

Administrator Alert

*Policy updates & rule clarifications for Assisted Living,
Residential Care & Nursing Facilities*

Office of Licensing & Quality — Oregon Department of Human Services

May 26, 2011

NURSING FACILITY COMPLEX MEDICAL ADD-ON AUTHORIZATION AND BILLING PROCESS

Dear Administrator,

Please share this Administrator Alert with the person(s) responsible for the facility's oversight of Medicaid Complex Medical Add-On Nursing Facility services and the billing for Complex Medical.

In December 2009, the Complex Medical Add-On (CMAO) program completed a Rapid Process Improvement (RPI) as part of the DHS Transformation Initiative. The RPI was a collaborative effort with several nursing facility and Department representatives, with goals to minimize or eliminate duplicate or unnecessary process steps, ensure timely nursing facility (NF) payment and ensure program integrity.

- Between January and May 2010, several temporary measures were taken by the Department to reach the goals established at the RPI. Effective May 20, 2010, a permanent solution was implemented for NFs to use a dedicated Revenue Code (Revenue Code 193) within MMIS for all CMAO claims and claim adjustments for those residents identified by the facility to meet CMAO criteria by NFs.

However, since implementation of these measures, CMAO utilization data reflects a progressive increase in CMAO expenditures.



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- Effective immediately DHS will require Nursing Facilities requesting CMAO payment to report all CMAO activity monthly and require supporting documentation at the time of the add-on request to ensure the residents' needs meet add-on criteria.
- Effective May 2011, Nursing Facilities requesting CMAO payment will report all CMAO activity monthly.
 - All CMAO documentation reflecting CMAO activity, including new add-ons and discontinued add-ons from May 1 to May 31, 2011 will be due to the Department's CMAO unit **no later than June 30, 2011**; and
 - Facilities must provide the required supporting documentation for all requested add-ons; and
 - In addition, facilities **must include any resident currently on add-on**, on the May 2011 monthly report, and provide supporting documentation for those residents, **no later than June 30, 2011**.
- Effective June 2011, Nursing Facilities requesting CMAO payment will report all CMAO activity for new and discontinued add-ons monthly, no later than the last business day of the following calendar month, ongoing (please refer to Complex Medical Add-On 2011-2012 Time Line).

Billing CMAO dates of service:

- When a facility requests CMAO, facilities will now use two revenue codes to bill for CMAO dates of service.
- Providers must verify a resident's Medicaid eligibility and long term care eligibility, and ensure a Medicaid eligibility Plan of Care (POC) is in place prior to billing.
- The facility will bill all Basic dates of service using Revenue Code 100.
- The facility will bill any CMAO dates of service using **Revenue Code 229** for those dates, using a separate line item on the claim form.



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The provider is responsible for ensuring and monitoring the following:

- Providers accurately bill with strict adherence to the CMAO criteria and documentation outlined in OAR 411-070-0091.
- Facilities must continue to maintain the required documentation in the medical record per OARs 411-070-0027(3), 411-070-0091, and make it available upon request.

Example Long Term NFC UB-04 Web Portal Claims:

Complex Medical add on charges cannot be billed separately, and can be billed on the same claim with the nursing facility revenue code 100 charges. In the example below, if a nursing facility Medicaid resident had nursing facility dates of service 9/1/11 through 9/30/11 and was determined to meet complex medical criteria for dates of service 9/1/11 through 9/15/11, it should be billed as follows:

1. Use one detail line for Revenue Code 100 for dates 9/1/11 through 9/30/11.
2. Use one detail line for Revenue Code 229 for dates 9/1/11 through 9/15/11.

SEE EXAMPLE BELOW:



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Institutional Claim

Billing Information

ICN [Redacted]
 Provider ID [Redacted] NPI
 Client ID* [Redacted] [Search]

Last Name [Redacted]
 First Name, MI [Redacted]
 Date of Birth 08/08/1918
 Patient Account # [Redacted]
 Medical Record # [Redacted]
 Attending Phys [Redacted] [Search]
 Referring Phys [Redacted] [Search]
 Facility Number [Redacted] NPI [Search]
 Other Physician [Redacted] [Search]
 Insurance Denied [Redacted]

Service Information

Claim Type* L - LONG TERM CARE CLAIMS
 Type Of Bill* 651 [Search]
 From Date* 09/01/2011
 To Date* 09/30/2011
 Patient Status 30 [Search]
 Admit Source 1 [Search]
 Admission Type 3 [Search]
 Admission Date 12/01/2010
 Admission Hour 1200
 Discharge Time
 Covered Days 31
 Non Covered Days 0
 Total Charges \$6,400.00

Diagnosis

Sequence	Diagnosis	Description	Present on Admission
1	25000	DMII WO CMP NT ST UNCNTR	

TPL

Detail

Item	Revenue Code	HCPCS/Rates	Units	Charges	Non Covered Charges	Status	Allowed Amount
1	100		30.00	\$4,500.00	\$0.00	PAID	\$4,500.00
2	229		15.00	\$1,000.00	\$0.00	PAID	\$1,000.00

Detail 1 revenue code 100

Item 1
 From DOS* 09/01/2011
 To DOS* 09/30/2011
 Units* 30.00
 Charges* \$4,500.00
 Non Covered Charges \$0.00
 Adjustment Reason Code [Search]
 Adjustment Amount \$0.00
 Revenue Code* 100 [Search]
 HCPCS/Rates [Search]

Detail 2 revenue code 229

Item 2
 From DOS* 09/01/2011
 To DOS* 09/15/2011
 Units* 15.00
 Charges* \$1,000.00
 Non Covered Charges \$0.00
 Adjustment Reason Code [Search]
 Adjustment Amount \$0.00
 Revenue Code* 229 [Search]
 HCPCS/Rates [Search]



For more information, contact the DHS Office of Licensing and Quality of Care, 1-800-232-3020. Visit the DHS Web site at www.oregon.gov/DHS/

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Example Long Term NFC UB-04 Paper Claims:

Complex Medical add on charges cannot be billed separately, and can be billed on the same claim with the nursing facility revenue code 100 charges. This should be billed as follows:

1. Use one detail line (Box 42) for Revenue Code 100.
2. Use one detail line (Box 42) for Revenue Code 229.

SEE EXAMPLE BELOW:



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1 ABC Nursing Home Address City, State		2 UB-04 Paper Claim CMAO Example 1		3a PAT. CONT. #		4 TYPE OF BILL 653	
8 PATIENT NAME Doe, John		9 PATIENT ADDRESS Address, City, State		5 FED. TAX NO. 090111		6 STATEMENT COVER PERIOD FROM 093011	
10 BIRTH DATE 080828		11 SEX M		12 DATE OF ADMISSION 110108		13 HR 14 TYPE 15 SRC 17	
16 DHR		17 STAT		18-21 CONDITION CODES		22-28	
29 ACCT STATE		30		31 OCCURRENCE CODE		32 OCCURRENCE DATE	
33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH	
37		38		39 VALUE CODES CODE		40 VALUE CODES AMOUNT	
41 VALUE CODES CODE		42 VALUE CODES AMOUNT		43		44	
45 REV. CO.		46 DESCRIPTION		47 HCPCS / RATE / HIPPS CODE		48 SERV. DATE	
49 SERV. UNITS		50 TOTAL CHARGES		51 NON-COVERED CHARGES		52	
100 Room and Board		30 6143.27					
229 CMAO Charges		10 1500.00					
0001		PAGE OF		CREATION DATE		TOTALS 7643.27	
53 PAYER NAME Medicaid		54 HEALTH PLAN ID		55 EST. AMOUNT DUE		56 NPI: XXXXXXXXXXXX	
57 OTHER PAYER ID		58 INSURER'S NAME		59 P. REL		60 INSURED'S UNIQUE ID ABC1234A	
61 GROUP NAME		62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER	
65 EMPLOYER NAME		66		67		68	
69 ADMIT. DX 25000		70 PATIENT REASON DX		71 PPS CODE		72 ECG	
73		74 PRINCIPAL PROCEDURE CODE		75		76 ATTENDING NPI: XXXXXXXXXXXX	
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		80	
81		82		83		84	
85		86		87		88	
89		90		91		92	
93		94		95		96	
97		98		99		100	



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Adjustments:

- **For any Complex Medical Add-On claim adjustments for dates of service prior to 5/1/11, the facility must use Revenue Code 193 to adjust the claim.**
- **For any Complex Medical Add-On claim adjustments for dates of service 5/1/11 or after, the facility must use Revenue Code 229 to adjust the claim.**

For CMAO claim questions please call Vivien VanHatten, DMAP Provider Services at 503-947-5368 or email Vivien.VanHatten@state.or.us For CMAO questions regarding OAR criteria and required documentation call Deborah Cateora, at 503-947-5165 or email Deborah.Cateora@state.or.us or email CMAO@DHS.state.or.us

