

PROVIDER BULLETIN NO. 11- 71

Date: November 1, 2011

TO: Nebraska Medicaid Nursing Facility Service Providers
Nebraska Medicaid Hospice Service Providers

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

BY: Cindy Kadavy, Administrator
Division of Medicaid & Long-Term Care

RE: Changes to Prior Authorization Process for Nursing Facility Services

Please share this information with your administrative and billing staff.

Effective immediately, providers requesting authorization of Medicaid payment for nursing facility services should not include copies of the client's History and Physical (H&P), DM-5, Medication Administration Record (MAR) or other medication list with the client's MC-9NF. Providers should continue to maintain federally and state-required documentation in the client's file and make it available to the Department or its designee, upon request.

Providers should continue to:

- 1) Submit the MC-9NF to the Department.
MC-9NF Sections I, II, III, IV, and V must be completed for existing residents who become Medicaid eligible and for new Medicaid admissions. If the resident is under the age of 65 or the resident was previously screened by Senior Care Options at another nursing facility and is transferring to this one Section II (the Senior Care Options section) should be left blank.
- 2) Submit a copy of the client's PASRR Level I screen or Level II determination
A copy of the client's PASRR Level I screen or Level II determination should be included with their MC-9NF.
- 3) Electronically transmit the appropriate MDS assessments.
Authorization of Medicaid payment cannot be processed until the client's MDS assessment is transmitted and their level of care can be identified in the Department's Casemix database.

Hospice providers currently participating in the Medicaid Pilot Hospice Project should continue to complete the MC-8-NF-H form and submit it to DHHS Central Office.

In 2012, the Department will be eliminating the Nebraska Medicaid requirement that nursing facility services be authorized prior to payment. This change will allow nursing facility service providers to submit Medicaid claims for electronic review and payment, without requesting prior authorization. These claims will be electronically screened to determine if the provider complied with the federal and state requirements necessary for payment, including completion of a PASRR screen for each admission; completion of a Senior Care Options screen for admissions age 65 years or older; completion of the appropriate Minimum Data Set (MDS) assessments; and non-payment for uncertified beds, sanctioned facilities and hospice, Medicare and/or private-insurance covered days. Claims containing incorrect, invalid or incomplete information will be denied. Paid claims may also be reviewed after payment and additional documentation requested from the provider to ensure Medicaid payment was correct.

If you have questions regarding this information, please contact Cindy Kadavy at 402-471-4684 or cindy.kadavy@nebraska.gov