



<b>Policy Memo</b>	
<b>KDHE-DHCF POLICY NO: 2017-05-02</b>	<b>From: Jeanine Schieferecke</b>
<b>Date: May 31, 2017</b>	<b>KEESM Reference: 8184</b> <b>KFMAM Reference:</b>
<b>RE: Implementation of New MS-2126</b>	<b>Program(s): Institutional Care</b>

The purpose of this memo is to provide implementation instructions for the revised MS-2126, Notification of Facility Admission/Discharge. The form has been reorganized and revised to capture additional information regarding the resident. The form is effective June 1, 2017 but a transition period to the new form is also implemented as noted in item 4.

## **1. PURPOSE/BACKGROUND**

The MS-2126 is used by institutional providers to request Medicaid payment for a beneficiary. It is also used as a method to communicate specific information regarding the Medicaid applicant/recipient and serves as verification of residency in a facility. Although the requirements regarding submission of the MS-2126 remain unchanged with this revision, the form has been reorganized and expanded to capture additional details regarding the placement. The revised form is hoped to reduce the timeframe to process institutional requests for medical assistance coverage.

As indicated above, the basic requirements for submitting the form are not changing. Facilities are required to submit an MS-2126 in the following situations:

- A Medicaid recipient is admitted or discharged from the facility
- A resident files an application for medical assistance
- A resident has been absent from the facility for 30 days or longer
- A resident changes level of care.

Failure to submit a form timely could result in a denial or delay of payment.

## 2. COMPLETING THE MS-2126

The new MS-2126 has been organized 6 distinct sections. Facilities shall complete the sections that correspond to the change.

### A. Section A: Resident Information

This section includes basic information regarding the resident.

- Complete this section each time a form is submitted.
- Please complete the responsible person information if it is available.
- Please include additional phone numbers/contact persons if available.

### B. Section B: Facility Information

This section includes information regarding the facility.

- Complete this section each time a form is submitted.
- Complete the address of the facility. This is very important, especially if a chain has multiple locations or if facilities have similar names.
- Include the NPI of the facility, as this will help identify the facility.
- Include the name of the person completing the form. A signature is not required.

### C. Section C: CARE/PRE-Admission Screening.

This section is designed to capture information related to any required pre-admission screening. Major revisions have been made to this section. Please note that completing the information on this form does not eliminate or negate the requirement the facility contact KDADS with any required CARE information.

- The facility must complete this section for any new admission or new Medicaid request.
- Questions 1, 2 and 3 MUST be answered.
- If a CARE/Screening is not required, the facility must provide the reason
- If a CARE/Screening is delayed, the facility must provide the reason for the delay.
- If a CARE/Screening has been completed, complete the information in Section 3.
- It is common for multiple sections to contain information. For example – a resident admits on a 30 day provisional but decides to stay indefinitely after a fall. The facility will complete the appropriate item in Section 2 indicating the provisional stay, but will also complete Section 3 when the full CARE is completed.
- It is the responsibility of the facility to ensure all necessary CARE paperwork is filed with KDADS.

### D. Section D: Facility Admission

This section captures admission and level of care information for the resident.

- The facility must complete this section for any new admission or new Medicaid request as well as any change in Level of Care.
- Questions 1, 2 and 3 are required. Question 4 is required for new admissions.
- Provide the anticipated length of stay at the time the form is completed. If the intended length of stay changes, a new form must be submitted.

- It is critical to provide the living arrangement before the resident entered the current facility. This information is necessary for the Medicaid determination.
- Item 5 has been added to include any additional information regarding the resident that you feel is relevant. This may include anticipated changes, etc.

#### **E. Section E: Temporary Absence**

This section is required if the resident has been absent from your facility for more than 30 days and intends to return.

- It is not necessary to complete a form if the resident will be absent for 30 days or less. Payments for reserve days or bed holds are coordinated through the billing process and an MS-2126 is not required.
- If the resident is moved to a Swing Bed facility, even temporarily, a Level of Care change will be made and the original facility will not be paid for the absence.
- A new form is required when the resident returns to the facility

#### **F. Section F: Discharge or Deceased**

This section is required if the resident dies or is discharged from the facility.

- Complete applicable sections depending upon the event

### **3. SUBMITTING THE MS-2126**

Facilities are still required to submit the new form within 5 days of the change. The new form is now available in a fillable PDF, so facilities can complete the form electronically (preferred) or can complete by hand. With either option, the completed form is sent to the KanCare Clearinghouse. It may be faxed: 1-844-264-6285

Or mailed: The KanCare Clearinghouse; PO Box 3599; Topeka, KS 66601

### **4. TRANSITION TO THE NEW MS-2126**

Facilities are to begin using the new form immediately. The new form is attached to this memo and can also be found on the KDHE Website:

The previous form is eliminated from the KMAP website with this implementation.

In order to allow facilities ample time to transition to the new form, KDHE will continue to accept the old version of the form through August 31, 2017. Previous versions of the form will no longer be accepted after that date.

## 5. CONCLUSION

For questions or concerns related to this document, please contact one of the KDHE Medical Policy Staff listed below.

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Questions regarding any KEES issues are directed to the KEES Help Desk at [KEES.HelpDesk@ks.gov](mailto:KEES.HelpDesk@ks.gov)