



## PROVIDER BULLETIN

No. 18-04

DATE: May 11, 2018

TO: Medicaid Personal Assistance Service (PAS) providers

FROM: Matthew A. Van Patton, DHA, Director

Division of Medicaid & Long-Term Care

BY: Debbie Flower, Program Specialist

Division of Medicaid & Long-Term Care

RE: Personal Assistance Service – Provider Record of Service Form Signature

Requirements in the Event of the Death of a Client

## Please share this information with administrative and billing staff.

The purpose of this bulletin is to notify Personal Assistance Service (PAS) providers that regulations related to billing frequency will be enforced in the event of the death of a client.

Regulation 471 NAC 15-006.06B, Frequency of Billing, states providers may not bill more than one time per week, but must bill at least monthly. Additionally, both 471 NAC 15-006.06, Provider Payment Process (4), and 471 NAC 15-005.02, Client Responsibilities (6), requires a client signature on the Provider Record of Service form (MC-37-ES-A).

Effective June 1, 2018, any claims received outside of the billing week (Sunday through Saturday) of the client's death without a client's signature will not be reimbursed, unless signed by the personal representative of the client's estate.

If you have general questions regarding this bulletin, please contact DHHS.PAS@nebraska.gov.

Medicaid Provider Bulletins, such as this one, are posted on the DHHS website at

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

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