

Distribution: Nursing Facilities 04-04
Nursing Home Facilities (Provider Type 60)
County Medical Care Facilities (Provider Type 61)
Hospital Long Term Care Units (Provider Type 62)
Hospital Swing Beds (Provider Type 63)
Ventilator Dependent Units (Provider Type 63)

Issued: August 23, 2004

Subject: Medicaid Reimbursement for a Nursing Facility Bed Following a Qualifying Medicare Hospital Stay

Effective: October 1, 2004

Programs Affected: Medicaid

A dually eligible beneficiary who resides in a Medicaid-only certified bed may be admitted to a hospital for acute care services and, at the time of the beneficiary's hospital discharge, may be eligible for Medicare-reimbursed Skilled Nursing Facility (SNF) benefits. However, the beneficiary may wish to return to the Medicaid NF bed from which he was originally transferred. In these situations, Michigan Medicaid does not currently reimburse the Nursing Facility (NF) for any days that would have been covered by Medicare.

Effective for nursing facility admissions on and after October 1, 2004, Medicaid will reimburse for all medically necessary nursing facility days and other medically necessary services for dually eligible beneficiaries who wish to return to their Medicaid NF bed and refuse their Medicare SNF benefit.

The nursing facility must advise beneficiaries of their right to refuse their Medicare SNF benefit and return to their Medicaid NF bed. This notice must be in a manner that the beneficiary, family member, or beneficiary's legal representative can understand or be clearly explained to them as needed.

Required Documentation

The facility must maintain, in the beneficiary's clinical and fiscal record, documentation that supports the beneficiary made the choice to forego Medicare-reimbursed services and return to his Medicaid-only certified bed. This documentation must be signed and dated by the beneficiary (or his authorized representative) and a nursing facility representative.

Billing Instructions

Effective for dates of service on and after October 1, 2004, Revenue Code 0160 must be used when billing Medicaid for the 100 skilled nursing days that Medicare would have paid for beneficiaries returning to their NF bed.

Medicare Part B

Nursing facility beneficiaries requiring outpatient physical therapy, outpatient speech pathology, and outpatient occupational therapy must be provided and billed under Medicare Part B where applicable, even if no payments are made under Medicare Part A for the nursing facility stay.

Manual Maintenance

Retain this bulletin for future reference. The information contained in this bulletin will be incorporated into the Medicaid Nursing Facility Manual at a later date.

Questions

Any questions regarding this bulletin should be directed to: Provider Support, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

Approval



Paul Reinhart, Director
Medical Services Administration