Nursing Home Bed Hold Request

Date: Click here to enter a date.

Provider Name: Click here to enter text.

Bed hold

This section must be completed and submitted to LCI within 24 hours from when the member leaves the facility and does not return within 24 hours.

Medicaid certified nursing homes are eligible to receive bed hold payment if their census is at or above 94% occupancy for the previous month or have had eight vacant beds or less in the previous month to qualify for bed hold coverage.

Capacity report for prior month: Click here to enter text.

 Does this meet MA census for bed hold payment: Yes [ ]  No [ ]

LCI member name: Click here to enter text.

Date LCI member left facility: Click here to enter a date.

Reason for Leaving/Absence: Click here to enter text.

 Name of Facility if placed elsewhere: Click here to enter text.

Expected length of absence:

 [ ]  Less than 2 weeks

 [ ]  Greater than 2 weeks

 [ ]  Permanent

 [ ]  Unknown

Date of Return, if known: Click here to enter a date.

LCI IDT staff name: Click here to enter text.

Individual completing Form: Click here to enter text.

Provider Contact Email/Phone: Click here to enter text.

**PLEASE FAX or EMAIL COMPLETED FORMS TO:**

Provider Relations & Contracting Assistant

Fax 920-906-5103 Email: networkrelationssupport@lakelandcareinc.com

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This section to be completed by the Provider Relations & Contracting Assistant (PRCA):

Is bed hold in compliance of Medicaid NH regulations: Yes [ ]  No [ ]

Internal Directions: PRCA receives this form and forwards to appropriate IDT staff to enter a bed hold authorization. Date: Click here to enter a date. Initials: \_\_\_\_\_\_\_