

PROVIDER BULLETIN

No. 15-31

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TO: Nebraska Medicaid Nursing Facility Providers

FROM: Calder A. Lynch, Director 
Division of Medicaid and Long-Term Care

BY: Joette Novak, Administrator
Division of Medicaid and Long-Term Care

RE: Level of Care Evaluation Requirements

Please share this information with administrative, social work and office staff.

This provider bulletin provides clarification regarding Level of Care Evaluation requirements for Medicaid clients as specified in 471 NAC 12-005 and in Provider Bulletin 13-37.

Effective September 21, 2015 Nebraska Medicaid will begin denying claims when a Level of Care Evaluation has not been performed for residents who are admitted, seeking admission, or already a resident in a nursing facility and are Medicaid eligible or pending Medicaid eligibility. This will apply to any claim submitted September 21 or later, regardless of service date.

Level of Care Evaluation is not required when a Medicaid client enters a nursing facility for short term stays while enrolled in physical health managed care. However, also beginning September 21, Nebraska Medicaid will begin denying claims for these residents who continue to receive nursing facility services without a Level of Care evaluation after no longer meeting Medicare-defined rehabilitative/skilled criteria and are disenrolled from physical health managed care. A memo outlining this process along with contact information and a sample Level of Care Determination form for Area Agency on Aging/Senior Care Options (AAA/SCO) and the League of Human Dignity (LHD) can be accessed on the Medicaid and Long-Term Care website in the Nursing Facility Provider Handbook section at http://dhhs.ne.gov/medicaid/Pages/med_phnf.aspx under Managed Care Information.

Note: While this process is new, any resident disenrolled from managed care without a Level of Care Evaluation must now be referred for evaluation.

Nebraska Medicaid strongly urges nursing facility staff to begin verifying that a nursing facility Level of Care Determination **has been performed** on all clients.

A prior authorization (MC9-NF) for the current admission or Level of Care Determination letter or form from an AAA or LHD office should be on file if the resident is:

- requesting Medicaid funding to cover nursing facility services,
- 18 years old or older and not residing in a special needs nursing facility,
- Medicaid eligible or have applied for Medicaid,
- not required to have a PASRR Level II screen,
- nursing facility resident or considering nursing facility admission, or
- not admitted as a resident approved for hospice services.

Please note it is the provider's responsibility to verify Medicaid managed care eligibility each month. This can be done by calling the Nebraska Medicaid Eligibility System at 800-642-6092 or electronically by contacting the EDI Helpdesk at DHHS.MedicaidEDI@nebraska.gov or phone toll free at 866-498-4357.

The Medicaid Eligibility Customer Service contact number is 855-632-7633 for Greater Nebraska, 402-595-1178 for Omaha and 402-473-7000 for Lincoln.

If you have questions about this Provider Bulletin, please contact Joette Novak at (402) 471-9279 or Joette.Novak@nebraska.gov.