



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111

**MassHealth**  
**Home Health Agency Bulletin 38**  
**October 2000**

**TO:** Home Health Agencies Participating in MassHealth  
**FROM:** Wendy E. Warring, Commissioner  
**RE:** Revised MassHealth Reporting Form for Continuous Skilled Nursing

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**Background** The Division has renamed and revised the MassHealth Adjustment Form for Continuous Skilled Nursing. The form has been renamed the MassHealth Reporting Form for Unused, Authorized Continuous Skilled Nursing Services. The form has been revised to simplify the process of reporting unused, authorized hours to the Division.

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**Reporting Unused Hours** The Division would like to clarify that the primary provider, either the home health agency or the independent nurse, is responsible for reporting any unused, authorized hours, including those authorized for any co-vendor. Therefore, the co-vendor must report to the primary provider, either the home health agency or the independent nurse any unused, authorized hours.

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**Categories of Unused Hours** Unused hours have been separated into three categories that indicate why the authorized hours were not used.

- No nursing staff - if no nursing staff was available, the primary provider must document, in the space provided on the form, attempts to co-vend.
- Hospitalization - use this to indicate that the member was an inpatient at an acute or chronic-disease or rehabilitation hospital.
- Family preference – use this to indicate that unused hours were due to family involvement; for example, the family was on vacation or the regular nurse was unavailable and the family did not want a replacement.

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**Monthly Reporting Requirement** The Division requires monthly reporting of unused, authorized hours. The form has been revised to allow the reporting of unused hours for two prior authorization periods that fall within the same month for the same member.

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***Elimination of  
Section C***

Section C has been eliminated from the form. When the provider makes a telephone request to increase or decrease the hours in a current prior authorization, the Division will make a decision based on the information supplied by the provider, advise the provider of the decision, and send notification in writing to the provider and the member. The provider no longer is required to submit the adjustment in writing to the Division.

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***Effective Date***

Providers must begin using this revised form on November 1, 2000.

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***Supplies***

A copy of the revised form is attached to this bulletin. Providers may photocopy the form for their own supplies or write or send a fax to MassHealth Forms Distribution. Include your provider number and specify the name of the form (PDN-002 Rev. 10/00) and the quantity.

UNISYS  
ATTN: MassHealth Forms Distribution  
P.O. Box 9101  
Somerville, MA 02145  
Fax: (617) 576-4087

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***Questions***

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

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