MEETING SUMMARY

March 11, 2024, Quarterly Nursing Facility Call

03/11/2024, 2:00 p.m. – 3:00 p.m.

Host

Presenter:

Dawn Sybrant, Program Manager II – MLTC Institutional Services

Summary

This summary is also available at the following website address:
https://dhhs.ne.gov/Pages/Medicaid-Nursing-Facilities.aspx

Announcement: Kepro has undergone a merger and the Name is changing to Acentra. The software system is still Atrezzo, however, Acentra will be main Logo versus Kepro. The website domains will eventually change.

Cutoff

- Is run once a month and is where the care level report comes from.
- If assessment was submitted by the 10th of the month, then we should get it.
- Since the change from CMS, and the requirement for Public Health to retrieve the files, cutoff is being run closer to the 15-16th of the month to be sure all the assessments from the 10th and before are received.
- Below are some resources that can help:
  - Care Level Report
    - This is a static report run once a month when cutoff is finished. It is a snapshot of what is in Casemix at the time the report is created.
    - This should be checked monthly.
    - Asterisks (*) by a name on report
      - Look at load errors for issues.
      - Send emails to Dawn Sybrant and Greg Carlson
  - Active Resident Report
    - This is a fluid report that will update as assessments are received in Casemix. It is a snapshot of what is in Casemix at the time you run this report.
  - Load Errors
    - Discrepancies in A1900 (Admission date), SSN, DOB, missing provider numbers, and some others get sent to load errors.
    - Should be checked weekly.
    - Accepted is by software company or CMS, but not Casemix.

NF LOC Referral Reminders

- **KEEP** the fax transmittal page that says "OK" as well as a copy of referral.
- If send a referral and do not hear anything for over a week, contact and check that they received it, and if they need anything else from you.
- The nursing facilities are responsible for submitting the referral, tracking them, and staying on top of it.
- Resident enters as Medicaid or becomes eligible while at nursing facility.
  - Send for referral to AAA or LHD in a timely manner.

- o   Needs to be on the date of Admission or before.
- If enters facility not eligible for Medicaid
    - o   Have 14 days from date made eligible on notice to make referral.
        - ▪   Notice date is in upper right corner of letter.
- Skilled Stay
    - o   Send the referral a couple days before they come off the skilled stay.

CMP

- Nebraska Health Association – webinar for members
    - o   New opportunity - Opening COVID Visitation 2
        - ▪   Grant application is out on the public website under Civil Money Penalty Grant
        - ▪   https://dhhs.ne.gov/Pages/Medicaid-CMP-Grants.aspx
            - -application is in the information in the "New Opportunity for Nursing Facilities" section
        - ▪   Kayla Kelly is the point of contact person.
        - ▪   Available to all certified nursing facilities
        - ▪   CMS approved up to $3000 for each facility, but Medicaid will approve up to $1800.
        - ▪   It is a very specific application.
        - ▪   Must be enrolled for CMP money to be dispended.
        - ▪   Due Date – Open until CMS closes the opportunity.
        - ▪   CMP Shared mailbox
            - •   dhhs.nebraskacmp@nebraska.gov

Weighted Days Reminder

- 22 facilities are over 100 days.
- If you are under 100 days– don't worry. This is acceptable.
- Once get to 300 days you start seeing it affect the rates.
- Deadline emails were sent with a 03.22.2024 deadline. If Tonya has not heard from you, your weighted days will be considered complete.
- If need access to Casemix, fill out the form in the link below.
    - o   http://dhhs.ne.gov/Documents/Confidentiality%20Statement%20NCS%20Web.pdf
- The main ask this year, and going forward, is to **include the name of the facility and the city it is located in in the subject line** when sending the email to DHHS.NECaseMix@nebraska.gov   This will greatly reduce Tonya's time when going back to assist in the order received.
- This year we have included a couple more resources for everyone. The below link will take you to the Nursing Facility Provider Handbook. Scroll down to the Weighted Days Resources and Instructions and there are some helpful links to information for you.
    - o   https://dhhs.ne.gov/Pages/MLTC-PH-Nursing-Facility.aspx

PASRR

- Requirements for NFLOC can be found in 471 NAC Chapter 44
- Requirements for PASRR can be found in 471 NAC Chapter 12 section 006.
- 60/90-day requirements
    - o   If PASRR evaluation is more than 90 days before admission
        - ▪   Then need a new LII PASRR – sub level 1.
    - o   If a LI screening is done and then admission is delayed for 60 days or more
        - ▪   Then need a new LI PASRR
        - ▪

Acentra Training

- Acentra holds monthly training for PASRR, hosted by Ellen Olson. This is an overlooked resource. In addition, their website has recordings of past training you can watch. They are around 50 to 55 minutes long.
    - o The information for Acentra is below.
        - https://nepasrr.kepro.com/
        - NEPASRR@kepro.com
        - 1-833-840-9945

Error #	Error Message	Possible Cause	Solution
7	E7: (A0500A) First Name Cannot Be Blank		Transmit modification of assessment.
8	E8: (A0500C) Last Name Cannot Be Blank		Transmit modification of assessment.
14	E14: (A1600) Date of Entry must be equal to or less than today's date	The date of entry cannot be a future date.	Transmit modification of assessment; send corrected assessment.
59	E59: (A2300) Assessment Date must be equal to or less than today's date	The Assessment Reference Date cannot be a future date.	Transmit modification of assessment; send corrected assessment.
513	E513: (A0600A) SSN Must Be All Numeric	SSN must contain nine (9) digits, no dashes (-), or carots (^), letters, etc. If no SSN, please complete Section S0150 after obtaining a number from DHHS.	Transmit modification.
708	E708: (A1300B) Room number doesn't match provider room numbers.	For facilities whose beds are not 100% Medicaid-certified, the room number is required and must be a Medicaid Certified room in order for NE to accept the assessment.	If the resident is residing in a Medicaid Certified bed, transmit a modification.
709	E709: (A1600) Re-Entry date is more than 30 days past discharge date.	If a resident is out of the facility for more than 30 days, a new admission assessment and entry tracking (A1700=1) is required. In other words, it must be treated as a new admission.	Modify the NT record (A1700=1) and transmit an admission assessment.
710	E710: Only an admission assessment or a discharge is allowed after an entry tracking record indicating a new admit date	Make sure that this s a new entry and not a reentry. If an entry tracking marked as a new admission is transmitted the NE system will only allow an admission assessment or a discharge.	Modify the NT record (A1700=2) to indicate a reentry and transmit. If it truly is a new admit, be sure to transmit an admission assessment prior to submitting any other OBRA (A0310A) assessment.
713	Admission assessment is required before assessment reasons 02, 03, 04, or 05 are allowed	Invalid admit date - no admission in system for the date entered in A1900. Admission assessment must be on file before subsequent OBRAs (i.e. quarterly/annual) are allowed.	Modify the affected assessment(s) with the correct admission date or transmit the admission assessment.
850	Provider # Has Fallen Outside Start & End Date		Modify MDS assessments to reflect current Provider Number according to effective dates for the provider
851	E851: First name doesn't match current records first name.		If both errors 851 and 852 appear on your error report, it could mean that the incorrect SSN was entered. Verify SSN and, if correct, contact DHHS. If incorrect, transmit a modification.

852	E852: Last Name doesn't match current record's last name.		If both errors 851 and 852 appear on your error report, it could mean that the incorrect SSN was entered. Verify SSNand, if correct, contact DHHS. If incorrect, transmit a modification
855	E855: Medicaid Number Does Not Match Database	The resident Medicaid number must be in a valid format or a valid Nebraska Medicaid number.	Refer to current data specifications and resident eligibility information and transmit a modification.
856	E856: (A0310) Type of Assessment 02, 03,04, 05, 06 need an admission assessment first	Either an admission assessment was not transmitted or the assessment has errors that we cannot process.	If you have not transmitted an admission assessment, please do so. If you have transmitted the assessment, modify the assessment errors that appear on the error listing. If it does not appear on the error listing, contact DHHS.
859	E859: (A0310F) A Discharge Record type 11 must exist before a reentry tracking (A1700)=2 can be accepted		Transmit the appropriate discharge.
861	E861: (A1600) An Admission Record With this Entry Date Already Exists	Every admission assessment should have a new entry date in A1600.	Transmit inactivation and then submit the corrected assessment.
862	E862: (A0310F) A discharge Record type 10 or 12 exists, no other records allowed	Discharge 10/12 indicate return NOT ANTICIPATED. If a discharge reason 10 was transmitted, the NE system will only accept a new entry or new admission assessment.	If the incorrect reason for discharge was transmitted, inactivate and submit the correct reason for discharge.
863	E863: (A0900)(BIRTHDATE) Birthdate Does Not Match Database.	Birthdate must match the date indicated on the Medicaid eligibility system.	If you feel that you have the correct birthdate, contact Access Nebraska. If you have the incorrect birthdate on the MDS, modify the assessment.
871	Admission Date Cannot Be Blank	Missing admission date in A1900	Modify the affected assessment with the appropriate admission date.
872	E872: (A1900) Admission Date does not equal the most recent on file .	The admission date in A1900 is not the current admission date as reflected on the most current admission assessment for your facility	Modify the A1900 date in the assessment to reflect the most current admission to your facility. This does not include the most recent reentry date
874	The SSN submitted does not match the SSN previously submitted	The SSN submitted does not match the SSN previously submitted	Modify the assessment if the SSN is incorrect.

COMMON MDS PROCESSING ERROR CAUSES/SOLUTIONS

Any of the following errors will affect the processing of your MDS records into the Nebraska Casemix system. In addition, any of the same errors can and likely will affect your payment until resolved. Pay close attention to your Care Level Report data every month, please. Remember that the report cut off is the 10th of each month. If the record was transmitted after the 10th, it should appear on the following month's report. If it doesn't, chances are one of the error(s) below is the cause.

Please note: An assessment accepted into the QIES (national CMS) system is not automatically accepted and processed into the Nebraska Casemix system. This is a common fallacy.

- **Rentry tracking records coded as admission tracking records following hospital stays.** Subsequent OBRA records will not be processed if a prior tracking record was coded as an admission instead of a reentry following a hospital stay that was less than 30 days in duration. Modify the admission entry tracking to a reentry in section A1700. Notify us when you have done so as this requires manual resubmission of your subsequent MDS records in our Casemix system.
- **Room number errors.** If the bed number on the MDS record does not match the room numbers that are on file with Public Health/Medicaid, the record will not be processed in Casemix. This is especially true when there are rooms with two Medicaid certified beds. They must have the specific identifier that distinguishes which bed in the room it is. And again, it must match exactly what was reported to Public Health/Medicaid for the current bed certification period. Medicaid cannot pay for any dates of service that the client was not residing in a Medicaid/dually-certified bed.
- **If the client moved to or from a Medicaid certified bed. We must be notified of room moves both ways.** If the room move is to a lateral certified bed (i.e. from one Medicaid certified bed to another) we do not need to be notified. Remember we cannot pay for a Medicaid client that is NOT in a Medicaid or dually-certified bed. The client will not show up on the Care Level report or will continue to show up incorrectly until the bed move is reported and processed.
- **Medicaid provider numbers.** Modify the affected OBRA/tracking records with the correct 11-digit Medicaid provider number (field A0100C). These records will be accepted by CMS, but will not be accepted by Nebraska Medicaid without a valid Medicaid provider number.
- **Correct admission date on admission assessment**. Another thing to check is that you are using the current admission date (versus the previous admit date) on assessments for residents who were previously admitted/discharged from your facility.
  If a previous admission/entry date is used on the current admission assessment, the admission and subsequent records will not be processed until you modify the admission assessment to the correct entry/admit date. Please notify us when this has been completed so we can internally resubmit all subsequent records after the admission.
- **SSN/DOB modifications**. Please advise us of these as they often require manual correction in Casemix. At a minimum, the most current OBRA/tracking record must be modified to the correct SSN/DOB.   After modifying the most recent assessment, please contact us for further instructions on additional modifications, if needed. Be sure PASRR records and level of care determinations, as well as Medicaid client eligibility information, have the same SSN/DOB. Medicaid client data can be verified by calling the Medicaid Customer Service Line (877-255-3092).
- **Discharges coded incorrectly.** When a discharge assessment is coded as a return not anticipated (DRNA) in error and the client reentered the facility, we are unable to process any new records except for admission entry tracking records or new admission assessments. To fix this, you must modify the DRNA to a discharge return anticipated (DRA). In addition, the subsequent tracking record to the facility must reflect as a reentry (versus an admission entry tracking) or we will not be able to process any subsequent records (i.e. quarterlies, annuals, sig changes).

When these mistakes are discovered and modified, it is a good idea to notify us so that we can make the necessary updates to ensure all assessments are loaded into the resident's profile and reflect on your monthly Care Level Report (and annual Weighted Days Report).

The following events require notification to DHHS staff:

- Residents listed under the wrong social security number on the report AFTER the necessary assessments are modified to the correct SSN by nursing facility MDS staff.
- Residents who have moved from/to a Medicaid certified bed, please complete the Medicaid Bed Move Notice which can be found via http://dhhs.ne.gov/Pages/Medicaid-Provider-Nursing-Facility-Casemix.aspx

For Questions regarding any of this information, please send an email to:

DHHS.NECaseMix@nebraska.gov
If resident information is included, please use secure email.