

MINNESOTA DEPARTMENT OF HEALTH
Case Mix Review Program, Facility and Provider Compliance Division
85 East Seventh Place, Suite 300, St. Paul, MN 55164-0938

[RESIDENT NAME] [DATE]
Resident Id# [XXX-XX-XXXX] PMI # [XXXXXXXXXX]
Date of Birth [MM/DD/YYYY]

[FACILITY NAME] Facility Id # [XXXXXX]
[CITY], MN [ZIP] Phone # [(XXX) XXX-XXXX]

CASE MIX CLASSIFICATION NOTICE for an ADMISSION ASSESSMENT.

Minnesota residents who live in nursing homes pay based on what type of care they need. The payment system is called “case-mix” and is used by Medicaid certified nursing homes and boarding care homes.

Payment rates fall into 36 classes. Your rate or “case mix classification”, was determined from certain functional, treatment, and diagnosis items facility staff recorded on your assessment dated (date). YOUR CASE MIX CLASSIFICATION IS XXX. It becomes effective on (date).

If you are discharged from the facility prior to the end of day 14 of your admission to the facility your CASE MIX CLASSIFICATION for that time is DDF. If you are readmitted to the facility and stay longer than 14 days from readmission then your Case Mix Classification is XXX effective the day you return to the facility.

The facility must distribute this notice to you or your representative within **3 business days** after it is received by the facility. If you or your representative wish to review the documentation or have a question about this case mix classification, contact the nursing facility that gave you this notice.

If you disagree with this classification, you or your representative have 30 days after you receive this letter to request a “reconsideration”. Follow these steps to ask for a reconsideration:

◆ In writing ask the nursing home for the following items: 1) A copy of the “Request for Reconsideration” form; 2) A copy of the Minimum Data Set (MDS) used for your case mix classification; 3) Any written documentation from your medical record that was used to complete your MDS. Nursing home staff are required to provide you with this information **within 3 working days**. **If staff do not give you the information within 3 working days of your written request, contact the Minnesota Department of Health (MDH), at 651-215-8703.**

◆ Complete the Request for Reconsideration form. Mail the information from the medical record, including the MDS, to the address at the top of the Request for Reconsideration form.

When this information is received, Department of Health staff will review the material and determine if the classification should be changed.

Besides nursing home staff, an Ombudsman may be able to help answer your questions and assist you in obtaining information. The office of Ombudsman For Older Minnesotans is an advocacy agency for nursing home residents and is separate from the Department of Health and the nursing home. Their address and phone number are:

[Ombudsman Street Address or PO Box]
[Ombudsman City, State, Zip]
1-800-657-3591

For additional information about the Minnesota Case Mix Program, call (651) 215-8703.