

Nursing Facility (NF) Communication Form

Select the product

Minnesota Senior Health Options (MSHO) Minnesota Senior Care Plus (MSC+) Special Needs BasicCare (SNBC)

Member Information Health plans have no NF liability for Families and Children (PMAP)

MEMBER NAME			DATE OF BIRTH
MEMBER HEALTH PLAN ID	MEMBER PMI	ADMIT DIAGNOSIS CODE (ICD-10)	
MEMBER ADMITTED FROM	MEMBER DISCHARGED TO	NOTES	

Facility Information

NURSING FACILITY NAME	PROVIDER NPI	FACILITY PHONE NUMBER	FACILITY FAX NUMBER
STREET ADDRESS	CITY	STATE MN	ZIP CODE
CONTACT NAME	CONTACT EMAIL ADDRESS		

FOR HEALTH PLAN USE (Health plans may require additional documentation for Medicare stays – refer to instructions)

AUTHORIZATION NUMBER	RECEIVED BY	DATE RECEIVED
NUMBER OF DAYS REMAINING	ANTICIPATED END DATE	RETURN FAX SENT TO NURSING FACILITY

Once health plan liability is reached, health plan faxes DHS-4461A to DHS at 651-431-7767. See page 2 for contact information.

Member Tracking Information

Date of reason code	Reason code	Number of bed hold days	RUG rate	Medicare skilled stay	Days to be paid by Medicare since initial admission <i>(1 through 100)</i>	Total days since initial admission	Remaining number of days liable to health plan	Date faxed to health plan
				<input type="radio"/> Yes <input type="radio"/> No				
				<input type="radio"/> Yes <input type="radio"/> No				
				<input type="radio"/> Yes <input type="radio"/> No				
				<input type="radio"/> Yes <input type="radio"/> No				
				<input type="radio"/> Yes <input type="radio"/> No				
Total								
Reason Code								
1. Admission (Initial stay) 2. Bed hold (Covered) 3. Bed hold (Noncovered) 4. Change in resident RUG rate 5. Change in Medicare qualified stay			6. Discharge (Death) 7. Discharge (Home) 8. Discharge (To hospital) 9. Discharge (Nursing facility) 10. End of benefit			11. Hospice (Noncovered) 12. Readmission (Hospital back to NF) 13. Swing bed 14. Transfer from another NF		

Nursing Facility (NF) Communication Form (DHS-4461)

- Nursing facilities and health plans use the NF Communication Form (DHS-4461) to track and communicate the status of a member's nursing facility (NF) liability
- The NF liability tracking is utilized for MSHO, MSC+ and SNBC only
- There is no NF liability for Families and Children (PMAP)
- This form should not be used for prior authorization

DHS-4461 instructions for use by nursing facilities and health plans

Admission:

- Admission to nursing facility is authorized by the pre-admission screening (PAS) process
- Upon each admission, the nursing facility uses the Eligibility Verification System (MN-ITS) to determine managed care enrollment (including health plan and program enrollment) and health plan liability for the stay
- Upon admission of member, the nursing facility estimates the member's resident RUG rate. If the member's official resident RUG rate is different, the nursing facility submits the NF Communication Form (DHS-4461) to notify the health plan within three business days. If notification is not submitted by the NF to the MCO, it may result in denied or delayed payment
- When the member's stay changes in terms of resident RUG rate or as a Medicare qualified stay, the nursing facility updates the NF Communication Form (DHS-4461) and submits it to the health plan
- The nursing facility determines the last time the member stayed at a nursing home
- The nursing facility determines member's Medicare eligibility
- The nursing facility submits the NF Communication Form (DHS-4461) to the health plan by the next business day after admission or a change in status
- The health plan determines its liability and returns the NF Communication Form (DHS-4461) to the nursing facility within three business days

Discharge and Medicare stays:

- For a member discharge, the nursing facility submits the NF Communication Form (DHS-4461) to the health plan with the discharge information entered onto the form and the health plan records the current liability information for the member
- For Medicare stays, contact health plan for instructions and required documentation

Nursing Facility (NF) Liability Summary Form (DHS-4461A)

- Before DHS can pay Medicaid NF claims, the health plan provides documentation to DHS via the DHS-4461A demonstrating the health plan has paid for 100 days (SNBC) or 180 days (MSHO or MSC+) of skilled NF or NF services. DHS receives a completed copy of the DHS-4461A from the health plan, the dates and the number of days per stay, indicating whether the stay was skilled or non-skilled, the last covered day and the total number of days are calculated and inserted at the top
- DHS verifies the information submitted by the health plan and updates MMIS to reflect the health plan has met its obligation. Updating MMIS allows nursing facilities to bill DHS and receive payment

Health Plan Contact	Email	Phone Number	Fax Number
Blue Plus: Case management nurse	NA	866-518-8448	833-224-6928
HealthPartners: Utilization management	NA	952-883-6333 or 888-467-0774	952-853-8712
Hennepin Health: Utilization Management	NA	612-596-1504 or 800-493-1511	612-677-6222
Itasca Medical Care: Nursing home benefit	NA	218-327-6133	218-327-5545
Medica: ND/SNF Management	NFCommunications@Medica.com	800-458-5512	952-992-2299
PrimeWest Health: Utilization management	NA	866-431-0803	866-431-0804
South Country Health Alliance (SCHA): Utilization management	NA	888-633-4051	888-633-4052
UCare Minnesota: Utilization Management	NA	612-676-6705 or 877-477-4384	612-884-2499 or 866-610-7215