

Nebraska Medicaid MDS 3.0 Requirements

Effective October 1, 2010, nursing facilities will be required to complete and transmit Minimum Data Set (MDS) 3.0 assessments for individuals residing in a Medicaid and/or Medicare certified bed.

Section S:

MDS Section S contains state-specific data fields. Nebraska Medicaid requires that Section S be completed only when an individual residing in a Medicaid certified bed does not have a social security number. The revised Section S form and instructions are located in Appendix 471-000-45, which is available on the DHHS website at: <http://www.hhs.state.ne.us/reg/appx/atc471.htm>

For those residents who are residing in a Medicaid-certified bed, all MDS OBRA assessments and entry/discharge reporting forms will require Section S to be completed when the resident does not have a social security number. This includes admission, quarterly, annual, significant change, significant corrections of prior comprehensive or quarterly assessments, discharge assessment (return not anticipated or return anticipated), entry record, death in facility record, OR any Medicare assessment that is combined with a discharge assessment.

For residents without a social security number, contact Joette Novak at (402) 471-9279 to obtain a Medicaid-assigned number. This number should be entered only in Section S field S0150.

If a nursing facility fails to complete Section S when it is required, the validation report following the assessment transmission will contain a warning.

Resident Room Number:

Medicaid can only pay for nursing facility services when an individual resides in a Medicaid-certified bed. If less than 100% of its beds are Medicaid-certified, the facility must enter the resident's room number in MDS 3.0 field A1300B. This includes admission, quarterly, annual, significant change, significant corrections of prior comprehensive or quarterly assessments, discharge assessment (return not anticipated or return anticipated), entry record, death in facility record, OR any Medicare assessment that can be combined with a discharge assessment.

Although a warning will not appear on the validation report, if this section is not completed as required, the assessment will be rejected by Nebraska Medicaid.

If you have questions regarding this information, please contact Joette Novak, Nebraska Medicaid MDS Automation Coordinator, at (402) 471-9279 or joette.novak@nebraska.gov