

# *Administrator Alert*

*Policy updates & rule clarifications for Assisted Living,  
Residential Care & Nursing Facilities*

Office of Licensing & Quality — Oregon Department of Human Services

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October 22, 2009

## **COMPLEX MEDICAL ADD-ON LEVEL OF CARE ADJUSTMENTS**

Dear Administrator,

**Please share this Administrator Alert with the person(s) responsible for billing the Department of Human Services for Medicaid nursing facility services.**

During the Medicaid Management Information System (MMIS) implementation, numerous Complex Medical Add-On reports could not be posted into the system due to a variety of system issues. Several of those system issues have now been resolved, and Complex Medical staff have been working diligently for several weeks to review and post these older reports to ensure correct Complex Medical Add-On reimbursement for nursing facilities.

As these older Complex Medical Add-On reports are posted into the system, the Seniors and People with Disabilities (SPD) Complex Medical Program Coordinator will call individual facilities, on a one time basis, to provide an update for their billing purposes. During that call, facility staff may have several questions on individual residents' complex medical status, which will be attempted to be answered during that call. Although this will take time, we feel it is necessary to provide the facilities the most current information as to what has been able to be posted on these aging reports, and in cases where items are unable to be posted, the reason for the non-posting.

There has also been a significant increase in the number of inquiries from providers related to Complex Medical posting and reimbursement. Because routine Complex Medical posting or Complex Medical Add-On authorization is put on hold during the review and research of the



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inquiries, our focus will be concentrated on Complex Medical posting until the outstanding reports are caught up. In the near future we will be looking at possible alternatives to streamline the Complex Medical process, including the inquiry process, for all of the providers, while not interrupting the routine the Complex Medical posting and authorization process.

The Department of Medical Assistance Program (DMAP) Claims Unit will return the pending Complex Medical Add-On level of care adjustments and will attach this Administrator Alert to those adjustments. After the facility has been contacted by SPD's Complex Medical Program Coordinator regarding the status of their outstanding Complex Medical reports, the facility can resubmit the adjustments or complete the adjustments through the MMIS web-portal. We appreciate your continued patience and understanding.

