

PROGRAM INSTRUCTION

SUA-16-PI-04

October 2, 2015

TO: Area Agency on Aging Directors

FROM: Cynthia Brammeier, Administrator, State Unit on Aging

BY: Erik White, MS RDN, Nutrition Program Specialist

SUBJECT: New NSIP Billing Form

The Nutrition Services Incentive Program (NSIP) form for billing has been updated. This updated form includes instructions attached on how to fill out the new billing statement.

From the Nutrition Resources page, this new form and instructions are also available– Excel and pdf.
<http://dhhs.ne.gov/medicaid/Aging/Pages/Nutrition-Resources.aspx>

This form is effective beginning October 1, 2015 (FFY 2016). Please use this new Excel NSIP billing form starting with the October billing.

To ensure you are using the most recent version, download the excel version on the website, make the changes, and save it with your AAA name-date.

If you have questions please feel free to call Erik White at (402) 471-4732, or email at DHHS.Aging@nebraska.gov

How to fill out the NSIP Report

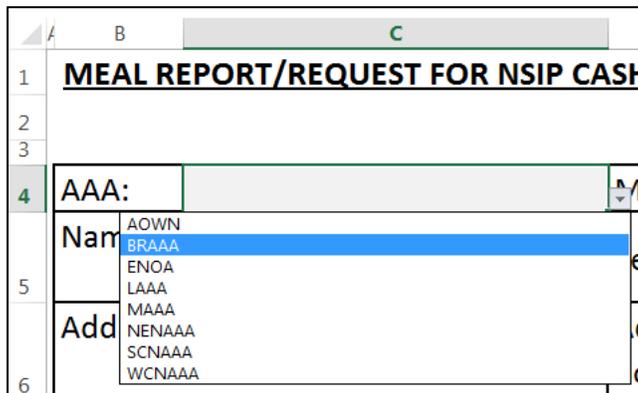
The NSIP form has been updated to provide easier and more consistent reporting. If you notice any typos or would like to make suggestions, please contact DHHS.Aging@nebraska.gov.

There are two spreadsheets in the NSIP Report workbook. The first tab is the **Meal Report** spreadsheet (it should look similar to what you filled out previously); the second is the **Adjustments** spreadsheet.

Meal Report

This form will be submitted for NSIP reimbursement. A number of fields have been automated to make data entry easier. **You will only need to make changes to the grey cells on this spreadsheet.**

1. Choose your **AAA** from the drop down menu in the **C4** cell.



The screenshot shows a spreadsheet with the following content:

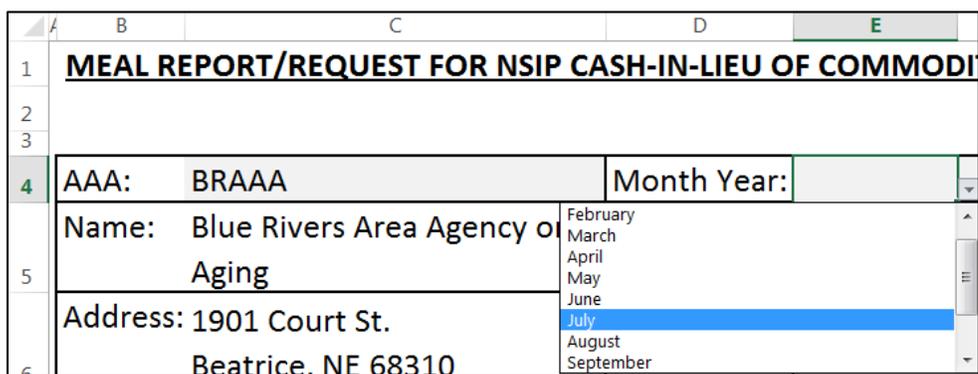
	A	B	C
1		MEAL REPORT/REQUEST FOR NSIP CASH	
2			
3			
4		AAA:	[Dropdown Menu]
5		Name:	[Dropdown Menu]
6		Add	[Dropdown Menu]

The dropdown menu for AAA is open, showing the following options: AOWN, BRAAA (highlighted), ENOA, LAAA, MAAA, NENAAA, SCNAAA, and WCNAAA.

2. The **Name**, **Address**, and **Address Book #** will populate based off of the **AAA** chosen.

AAA:	BRAAA	Month Year:	
Name:	Blue Rivers Area Agency on Aging	Federal FY:	FY2016
Address:	1901 Court St. Beatrice, NE 68310	Address Book #:	539491

3. You can choose the **calendar month** you are reporting on in the **E4** cell.



The screenshot shows a spreadsheet with the following content:

	A	B	C	D	E
1		MEAL REPORT/REQUEST FOR NSIP CASH-IN-LIEU OF COMMODI			
2					
3					
4		AAA:	BRAAA	Month Year:	[Dropdown Menu]
5		Name:	Blue Rivers Area Agency o Aging	[Dropdown Menu]	
6		Address:	1901 Court St. Beatrice, NE 68310	[Dropdown Menu]	

The dropdown menu for Month Year is open, showing the following options: February, March, April, May, June, July (highlighted), August, and September.

4. In the **F4** cell, select the current **calendar year**.*

	A	B	C	D	E	F
1	MEAL REPORT/REQUEST FOR NSIP CASH-IN-LIEU OF COMMODITIES					
2						
3						
4	AAA:	BRAAA	Month Year:	July		
5	Name:	Blue Rivers Area Agency on Aging		Federal FY:		2015
	Address:	1901 Court St.		Address		2016
						2017
						2018
						2019
						2020

5. The top of the Meal report should look similar to the image below. *

AAA:	BRAAA	Month Year:	October 2015
Name:	Blue Rivers Area Agency on Aging	Federal FY:	FY2016
Address:	1901 Court St. Beatrice, NE 68310	Address Book #:	539491

* The calendar and fiscal year drop down lists will be updated as needed by the SUA.

6. In the greyed out **E13** cell, enter the AAA's **NSIP eligible congregate meals** for the month.

	A	B	C	D	E	F
10	Number of ELIGIBLE NSIP MEALS served each MONTH. DO NOT CUMULATE.					
11	ELIGIBLE meals are meals served through an AoA Title IIIC funded program.					
12						
13	A) CONGREGATE				1,000	
14	B) HOME DELIVERED					
15						
16	Document any PREVIOUS MONTH'S discrepancies that will impact THIS MONTH'S					

7. Type in the AAA's **NSIP eligible home delivered meals** for the month in the **E14** cell.

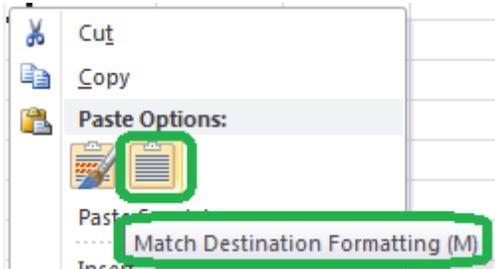
	A	B	C	D	E	F
10	Number of ELIGIBLE NSIP MEALS served each MONTH. DO NOT CUMULATE.					
11	ELIGIBLE meals are meals served through an AoA Title IIIC funded program.					
12						
13	A) CONGREGATE				1,000	
14	B) HOME DELIVERED				2,000	
15						
16	Document any PREVIOUS MONTH'S discrepancies that will impact THIS MONTH'S					
17	Fill out the adjustments on the next tab, they will populate in these cells.					

Sign and Date

If you do not have any adjustments to report, you can sign and date the **Meal Report**. If you need to report payment adjustments, continue to the **Adjustments** section.

Signatures:

- You can print the report page(s), and have the Director physically sign the report
- You can copy and paste the electronic signature in the appropriate cell, however **you must right click and choose Match Destination Formatting (M) under Paste. This keeps the cell unlocked for future editing.**



Date:

- The Date by the Director Signature line is set to auto-populate to today's date.
- If you would like to have a different date, you can highlight the cell, and press the Delete button.

Send the Meal Report worksheet to the SUA at DHHS.Aging@nebraska.gov.

Adjustments

The **Adjustment** tab has been set up to easily report and track any payment corrections that take place on a month to month basis. If you switch to the Adjustments tab, you will notice that AAA and Month/Year above the table are populated from the Meal Report worksheet. Similarly, the Month Adjustment Made field will auto-populate with your current reporting month.

8. On the **Adjustments** tab, within the **B6** cell, enter the **Service Provider's name**.

	B	C
1		
2		BRAAA A
3		
4		
5	Service Provider	Month Adjustment Made
6	Fairbury Senior Center	July 2015

9. **Enter the number of meals that need to be adjusted.** In the example below, 60 congregate meals need to be paid to the AAA from SUA.

Service Provider	Month Adjustment Made	Congregate Meals Adjusted	HD Meals Adjusted	Client
Fairbury Senior Center	July 2015	60		

Enter negative numbers to return payment from AAA to SUA.

Enter positive numbers to receive payment from SUA to AAA.

Leave blank if not applicable.

10. **In the Month of Service Affected field, the month and year should be recorded.** You can type “Jun-15” or “June 2015” or “6/1/2015” or another June 2015 date. It will format to “Jun-15”.

Month of Service Affected	Reason for adjustment
Jun-15	

Enter date with first of month i.e.: 6/1/2015 for Jun-15

11. Enter the reason for adjustment in the corresponding cell.

Service Provider	Month Adjustment Made	Congregate Meals Adjusted	HD Meals Adjusted	Client	Month of Service Affected	Reason for adjustment
Fairbury Senior Center	July 2015	60			Jun-15	Congregate meals were not reported in June 2015.

12. **Make as many adjustments as needed.** You can copy and paste the July 2015 under **Month Adjustment Made**, or you can fill down, or type it in each time. **How you fill out the adjustments worksheet depends on the information.** For example, each service provider should have its own row.

Service Provider
Fairbury Senior Center
Alexandria Senior Center
Wymore Senior center

But if you are changing both Congregate and HD meals for the same service provider, you may want to have two separate rows – this will give you more room for explanation.

Service Provider	Month Adjustment Made	Congregate Meals Adjusted	HD Meals Adjusted
Fairbury Senior Center	July 2015	60	
Fairbury Senior Center	July 2015		-10

You may also want to break it down by client...

Fairbury Senior Center	July 2015	13	CB	Jun-15	Congregate meals were not reported in June 2015.
Fairbury Senior Center	July 2015	-12	AH	Jun-15	Received Medicare Waiver for client's 12 congregare meals, originally paid with NSIP funds.
Fairbury Senior Center	July 2015		EM	Jun-15	Received Medicare Waiver for client's 10 home delivered meals, originally paid with NSIP funds.

13. Once all information is entered, there will be two total fields (one under congregare, one under HD). **These numbers are automatically carried over into the Meal Report tab.**

Service Provider	Month Adjustment Made	Congregate Meals Adjusted	HD Meals Adjusted	Client	Month of Service Affected	Reason for adjustment
Fairbury Senior Center	July 2015	60			Jun-15	Congregate meals were not reported in June 2015.
Alexandria Senior Center	July 2015	-12		AH	Jun-15	Received Medicare Waiver for client's 12 congregare meals, originally paid with NSIP funds.
Wymore Senior Center	July 2015		-10	EH	Jun-15	Received Medicare Waiver for client's 10 home delivered meals, originally paid with NSIP funds.
Total		48	-10			

Go back to the Meal Report worksheet. The total numbers are in the appropriate adjustment lines.

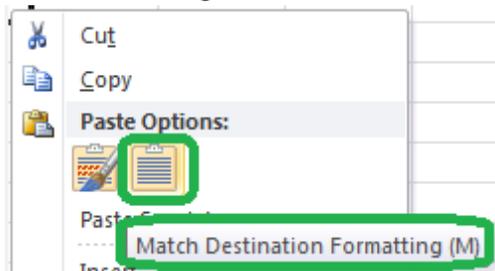
The E) TOTAL MEALS: row sums the current month's reported meals with the meal adjustments and reports a single total for meals. The Total meals are multiplied by the Current Reimbursement Rate and provides a Total Reimbursement amount.

Sign and Date

Go to the Meal Report tab.

Signatures:

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- You can copy and paste the electronic signature in the appropriate cell, however **you must right click and choose Match Destination Formatting (M) under Paste. This keeps the cell unlocked for future editing.**



Date:

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Send both worksheets to the SUA at DHHS.Aging@nebraska.gov.



**MEAL REPORT:
REQUEST FOR NSIP CASH-IN-LIEU OF COMMODITIES**

AAA:	Month Year:	
Name:	Federal FY:	FY2016
Address:	Address Book #:	

The number of meals for cash reimbursement is based on the following:
 Number of **ELIGIBLE NSIP MEALS** served each **MONTH. DO NOT CUMULATE.**
ELIGIBLE meals are meals served through an AoA Title IIIC funded program.

A) CONGREGATE	
B) HOME DELIVERED	

Document any **PREVIOUS MONTH'S** discrepancies that will impact **THIS MONTH'S** billing.
 Fill out the adjustments on the next tab, they will populate in these cells.

C) CONGREGATE ADJUSTMENTS:	0
D) HOME DELIVERED ADJUSTMENTS:	0

E) TOTAL MEALS:	0
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REIMBURSEMENT RATE

Number of ELIGIBLE MEALS for which reimbursement is requested multiplied by
 CURRENT REIMBURSEMENT RATE equals the amount of the reimbursement.

CURRENT REIMBURSEMENT RATE:	\$0.70
TOTAL REIMBURSEMENT:	\$0.00

SIGNATURES:

AAA DIRECTOR

DATE

DHHS-NUTRITION SPECIALIST

DATE

SUA USE ONLY - OnBase #: _____



ADJUSTMENTS TO NAMIS MEAL NUMBERS

Service Provider	Month Adjustment Made	Congregate Meals Adjusted	HD Meals Adjusted	Client	Month of Service Affected	Reason for adjustment
Total		0	0			

Enter a negative number if the AAA needs to reverse a previous payment to the AAA. (example: other form of payment received)
 Enter a positive number if the SUA needs to send payment to AAA. (example: service provider did not report previous numbers)