

Affected Programs: BadgerCare Plus, Medicaid
To: Nursing Homes, HMOs and Other Managed Care Programs

Reimbursement Policy Changes and Revision of Forms and Instructions for Nurse Aide Training/Testing and Preadmission Screening and Resident Review Level 1 Screening

This *ForwardHealth Update* announces the following reimbursement policy changes for Preadmission Screening and Resident Review (PASARR) Level 1 screens and nurse aide training/testing:

- Wisconsin Medicaid will pay for one Level 1 screen per Social Security number per 15-day time frame.
- Nursing facilities should seek reimbursement only for certified nursing assistants they hire. Any request submitted without a valid hire date will be denied.
- The payment schedule will change from quarterly to monthly in January 2009.

The following forms have been revised:

- Reimbursement Request for a PASARR Level I Screen, F-1012 (10/08).
- Nurse Aide Training and Competency Test Reimbursement Request, F-1013 (10/08).

A separate *Update* will give providers a calendar of important dates related to implementation.

Introduction to ForwardHealth interChange

In October 2008, the Department of Health and Family Services (DHFS) will implement ForwardHealth interChange, which replaces Wisconsin's existing Medicaid Management Information System (MMIS). ForwardHealth interChange will be supported as part of the State's new fiscal agent contract with EDS. With ForwardHealth

interChange, providers and trading partners will have more ways to verify member enrollment and submit electronic claims, adjustments, and prior authorization requests through the secure ForwardHealth Portal. Refer to the March 2008 *ForwardHealth Update* (2008-24), titled "Introducing ForwardHealth interChange, a New Web-Based Information System for State Health Care Programs," for an overview of the implementation and a more detailed outline of the many business process enhancements and added benefits the new system and fiscal agent contract will provide.

The changes to reimbursement policy for Preadmission Level 1 screenings and nurse aid training/testing described in this *Update* will coincide with the October 2008 implementation of ForwardHealth interChange.

Preadmission Screening and Resident Review Level 1 Screens

Overview

Federal regulations 42 CFR 483.20(f), 483.102(a), and 483.128(a) require that all individuals seeking admission to a Medicaid-certified nursing facility (NF) be screened to determine the presence of a major mental illness and/or developmental disability. Nursing facilities fulfill this requirement by conducting a *Preadmission* Level I screen for anyone who meets the definition of a "new admission."

Federal regulation 42 CFR 483.106(b)(3) and (4)(i) does not require an NF to perform a preadmission Level 1 screen for a *readmission* or an *interfacility transfer*.

Types of Nursing Facility Admissions

New Admission: An individual is admitted to an NF from a private residence, either directly from that residence or via a hospital stay. If an individual transfers to an NF from a hospital, and his or her residence prior to that hospital stay was a private residence or an Intermediate Care Facility for Persons with Mental Retardation (ICF-MR), that is considered a new admission and a Preadmission Level 1 screen is required.

Readmission: An individual transfers back to the NF after a hospital stay. The NF may consider the resident discharged from the NF during the time he or she was in the hospital, but it is still a readmission, not a new admission, if the resident transfers back to the NF from the hospital. A new Level 1 screen is not required.

However, if the resident is discharged to a private residence from the hospital and needs to return to an NF at a later time, that would be a *new admission*. A Preadmission Level 1 screen would be required and would be reimbursable.

Interfacility Transfer: An individual transfers from one NF to another NF, with or without an intervening hospital stay. A new Level 1 screen is not required.

Level 1 Reimbursement Policy Change

On February 1, 1997, Wisconsin Medicaid implemented new reimbursement policies for Level 1 screens. Effective on that date, NFs were instructed to stop seeking reimbursement for any Level 1 screen they elected to perform for a readmission or an interfacility transfer.

Since that policy change, Wisconsin Medicaid has conducted numerous audits to assess compliance. The audits focused on multiple paid Level 1 screens that were conducted less than 16 days apart for the same Social Security number (SSN). Consistently, 92 to 94 percent of the time, the subsequent

screens conducted within that 15-day time frame were for a readmission or an interfacility transfer, not a new admission. Nursing facilities should not have sought reimbursement for those screens.

As a result of the above findings, effective in October 2008, Wisconsin Medicaid will only pay for one Level 1 screen performed within a 15-day time frame for the same SSN. If Wisconsin Medicaid has already reimbursed an NF for a Level 1 screen that was conducted zero to 15 days prior to the screen date on a current request, that request for reimbursement will be denied. The NF will receive a denial message that states, "Multiple screens performed within a fifteen day time frame for this SSN. ForwardHealth will only pay for one. A payment has already been made issued for this SSN."

It is imperative that the NF verify that the Level 1 screen for which it is requesting reimbursement is for a resident who meets the definition of a "new admission." Nursing facilities should not submit a reimbursement request for a screen they elect to do for a "readmission" or "interfacility transfer."

Wisconsin Medicaid will continue to audit these payments to ensure compliance with Medicaid reimbursement guidelines.

Level 1 Reimbursement Policy Reminders

When submitting a reimbursement request, providers are reminded of the following:

- Only Level 1 screens conducted on individuals who meet the definition of a new admission are reimbursable.
- Do not submit reimbursement requests for individuals who are screened but not admitted. Verify the individual's admission status prior to submitting the request.
- Level 1 screens conducted on current residents (i.e., change of status and readmissions) are not reimbursable.
- Nursing facilities have 365 days from the date of service (date of the screen) to submit a reimbursement request to Wisconsin Medicaid.

Nurse Aide Training and Testing

Reimbursement Policy Enhancements

Effective in October 2008, Wisconsin Medicaid will only reimburse NFs for the training and/or testing costs of a certified nursing assistant (CNA) they have hired.

Reimbursement requests submitted with an invalid date of hire or with the date of hire field left blank will be denied.

Prospective CNAs have 365 days from the date they complete their classroom/clinical requirements to *pass* the competency test. Therefore, the training completion date on the reimbursement request must be *within* 365 days of the date they passed the competency test. If the training completion date on a reimbursement request is more than 365 days prior to the competency test date or after the competency test date, the training portion of the reimbursement request will deny. If the competency test date is invalid or incorrect, the entire request will be denied.

The training completion date is the date a CNA completes his or her classroom and clinical requirements. The competency test date is the date a CNA passes the competency test.

Reimbursement Eligibility Timelines for Certified Nursing Assistants and Nursing Facilities

Certified Nursing Assistants

A CNA is eligible to receive partial reimbursement of training and/or testing costs if he or she is hired by a Medicaid-certified NF within 365 days of his or her certification (test) date. If the timeframe between the certification/recertification (test) date and hire date exceeds 365 days, the CNA's eligibility for reimbursement has expired and the request will deny.

Currently, the maximum amount an NF is required to reimburse a CNA is \$225.00 for training and \$61.50 for the competency test. Refer to Attachment 1 of this *Update* for more information on maximum reimbursement amounts.

Nursing Facilities

If a CNA's competency test date is *after* his or her hire date, the NF has 365 days from the test date to submit a reimbursement request to Wisconsin Medicaid. If a request is received more than 365 days from the test date, the request will deny.

If a CNA's competency test date is *prior to* his or her hire date and within 365 days of the hire date, the NF has 365 days from the hire date to submit a reimbursement request to Wisconsin Medicaid. If a request is received more than 365 days from the hire date, the request will deny.

If an NF is late in submitting a reimbursement request, Wisconsin Medicaid still requires the NF to reimburse the CNA.

The NF has up to 365 days from the hire date to reimburse a CNA the maximum required amount. This is referred to in federal regulation 42 CFR Part 483.152(c)(2) as *pro rata*. If a CNA becomes certified after he or she is hired by the NF, reimbursement should be made within 365 days of his or her certification date.

Changes to Forms and Instructions

Wisconsin Medicaid has revised the forms and instructions for the Reimbursement Request for PASARR Level I Screening, F-1012 (10/08), and the Nurse Aide Training and Competency Test Reimbursement Request, F-1013 (10/08). Effective in September 2008, all reimbursement requests must be submitted on the new forms. Any requests received by Medicaid on the old forms on and after August 30, 2008, will be denied.

Refer to Attachments 2 through 5 for sample copies of the forms and instructions. Wisconsin Medicaid will not be sending NFs a bulk supply of these forms. Nursing facilities may photocopy the forms from this *Update* or download them from the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/.

For More Information

Providers with questions regarding this *Update* may contact Provider Services at (800) 947-9627.

Information Regarding Managed Care

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis. For managed care policy, contact the appropriate managed care organization. HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health and Family Services (DHFS). Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHFS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at dhfs.wisconsin.gov/forwardhealth/.

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ATTACHMENT 1

Nurse Aide Training and Testing Reimbursement Frequently Asked Questions

Q: Who is eligible to submit a request to Wisconsin Medicaid for nurse aide training and testing reimbursement?

A: Only Medicaid-certified nursing facilities (NFs) are eligible for this reimbursement.

Q: How does Wisconsin Medicaid determine the amount of reimbursement for which an NF is eligible?

A: On October 1, 1997, Wisconsin Medicaid implemented the Medicaid Maximum Cap (Max Cap), which established a maximum amount Wisconsin Medicaid would reimburse an NF for certified nursing assistant (CNA) training and testing costs, as well as a maximum amount an NF is required to reimburse a CNA. Currently, the Max Cap for training is \$225.00 and \$61.50 for the competency test.

Nursing facilities receive a percentage of these Max Caps based on their Medicaid utilization percentage, which is Medicaid patient days divided by total patient days. The Max Cap ensures that training and testing costs are properly allocated between Medicaid, Medicare, and private pay residents.

Refer to the following table for the ratio of an NF's Medicaid utilization to its percentage of the Max Cap:

Nurse Aide Training and Competency Evaluation Program Reimbursement Methodology	
Medicaid Utilization	Percentage of Max Cap
90.0% – 100.0%	100%
80.0% – 89.9%	90%
70.0% – 79.9%	80%
60.0% – 69.9%	70%
50.0% – 59.9%	60%
0.0% – 49.9%	50%

Q: How often does Wisconsin Medicaid review an NF's Medicaid utilization?

A: Annually. The NF's most current Medicaid cost report is reviewed to determine if the NF's Medicaid utilization has increased or decreased enough to require a change in the NF's reimbursement percentage. The annual effective date for any change is July 1.

Q: When is an NF eligible for reimbursement?

A: An NF is eligible to request reimbursement when the NF incurred training and/or testing costs for an employee or when the employee incurred training and/or testing costs within *365 days* of his or her hire date.

Federal law 42 CFR Part 483.152(c)(1) states that no one who was employed by or received an offer of employment from an NF on the date on which he or she began a facility-based nurse aide training and competency evaluation program may be charged for any portion of the program, including textbook fees and other required course materials.

Many NFs with facility-based training programs do not hire prospective CNAs until the CNA has either completed the classroom/clinical requirements or passed the competency test. Nursing facilities should only submit a reimbursement request for a CNA they hire.

For example, an NF has a facility-based training program. The NF incurs the training costs and the student incurs the testing costs. If the NF hires the CNA, the NF is eligible for training reimbursement, and the CNA is eligible for testing reimbursement.

Q: When is a CNA eligible for reimbursement?

A: Federal regulation 42 CFR Part 483.152(c)(2) states that nurse aides are not to bear any cost of training or testing if they become employed by or receive an offer of employment from an NF within 12 months of completing a nurse aide training and competency evaluation program.

In order to be in compliance with this portion of the federal regulation, an NF is required to reimburse *up to the current Max Cap* any CNA who independently completes a CNA program within 365 days of his or her hire date. Even though an NF may not receive 100 percent of the Max Cap, they are required to reimburse the CNA the Max Cap if the CNA's training and testing costs are **equal to or greater than** the Max Cap.

Q: Which date(s) should an NF use to determine if a CNA it has hired is eligible for reimbursement?

A: The NF should compare the CNA's competency test date to his or her hire date. If the number of days between the test date and hire date exceeds 365, the CNA is no longer eligible for reimbursement.

Q: If a CNA incurs training and/or testing costs within 12 months of hire by an NF, how much is the NF required to reimburse the CNA?

A: If the CNA's training cost is \$495.00, the NF is required to reimburse the CNA the training Max Cap of \$225.00. If the CNA's testing cost is \$100.00, the NF is required to reimburse the CNA the test Max Cap of \$61.50.

Q: By what date is the NF required to reimburse a CNA?

A: An NF has up to 365 days from the hire date to reimburse a CNA who incurred training and/or testing costs within 365 days of his or her hire date. This is referred to in the federal regulation as *pro rata*. If an NF is late in submitting a reimbursement request to Wisconsin Medicaid and the request is denied, the NF is still required to reimburse the CNA.

Q: Does an NF need to include any receipts with a reimbursement request?

A: No.

Q: What should an NF review prior to submitting a reimbursement request?

A: The following are the points an NF should review prior to submitting a reimbursement request:

- Does the request contain a valid hire date?
- If the CNA incurred training and/or testing costs prior to his or her hire date, was the hire date within 365 days of the CNA's certification date?
- Is the training date the same as or prior to the test date?
- Is the request being submitted within 365 days of the latest date on the request, either the test date or hire date?
- Was the CNA's Social Security number (SSN) and competency test date verified through the Wisconsin Nurse Aide Registry Web site? An incorrect SSN or competency test date on a reimbursement request will result in a denial.
- Is the CNA's "Basis for Inclusion" *reciprocity*? This means the CNA trained/tested in another state and transferred to the Wisconsin Nurse Aide Registry in order to work as a CNA in Wisconsin. Prior to submitting a reimbursement request for a CNA whose basis for inclusion is reciprocity, NFs should contact the Division of Long Term Care at (608) 267-0996 to confirm that the CNA is eligible for reimbursement. Use the CNA's "Inclusion Date" for his or her "Competency Test Date" on the reimbursement request.

ATTACHMENT 2

Reimbursement Request for a PASARR Level I Screen Completion Instructions

(A copy of the “Reimbursement Request for a PASARR Level 1 Screen Completion Instructions” is located on the following pages.)

FORWARDHEALTH REIMBURSEMENT REQUEST FOR A PASARR LEVEL I SCREEN COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for PASARR Level I Screens that meet the ForwardHealth reimbursement guidelines.

Nursing facilities (NFs) are required to give full, correct, and truthful information for ForwardHealth reimbursement. This information includes, but is not limited to, the resident's full name, Social Security number (SSN) (HFS 104.02[4], Wis. Admin. Code), and preadmission history.

Under s. 49.45(4), Wis. Stats., personally identifiable information about NF residents is confidential and is used for purposes directly related to the processing of requests for reimbursement. Failure to supply all the information requested on this form will result in a denial of the reimbursement request.

The information on this reimbursement request is needed to ensure that Medicaid-certified long term care facilities, nursing facilities, are only paid for Level I Screens that are required under 42 CFR s. 483.104. On February 1, 1997, new reimbursement guidelines were implemented by ForwardHealth based on this federal regulation. Effective February 1, 1997, only Level I Screens that result in a *new admission*¹ are reimbursable.

Nursing facilities are not required to perform a new Level I Screen on residents who are returning from a hospital stay, *readmission*², or *interfacility transfer*³. If an NF elects to perform a new Level 1 Screen for a readmission or interfacility transfer, the NF should not seek reimbursement for it.

Providers may submit completed reimbursement requests by mail to the following address:

ForwardHealth
6406 Bridge Rd
Madison WI 53784-0002

ForwardHealth will not supply NFs with a bulk supply of this form. Nursing facilities may make multiple copies of this form or obtain additional copies from the ForwardHealth Portal at www.forwardhealth.wi.gov/.

INSTRUCTIONS

Name — NF

Enter the actual name of the NF, not the corporate name.

POP ID

Enter the three-digit number assigned to the NF by the Division of Long Term Care. This number never changes, even with a change of ownership. This number may be found on the NF's ForwardHealth Rate Letter. Contact the NF's Regional ForwardHealth Auditor if assistance is required in obtaining this number.

National Provider Identifier — NF

Enter the National Provider Identifier assigned to the NF. Contact the NF's billing department or administrator to obtain this number.

Last Name — Resident

Enter the resident's last name.

First Name — Resident

Enter the resident's first name.

Social Security Number — Resident

Enter the resident's SSN. Requests for reimbursement cannot be processed without the resident's SSN.

Screen Date

Enter the date the Level I Screen is completed in MM/DD/CCYY format. The date entered must either be identical to or prior to the date entered as the Admission Date on this request. The Level I Screen should meet the definition of a new admission¹ screen. ForwardHealth must receive the request for reimbursement within 365 days of the screen date.

Admission Date

Enter the date the resident was admitted to the NF in MM/DD/CCYY format. This date must correspond with the Screen Date.

Preadmission History

Enter an "X" to indicate where the resident was located prior to admission to the NF. Mark *only one* box. If this section is not completed, is marked with multiple responses, or if the response indicates that this is not a preadmission screen, the result will be a denial of the reimbursement request.

Telephone Number — Provider

Enter the telephone number ForwardHealth should use if there is a need to contact the NF regarding this reimbursement request.

Signature and Date Signed — Provider

An authorized representative of the NF must read the certification statement and sign and date this form. If either the signature or the date is omitted, the result will be a denial of the reimbursement request.

¹ New Admission — An individual is admitted to an NF from a private residence (e.g., private home, group home, or intermediate care facility-mentally retarded [ICF-MR]) with or without an intervening hospital stay. If an individual transfers to an NF from a hospital, and his or her residence prior to the hospital stay was a private residence, a Level 1 Screen is required.

² Readmission — An individual is readmitted to an NF from a hospital to which he or she was transferred for the purpose of receiving care. If the transferring NF considered the resident discharged from the NF during the time he or she was in the hospital, it is still considered a readmission when that resident transfers back to the NF from the hospital. A new Level I Screen is not required. If the resident was discharged to his or her private residence from the hospital and needs to return to the NF at a later time, it is considered a new admission.

³ Interfacility Transfer — An individual is transferred from one NF to another NF, with or without an intervening hospital stay. The admitting NF is not required to perform a new Level I Screen.

ATTACHMENT 3
Reimbursement Request for a PASARR
Level I Screen
(for photocopying)

(A copy of the "Reimbursement Request for a PASARR Level I Screen"
is located on the following page.)

FORWARDHEALTH REIMBURSEMENT REQUEST FOR A PASARR LEVEL I SCREEN

The information on this reimbursement request is required to ensure that Medicaid-certified long term care facilities, nursing facilities (NFs), are only paid for Level I Screens that are required under 42 CFR s. 483.104. On February 1, 1997, new reimbursement guidelines were implemented by ForwardHealth based on this federal regulation. Effective February 1, 1997, only Level I Screens that result in a *new admission*¹ are reimbursable.

Nursing facilities are not required to perform a new Level I Screen on residents who are returning from a hospital stay, *readmission*², or *interfacility transfer*³. If an NF elects to perform a new Level 1 Screen for a readmission or interfacility transfer, the NF should not seek reimbursement for it.

Providers may submit this completed form by mail to ForwardHealth, 6406 Bridge Road, Madison, WI 53784-0002.

Instructions: Type or print clearly. Before completing this form, read the Reimbursement Request for a PASARR Level 1 Screen Completion Instructions, F-1012A.

Name — NF (Physical Name, not Corporate Name)		POP ID	National Provider Identifier — NF
Last Name — Resident	First Name — Resident		Social Security Number — Resident
Screen Date / /		Admission Date / /	

Preadmission History — Where was this resident prior to his or her admission to this NF?
Check only one box. Multiple responses will result in a denial of the reimbursement request.

- A. A private residence.
- B. Another Medicaid-certified NF.
- C. Hospital — admitted to the hospital from a private residence.
- D. Hospital — readmission².
- E. Hospital — interfacility transfer³.

CERTIFICATION

This is to certify that the foregoing information is true, accurate, and complete. I understand that payment and satisfaction of this reimbursement request is from federal and state funds, and that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable federal or state laws.

Telephone Number — Provider

SIGNATURE — Provider	Date Signed — Provider
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¹ New Admission — An individual is admitted to an NF from a private residence (e.g., private home, group home, or intermediate care facility-mentally retarded [ICF-MR]) with or without an intervening hospital stay. If an individual transfers to an NF from a hospital, and his or her residence prior to the hospital stay was a private residence, a Level 1 Screen is required.

² Readmission — An individual is readmitted to an NF from a hospital to which he or she was transferred for the purpose of receiving care. If the transferring NF considered the resident discharged from the NF during the time he or she was in the hospital, it is still considered a readmission when that resident transfers back to the NF from the hospital. A new Level I Screen is not required. If the resident was discharged to his or her private residence from the hospital and needs to return to the NF at a later time, it is considered a new admission.

³ Interfacility Transfer — An individual is transferred from one NF to another NF, with or without an intervening hospital stay. The admitting NF is not required to perform a new Level I Screen.



ATTACHMENT 4

Nurses Aide Training and Competency Test Reimbursement Request Completion Instructions

(A copy of the “Nurses Aide Training and Competency Test Reimbursement Request Completion Instructions” is located on the following pages.)

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**FORWARDHEALTH
NURSES AIDE TRAINING AND COMPETENCY TEST REIMBURSEMENT REQUEST
COMPLETION INSTRUCTIONS**

The information on this reimbursement request is required to enable ForwardHealth to reimburse Medicaid-certified long term care nursing facilities (NFs) for certified nursing assistant (CNA) training and/or testing. This reimbursement is only available for a CNA who is employed by the NF.

Nursing facilities are required to give full, correct, and truthful information for ForwardHealth reimbursement. This information includes, but is not limited to, the CNA's name, Social Security number (SSN), and date of hire.

Under s. 49.45(4), Wis. Stats., personally identifiable information is confidential and is used for purposes directly related to ForwardHealth administration such as processing provider requests for reimbursement. Failure to supply all the information requested on this form will result in a denial of the reimbursement request.

Reference the Wisconsin Nurse Aide Registry Web site at www.forwardhealth.wi.gov prior to submitting this reimbursement request to obtain/verify certification information. Do a "Search by SSN" to verify the CNA's SSN and his or her competency test date. Inclusion date is the competency test date for newly certified CNAs. A reimbursement request will deny if either the SSN or the competency test date do not match what is on the Wisconsin Nurse Aide Registry.

Per 42 CFR Part 431 and s. 483.152(c), NFs are eligible to seek reimbursement when they have incurred testing and/or training costs for an employee or when they have hired a CNA who incurred testing and/or training costs within 365 days of their employment by the NF. ForwardHealth has established a maximum amount that CNAs have to be reimbursed. Nursing facilities receive a percentage of that maximum amount based on their ForwardHealth utilization, number of ForwardHealth patient days divided by their total patient days. ForwardHealth implemented this reimbursement methodology on October 1, 1997. It ensures that CNA training and testing costs are properly allocated between ForwardHealth, Medicare, and private pay residents.

Submit completed reimbursement requests by mail to the following address:

ForwardHealth
6406 Bridge Rd
Madison WI 53784-0002

ForwardHealth will not supply NFs with a bulk supply of this form. Nursing facilities may make multiple copies of this form or obtain additional copies from the ForwardHealth Portal at www.forwardhealth.wi.gov/.

INSTRUCTIONS

Name — NF

Enter the actual name of the NF, not the corporate name.

POP ID

Enter the three-digit number assigned to the NF by the Division of Long Term Care (DLTC). This number never changes, even with a change of ownership. This number may be found on the NF's ForwardHealth Rate Letter. Contact the NF's Regional ForwardHealth Auditor if assistance is required in obtaining this number.

National Provider Identifier — NF

Enter the National Provider Identifier assigned to the NF. Contact the NF's billing department or administrator to obtain this number.

Last Name — CNA

Enter the CNA's last name.

First Name — CNA

Enter the CNA's first name.

SSN — CNA

Enter the CNA's SSN. Prior to submitting this request to ForwardHealth, access the Wisconsin Nurse Aide Registry and verify that the SSN entered in this element is the SSN on file for this CNA. If the SSN entered in this element does not match the SSN on the Registry, the request will be denied.

Registration Number — CNA

Enter the CNA's six-digit registration number. This number is available on the Wisconsin Nurse Aide Registry Web site. It may be obtained by entering either the CNA's name or SSN.

Date of Hire

Enter the date the CNA was hired by the NF in MM/DD/CCYY format. If the CNA was hired prior to obtaining his or her CNA certification, enter that initial hire date in this element. If this element is not completed, the request will be denied.

Training Completion Date

Enter the date the CNA *completed* the required classroom/clinical hours in MM/DD/CCYY format. If the training occurred in Wisconsin, enter the date that appears on the CNA's training certificate.

Competency Test Date

Enter the date the CNA passed the written/skills examination in MM/DD/CCYY format. For newly certified CNAs, the Inclusion Date and Competency Test Date are the same.

If a CNA is required to retest to renew his or her certification, the "Employment Eligibility Expiration Date" will be updated to reflect a date that is exactly two years (or 730 days) past the recertification test date.

Inclusion Date

Enter the date the CNA was initially added to the Wisconsin Nurse Aide Registry in MM/DD/CCYY format. This date is available on the Wisconsin Nurse Aide Registry Web site. It may be obtained by entering either the CNA's name or SSN. This date is never updated.

Training and Testing Questions

For questions 1-3, check the box for the applicable answer.

Name and Telephone Number — NF Contact

Enter the name and telephone number of the person at the NF whom the DLTC should contact regarding questions about this reimbursement request. This element only needs to be completed if the NF Contact is a person other than the authorized representative signing this form.

Signature and Date Signed — Provider

An authorized representative of the NF must read the certification statement and sign and date this form. If either the signature or the date is omitted, it will result in a denial of the request.

ATTACHMENT 5
Nurse Aide Training and Competency Test
Reimbursement Request
(for photocopying)

(A copy of the “Nurse Aide Training and Competency Test Reimbursement Request” is located on the following page.)

**FORWARDHEALTH
 NURSE AIDE TRAINING AND COMPETENCY TEST REIMBURSEMENT REQUEST**

The information on this reimbursement request is required for the reimbursement of Medicaid-certified long term care facilities, nursing facilities (NFs), for a certified nursing assistant's (CNA's) training and/or testing. This reimbursement is only available for CNAs who are employed by an NF.

Providers may submit this completed form by mail to ForwardHealth, 6406 Bridge Road, Madison, WI 53784-0002.

Instructions: Type or print clearly. Before completing this form, read the Nurse Aide Training and Competency Test Reimbursement Request Completion Instructions, F-1013A.

Reference the Wisconsin Nurse Aide Registry Web site at www.forwardhealth.wi.gov prior to submitting this reimbursement request to obtain/verify certification information. Do a "Search by Number," Social Security number (SSN), to verify the SSN and the competency test date. Inclusion Date is the competency test date for newly certified CNAs. A reimbursement request will deny if either the SSN or the competency test date do not match what is on the Registry.

Per 42 CFR Part 431 and s. 483.152(c), NFs are eligible to seek reimbursement when they have incurred testing and/or training costs for an employee or when they have hired a CNA who incurred training and testing costs within 365 days of their employment by the NF. ForwardHealth has established a maximum amount that CNAs have to be reimbursed. Nursing facilities receive a percentage of that maximum amount based on their Medicaid utilization, number of Medicaid patient days divided by their total patient days. ForwardHealth implemented this reimbursement methodology on October 1, 1997. It ensures that CNA training and testing costs are properly allocated between ForwardHealth, Medicare, and private pay residents.

Name — NF (Physical Name, not Corporate Name)		POP ID	National Provider Identifier — NF
Last Name — CNA		First Name — CNA	
SSN — CNA	Registration Number — CNA	Date of Hire (Required) / /	
Training Completion Date* / /	Competency Test Date* / /	Inclusion Date / /	

Training and Testing Questions — Check the box for the applicable answer for questions 1-3.

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| 1. Who incurred the training cost? | <input type="checkbox"/> CNA | <input type="checkbox"/> NF |
| 2. Who incurred the testing cost? | <input type="checkbox"/> CNA | <input type="checkbox"/> NF |
| 3. Is this a recertification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CERTIFICATION

This is to certify that the foregoing information is true, accurate, and complete. I understand that payment and satisfaction of this reimbursement request is from federal and state funds, and any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable federal or state laws.

Name and Telephone Number — NF Contact

SIGNATURE — Provider	Date Signed — Provider
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* To obtain reimbursement for both the training and the test, dates must be entered in both the Training Completion Date and Competency Test Date elements of this form.

