

Case Mix Questions and Answers

Why do we see discrepancies in resident's Medicaid eligibility on the case mix reports compared to our records?

The Ohio Department of Medicaid (ODM) uses eligibility information in MITS. The case mix process looks to see if the resident has Medicaid on the Assessment Reference Date (ARD) in the Resident Master File (RMF) extract from MITS. ***It is imperative that nursing facilities check eligibility monthly in MITS and follow up with the County Department of Job and Family Services (CDJFS) regarding any issues.*** Discrepancies between Medicaid eligibility in MITS and with the nursing facility (NF) records can be due to:

- The CDJFS has not run eligibility or the individual was denied.
- The individual no longer has Medicaid which could be due to failing to comply with the reapplication process or being over resources.

Why does a resident appear on the facility case mix report twice?

ODM uses SSN to identify Medicaid recipients. A resident can appear twice for reasons such as:

- Two SSNs may have been used
- Both the SSN and State Resident ID are blank on one qualifying MDS and another MDS has an SSN.

Why does a resident show as NSSN?

In determining records for the Medicaid case mix, ODM's MDS system excludes PPS MDSs, and then attempts to match the SSN with ODM's RMF. The reports will show NSSN in the following situations:

- There is no SSN entered on the MDS and Item S0150, State Resident ID, is blank. The NF should follow the directions in the RAI Manual for modifying an MDS.
- The resident is private pay which requires no action.
- The resident has a pending Medicaid application and has never been active in MITS. This requires no action.
- MITS has an incorrect SSN which the NF has verified using the individual's social security card or query of the Medicare Common Working File (CWF). The NF should report the information to their the CDJFS by sending ODM Form 10203 "Report a Change for Medical Assistance" with documentation to support the correct SSN.

Once the correct SSN is in MITS, the NF should follow the directions in the RAI Manual for modifying an MDS.

Why does a resident show as NELIG?

NELIG on the report identifies residents who have no Medicaid eligibility in the RMF on the Assessment Reference Date (ARD).

Do residents on Medicaid hospice, waiver, or on a restricted Medicaid coverage period appear as MCAID?

ODM only verifies social security number or S8520C, Resident Identifier, with the RMF and dates of Medicaid eligibility. The resident will appear as MCAID as long as they have a Medicaid number and eligibility on the ARD. There is no verification against the hospice span, NF payment spans, level of care, or restricted coverage period.

Resident was discharged, return anticipated. Why are they not showing on the preliminary case mix report?

The reasons and appropriate action include:

- The resident remains out of the facility and a date is entered in item S8520C, Bed-Hold Days. If the MDS contains a date in this item, the NF should modify the assessment to remove the date and re-submit the MDS.
- The resident was discharged and readmitted and an entry tracking record has not been submitted. The NF should submit an entry tracking record.

A resident received a lump-sum payment and the county instructed us to bill the resident privately. They still show up as Medicaid on our Case Mix reports and have eligibility in MITS. What should we do?

You should notify the CDJFS and request the case be reviewed for eligibility. The Ohio Administrative Code 5160:1-3-05.8 describes the treatment of lump-sum payments for purposes of Medicaid eligibility. The CDJFS is responsible for maintaining compliance with this rule.

How often is the RMF updated?

The RMF is updated daily prior to processing MDS records.

A resident who has been Medicaid recently appears in MITS with the following and shows as NELIG on the target MDS ARD date:

Benefit Aid Category						
Benefit Plan	Aid Category	Case/Cat/Seq	Effective Date	End Date		
Inpatient Hospital Services Plan	Incarcerated Disabled SSI Recipient	[REDACTED] 403/1	03/01/2018	12/31/2299		
Ohio Mental health	Disabled SSI Recipient QMB	[REDACTED] 603/1	02/01/2018	02/28/2018		
Medicaid	Disabled SSI Recipient QMB	[REDACTED] 603/1	02/01/2018	02/28/2018		
Alcohol and Drug Addiction Services	Disabled SSI Recipient QMB	[REDACTED] 603/1	02/01/2018	02/28/2018		
MRDD Targeted Case Mgmt	Disabled SSI Recipient QMB	[REDACTED] 603/1	02/01/2018	02/28/2018		
Inpatient Hospital Services Plan	Incarcerated Disabled SSI Recipient	[REDACTED] 403/1	01/01/2018	01/31/2018		
Ohio Mental health	Disabled SSI Recipient QMB	[REDACTED] 603/1	08/01/2016	12/31/2017		
MyCare Ohio Waiver	Disabled SSI Recipient QMB	[REDACTED] 603/1	08/01/2016	12/31/2017		
Medicaid	Disabled SSI Recipient QMB	[REDACTED] 603/1	08/01/2016	12/31/2017		
MRDD Targeted Case Mgmt	Disabled SSI Recipient QMB	[REDACTED] 603/1	08/01/2016	12/31/2017		

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The "inpatient hospital services plan" is a new benefit plan for incarcerated individuals. Please note in the above example that the individual does not have Medicaid eligibility for the month of March. This benefit plan **only** pays for inpatient hospital services while the individual is temporarily in the hospital. Nursing home services are not covered.

The information shown above is for an individual who has been a resident in a NF for many years. Their Medicaid eligibility was terminated accidentally and their benefit plan changed to "inpatient hospital services plan" due to a system error. The NF should report the information to their local CDJFS and request eligibility be rerun to correct the benefit plan. If the information is not corrected on the preliminary quarterly report, please contact the MDScasemix mailbox.

Questions? Contact: MDScasemix@medicaid.ohio.gov

For more information, go online:

<http://medicaid.ohio.gov/PROVIDERS/ProviderTypes/LongTermCareFacilities.aspx>