |                                  |                                |   |
| Saturday / Sábado                  |              |                                    |   |     |  |   |                                  |                                |   |

I verify that the above hours/days are correct and accurate and understand that fraudulent claims may result in prosecution. / Por medio de la presente doy fe de que las horas/días anotados son correctos y exactos, y entiendo que las reclamaciones fraudulentas pueden resultar en una acción penal.

Signature of Individual Providing Services / Firma del Proveedor: \_\_\_\_\_ Date / Fecha: \_\_\_\_\_ Provider Number / Número del Proveedor: \_\_\_\_\_ Client/Guardian/Authorized Representative Signature / Firma del Cliente/Tutor/Representante Autorizado: \_\_\_\_\_ Date / Fecha: \_\_\_\_\_

Fill in Clients name and ID # and Providers name

Service Code 4475 is for PAS

Days of the week. The work week is always Sunday through Saturday.

Provider Signature, date and Provider Number here

Time listed for time in and time out. You must put AM and PM after the time.

Description of services goes here, it must match what it says on the SNA.

The number of units you worked in a day. 15 minutes equals one unit.

Client signs after Provider has filled out the MC-37-ES-A



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MC-37-ES-A (5/2017) 10/16

# Time to Bill – Filling out the forms

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- ❑ All forms must be legible and completed in dark ink or typed
- ❑ All forms must be completed in English
- ❑ Providers may not bill more than one time per week but must bill at least monthly.
- ❑ Client's Name, Client's ID, Provider's name, and Provider's ID Required
- ❑ Units, rates, and times must be calculated correctly
- ❑ Signature dates should be on or after the last date of service recorded for the pay period
- ❑ As the Provider, you must sign and date all forms submitted.
- ❑ PAS Billing is billed by the quarter hour (every 15 minutes)

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# What is quarter hour billing?

→ 1 quarter unit is equal to 15 minutes or 1 unit

→ There are 4 units in 1 hour (60 minutes)  $60$  divided by  $4 = 15$

→ Providers are to “round up”, when needed, on the Provider Record of Services form using the below Quarter Hour Times:

1-15 minutes = 1 unit

16-30 minutes = 2 units

31-45 minutes = 3 units

46-60 minutes = 4 units

→ Note: This rounding only happens at the end of the billing week and the provider only rounds units.

→ Provider will bill actual in and out times and cannot round up these times.

→ **Example:** the provider worked 3.33 hours (3 hours and 20 minutes) for the week and is authorized for 4 hours (or 16 units). The provider would bill the hours at 3.33 hours (3 hours and 20 Minutes), but bill 14 units (rounding up the units to 3.5 hour in this example).

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# Example of completed Provider Record of Service

## Example of a Provider Records of Service (MC-37-ES-A - Right) completed from the Service Needs Assessment (SNA - Left)

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PO BOX 85801  
LINCOLN NE 68501-9884

CONTACT - ACCESSNebraska  
Toll Free Number - (402)323-3900  
Fax Number - (402)471-9209  
Date of Notice - 07-01-2017  
Mail Date - 07-01-2017

TOM HANKS  
4884 FAKE ADDRESS  
LINCOLN NE 68510

### SERVICE NEED ASSESSMENT/PLAN Notification

The request for services for HENRY APPLE has been reviewed. The information provided indicates you are eligible for the following services listed below for the period beginning 07-01-2017 to 06-30-2018. The total time approved is 27 hours 40 minutes/week or 111 units.

### Eligibility Criteria

Does not have needs that require more intensive services due to an acute health care level.  
Needs Personal Assistance or Chore services to live in the community.  
Is not receiving or eligible for similar staff support based on residence of place of employment.  
Lives in a residence (not a hospital, nursing facility, intermediate care facility, prison or other institution).  
Is a current Medicaid client.  
Meets income eligibility guidelines for SSAD.

| NEEDS   | FREQUENCY/WEEK | TIME/OCCURRENCE |
|---|----------------|-----------------|
| Accompany to appointments                           | 1              | 120             |
| Bath/shower   | 5              | 30              |
| Dressing  | 14             | 15              |
| Shaving   | 2              | 10              |
| Nail Care   | 1              | 20              |
| Assist with administration of medications           | 14             | 5               |
| Walking - Minimal assistance                        | 14             | 10              |
| Needs meals prepared                                | 14             | 30              |
| Laundry   | 2              | 45              |
| Clean bathroom                                      | 2              | 10              |
| Clean kitchen                                       | 7              | 10              |
| Clean other living areas used by client             | 2              | 10              |
| Make bed and/or change linens                       | 7              | 5               |
| Wash dishes   | 7              | 10              |
| Remove Trash  | 2              | 5               |
| Shopping for groceries                              | 1              | 60              |
| Shopping for personal items, medications, and other | 1              | 30              |
| Establish/maintain brief/diaper/bedpan routine      | 7              | 15              |

For information regarding the status of your case or to complete an interview, call the Automated Voice Response System (VRU) at 1-800-383-4278 or if in Lincoln, call 402-323-3900.  
Please visit [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov) to complete applications for assistance, report changes and connect with other online services.

Division of Medicaid and Long-Term Care / División de Medicaid y Cuidado de Largo Plazo  
Provider Record of Services / Registro del Proveedor de Servicios

This Record of Services is a legal document completed by you to record the dates and units of service provided. Both the provider and the client must sign and date this record verifying the accuracy of this information. A description of services provided must be recorded. This Record of Services with the billing document must be submitted within 90 days of service and can be submitted semi-monthly or monthly. Return this Record of Services with the billing document to your specified worker. The Provider is responsible for keeping records for six years. \*Please print clearly and legibly.

Este registro de servicios es un documento legal completado por usted para registrar las fechas y unidades de servicio provistos. Tanto el proveedor como el cliente deben firmar y fechar este registro verificando la exactitud de esta información. Una descripción de los servicios prestados debe ser registrada. El Registro de Servicios con el documento de facturación debe ser enviado dentro del plazo de 90 días del servicio, y pueden ser enviados quincenalmente o mensualmente. Regrese este Registro de Servicios con el documento de facturación a su trabajador asignado. El Proveedor es responsable de mantener los registros por seis años. \*Por favor escriba en letra imprenta clara y legible.

Client's Name / Nombre del Cliente: Henry Apple  
Client's ID Number / # de Identificación del Cliente: 53770691  
Provider Name / Nombre del Proveedor: Tom Hanks

Service Provided: Servicio Prestado: Home Again (8234) Independence Skills Building / Desarrollo de Destrezas para la Independencia (8382) In-Home Child Care / Cuidado Infantil en el Hogar (2500) Chore / Quehaceres (1691)  
Respite / Relieve para el descanso del cuidador (7395) In-Home Respite / Relieve para el descanso del cuidador en el hogar (1113) Personal Assistance Services (4475) Servicio de Asistencia Personal (4475)

Month/Mes: July - August  
Year/Año: 2017

| Day of the Week / Día de la Semana | Date / Fecha | Service Code / Código del Servicio | Time in and out / Tiempo de Inicio y de Fin |         | Description of Authorized Services Provided / Descripción de los Servicios Provistos  | Quarterly Units / Unidades trimestrales | Hourly Units / Unidades por Hora | Daily Units / Unidades diarias | Occurrence Units / Unidades de frecuencia |
|------------------------------------|--------------|------------------------------------|---|---------|---|---|----------------------------------|--------------------------------|---|
|                                    |              |                                    | IN  | OUT     |   |   |                                  |                                |   |
| Sunday / Domingo                   | 7/30         | 4475                               | 7am   | 9:20am  | dressing (x2), meds (x2), walking (x2), meals (x2), laundry, make bed, trash clean kitchen / bath/other living areas, dishes, diaper routine      | 15                                      |                                  |                                |   |
| Monday / Lunes                     | 7/31         | 4475                               | 7am   | 9:25am  | Shower, dressing (x2), meds (x2), walking (x2) shaving, nail care, meals (x2), dishes, clean kitchen, make bed, diaper routine, appointment       | 23                                      |                                  |                                |   |
| Tuesday / Martes                   | 8/1          | 4475                               | 7:30am                                      | 10:25am | Shower, dressing (x2), meds (x2), walking (x2), meals (x2), clean kitchen, dishes, make bed, grocery shopping, diaper routine                     | 17                                      |                                  |                                |   |
| Wednesday / Miércoles              | 8/2          | 4475                               | 7am   | 8:55am  | Shower, dressing (x2), meds (x2), walking (x2), meals (x2), clean kitchen, make bed, wash dishes, diaper routine                                  | 13                                      |                                  |                                |   |
| Thursday / Jueves                  | 8/3          | 4475                               | 7am   | 9:20am  | dressing (x2), meds (x2), walking (x2) meals (x2), laundry, make bed, dishes, clean kitchen / bathroom / other living areas, trash diaper routine | 15                                      |                                  |                                |   |
| Friday / Viernes                   | 8/4          | 4475                               | 7am   | 9:30am  | Shower, dressing (x2), meds (x2), meals (x2) walking (x2), clean kitchen, dishes, make bed, diaper routine, personal shopping                     | 15                                      |                                  |                                |   |
| Saturday / Sábado                  | 8/5          | 4475                               | 8am   | 9:55am  | Shower, dressing (x2), meds (x2), walking (x2), meals (x2), clean kitchen, make bed, wash dishes, diaper routine                                  | 13                                      |                                  |                                |   |

I verify that the above hours/dates are correct and accurate and understand that fraudulent claims may result in prosecution. / Por medio de la presente doy fe de que las horas/días anotados son correctos y exactos, y entiendo que las reclamaciones fraudulentas pueden resultar en una acción penal.

Signature of Individual Providing Services / Firma del Proveedor: Tom Hanks  
Date / Fecha: 8/5/17  
Provider Number / Número del Proveedor: 48735291  
Client/Quartern/Authorized Representative Signature / Firma del Cliente/Tutor/Representante Autorizado: Henry Apple  
Date / Fecha: 8-5-17

MC-37-ES-A completed from SNA

Service Needs Assessment

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# Things to remember & reasonable billing

- ▶ You must follow the SNA in frequencies per week and time limits that were authorized.
- ▶ You must enter your actual in and out times. If you leave and go back to a clients home during the day, each in and out time must be listed. Billing of tasks must be reasonable and make sense based on the in/out time(s) and tasks you bill each day.

▶ Example of Entering more than one In/Out time for a day

|                   |      |      |     |         |  |    |
|-------------------|------|------|-----|---------|--|----|
| Monday /<br>Lunes | 7/31 | 4475 | 7am | 9:25 am | Shower, dressing (x2), meds (x2), walking (x2)       | 23 |
|                   |      |      | 1pm | 3pm     | Shaving, nail care, meals (x2), dishes,              |    |
|                   |      |      | 6pm | 7:15 pm | Clean kitchen, make bed, diaper routine, appointment |    |

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# Examples of unreasonable billing

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- ▶ **Example 1:** The SNA allowed 14 Dressing/week (2 times/day). You bill that you are there from 6AM – 7AM, it is NOT reasonable that you would bill for 2 Dressings a day for that short period of time in the client's home.
- ▶ **Example 2:** The SNA allowed the provider to establish or maintain a brief/diaper/bedpan routine 4 times a day. You bill that you are there from 5AM-8AM, it is NOT reasonable that you would bill for changing the client's briefs 4 times a day for that short period of time in the client's home each day.

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# Completed billing documents from MC-37-ES-A

## N-Focus Billing Document

Division of Medicaid and Long-Term Care / División de Medicaid y Cuidado de Largo Plazo  
 Provider Record of Services / Registro del Proveedor de Servicios

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Client's Name / Nombre del Cliente: Henry Apple  
 Client's ID Number / # de Identificación del Cliente: 58770691  
 Provider Name / Nombre del Proveedor: Tom Hanks

Service Provided: Servicio Prestado:  
 Child Care / Cuidado Infantil (9704)  
 In-Home Child Care / Cuidado Infantil en el Hogar (2500)  
 Chore / Quehaceres (1691)

Home Again (8234)  
 Independence Skills Building / Desarrollo de Destrezas para la Independencia (8332)  
 In-Home Independence Skills Building / Desarrollo de Destrezas para la Independencia en el Hogar (8233)

Respite / Relieve para el descanso del cuidador (7395)  
 In-Home Respite / Relieve para el descanso del cuidador en el hogar (1113)  
 Personal Assistance Services (4475)  
 Servicio de Asistencia Personal (4475)

Month/Mes: July - August Year/Año: 2017

| Day of the Week / Día de la Semana | Date / Fecha | Service Code / Código del Servicio | Time in and out / Tiempo de inicio y de fin |         | Description of Authorized Services Provided / Descripción de los Servicios Provistos  | Quantity Units / Unidades trimestrales | Hourly Units / Unidades por Hora | Daily Units / Unidades diarias | Occurrence Units / Unidades de frecuencia |
|------------------------------------|--------------|------------------------------------|---|---------|---|--|----------------------------------|--------------------------------|---|
|                                    |              |                                    | IN  | OUT     |   |  |                                  |                                |   |
| Sunday / Domingo                   | 7/30         | 4475                               | 7am   | 9:20am  | dressing (x2), meds (x2), walking (x2), meals (x2), laundry, make bed, trash, clean kitchen / bathroom / other living areas, dishes, diaper routine | 15                                     |                                  |                                |   |
| Monday / Lunes                     | 7/31         | 4475                               | 7am   | 9:25 am | Shower, dressing (x2), meds (x2), walking (x2), shaving, nail care, meals (x2), dishes, clean kitchen, make bed, diaper routine, shopping           | 23                                     |                                  |                                |   |
| Tuesday / Martes                   | 8/1          | 4475                               | 7:30am                                      | 10:25am | Shower, dressing (x2), meds (x2), walking (x2), meals (x2), clean kitchen, dishes, make bed, grocery shopping, diaper routine                       | 17                                     |                                  |                                |   |
| Wednesday / Miércoles              | 8/2          | 4475                               | 7am   | 8:55pm  | Shower, dressing (x2), meds (x2), walking (x2), meals (x2), trash, wash dishes, diaper routine  | 13                                     |                                  |                                |   |
| Thursday / Jueves                  | 8/3          | 4475                               | 7am   | 9:20am  | dressing (x2), meds (x2), walking (x2), meals (x2), laundry, make bed, dishes, clean kitchen / bathroom / other living areas, trash, diaper routine | 15                                     |                                  |                                |   |
| Friday / Viernes                   | 8/4          | 4475                               | 7am   | 9:30am  | Shower, dressing (x2), meds (x2), walking (x2), meals (x2), clean kitchen, dishes, make bed, diaper routine, personal shopping                      | 15                                     |                                  |                                |   |
| Saturday / Sábado                  | 8/5          | 4475                               | 8am   | 9:55am  | Shower, dressing (x2), meds (x2), walking (x2), meals (x2), clean kitchen, make bed, wash dishes, diaper routine                                    | 13                                     |                                  |                                |   |

I verify that the above hours/dates are correct and accurate and understand that fraudulent claims may result in prosecution. / Por medio de la presente doy fe de que las horas/días anotados son correctos y exactos, y entiendo que las reclamaciones fraudulentas pueden resultar en una acción penal.

Signature of Individual Providing Services / Firma del Proveedor: Tom Hanks Date / Fecha: 8/5/17  
 Signature of Client/Authorized Representative: Henry Apple Date / Fecha: 8-5-17



N-FOCUS BILLING DOCUMENT  
 CLAIM NUMBER: 12345678  
 All billings must be received within ninety (90) days of service provision



| Date: FOR BILLING 07/30/17 TO 08/05/17 SERVICES   |              |                  |             |              |                   | DHHS Provider ID: 48735291    |      |                             |      |                |            |                                    |
|---|--------------|------------------|-------------|--------------|-------------------|-------------------------------|------|-----------------------------|------|----------------|------------|------------------------------------|
| Office Name: LINCOLN  |              |                  |             |              |                   | Office No: 135                |      |                             |      |                |            |                                    |
| Provider Name: HANKS, TOM<br>4848 FAKE ADDRESS<br>LINCOLN, NE 68510   |              |                  |             |              |                   | Phone Number: 308-447-1110    |      |                             |      |                |            |                                    |
| By signing this form, the claimant certifies that the information contained in this claim is accurate and all services provided were in compliance with Department of Health and Human Services Nebraska Administrative Codes Titles 465, 471, 473, 474, and 480, whichever are applicable. The claimant is aware that a false claim may result in prosecution for fraud. Under penalty of applicable Federal and State Laws, I certify that representation herein are true and complete, and that no additional payment will be claimed. |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| Ln  | Client Name  | Client ID Number | Auth Number | Service Code | Service From Date | Service Thru Date             | Freq | Units                       | Rate | Total Charge   | Cust Oblig | DHHS Charge                        |
| 1   | APPLE, HENRY | 58770691         | 04456442    | 4475         | 7/30/17           | 7/31/17                       | QR   | 38                          | 2.30 | 87.40          | 0          | 87.40                              |
| 2   | Apple, Henry | 58770691         | 04456442    | 4475         | 8/1/17            | 8/5/17                        | QR   | 73                          | 2.30 | 167.90         | 0          | 167.90                             |
| 3   |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| 4   |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| 5   |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| 6   |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| 7   |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| 8   |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| 9   |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| 10  |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| 11  |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| 12  |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| 13  |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| 14  |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| 15  |              |                  |             |              |                   |                               |      |                             |      |                |            |                                    |
| Provider / Preparer Signature: <u>Tom Hanks</u>   |              |                  |             |              |                   | Signature Date: <u>8/5/17</u> |      | Service Approval Signature: |      | Approval Date: |            | Total DHHS Charge: <u>\$255.30</u> |

## Completed MC-37-ES-A

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# How to bill when a week is in two months

Let look at  
July 30<sup>th</sup>, 2017 - August 5<sup>th</sup>, 2017

July 30 - August 5, 2017

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--------|--------|---------|-----------|----------|--------|----------|
| 30     | 31     | 1       | 2         | 3        | 4      | 5        |

The provider must divide the week on the N-Focus Billing Document to two separate lines

Example: July 30<sup>th</sup> - July 31<sup>st</sup> is written on one line, and August 1<sup>st</sup> - August 5<sup>th</sup> will be on a second line

The units on the 2 lines of the N-Focus billing document should match the units on the MC-37-ES-A with the corresponding dates

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# Example of billing document for a week in two months

Line 1  
July 30<sup>th</sup> – July 31<sup>st</sup>

Department of Health & Human Services  
**DHHS**  
 NEBRASKA

**N-FOCUS BILLING DOCUMENT**  
 CLAIM NUMBER: 12345678  
*All billings must be received within ninety (90) days of service provision*



| Date: FOR BILLING 07/30/17 TO 08/05/17 SERVICES                     |              |                  |             | DHHS Provider ID: 48735291  |                   |                            |      |                            |               |              |                               |             |
|---|--------------|------------------|-------------|---|-------------------|----------------------------|------|----------------------------|---------------|--------------|-------------------------------|-------------|
| Office Name: LINCOLN  |              |                  |             | Office No: 135  |                   |                            |      | Phone Number: 308-447-1110 |               |              |                               |             |
| Provider Name: HANKS, TOM<br>4848 FAKE ADDRESS<br>LINCOLN, NE 68510 |              |                  |             | By signing this form, the claimant certifies that the information contained in this claim is accurate and all services provided were in compliance with Department of Health and Human Services Nebraska Administrative Codes Titles 465, 471, 473, 474, and 480, whichever are applicable. The claimant is aware that a false claim may result in prosecution for fraud. Under penalty of applicable Federal and State Laws, I certify that representation herein are true and complete, and that no additional payment will be claimed. |                   |                            |      |                            |               |              |                               |             |
| Ln  | Client Name  | Client ID Number | Auth Number | Service Code  | Service From Date | Service Thru Date          | Freq | Units                      | Rate          | Total Charge | Cust Oblig                    | DHHS Charge |
| 1   | APPLE, HENRY | 58770691         | 04456442    | 4475  | 7/30/17           | 7/31/17                    | QR   | 38                         | 2.30          | 87.40        | 0                             | 87.40       |
| 2   | Apple, Henry | 58770691         | 04456442    | 4475  | 8/1/17            | 8/5/17                     | QR   | 73                         | 2.30          | 167.90       | 0                             | 167.90      |
| 3   |              |                  |             |   |                   |                            |      |                            |               |              |                               |             |
| 4   |              |                  |             |   |                   |                            |      |                            |               |              |                               |             |
| 5   |              |                  |             |   |                   |                            |      |                            |               |              |                               |             |
| 6   |              |                  |             |   |                   |                            |      |                            |               |              |                               |             |
| 7   |              |                  |             |   |                   |                            |      |                            |               |              |                               |             |
| 8   |              |                  |             |   |                   |                            |      |                            |               |              |                               |             |
| 9   |              |                  |             |   |                   |                            |      |                            |               |              |                               |             |
| 10  |              |                  |             |   |                   |                            |      |                            |               |              |                               |             |
| 11  |              |                  |             |   |                   |                            |      |                            |               |              |                               |             |
| 12  |              |                  |             |   |                   |                            |      |                            |               |              |                               |             |
| 13  |              |                  |             |   |                   |                            |      |                            |               |              |                               |             |
| 14  |              |                  |             |   |                   |                            |      |                            |               |              |                               |             |
| 15  |              |                  |             |   |                   |                            |      |                            |               |              |                               |             |
| Provider / Preparer Signature<br><i>Tom Hanks</i>                   |              |                  |             | Signature Date<br>8/5/17  |                   | Service Approval Signature |      |                            | Approval Date |              | Total DHHS Charge<br>\$255.30 |             |

Line 2  
August 1<sup>st</sup> – August 5<sup>th</sup>

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# Turning in completed paperwork

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Before turning in your paperwork, make sure:

- ❑ All of the forms are filled out and signed by the Provider (N-Focus Billing document and MC-37-ES-A) and the Client (MC-37-ES-A)
- ❑ The calculations are correct
- ❑ That a copy has been made of both documents. As the Provider **YOU** are responsible to keep a copy of the N-Focus Billing Document and MC-37-ES-A for 6 (six) years.

Where to Submit Completed Claims:

❑ Address: DHHS – NFOCUS Claims Processing  
P.O. Box 98933  
1033 “O” St. STE. 200  
Lincoln, NE 68509

❑ Email: [DHHS.ACCESSneSESard@Nebraska.gov](mailto:DHHS.ACCESSneSESard@Nebraska.gov)

❑ Fax: (402) 742-2310

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# Tips for submitting claims

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- Signature: Per Provider Bulletin No. 17-09, a paid provider cannot sign his/her own Provider Record of Services form (MC-37-ES-A), on behalf of the client. The signature of the client or another competent representative with knowledge of the service delivery is required. As of April 15, 2017, any future billing document(s) signed by the provider, as both the provider and client's authorized representative/designee, will be returned.
- The Provider Record of Services (MC-37-ES-A) should not be altered after the client has signed the form.
- The Provider Record of Service (MC-37-ES-A) must match the SNA/Plan Notification. If a seven day per week activity is not performed then narration will need to be provided on the Provider Record of Services (MC-37-ES-A) to clarify why the activity was not performed (example: client was sick and the date(s)).

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# Important contact information

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- To Verify Claim Received – (402) 471-0667
- Billing questions – (402) 471-0667 – or email [ACCESSneSESard@nebraska.gov](mailto:ACCESSneSESard@nebraska.gov)
  - The receptionist will transfer to billing staff
  - Be sure to have your claim number ready when you call.
- Contact information is included on the Return Form when a claim is returned to you.
- Billing information and other changes will be posted on the following web pages:
  - PAS Website - <http://dhhs.ne.gov/Pages/Medicaid-Home-and-Community-Based-Services.aspx>
    - Forms - <http://dhhs.ne.gov> Click on Forms under Online Services, search by form number
      - MS-PB-2 (Provider Handbook)
      - MC-37-ES-A (Provider Record of Service)
- To keep informed of changes to services and programs, please subscribe to the Medicaid Provider bulletin page – <http://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx>

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# Important contact information

- ▶ **Questions about your agreement or services you provide:** Please call your RD worker. If you do not remember your RD Workers number-or they are out of the office, call (402) 471-7394
- ▶ **Suspended Claims or claims with liens:** (402) 471-9604 or email [DHHS.NFOCUSclaimsprocessing@nebraska.gov](mailto:DHHS.NFOCUSclaimsprocessing@nebraska.gov)
- ▶ **Overtime and Travel Time questions:** (844) 331-3681 or email [DHHS.MedicaidOTTravel@nebraska.gov](mailto:DHHS.MedicaidOTTravel@nebraska.gov)
- ▶ **Relicard problems:** call the number on the back of the card
- ▶ **Relicard problems (following contact with the Bank):** (800) 359-6445 or email [DHHS.ICCIssuance@nebraska.gov](mailto:DHHS.ICCIssuance@nebraska.gov)
- ▶ **Overpayments:** 1( 877) 232-0242
- ▶ **Issues with direct deposits being rejected by your bank:** (402) 471-5226 or email [Julie.Reineke@nebraska.gov](mailto:Julie.Reineke@nebraska.gov)
- ▶ **Appeals:** must submit a written request for a hearing to the Director of the Department, P.O. Box 94967, Lincoln NE 68509-4967, or faxed to (402) 741-9092, or emailed to [DHHS.MedicaidAppeals@nebraska.gov](mailto:DHHS.MedicaidAppeals@nebraska.gov). The request must identify the basis of the appeal. At that time, you may submit documentation or written arguments for the issue being appealed.
- ▶ **Regulations for Provider Participation:** [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-471/Chapter-02.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-02.pdf)
- ▶ **Regulations for Personal Assistance Services:** [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-471/Chapter-15.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-15.pdf)

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# Resource Development Medicaid & Long-Term Care

Contact your Resource Developer if you have further questions.

[DHHS.AccessNEResouEA@Nebraska.gov](mailto:DHHS.AccessNEResouEA@Nebraska.gov)

(402) 471-7394



@NEDHHS



NebraskaDHHS



@NEDHHS

[dhhs.ne.gov](http://dhhs.ne.gov)

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