

Bulletin Number: MSA 09-33

Distribution: Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, Hospital Swing Beds, Ventilator Dependent Units

Issued: June 18, 2009

Subject: Re-Admission of Beneficiaries on Hospital Leave Prior to a Denial of Payment for New Admissions (DPNA)

Effective: Immediately

Programs Affected: Medicaid

The purpose of this bulletin is to clarify Medicaid policy regarding the *re-admission* of a beneficiary who is on a hospital leave from the nursing facility during which time the facility receives a Denial of Payment for New Admissions (DPNA).

Re-Admission

If a beneficiary is out of the nursing facility on a hospital leave (e.g., 3 days, 21 days) and the facility received a DPNA following the leave, the facility is required to re-admit the beneficiary to the first available bed (given that the beneficiary still requires nursing facility services and is Medicaid eligible).

If a beneficiary is out of the nursing facility on a hospital leave, Medicaid considers the facility to be the beneficiary's "*established residence*" and it is not considered a new admission.

Medicaid policy published in the Medicaid Provider Manual, Nursing Facility Chapter, Survey, Certification & Enforcement Appendix – Section 5.7 Denial of Payment for New Admissions (DPNA) clearly states: "Medicaid residents admitted before the effective date of the DPNA who take temporary leave before, on, or after the effective date of the DPNA are not considered new admissions upon return and, therefore, are not subject to the denial of payment." Please note that this policy will *also* be placed in the Medicaid Provider Manual, Nursing Facility Chapter, Coverages - Section 10.2 Holding a Bed.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, 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 phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Acting Director
Medical Services Administration