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.
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
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.
Example of a Provider Authorization

- **Provider ID number**
- **Client ID Number**
- **Authorization Number**
- **Rate to bill per quarter hour**
- **Name of authorized client**
- **Dates the Authorization is active**
- **Number of Authorized units that can be used in the Authorized Period**
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.
Example of a SNA/Plan Notification

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.

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.

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

Dates client is eligible for services.

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

<table>
<thead>
<tr>
<th>Needs</th>
<th>Frequency/Week</th>
<th>Time/Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash Dishes</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>

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

Service Code 4475 is for PAS

Fill in Client's name and ID # and Provider's name

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

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

Provider Signature, date and Provider Number here


<table>
<thead>
<tr>
<th>Client's Name / Nombre del Client</th>
<th>Service Code / Código del Servicio</th>
<th>Time in / Tiempo de Ingreso</th>
<th>Time out / Tiempo de Egreso</th>
<th>Description of Authorized Services Provided / Descripción de los Servicios Autorizados</th>
<th>Hourly Units / Unidades Horarias</th>
<th>Daily Units / Unidades Diarias</th>
<th>Occurrence Units / Unidades de Recurrencia</th>
</tr>
</thead>
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<td>IN</td>
<td>OUT</td>
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</tbody>
</table>
Time to Bill – Filling out the forms

- 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)
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) \( \frac{60}{4} = 15 \)
- 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).
Example of completed Provider Record of Service (MC-37 ESA - Right) completed from the Service Needs Assessment (SNA - Left)
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

<table>
<thead>
<tr>
<th>Monday/Lunes</th>
<th>7/31</th>
<th>4475</th>
<th>7am</th>
<th>3pm</th>
<th>9:15am</th>
<th>3pm</th>
<th>Shower, dressing (x2), meals (x2), walking (x2)</th>
<th>23</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1pm</td>
<td></td>
<td>4pm</td>
<td>715pm</td>
<td>Clean kitchen, make bed, diaper routine, appointment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Examples of unreasonable billing

- **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.
## N-Focus Billing Document

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Client ID Number</th>
<th>Service Code</th>
<th>Service Freq Date</th>
<th>Service This Date</th>
<th>Freq</th>
<th>Units</th>
<th>Rate</th>
<th>Total Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple, Henry</td>
<td>58776901</td>
<td>4475</td>
<td>7/30/17</td>
<td></td>
<td>38</td>
<td>2.30</td>
<td>87.40</td>
<td></td>
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<tr>
<td>Apple, Henry</td>
<td>58776901</td>
<td>4475</td>
<td>8/1/17</td>
<td></td>
<td>38</td>
<td>2.30</td>
<td>87.40</td>
<td></td>
</tr>
</tbody>
</table>

Provider: Tom Hanks

Signature Date: 8/5/17

**NEBRASKA**

**GOOD LIFE. GREAT MISSION.**

DEPT. OF HEALTH AND HUMAN SERVICES
How to bill when a week is in two months

Let look at
July 30th, 2017 - August 5th, 2017

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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<tbody>
<tr>
<td>30</td>
<td>31</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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The provider must divide the week on the N-Focus Billing Document to two separate lines

Example: July 30th - July 31st is written on one line, and August 1st – August 5th 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
Example of billing document for a week in two months

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<tr>
<th>Ln</th>
<th>Client Name</th>
<th>Client ID Number</th>
<th>Auth Number</th>
<th>Service Code</th>
<th>Service From Date</th>
<th>Service Thru Date</th>
<th>Freq</th>
<th>Units</th>
<th>Rate</th>
<th>Total Charge</th>
<th>Cust Oblig</th>
<th>DHHS Charge</th>
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<tbody>
<tr>
<td>1</td>
<td>Apple, Henry</td>
<td>58770951</td>
<td>0468642</td>
<td>4475</td>
<td>7/15/17</td>
<td>7/21/17</td>
<td>OR</td>
<td>38</td>
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</tbody>
</table>

Provider / Prepare Signature: Tom Hanks
Signature Date: 8/1/17
Service Approved Signature: Approval Date: Total DHHS Charge: $255.30

Line 1: July 30th – July 31st

Line 2: August 1st – August 5th
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
- **Fax:** (402) 742-2310

Tips for submitting claims

- 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)).
Important contact information

- To Verify Claim Received – (402) 471-0667
- Billing questions – (402) 471-0667 – or email 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](http://dhhs.ne.gov/Pages/Medicaid-Home-and-Community-Based-Services.aspx)
    - Forms - [http://dhhs.ne.gov](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](http://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx)
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.

- **Overtime and Travel Time questions**: (844) 331-3681 or email 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.

- **Overpayments**: 1(877) 232-0242.

- **Issues with direct deposits being rejected by your bank**: (402) 471-5226 or email 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. The request must identify the basis of the appeal. At that time, you may submit documentation or written arguments for the issue being appealed.


Contact your Resource Developer if you have further questions.

DHHS.AccessNEResouEA@Nebraska.gov

(402) 471-7394