

Provider Information Regarding Nursing Home Authorizations Created from MDS Assessments

Note: Examples provided are not all inclusive

Issue	Example	Action
Nursing Home provider transmits MDS Assessment after Extraction Date	Extraction Date is 9/6/10 at 8:00 a.m. and the Nursing Home Provider Transmits MDS Assessment on 9/6/10 at 9:00 a.m.	The provider will have to wait until the next month for the MDS Assessment to be extracted and for the authorization to be created. Molina will not manually load these authorizations.
MDS Assessment Has Invalid / Incorrect Medicaid Member ID, Provider ID, and / or Social Security Number (SSN)	The Medicaid Member number is not equal to 11 digits; the Medicaid Provider ID number is not equal to 10 digits; SSN does not match the SSN on the Member File	When the incorrect information has been submitted on the MDS Assessment, the Nursing Home provider is required to create a modification assessment and retransmit. See RAI Manual for process on how to create an MDS modification.
MDS Assessment has "N", "+", "pending", "-", or "blank" Member Medicaid ID number	The RAI manual gives the Nursing Home providers the instruction to place "N" in the Member Medicaid ID number when one does not exist. The provider must place "+" when the Medicaid ID number is pending. At times, providers place other values in this field. Please follow RAI instructions for this field.	Authorizations will not be picked up in this situation. The Nursing Home provider will need to submit a modification assessment to reflect the Member ID, once the Medicaid number is received from the local DHHR office.
Authorization loaded for incorrect member and / or provider	When the MDS Assessment was completed and transmitted, the nursing home provider had transposed digits for the Member's Medicaid ID number. The number submitted is a valid Medicaid ID number for another member. The authorization is loaded for the incorrect member. The same situation can occur for the Provider ID as well, and the authorization can be loaded for the correct member, however, the wrong provider.	When the incorrect information has been submitted on the MDS Assessment, the Nursing Home provider is required to create a modification assessment and retransmit. See RAI Manual for process on how to create an MDS modification
Member has two or more MDS Assessments with ARD dates within the same month For Medicaid (MDS 3.0), only NC, NQ, and NP assessments are accepted	Assessment with ARD on 8/5/10 and a second assessment was completed with ARD 8/19/10.	Since there are two (or more) assessments with ARD dates in the same month, the last assessment is to be used for billing purposes.

Note: There may be an occasion where the Fiscal Agent may need to manually load a nursing home authorization. In order to do so, the provider may be requested to provide, at a minimum, a validation report and a MDS assessment (specified sections or in its entirety). Please do not fax any MDS information to the Fiscal Agent Provider Relations Unit without first speaking to a representative.

Modified 04/20/11