



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MassHealth
Chronic Disease and Rehabilitation
Inpatient Hospital Bulletin 86
May 2004

TO: Chronic Disease and Rehabilitation Inpatient Hospitals Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: **Revisions to the Nursing Facility Preadmission Process**

Introduction

This bulletin provides a detailed description of procedural changes concerning the roles and responsibilities of chronic disease and rehabilitation inpatient hospitals (CDRs) as they relate to the nursing-facility clinical-eligibility screening process for MassHealth members and applicants. These revisions are effective **June 1, 2004**.

Current Process

CDRs assess nursing-facility clinical eligibility for MassHealth-only members, MassHealth applicants, and the dually eligible population (those with Medicare and Medicaid). The Request for Services (RFS) and MDS-HC forms are completed by the CDRs. The documents are then forwarded to the local Aging Service Access Point (ASAP). The CDR discharges the patient to the nursing facility per current protocol. The ASAP determines clinical eligibility from this documentation.

What Is Changing

CDRs will continue to assess clinical eligibility for nursing-facility services for the following populations: MassHealth only, MassHealth applicants with no other primary payer source for NF services (that is, the uninsured), and for MassHealth applicants and dually eligible individuals when there is a nonqualifying Medicare hospital stay (less than three days). The RFS and the MDS-HC documents will be forwarded to the local ASAP. The ASAP determines clinical eligibility from this documentation. The hospital will transfer the patient to the nursing facility per current protocol.

(continued on back)

What Is Changing
(cont.)

CDRs will no longer determine nursing-facility clinical eligibility for MassHealth applicants or dually eligible members. These populations will receive Medicare reimbursement or another primary insurer's reimbursement for nursing-facility services on admission to the nursing facility.

CDRs will transfer these individuals to nursing facilities without a clinical screening or notice of clinical eligibility from MassHealth. For those MassHealth members who are dually eligible, MassHealth will continue to cover the appropriate nursing-facility coinsurance and deductibles. The nursing-facility coinsurance and deductible payments from MassHealth do not require clinical eligibility.

What Is Not Changing

CDRs will continue to assess nursing-facility clinical eligibility for Medicaid-only MassHealth members, and individuals who at the time of hospital discharge have no nursing facility payer source and for whom Medicaid will be the sole source of payment for the nursing facility from the first day of admission.

The OBRA/PASARR screening for all individuals seeking admission to a nursing facility remains the same. All individuals, regardless of payment source, seeking admission to a nursing facility must be reviewed for the need of a Level II PAS before admission. If an individual requires a Level II PAS, DMR or DMH/HES must be notified. The Level II PAS must be completed and the individual determined eligible for nursing-facility services before nursing-facility admission.

Questions

If you have any questions about the information in this bulletin, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.
