

March 3, 2016

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<Provider City> <State> <zipcode5-zipcode4>

Dear Nursing Facility Administrator and Billing Office:

RE: Reporting Long-Term Care Insurance as Other Insurance on a Medicaid Claim and Monies Received From a Beneficiary and Reported with Value Code 22

REPORTING LONG-TERM CARE INSURANCE AS OTHER INSURANCE ON A MEDICAID CLAIM

If a beneficiary has long-term care insurance, it must be reported as **other insurance** on the Medicaid claim. Long-term care insurance **must not** be reported as Value Code 22.

Value Code 22 is obtained from the National Uniform Billing Coding manual and its definition is "Surplus."

MONIES RECEIVED FROM A BENEFICIARY AND REPORTED WITH VALUE CODE 22

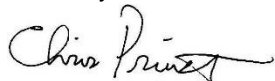
Review of Medicaid claims indicates that some providers are using Value Code 22 to report monies received from a beneficiary, beneficiary's family, or beneficiary's legal representative. Value Code 22 is obtained from the National Uniform Billing Coding manual and its definition is "Surplus."

Any monies that a nursing facility receives from the beneficiary, beneficiary's family, or beneficiary's legal representative must ALSO be reported to the beneficiary's case worker at the Michigan Department of Health and Human Services. This must be reported in order for the case worker to evaluate whether or not the money is countable towards the Medicaid asset limit for Medicaid eligibility.

When reporting Value Code 22, the facility must report in the "Note" portion of the claim a detailed description of the monies received. The date that the nursing facility contacted the case worker must also be reported in the "Note" portion of the claim.

If you have questions regarding this letter, please contact Provider Support at 1-800-292-2550 or e-mail providersupport@michigan.gov.

Sincerely,



Chris Priest, Director
Medical Services Administration