

Affected Programs: Medicaid

To: Nursing Homes, HMOs and Other Managed Care Programs

Revised Forms for Nursing Facilities

This *ForwardHealth Update* announces revisions to the following forms:

- Reimbursement Request for a PASARR Level 1 Screen, F-1012 (07/09), and completion instructions.
- Nurse Aide Training and Competency Test Reimbursement Request, F-1013 (07/09), and completion instructions.

Nursing facilities are required to use only the ForwardHealth-issued version of these forms to request reimbursement from ForwardHealth for nurse aid training and competency tests and PASARR Level 1 Screens. The use of these forms is mandatory and they must not be altered in any way. Effective for forms received on and after September 1, 2009, providers are required to use the revised versions of the forms attached to this *Update*.

Use the ForwardHealth-Issued Version of Mandatory Forms

The following ForwardHealth forms and completion instructions have been revised:

- Reimbursement Request for a PASARR Level 1 Screen, F-1012 (07/09), and completion instructions.
- Nurse Aide Training and Competency Test Reimbursement Request, F-1013 (07/09), and completion instructions.

Effective for forms received on and after September 1, 2009, providers are required to use the revised versions of these forms. Providers are reminded to use an exact copy of the ForwardHealth-issued forms. Do not

remove the barcode or include additional elements on these forms.

ForwardHealth Portal Form Resources

Forms and completion instructions are available on the ForwardHealth Portal at www.forwardhealth.wi.gov/. To access forms, click on the “Providers” link and then click on “Forms” in the Quick Links box on the right-hand side of the screen. Forms are listed in alphabetical order by form title.

Reimbursement Request Reminders

ForwardHealth has revised the instructions for the following elements of the Reimbursement Request for a PASARR Level 1 Screen and the Nurse Aide Training and Competency Test Reimbursement Request.

Nursing Facility’s Name

Nursing facilities (NFs) are required to enter the practice location name (or the “doing business as” name), not a corporate name, in the “Name — NF” element of the form. The NF name and National Provider Identifier (NPI) on the form must match the NF name and NPI on the ForwardHealth file. If the name and NPI do not match what is on file, the request will be denied.

The NF name should not be abbreviated. For example, Maple Leaf Retirement Community must enter “Maple Leaf Retirement Community.” An abbreviated version of the name, such as “MLRC,” would cause the request to be denied. If the NF name on the ForwardHealth

provider file includes a common abbreviation (i.e., “WI” for Wisconsin or “ST” for Saint), that abbreviation is required on the request.

Permanent Operation Provider Identification Number

The Permanent Operation Provider Identification number (POP ID) is required for reimbursement. If an NF leaves this element blank, the request will be denied.

The POP ID is a 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 is on the NF’s Medicaid Rate Letter.

National Provider Identifier

The NPI is a 10-digit number that identifies the NF. The NF’s billing department or administrator will have this number.

Nurse Aide Training and Competency Test Reimbursement Request Clarifications

Wisconsin Nurse Aide Registry Web Address

The Wisconsin Nurse Aide Registry is available online at www.dhs.wisconsin.gov/caregiver/. Click on the “Nurse Aide Training and Registry” link on the left-hand side of the page and then click on “Search Nurse Aide Registry.”

Training Completion Date

Leave this element blank if neither the Certified Nursing Assistant (CNA) nor the NF incurred training costs. If neither the CNA nor the NF incurred training costs and a date is entered in this element, the NF may be inappropriately reimbursed for training.

Competency Test Date

Nursing facilities are required to enter a date in this element to obtain reimbursement for the competency test. For newly certified CNAs, the competency test date is the CNA’s “Inclusion Date.” If a CNA’s basis for

inclusion is “reciprocity,” use the inclusion date for the competency test date.

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 Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

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

P-1250

ATTACHMENT 1

Reimbursement Request for a PASARR Level 1 Screen Completion Instructions

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

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FORWARDHEALTH REIMBURSEMENT REQUEST FOR A PASARR LEVEL I SCREEN COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable Medicaid to authorize and pay for PASARR Level I Screens that meet the ForwardHealth reimbursement guidelines. **The use of this form is mandatory; use an exact copy of this form.**

Nursing facilities (NFs) are required to give full, correct, and truthful information. This information includes, but is not limited to, the resident's full name, Social Security number (SSN) (DHS 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, 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 Wisconsin Medicaid based on this federal regulation. Effective February 1, 1997, only Level I Screens performed on residents that meet the definition of 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 an *interfacility transfer*³. If an NF elects to perform a new Level I Screen for a readmission or interfacility transfer, the NF should not seek reimbursement for it.

Submit completed reimbursement requests by mail to the following address:

ForwardHealth
6406 Bridge Rd
Madison WI 53784-0002

This form is available via the ForwardHealth Portal. To access and print the form and completion instructions, go to www.forwardhealth.wi.gov/, click on the "Providers" link and then click on "Forms" in the Quick Links box on the right-hand side of the screen. Forms are listed in alphabetical order.

INSTRUCTIONS

Name — NF

Enter the NF's practice location name (or the "doing business as" name), not a corporate name, in this element. The NF name and National Provider Identifier (NPI) on the form must match the NF name and NPI on the ForwardHealth file. If the NF name and NPI do not match what is on file, the request will be denied.

The NF name should not be abbreviated. For example, Maple Leaf Retirement Community must enter "Maple Leaf Retirement Community." An abbreviated version of the name, such as "MLRC," would cause the request to be denied. If the NF name on the ForwardHealth provider file includes a common abbreviation (i.e., "WI" for Wisconsin or "ST" for Saint), that abbreviation is required on the request.

POP ID (Required)

Enter the Permanent Operation Provider Identification number (POP ID), a 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 is on the NF's Medicaid Rate Letter.

National Provider Identifier — NF

Enter the NF's 10-digit NPI. 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. Only Level I Screens that meet the definition of a new admission¹ are reimbursable. ForwardHealth must receive this reimbursement request 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 request will be denied.

Name and Telephone Number — NF Contact

Enter the name and telephone number of the employee ForwardHealth should contact, if needed.

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 I 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 is discharged to a private residence from the hospital but needs to return to the NF at a later time, that would be a "new admission." A new Level 1 Screen would be required.
- 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 2
Reimbursement Request for a PASARR Level 1
Screen
(for photocopying)

(A copy of the "Reimbursement Request for a PASARR Level 1 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 Wisconsin Medicaid based on this federal regulation. Effective February 1, 1997, only Level I Screens performed on residents who meet the definition of 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 I Screen for a readmission or interfacility transfer, the NF should not seek reimbursement for it.

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 I Screen Completion Instructions, F-1012A. **The use of this form is mandatory; use an exact copy of this form.**

Name — NF (Practice Location Name, not Corporate Name)		POP ID (Required)	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 residence¹.
- 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.

Name and Telephone Number — NF Contact

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 I 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 is discharged to a private residence from the hospital but needs to return to the NF at a later time, that would be a "new admission." A new Level 1 Screen would be required.

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

Nurse Aide Training and Competency Test Reimbursement Request Completion Instructions

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

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FORWARDHEALTH NURSE 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. Nursing facilities should only submit reimbursement requests for CNAs employed by the NF. **The use of this form is mandatory; use an exact copy of this form.**

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 prior to submitting this reimbursement request to obtain/verify certification information. To access the Wisconsin Nurse Aide Registry Web site, go to www.dhs.wisconsin.gov/caregiver/. Click on the "Nurse Aide Training and Registry" link, and then click on "Search Nurse Aide Registry." Do a "Search by SSN" to verify the CNA's SSN and 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 on the request 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 training and/or testing costs for an employee or when they have hired a CNA who incurred training and/or testing costs within 365 days of their employment by the NF. Wisconsin Medicaid 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. Wisconsin Medicaid implemented this reimbursement methodology on October 1, 1997. It ensures that CNA training and testing costs are properly allocated between Medicaid, Medicare, and private pay residents.

Submit completed reimbursement requests by mail to the following address:

ForwardHealth
6406 Bridge Rd
Madison WI 53784-0002

This form is available via the ForwardHealth Portal. To access and print the form and completion instructions, go to www.forwardhealth.wi.gov/, click on the "Providers" link and then click on "Forms" in the Quick Links box on the right-hand side of the screen. Forms are listed in alphabetical order.

INSTRUCTIONS

Name — NF

Enter the NF's practice location name (or the "doing business as" name), not a corporate name, in this element. The NF name and National Provider Identifier (NPI) on the form must match the NF name and NPI on the ForwardHealth file. If the NF name and NPI do not match what is on file, the request will be denied.

The NF name should not be abbreviated. For example, Maple Leaf Retirement Community must enter "Maple Leaf Retirement Community." An abbreviated version of the name, such as "MLRC," would cause the request to be denied. If the NF name on the ForwardHealth provider file includes a common abbreviation (i.e., "WI" for Wisconsin or "ST" for Saint), that abbreviation is required on the request.

POP ID

Enter the Permanent Operation Provider Identification number (POP ID), a 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 is on the NF's Medicaid Rate Letter.

National Provider Identifier — NF

Enter the NF's 10-digit NPI. 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 completed all testing requirements in MM/DD/CCYY format. For newly certified CNAs, this date is their "Inclusion Date."

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

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 employee ForwardHealth should contact, if needed.

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 4
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.

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. **The use of this form is mandatory; use an exact copy of this form.**

Reference the Wisconsin Nurse Aide Registry Web site prior to submitting this reimbursement request to obtain/verify certification information. To access the Wisconsin Nurse Aide Registry Web site, go to www.dhs.wisconsin.gov/caregiver/. Click on the "Nurse Aide Training and Registry" link, and then click on "Search Nurse Aide Registry." Perform a "Search by Number," Social Security number (SSN), to verify the CNA's SSN and 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 on the request 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 training and/or testing 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. Wisconsin Medicaid 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. Wisconsin Medicaid implemented this reimbursement methodology on October 1, 1997. It ensures that CNA training and testing costs are properly allocated between Wisconsin Medicaid, Medicare, and private pay residents.

Name — NF (Physical Name, not Corporate Name)		POP ID (Required)	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? CNA NF
2. Who incurred the testing cost? CNA NF
3. Is this a recertification? Yes 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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* Leave the Training Completion Date element of this form blank if neither the CNA nor the NF incurred training costs.

** To obtain reimbursement for both training and testing, enter the appropriate date in the Training Completion Date and the Competency Test Date elements of this form.

