

Nursing Facility (NF) Communication Form

IMPORTANT: If you are not able to complete this form online, click Print Blank Form to print the form and complete it by hand.

[Print Blank Form](#)

Select the product

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

Member Information

MEMBER NAME John P. Member		DATE OF BIRTH 1/1/1900
MEMBER HEALTH PLAN ID XXXXX-XXXXXXXXXX	MEMBER PMI 12345678	ADMIT DIAGNOSIS CODE (ICD-10) R69
MEMBER ADMITTED FROM Hospital/Home/Other	MEMBER DISCHARGED TO Hospital/Home/Other	NOTES

Facility Information

NURSING FACILITY NAME Local Nursing Facility	PROVIDER NPI 1234567890	FACILITY PHONE NUMBER 999-999-9999	FACILITY FAX NUMBER 999-999-9999
STREET ADDRESS 123 Anystreet North	CITY Any Town	STATE MN	ZIP CODE 55555
CONTACT NAME MDS Coordinator (skilled) or B.O. Contact (non-skilled)	CONTACT EMAIL ADDRESS joansmith@yourfacility.com		

Member Tracking Information

Date of reason code	Reason code	Number of bed hold days	RUG rates or dollar amount	Qualified Medicare stay	Days to be paid by Medicare since initial admission (1 through 100)	Total days since initial admission	Remaining number of days liable to health plan	Date faxed to health plan
1/1/2018	1 <input type="checkbox"/>		PA1	<input checked="" type="radio"/> Yes <input type="radio"/> No			180	
2/1/2018	5 <input type="checkbox"/>		\$225.00	<input type="radio"/> Yes <input checked="" type="radio"/> No		31	149	
2/15/2018	8 <input type="checkbox"/>			<input type="radio"/> Yes <input type="radio"/> No		15		
2/17/2018	11 <input type="checkbox"/>		\$225.00	<input type="radio"/> Yes <input checked="" type="radio"/> No			134	
3/1/2018	7 <input type="checkbox"/>			<input type="radio"/> Yes <input type="radio"/> No		12		
	<input type="checkbox"/>			<input type="radio"/> Yes <input type="radio"/> No				

[Add row](#)

Total						58		
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Reason Code

1. Admission (Initial)	5. Change in Medicare qualified stay	9. Discharge (Nursing facility)	13. Transfer from another NF
2. Bed hold (Covered)	6. Discharge (Death)	10. End of benefit	14. Swing bed
3. Bed hold (Noncovered)	7. Discharge (Home)	11. Readmission	
4. Change in Resident RUG Rate	8. Discharge (Hospital)	12. Hospice (Noncovered)	

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

AUTHORIZATION NUMBER	RECEIVED BY	DATE RECEIVED
BENEFIT PERIOD MAXIMUM DAYS	NUMBER OF DAYS HEALTH PLAN IS LIABLE FOR	RETURN FAX SENT TO NURSING FACILITY

End of health plan liability. Health plan faxes form to DHS at 651-431-7767 and copies to facility.

EXAMPLE

Nursing Facility (NF) Communication Form – Instructions for Use

Purpose of the Nursing Facility (NF) Communication Form (DHS-4461)

- Nursing facilities, health plans and the MN Department of Human Services (DHS) use the NF Communication Form (DHS-4461) to communicate nursing facility (NF) liability
- Before DHS can pay Medicaid NF claims, the health plan provides documentation via the DHS-4461 to DHS demonstrating it has paid for 100 days (SNBC) or 180 days (MSHO/MS+) of skilled NF or NF services
- DHS receives a copy of the DHS-4461 from the health plan, verifies the information documented 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

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 uses the NF Communication Form to notify the health plan within three business days
- 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 and sends it via fax 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 sends the NF Communication Form to the health plan by the first business day after admission
- The health plan determines its liability and returns the NF Communication Form via fax to the nursing facility within three business days

Change in member status

- The nursing facility faxes the completed form to the health plan at completion of the benefit period or member's discharge
- The health plan notifies DHS within one business day via fax of a member's exhaustion of benefit

Discharge

When a member is discharged:

- The nursing facility faxes the NF Communication Form to the health plan with the discharge information entered onto the form
- The health plan records the current liability information for the member

Medicare Stays

- Contact health plan for instructions and required documentation for Medicare stays

Pre-admission screening process

- Level of care is determined by the pre-admission screening (PAS) process; not by this form

Health Plan	Position Contact	Phone Number	Fax Number
Blue Plus	Case management nurse	651-662-5540 or 800-711-9868	651-662-6054 or 866-800-1665
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HealthPartners	SNF case management	952-883-6333 or 888-467-0774	952-853-8712
Itasca Medical Care	Nursing home benefit coordinator	218-327-6133	218-327-5545
Medica	Utilization management	800-458-5512	952-992-2299

Health Plan	Position Contact	Phone Number	Fax Number
Hennepin Health	Medical administration	612-596-1504 or 800-493-1511	612-677-6222
PrimeWest Health	Utilization management	866-431-0803	866-431-0804
UCare Minnesota	Utilization management	612-676-6705 or 877-447-4384	612-884-2499 or 866-610-7215
South Country Health Alliance (SCHA) MMSI Health Services	Utilization management	800-995-4543	888-889-7822

EXAMPLE