

# NEBRASKA

Good Life. Great Mission.

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**DEPT. OF HEALTH AND HUMAN SERVICES**

Nebraska Casemix Information System (NCIS)  
DHHS Medicaid & Long-Term Care

**Nebraska Casemix (NCIS) Procedures and Instructions**

# Casemix Intro...

The Nebraska Casemix System (NCS) website was developed in conjunction with MDS 3.0 and the Nebraska Casemix system as an easy online service to facilitate providers with completing care level reports, weighted days reports, viewing past due assessments and errors that caused the assessments to be rejected by the Nebraska Casemix system. This replaces paper documents and related costs and will allow providers and state staff to communicate online to resolve assessment issues.

Several States use the Casemix method for Medicaid MDS-based reimbursement.

# Benefits and Features

- ▶ FREE 24/7/365 on-demand access to NCS
- ▶ Access/print/save monthly Care Level Reports and annual (or month-by-month) Weighted Day reports
- ▶ Enter/view bed hold day(s)
- ▶ View past-due resident assessment data (marked with asterisks on report)
- ▶ No paper or postage expenses
- ▶ Work more efficiently and conveniently
- ▶ Less paperwork to submit to DHHS

# How to Enroll in Casemix

Complete and submit the following forms:

- External Access Confidentiality Statement (required for EACH individual user requesting access). Visit <http://dhhs.ne.gov/Documents/Confidentiality%20Statement%20NCS%20Web.pdf> for the individual access form for each NF user. See slide 21 for Frequently Asked Questions regarding this form.
- Confidentiality Statement to DHHS IT Assets (for newly enrolling Nursing Facilities, or NFs going through a change in ownership). Visit <http://dhhs.ne.gov/Documents/External%20Access%20Application-NCIS.pdf> for the Confidentiality form. See slide 20 for Frequently Asked Questions regarding this form.
- Facility IT security/HIPAA violation policy/procedures (for newly enrolling Nursing Facilities, or NFs going through a change in ownership). Instructions for question 9 on the “Confidentiality Agreement and Application to Request Access to DHHS Information Technology Assets” form: <http://dhhs.ne.gov/Documents/Confidentiality%20Agreement%20and%20External%20Access%20Confidentiality%20Statement%20Instructions.pdf>
- Completed forms may be sent via email ([DHHS.NECaseMix@nebraska.gov](mailto:DHHS.NECaseMix@nebraska.gov)); faxed to (402) 471-9103; or mailed to the following contact/address:  

Tonya Remaklus – DHHS MLTC  
PO BOX 95026  
Lincoln, NE 68509-5026
- See page 20-22 for Frequently Asked Questions regarding the forms

# Application Review Process

- ▶ Approximately two to five day standard processing, unless the DHHS Help Desk is receiving a high volume of requests
- ▶ Users will be notified via email when their access is processed
- ▶ Applications that are not complete and accurate will be returned via email
- ▶ Resubmit ALL required forms with corrections, if an incomplete form is returned to you

# Application Approval and Initial Log-In

- ▶ New users will receive an email from DHHS staff containing:
  - ▶ User ID/temporary password
  - ▶ Log-in link to Casemix - <http://dhhs-ncsweb.ne.gov/NCSweb> (see slide 26 for a screen shot of this web page).
- ▶ You MUST change your password upon successful **initial** log-in
  - ▶ Visit <https://my.ne.gov> and change password via main menu bar link (see slide 25 for a screen shot of this web page).
  - ▶ Three security questions must be created to change the default password
- ▶ Be sure to save the separate links to log into Casemix and change your password!
  - ▶ If you are getting a log-in error message stating “this session has been authenticated for 30 minutes”, you are not using the correct Casemix log-in link (<http://dhhs-ncsweb.ne.gov/NCSweb>)
  - ▶ If you are getting a page that says you don't have access to any applications, you are in the change password page and need to log-in under: <http://dhhs-ncsweb.ne.gov/NCSweb>

# Bookmarking NCIS (Casemix) Log-in Page

- ▶ Do NOT bookmark the change password page! (<https://my.ne.gov>)
- ▶ Bookmark the following link AFTER changing your password BUT BEFORE you enter your log-in credentials: <http://dhhs-ncsweb.ne.gov/NCsweb>  
If you are having log-in issues, please verify this is the link you are using, sometimes bookmarked links get accidentally overwritten.

# Password Maintenance

- ▶ Please do NOT share your password or Casemix access with anyone
- ▶ Use <https://my.ne.gov> to change your password at any time
- ▶ Three incorrect entries of a password will result in a locked account
- ▶ Please call the DHHS Help Desk at (402) 471-9069 for password reset help
- ▶ A new password must be created every 90 days
- ▶ You must log into the system at least once every 60 days, or your access will be automatically revoked. If this happens, contact Tonya Remaklus ([Tonya.Remaklus@nebraska.gov](mailto:Tonya.Remaklus@nebraska.gov) or 402-471-5959) to reactivate your access. However, if you wait more than a year to log into the Casemix system, a new form will be required to restore your access. The main State Help Desk automatically and permanently revokes access after a year without a login to the Casemix system. Please log into Casemix at least once a year to avoid having to fill out a new form to get a new user ID.



# Adding and Removing User Access

## Adding Additional Staff

- ▶ Complete an External Access Confidentiality Statement and submit to DHHS via:  
[Tonya.Remaklus@nebraska.gov](mailto:Tonya.Remaklus@nebraska.gov)  
or  
[DHHS.NECasemix@nebraska.gov](mailto:DHHS.NECasemix@nebraska.gov)
- ▶ User will receive an email with user ID, password, instructions, and login link

## Removing Staff\*

- ▶ Send notification to:  
[Tonya.Remaklus@nebraska.gov](mailto:Tonya.Remaklus@nebraska.gov)  
or  
[DHHS.NECasemix@nebraska.gov](mailto:DHHS.NECasemix@nebraska.gov)

\*Also, please let us know if your email address has been updated

# Care Level Report

- Available between the 12<sup>th</sup> and the 14<sup>th</sup> of each month (unless the 14<sup>th</sup> falls on a weekend)
- Download/save in PDF format or export/save to Excel document
- Late assessments will be displayed on the home page
- **Please review your reports on a regular basis, preferably each month**
- Questions on reports should be directed to Greg Carlson, NF Program Specialist & MDS/OASIS Automation Coordinator
  - Email [Greg.Carlson@nebraska.gov](mailto:Greg.Carlson@nebraska.gov) for assistance, or call (402) 471-2250

# Care Level Report Example

Care Levels Effective For Services – 09/01/2011    Create Date:09/15/2011    Print Date: 09/15/2011

11111111-11 A Perfect Nursing Facility-Pleasant City, NE  
RN Coordinator: Ima Caring-Person    Phone: 111-111-1111

| Ssn       | Assessment Date | Admission Date | Last Name | First Name | Care Level | ADL | Discharge or Reentry | Bedhold From To |
|-----------|-----------------|----------------|-----------|------------|------------|-----|----------------------|-----------------|
| 111111111 | 06/07/2011      | 12/30/2005     | Mouse     | Mickey     | 141        | 04  |                      |                 |
| 222222222 | 07/20/2011      | 02/15/2010     | Chilly    | Frost      | 143        | 16  |                      |                 |
| 333333333 |                 |                | Chilly    | Frost      |            |     | D 08/06/2011         | _____           |
| 444444444 |                 |                | Chilly    | Frost      | 143        | 16  | R 08/10/2011         | _____           |
| 555555555 | 07/05/2011      | 02/07/2006     | Duck      | Donald     | 130        | 04  |                      |                 |
| 666666666 |                 |                | Duck      | Donald     |            |     | D 07/26/2011         | _____           |
| 777777777 | 07/19/2011      | 07/30/2008     | White     | Snow       | 112        | 15  |                      |                 |
| 888888888 | 06/28/2011      | 02/25/2009     | Cinder    | Ella       | 141        | 04  |                      |                 |
| 888888888 |                 |                | Cinder    | Ella       |            |     | D 05/01/2011         | _____           |
| 999999999 | 03/31/2011      | 06/15/2007     | Charming  | Prince     | 172        | 16  |                      |                 |
| 999999999 |                 |                |           |            |            |     | D 04/01/2011         | _____           |
| 101010101 | 05/26/2011      | 02/02/2002     | Yeller    | Old        | 110        | 06  | D 07/15/2011         | _____           |

\* - Indicates that this assessment is over 4 months old. Please send a current assessment. STS - indicates short term stay.

# Annual Weighted Days Report Reconciliation

- Report can be generated on a month to month or annual basis
- Download/save in PDF or Excel format
- Email inquiries on the report for DHHS staff to review. Web comments entered into Casemix are no longer reviewed. Reporting to staff must be done via email to [DHHS.NECaseMix@nebraska.gov](mailto:DHHS.NECaseMix@nebraska.gov)
- Annual report will be available in mid-July and can be completed anytime thereafter for annual fiscal year reconciliation with a deadline of October 31<sup>st</sup>. We will compare your MDS number to your Cost Report number, at that time (upon receipt, review and reconciliation)
- **Bed holds must be entered by each facility. Medicaid will no longer enter bed hold days (see page 14 for bed hold entry instructions)**
- If no annual report changes are necessary to document discrepancies/missing residents, send notification indicating no changes to: [DHHS.NECaseMix@nebraska.gov](mailto:DHHS.NECaseMix@nebraska.gov)
- Acknowledgement of report receipt and review must be provided to DHHS (via [DHHS.NECaseMix@nebraska.gov](mailto:DHHS.NECaseMix@nebraska.gov)) regardless if changes are needed or not, by October 31<sup>st</sup> each year. **Include your provider name and city in the subject line of all Weighted Days emails, please**
- Your rates for the following fiscal year (Starting July 1<sup>st</sup> annually) will be affected, so be sure your report data is as complete and accurate as possible

Choose Report Dates:  to

- Enter the date range for the weighted days report and click on "Generate Report Data".
- A spinning hourglass will show right of the "Generate Report Data" button while the data is generated. This will take a while so be patient.
- Once the data is generated then the three buttons "Save/Print PDF", "Export To EXCEL", & "Add Comments" will become active.

# Weighted Days Report Example

## Sample Report:

**A Perfect Nursing Facility(0000000004) - Pleasant City**

Choose Report Dates: 2011-08-01 to 2011-12-31

| Name             | SSN       | Start Date | End Date   | Class | Days | Comment |
|------------------|-----------|------------|------------|-------|------|---------|
| N/A              |           | 8/1/2011   | 8/31/2011  |       | 0    | No      |
| N/A              |           | 9/1/2011   | 9/30/2011  |       | 0    | No      |
| N/A              |           | 10/1/2011  | 10/31/2011 |       | 0    | No      |
| N/A              |           | 11/1/2011  | 11/30/2011 |       | 0    | No      |
| N/A              |           | 12/1/2011  | 12/31/2011 |       | 0    | No      |
| Charming, Prince | 987654325 | 8/1/2011   | 8/31/2011  | 171   | 31   | No      |
| Charming, Prince | 987654325 | 9/1/2011   | 9/30/2011  | 171   | 30   | No      |
| Charming, Prince | 987654325 | 10/1/2011  | 10/31/2011 | 171   | 31   | No      |
| Charming, Prince | 987654325 | 11/1/2011  | 11/30/2011 | 171   | 30   | No      |
| Charming, Prince | 987654325 | 12/1/2011  | 12/31/2011 | 171   | 31   | No      |

Select a page: 1  Page 1 of 3

Email questions, comments & corrections to:

[DHHS.NECCaseMix@nebraska.gov](mailto:DHHS.NECCaseMix@nebraska.gov)

# Bed Holds

- ▶ You will do your own bed hold data entry
- ▶ Per policy, a maximum of 15 consecutive days are allowed. Therefore, the system will not allow you to enter any amount above 15 days
- ▶ Keep up on your bed hold day entry (or you will do it later, anyway)
- ▶ Remember:
  - ▶ Swing bed days cannot be counted/entered as bed hold days
  - ▶ REGARDLESS OF PAYER SOURCE...If you held the bed, bed hold day(s) must be entered
  - ▶ Discharge assessments and reentry tracking forms should NOT be transmitted for therapeutic leave days. These days MUST, however, be reported on your claim. For the purpose of counting weighted days, therapeutic leave days can be noted on your annual weighted days reporting via email.

# Entering Bed Hold Days

- ▶ Click bed hold tab (see slide 24 for a screen shot of bed hold link location)
  - ▶ Residents with discharge return anticipated assessments within the past 60 days will be displayed
  - ▶ Uncheck box to display ALL discharge return anticipated accepted assessments
  - ▶ If bed hold days are already on file, they will be displayed in the bed hold start/end columns
  - ▶ Choose select for the resident/discharge that you wish to enter bed hold for
  - ▶ You can sort/view residents by first/last name and SSN in ascending/descending order
  - ▶ Detailed instructions are also included in the instructions tab in Casemix

# Bed Hold Screen

**SNF**  -

View only last 60 days. Uncheck to view all.

| Select | SSN | Last name | First name | Entry Date | Discharge Date | Bedhold Start | Bedhold End | Bedhold Reviewed |
|--------|-----|-----------|------------|------------|----------------|---------------|-------------|------------------|
| Select |     |           |            | 4/22/2022  | 5/13/2022      |               |             |                  |
| Select |     |           |            | 2/19/2022  | 4/22/2022      |               |             |                  |
| Select |     |           |            | 4/6/2022   | 4/18/2022      |               |             |                  |
| Select |     |           |            | 3/24/2022  | 3/27/2022      |               |             |                  |
| Select |     |           |            | 3/7/2022   | 4/21/2022      |               |             |                  |
| Select |     |           |            | 3/4/2022   | 4/6/2022       |               |             |                  |
| Select |     |           |            | 2/23/2022  | 4/16/2022      | 4/16/2022     | 4/21/2022   | Yes              |
| Select |     |           |            | 4/22/2022  | 4/28/2022      | 4/28/2022     | 5/10/2022   | Yes              |

SSN:       First Name:       Last Name:   
 Status: 03      Entry Date: 3/24/2022      Discharge Date: 3/27/2022

Bedhold must be between 3/28/2022 and 4/11/2022

Bedhold Start: 3/27/2022      Bedhold End:  ...      Bedhold Days:      Mark Record As Reviewed:

**Status (Discharge Status Code):**

|  |  |
|--|--|
| 02 - Another nursing home or swing bed | 01 - Community                         |
| 04 - Psychiatric hospital              | 03 - Acute hospital                    |
| 06 - MR/DD facility                    | 05 - Inpatient rehabilitation facility |
| 08 - Deceased                          | 07 - Hospice                           |
|  | 99 - Other                             |



# Past Due Assessments

**Nebraska Casemix System Website** **Past Due**

Home  
Help  
About  
Instructions  
Past Due  
Bedhold  
Weighted Days  
Care Level  
Error Report  
Log Out

**TEST PROVIDER(1111111111) - LINCOLN**

**The following reasons might be causing the people to show as being past due:**

- A discharge record was not received by the state
- An assessment form was sent with the wrong entry date
- An assessment form was sent with the wrong provider id
- An assessment was not done within the timelines and needs to be sent

The following are the last records we have for people whose assessments are past due.

**Currently there are no past due assessments**

- ▶ Residents with no assessment processed within past 4+ months (based on 10<sup>th</sup> of each month/ARD of last processed assessment) are displayed in the Past Due tab
- ▶ Questions should be directed to Greg Carlson or Tonya Remaklus at [Greg.Carlson@nebraska.gov](mailto:Greg.Carlson@nebraska.gov) or [Tonya.Remaklus@nebraska.gov](mailto:Tonya.Remaklus@nebraska.gov)

# Error Report

**ebsite** **Error Report**

**TEST PROVIDER(1111111111) - LINCOLN**

Status:  SSN:  Submission Date Range:  ... to  ...

- Used to display resident assessment errors marked by Medicaid staff for NF user(s) review
  - No resident data will display if assessments are not marked for NF user(s) review
- Search for assessment errors by individual or all residents
- List of viewable load errors:

| Err # | NCS Description   | NCSWeb Description  |
|-------|---|---|
| 7     | E007: (B0154)(AA1a) First Name Cannot Be Blank  | (A0500A) First Name Cannot Be Blank   |
| 8     | E008: (B0167)(AA1c) Last Name Cannot Be Blank   | (A0500C) Last Name Cannot Be Blank  |
| 14    | E014: (B0263)(AB1) Date Of Entry must be equal to or less than today's date                         | (A1600) Date of Entry must be equal to or less than today's date  |
| 59    | E059: (B0361)(A3a) Assessment Date must be equal to or less than today's date                       | (A2300) Assessment Date must be equal to or less than today's date  |
| 513   | E513: (B0198-0206)(AA5A) SSN Must Be All Numeric  | (A0600A) SSN Must Be All Numeric  |
| 707   | E707: (Entry Date) Entry date can not be more than 90 previous to assessment date                   | Entry date (A1600) cannot be more than 90 days prior to assessment date (A2300)                                   |
| 709   | E709:(A1600) Re-Entry date is more than 30 days past discharge date.                                | (A1600) Re-Entry date is more than 30 days past discharge date.   |
| 710   | E710: (A1700) Invalid assessment reason after a 1T record. Only 01,09,10,11, or 12 are allowed      | Only an admission assessment or a discharge is allowed after an entry tracking record indicating a new admit date |
| 851   | E851: (B0154)(AA1a) First Name Does Not Match Database  | First name doesn't match current records first name.  |
| 856   | E856: (B0260)(AA8) Reason For Assessment 02,03,04,05,06,07,09 need an admission record first        | (A0310) Type of Assessment 02, 03,04, 05, 06 need an admission assessment first                                   |
| 859   | E859: (B0002) A Discharge Record With Reason Code 07,08 must exist before a reentry can be entered  | (A0310F) A Discharge Record type 11 must exist before a reentry tracking (A1700)=2 can be accepted                |
| 861   | E861: (Ab1) An Admission Record With This Entry Date Already Exists                                 | (A1600) An Admission Record With this Entry Date Already Exists   |
| 862   | E862: (B0260)(AA8A) Previous Record Is a Discharge Of Type '06'. No Other Records Are Being Allowed | (A0310F) A discharge Record type 10 or 12 exists, no other records allowed  |

# Error Report Resolution Example

| Error # | Error Message   | Possible Cause  | Solution  |
|---------|---|---|---|
| 7       | E7: (A0500A) First Name Cannot Be Blank   |   | Transmit modification of assessment.  |
| 8       | E8: (A0500C) Last Name Cannot Be Blank  |   | Transmit modification of assessment.  |
| 14      | E14: (A1600) Date of Entry must be equal to or less than today's date   | The date of entry cannot be a future date.  | Transmit modification of assessment; send corrected assessment.   |
| 59      | E59: (A2300) Assessment Date must be equal to or less than today's date   | The Assessment Reference Date cannot be a future date.  | Transmit modification of assessment; send corrected assessment.   |
| 513     | E513: (A0600A) SSN Must Be All Numeric  | SSN must contain nine (9) digits, no dashes (-), or carots (^), letters, etc. If no SSN, please complete Section 50150 after obtaining a number from DHHS.                                | Transmit modification.  |
| 708     | E708: (A1300B) Room number doesn't match provider room numbers.   | For facilities whose beds are not 100% Medicaid certified, the room number is required and must be a Medicaid Certified room in order for NE to accept the assessment.                    | If the resident is residing in a Medicaid Certified bed, transmit a modification.   |
| 709     | E709: (A1600) Re-Entry date is more than 30 days past discharge date.   | If a resident is out of the facility for more than 30 days, a new admission assessment and entry tracking (A1700=1) is required. In other words, it must be treated as a new admission.   | Modify the NT record (A1700=1) and transmit an admission assessment.  |
| 710     | E710: Only an admission assessment or a discharge is allowed after an entry tracking record indicating a new admit date | Make sure that this is a new entry and not a reentry. If an entry tracking marked as a new admission is transmitted the NE system will only allow an admission assessment or a discharge. | Modify the NT record (A1700=2) to indicate a reentry and transmit. If it truly is a new admit, be sure to transmit an admission assessment prior to submitting any other OBRA (A0310A) assessment.                                  |
| 851     | E851: First name doesn't match current records first name.  |   | If both errors 851 and 852 appear on your error report, it could mean that the incorrect SSN was entered. Verify SSN and, if correct, contact DHHS. If incorrect, transmit a modification.  |
| 852     | E852: Last Name doesn't match current record's last name.   |   | If both errors 851 and 852 appear on your error report, it could mean that the incorrect SSN was entered. Verify SSN and, if correct, contact DHHS. If incorrect, transmit a modification.  |
| 855     | E855: Medicaid Number Does Not Match Database   | The resident Medicaid number must be in a valid format or a valid Nebraska Medicaid number.   | Refer to current data specifications and resident eligibility information and transmit a modification.  |
| 856     | E856: (A0310) Type of Assessment 02, 03, 04, 05, 06 need an admission assessment first                                  | Either an admission assessment was not transmitted or the assessment has errors that we cannot process.   | If you have not transmitted an admission assessment, please do so. If you have transmitted the assessment, modify the assessment errors that appear on the error listing. If it does not appear on the error listing, contact DHHS. |
| 859     | E859: (A0310F) A Discharge Record type 11 must exist before a reentry tracking (A1700)=2 can be accepted                |   | Transmit the appropriate discharge.   |
| 861     | E861: (A1600) An Admission Record With this Entry Date Already Exists   | Every admission assessment should have a new entry date in A1600.   | Transmit inactivation and then submit the corrected assessment.   |
| 862     | E862: (A0310F) A discharge Record type 10 or 12 exists, no other records allowed  | Discharge 10/12 indicate return NOT ANTICIPATED. If a discharge reason 10 was transmitted, the NE system will only accept a new entry or new admission assessment.                        | If the incorrect reason for discharge was transmitted, inactivate and submit the correct reason for discharge.  |
| 863     | E863: (A0900)(BIRTHDATE) Birthdate Does Not Match Database.   | Birthdate must match the date indicated on the Medicaid eligibility system.   | If you feel that you have the correct birthdate, contact Access Nebraska. If you have the incorrect birthdate on the MDS, modify the assessment.  |

|     |  |                                     |
|-----|--|-------------------------------------|
| 859 | E859: (A0310F) A Discharge Record type 11 must exist before a reentry tracking (A1700)=2 can be accepted | Transmit the appropriate discharge. |
|-----|--|-------------------------------------|

Nebraska Casemix System Website Search Interface

Status:  SSN:  Submission Date Range:  to

Rows: 1 Page: 1 of 1

| Viewed                   | Date                 | SSN  | Last Name | First Name | Comment  |
|--------------------------|----------------------|--|-----------|------------|--|
| <input type="checkbox"/> | 4/27/2015            | REDACTED   | REDACTED  | REDACTED   | Record type = "R" and last Assessment Reason not equal "07", "08", or "11" |
| <input type="checkbox"/> | <a href="#">View</a> | E859: (A0310F) A Discharge Record type 11 must exist before a reentry tracking (A1700)=2 can be accepted |           |            |  |

Nebraska Casemix System Website Submitted Data

Nebraska Casemix Record ID: 1859270

| Field                     | Value           | Field                    | Value    |
|---------------------------|-----------------|--------------------------|----------|
| A0050                     | 1               | A0100A_NPI               | REDACTED |
| A0100B                    | REDACTED        | A0100C_PROVIDERNO        | REDACTED |
| A0200_TYPEOFPROVIDER      | 1               | A0310A_TYPEOFASMTA       | 99       |
| A0310B_TYPEOFASMTB        | 99              | A0310C                   | 0        |
| A0310D                    | ^               | A0310E                   | 0        |
| A0310F_DISCHARGESTATUS    | 01              | A0310G_DISCHARGETYPE     | ^        |
| A0410                     | 3               | A0500A_FIRSTNAME         | REDACTED |
| A0500B_MIDDLEINIT         | M               | A0500C_LASTNAME          | REDACTED |
| A0500D_NAMESUFFIX         | ^               | A0600A_SSN               | REDACTED |
| A0600B_MEDICARENO         | 2               | A0700_MEDICAIDNO         | REDACTED |
| A0800_GENDER              | REDACTED        | A0900_BIRTHDATE          | REDACTED |
| A1000A_ETHNICAMERIND      | 0               | A1000B_ETHNICASIAN       | 0        |
| A1000C_ETHNICAFRAME       | 0               | A1000D_ETHNICISPANIC     | 0        |
| A1000E_ETHNICAWADIAN      | 0               | A1000F_WHITE             | 1        |
| A1100A_INTERPNEEDED       | 1               | A1100B_PREFERREDLANGUAGE | REDACTED |
| A1200_MARITALSTATUS       | 1               | A1300A_MEDRECDNO         | REDACTED |
| A1300B_ROOMNO             | SNF-B-06-1      | A1300C_PREFERREDNAME     | REDACTED |
| A1300D_LIFETIMEOCCUPATION | MUTUAL OF OMAHA | A1500_EVALPASRR          | REDACTED |
| A1510A_SERIOUSMENTAL      |                 | A1510B_INTELDISABILITY   |          |
| A1510C_OTHER              |                 | A1550A_MRDDDOWNWS        |          |
| A1550B_MRDDAUTISM         |                 | A1550C_MRDDPILEPSY       |          |
| A1550D_MRDDOTHERORG       |                 | A1550E_MRDDNOORG         |          |
| A1550Z_NONE               |                 | A1600_ENTRYDATE          | 20150422 |
| A1700_ENTRYTYPE           | 2               | A1800_ENTEREDFROM        | 03       |
| A2000_DISCHARGEDATE       | ^               | A2100_STATUSOFDISCHARGE  | ^        |

# Common Form Questions – Confidentiality Agreement

- ▶ Page 1: Just leave the “DHHS Sponsor Office” blank? YES
- ▶ Page 2, Question 1: What information would the facility enter here, or do they leave it blank? DO NOT LEAVE BLANK, ENTER CASEMIX REPORTS/BED HOLDS, for example.
- ▶ Page 2, Question 2: Are they supposed to put a check mark next to “Nebraska Casemix System?” YES.
- ▶ Page 2, Question 6: The form isn't fillable to list the name, title, location and hours of access for each individual, so should they leave it blank? NO, PLEASE INCLUDE THE STAFF MEMBER(S) REQUESTING ACCESS (FOR EACH ONE FILLING OUT AN EXTERNAL ACCESS FORM) AND AN APPROXIMATE NUMBER OF HOURS OF ANTICIPATED USE. (IF THERE ISN'T ENOUGH SPACE, PLEASE INCLUDE A SEPARATE ATTACHMENT LISTING THIS INFORMATION.)
- ▶ Page 2, Question 7: What period of access should they request? INDEFINITE
- ▶ Page 2, Question 9: Can the facilities just attach a copy of DHHS' HIPAA process webpage? NO. NFs SHOULD AND NEED TO INCLUDE THEIR POLICY ON HIPAA/SECURITY VIOLATION PROCESSING AND BREACH REPORTING. IF THE NF DOESN'T HAVE ONE, THEY NEED TO CREATE ONE. THE NAME OF THE NF ALSO NEEDS TO BE INCLUDED ON THE PROCEDURE.
- ▶ Page 3 'Access Costs': Do the facilities need to use encryption software? There are a lot of possible costs listed, do you know if the facilities will be charged a certain amount? THERE ARE NO ASSOCIATED COSTS. NO ENCRYPTION SOFTWARE IS NEEDED TO ACCESS THE NEBRASKA CASEMIX SYSTEM, SINCE IT IS A SECURE WEBSITE.
- ▶ Page 3 'Access Requirements': Is there any “DHHS mandated training” the facilities must complete in order to gain access? NO

# Common Form Questions/Reoccurring Processing Errors – External Access Statement

- ▶ Typed signatures are not accepted – it must be an actual signature or a digitally verified signature
- ▶ Administrators requesting access are not listing their immediate supervisor
  - ▶ Everyone has a supervisor
  - ▶ The supervisor must be included on the access form – even if the supervisor is out of state (corporate supervisor) or off site (board member)
- ▶ Page 2 “Does this supervisor have access to a DHHS Application – should they answer ‘yes’? Lotus Notes?”
  - ▶ MOST WON'T HAVE ACCESS TO A DHHS APPLICATION. SOME WILL HAVE ACCESS TO THEIR PAYMENT EOBs AND THE WEB PORTAL TO CHECK CLAIM STATUS. IF THEY DO, THEY CHECK YES. NO ONE WILL HAVE LOTUS NOTES, SO THAT WILL BE MARKED NO.
- ▶ Page 2 “Does your access request relate to: NCS WEB” – should they answer, ‘yes’ or do they enter something in the ‘other’ field?
  - ▶ ANSWER: YES, this indicates you are requesting access to the Nebraska Casemix System Online

# HIPAA/IT Security (Health Information) Policy

- ▶ What are the facility's policies regarding HIPAA violations AND IT security breaches (i.e. safeguarding of resident PHI and managing access to appropriate staff members)?
- ▶ What are the protocol(s) that are enacted in the event that a HIPAA/IT security violation/breach occurs?
  - ▶ **Internal process** (i.e. warnings/disciplinary/staff education/reporting to appropriate internal management)
  - ▶ Please visit <http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/securityruleguidance.html> for information on creating a Health Information Policy.
  - ▶ **External process** (i.e. reporting violations to the DHHS Security Officer, when appropriate)
    - ▶ Report may be made to the DHHS Privacy Officer in the event that an unauthorized user inappropriately accesses or misuses information in a DHHS application (i.e. Nebraska Casemix, aka NCIS)

## Tips for Reporting Discrepancies to the State

- ▶ Do not note bed hold days; you must enter them into Casemix
- ▶ Bed move/discrepancy (from/to or not/never in a Medicaid bed) notifications should include:
  - ▶ Client's SSN/Medicaid number
  - ▶ Date of the bed move OR that the client was never in a Medicaid bed
  - ▶ Modify the admission assessment with the state provider number if it was previously omitted
  - ▶ Please report bed moves (via email to [DHHS.NECasemix@nebraska.gov](mailto:DHHS.NECasemix@nebraska.gov)) in the form provided in this link:

<http://dhhs.ne.gov/Pages/Medicaid-Provider-Nursing-Facility-Casemix.aspx>

# NCIS Home Page

Nebraska Casemix System Website

Home Page

Home

Help

About

Instructions

Past Due

Bedhold

Weighted Days

Care Level

Error Report

Log Out

Select Provider

TEST PROVIDER(1111111111) - LINCOLN



**Past Due Assessments:**

Number of past due assessments: 0



# NCIS Change Password Page



Official Nebraska Government Website


STATE OF NEBRASKA  
*my.ne.gov*

Scotts Bluff National Monument

Welcome: DANNY VANOURNEY JR | Wednesday, November 5, 2014 | [Change Password](#) | [Change Password Hints](#) | [Logout](#)

# NCIS Log-In Page

Official Nebraska Government Website



STATE OF NEBRASKA  
*my.ne.gov*

Please log In

User ID

Password

[Forgot User ID?](#)  
[Forgot Password?](#)



## Questions?

Please contact Greg Carlson or Tonya Remlakis at [Greg.Carlson@nebraska.gov](mailto:Greg.Carlson@nebraska.gov) or [Tonya.Remaklus@nebraska.gov](mailto:Tonya.Remaklus@nebraska.gov)