

Carolyn Ross
Authorized Signature

Number: SPD-IM-10-037
Issue Date: 5/19/2010

Topic: Long Term Care

Subject: Nursing Home Medicare Co-Insurance/Liability Updates

Applies to (check all that apply):

- | | | | |
|-------------------------------------|-------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> | All DHS employees | <input type="checkbox"/> | County Mental Health Directors |
| <input checked="" type="checkbox"/> | Area Agencies on Aging | <input type="checkbox"/> | Health Services |
| <input type="checkbox"/> | Children, Adults and Families | <input checked="" type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/> | County DD Program Managers | <input type="checkbox"/> | Other (please specify): |

Message: Nursing Facility Medicare Skilled Co-Insurance Claims for New Clients

The MMIS System is set-up to calculate the Medicare Skilled Co-Insurance claims for nursing facilities by counting from the first date of Medicaid Eligibility. For all new clients the medicaid eligibility date **must** be the first day that the client meets all of the eligibility requirements for Medicaid. Do not wait and open for medicaid on the 21st day (the first skilled co-insurance day) as the facility will not be paid correctly for the skilled co-insurance days. Remember to consider Acute Care Stay (ACS) criteria when determining the beginning date.

The facility may contact the local branch office and request the medicaid eligibility date be corrected. You should only change the date if the original medicaid eligibility date was an error.

Note: Clients must be Medicaid/Medicare eligible and have either a BMM/BMD/BMH/MED/ benefit plan in MMIS for nursing facilities to be paid for Medicare Co-Insurance days.

Nursing Facility Liability :

When integrating from ACCESS to CMS staff will need to be sure all need/resources are integrated into CMS. The liability information that is generated in CMS is what is used in the MMIS Liability Panel. If the information is incorrect in CMS it will be incorrect in MMIS.

To correct the liability for past months staff will go into the MMIS Liability Panel to adjust the liability.

To correct the liability for current or future months staff will need to go into OACCESS and then integrate into CMS and then into MMIS.

Zero Liability for the first month: To “zero” out the liability for the first month staff will need to integrate the liability data from OACCESS to CMS and then into MMIS. Staff will then “add” a line, select the liability code of “NL” and enter the specific dates for the “zero” liability (be sure to save this information). It is best practice to change the amount to 0.01. The computer should not read any dollar amounts when coded “NL” but it will not accept 0.00. If the liability changes during the assessment period it should be effective the first of a month (do not make changes effective mid-month.) Field office staff will need to send an updated 458A.

Note: If a “zero” liability is entered for the current month and a “supple” or “compute” action is taken during the current month after the “zero” liability has been entered into MMIS, the system will override that transaction back to a “PO” with the original liability amount. Staff will then need to go back into the liability panel and change the code back to “NL” for the zero liability dates.

The Nursing Home Liabilities procedures which can be found in the SPD Tools page. www.dhs.state.or.us/spd/tools. Click on MMIS Desk Manuals.

Contacts: Michael Avery, SPD Medicaid Policy Analyst, for any policy or coding questions.

Veneda Frank, SPD Operations Manager, for any MMIS related questions.

If you have any questions about this information, contact:

Contact(s):	Veneda Frank, SPD Field Services 503-945-6863 Michael Avery, SPD Medicaid Policy Analyst 503-945-6410		
Phone:	See above	Fax:	
E-mail:	Veneda.Frank@state.or.us Michael.G.Avery@state.or.us		