

PROVIDER BULLETIN NO. 11-02

Date: January 3, 2011

TO: Medicaid Providers of Nursing Facility Services

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Rosemary Stubbendeck, RN Program Specialist

RE: **Revisions to Provider Bulletin 10-41 on the MC-10 process for initiating changes to Medicaid payment authorization of nursing facility services**

Provider Bulletin 10-41, issued August 24, 2010, provided information for nursing facilities on the new process for alerting DHHS of changes to Medicaid payment authorization of nursing facility services, such as admissions and discharges.

In order to further improve the efficiency of this process, please note the following revisions:

1) DHHS Caseworkers will no longer notify Central Office of changes they receive through ACCESSNebraska beginning January 1, 2011

Nursing facility staff should continue to notify Caseworkers of specific changes using the ACCESSNebraska web portal and the 'Report Changes: Other' screens, however the Caseworkers will no longer be forwarding notifications of these changes to Central Office. The attached Table identifies the changes that involve Caseworker notification. Caseworkers use this information to develop the client's budget and send notices to the facility. A Manual for nursing facility staff describing how to use the ACCESSNebraska web portal is posted on the DHHS website at: <http://www.dhhs.ne.gov/med/phnf.htm>

2) Use SecureMail to notify DHHS Central Office staff of Medicaid payment-related changes

As Caseworkers will not be forwarding change notifications, nursing facility staff will need to alert Central Office staff of Medicaid payment-related changes by sending a secure email to dhhs.MFPA@nebraska.gov. The attached Table identifies the changes that involve Central Office notification. In order to be processed, this secure email must contain the following information:

- MC-9NF Prior Authorization Number (the nine digit number found on the Turn Around Document)
- Client's Medicaid Identification Number (must be eleven digits)
- Nursing Facility's Medicaid Provider Number (must be eleven digits)

- Description of the Payment Authorization Change (See attached Table)
- If applicable, Date of Discharge and Discharge Location/Provider/Description (e.g. hospice, swingbed, home, alternate facility, death)

NOTE: Change notifications that do not include a valid prior authorization number will not be processed and will be returned to the nursing facility.

NOTE: If your nursing facility has not yet registered for the State of Nebraska's free secure email service, please contact Sue Clark at sue.clark@nebraska.gov or (402) 471-9226.

3) Please see the attached Table for a list of the changes to report to the DHHS Caseworker, DHHS Central Office, both the Caseworker and Central Office or neither.

NOTE: This process does not replace the process (MC-9NF) to authorize Medicaid nursing facility payment. When a Medicaid client is admitted to the nursing facility or a nursing facility resident becomes eligible for Medicaid, nursing facilities should continue to send the MC-9NF to Medicaid Central Office.

If you have questions regarding this Bulletin, please contact Rosemary Stubbendeck at 402-471-9384 or rosemary.stubbendeck@nebraska.gov

WHO SHOULD I NOTIFY WHEN? – A GUIDE FOR NURSING FACILITY STAFF

DESCRIPTION OF CHANGE	NOTIFY CASEWORKER ONLY	NOTIFY CENTRAL OFFICE ONLY	NOTIFY BOTH CASEWORKER & CENTRAL OFFICE	DO NOT NOTIFY EITHER
Client is admitted to a nursing facility	X			
Changes occur before nursing facility receives Medicaid authorization number	X (admissions & discharges only)			
Client is admitted to a hospital swingbed		X		
Client enrolls in hospice		X		
Client disenrolls from hospice		X		
Client discharges from the hospital to a Medicare bed in another nursing facility		X		
Client's hospital stay exceeds the bedhold period		X		
Client dies in the nursing facility or during bedhold period			X	
Client is discharged to Home			X	
Client is discharged to an alternate facility			X	
Client has a Medicare stay – need to provide the first and last Medicare dates (which includes co-insurance days)			X	
Client is discharged to the hospital and the nursing home is not holding the client's bed			X	
Client has a hospital stay, the NF is holding the bed & it does not exceed the bedhold period				X
Nursing facility holds the client's bed during therapeutic leave days				X