



PROVIDER BULLETIN No. 05-01

January 14, 2005

TO: Nursing Facilities and Hospice Providers
participating in the Nebraska Medicaid
Program

FROM: Mary L. Steiner, Interim Administrator
Nebraska Medicaid

BY: Joette L. Novak, Program Specialist
Finance & Support Long Term Care Unit

RE: Revisions to Long Term Care Facility
Turnaround/Add-on billing document (MC-4)
Format and completion instructions

Please circulate

_Administrator
_Medicaid billing
_Personnel
_Medical records

Effective January 1, 2005, the preprinted greenbar billing documents used for nursing home and hospice services (Long Term Care Facility Turnaround/Add-on MC-4) will be converted to white laser printed documents.

The format and size of these documents will basically remain the same. You will still receive two copies of the turnaround documents. However, they will now be two sets of separate pages. As before, please retain one copy for your records.

Due to HIPAA (Health Insurance Portability Accountability Act) regulations, there are a few instructions that need to be noted in order for this transition to go smoothly:

- Medicaid claims processing staff will make no changes, revisions, etc. to any claims without written (faxed or mailed) documentation. Therefore, *if there are errors or omissions of information on your facility's billing documents, they will be returned to your facility for correction. (See 471-000-82 of the Nebraska HHS Finance and Support Manual).*

Please take the time to review your billing documents before submitting them in order to ensure prompt payment.

- Each medical absence and therapeutic absence from the nursing home must be reported on the Turnaround Billing Documents as either "Hospital" or Therapeutic Leave Day(s)" for state data collection and claim payment purposes.
- The dates of absence must be listed on the documents by the provider. On the turnaround, please list the dates under the claim number. On the add-on, please list the dates in the blank space located on the right of the claim information.
- Please ***use red ink only*** to make your changes and entries on the turnaround and add-on documents. This enables data entry to easily detect and enter these changes. Changes made in either blue or black ink, pencil or are illegible will be returned in their entirety to the provider, resulting in delayed payment.
- When the changes, entries, etc. are completed by your facility, please ***staple the pages together in the upper left corner***. This will lessen the possibility of pages getting lost during mailing and sorting.
- Add-on billing documents should be mailed preferably the second week of the month or later. Turnarounds are the top priority for the first two weeks. Add-on documents are not entered for payment until the third week of the month.
- If there is a need to send the Notice of Action (Share of Cost Form) from the resident's Medicaid eligibility worker with your turnaround, please staple it to the page containing the resident's claim to which it pertains. Please see the attached tip sheets and current Reason Disallowed Codes.

To inquire as to the status of your facility's claims or to request additional Add-On documents, call the Medicaid Inquiry Line at any time during the month:

Toll-Free 1-877-255-3092
Lincoln (402)-471-9128

Questions may be directed to Joette Novak, Program Specialist, at (402) 471-9279 or send e-mail with questions to joette.novak@dhhs.ne.gov.

