Medicare Advantage/Insurance Billing MDS'

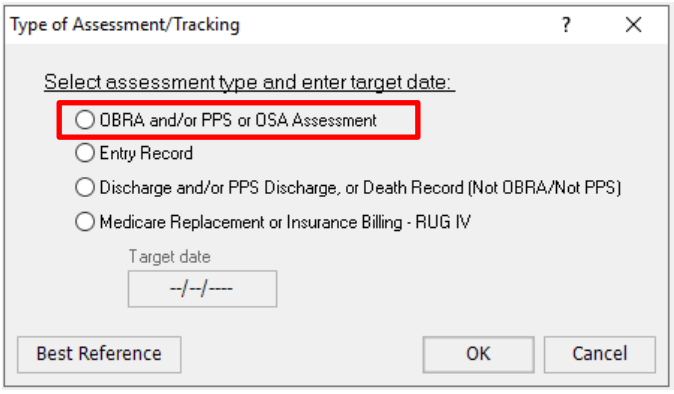
Plans Billing Based on PDPM HIPPS Codes

For any Medicare Advantage or Insurance Plans requiring **PDPM HIPPS Codes**, you will follow the current PPS schedule. This means that you will have a 5-day upon admission, optional IPA assessment(s), as well as a PPS discharge assessment.

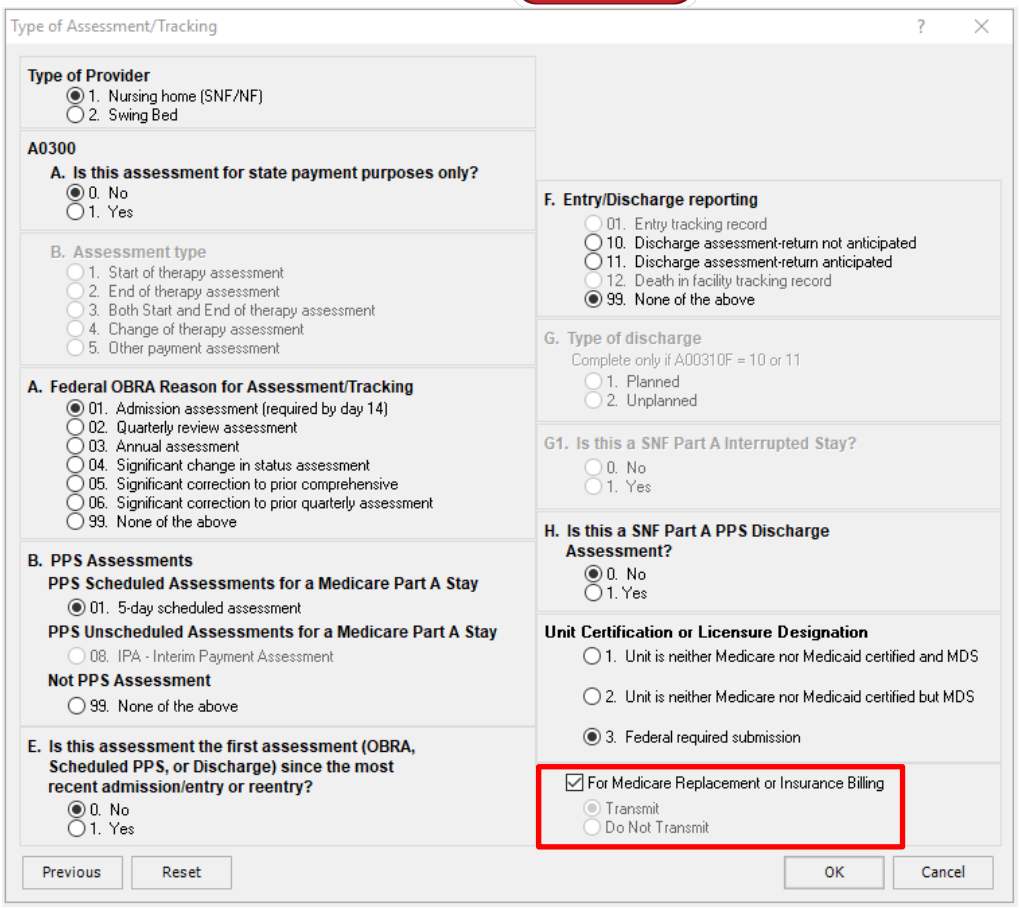
To accurately complete these assessments in ECS, you will code them as Medicare Replacement or Insurance Billing assessments.

5-Day and IPA Assessments

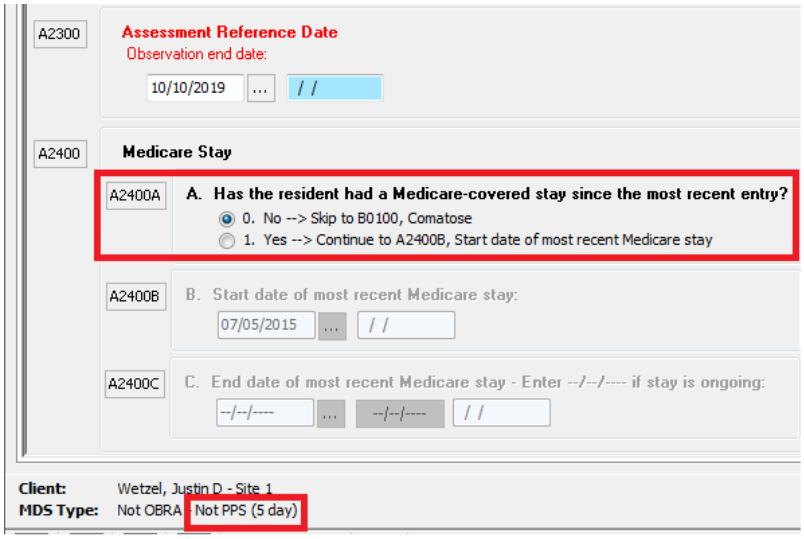
When starting the 5-day or IPA assessment, you will select **OBRA and/or PPS or OSA Assessment**.



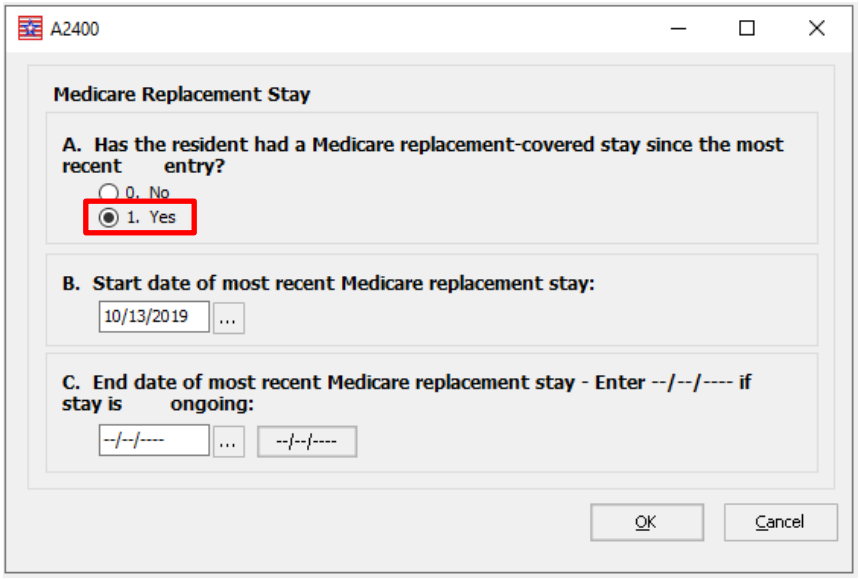
On this screen, be sure to place a checkmark in **For Medicare Replacement or Insurance Billing**. The radio button for Transmit or Do Not Transmit will auto populate based on the assessment type you have selected.



Be sure that in **A2400**, you have coded this as a "No" as the resident does not have a Medicare Stay. Notice that the assessment type will display in parentheses which indicates this assessment is a Medicare Replacement assessment.

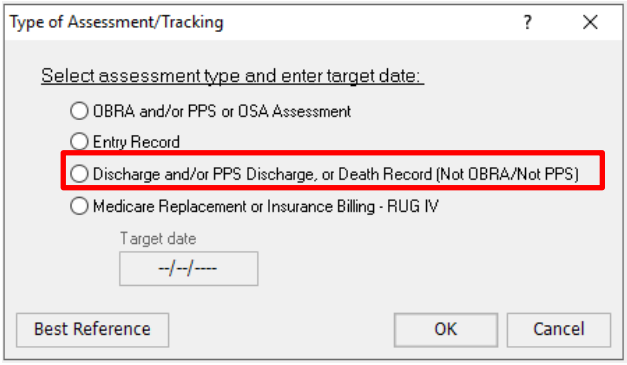


When calculating the HIPPS Codes, you will be prompted with a pop-up box to fill in A2400 for a Medicare Replacement stay. This box must be coded as "Yes" for everything to appropriately pull to the PDPM Analyzer and into billing. Fill in the appropriate start date of the Medicare Replacement stay and click onto the dashes to indicate the stay is ongoing.

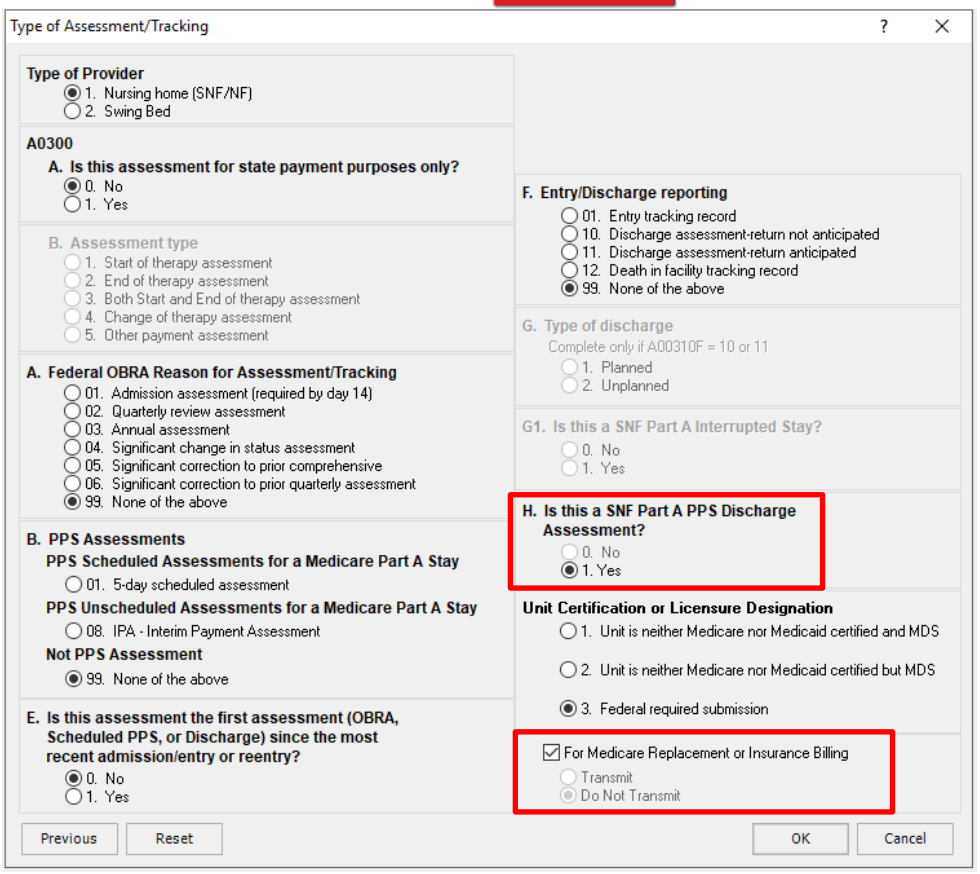


PPS Discharge Assessment

When starting the PPS Discharge Assessment, you will select **Discharge and/or PPS Discharge, or Death Record (Not OBRA/Not PPS)**.



Currently, a PPS Discharge assessment for Medicare Replacement purposes **cannot** be combined with any other assessment type. It must be completed as a stand-alone assessment. Keep in mind that a SNF Part A PPS Discharge assessment does not factor in Planned or Unplanned, which is why these options are grayed out.



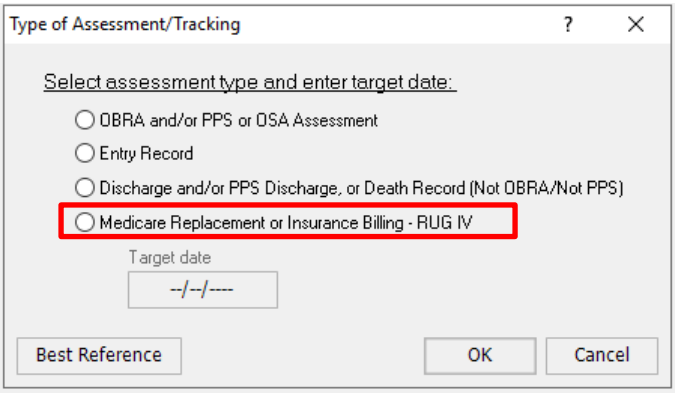
On the Part A PPS Discharge Assessments, A2400 should be coded as seen below. A2400 should state "No" as it does in all other Medicare Replacement assessments, and you should then populate the appropriate start and end date into the Medicare Replacement Stay box to the right-hand side of A2400.

Plans Requiring RUG IV Scores After 10/1/19

For any Medicare Advantage or Insurance Plans requiring RUG IV after 10/1/19, you will complete assessments in a similar manner as you had prior to 10/1/19.

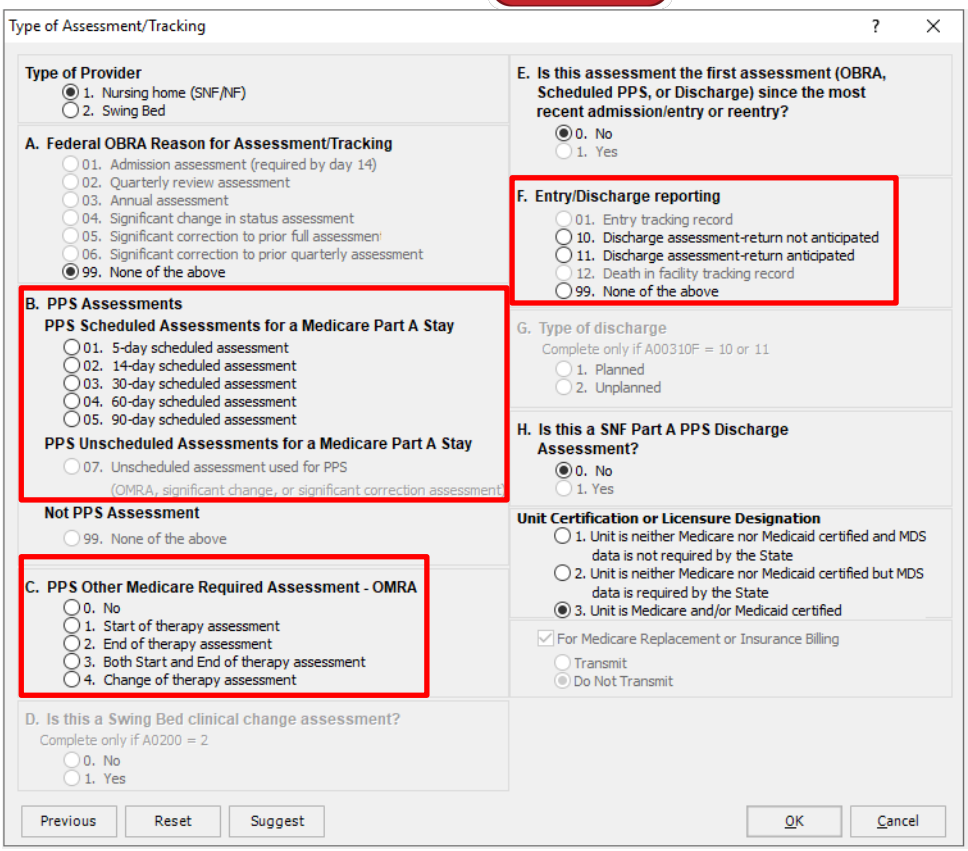
ECS will not require any additional setups for plans who are requiring RUG IV scores via the pre 10/1/19 PPS schedule. The user will have to follow the below guide to ensure that these assessments calculate the correct score and populate into billing.

Once you select to start the assessment type, you will notice a new option that has been made available for **Medicare Replacement or Insurance Billing – RUG IV**.

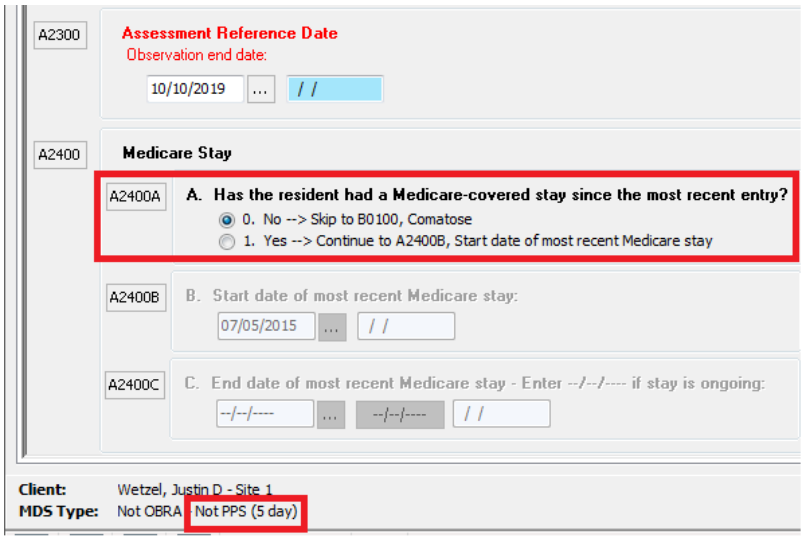


Once you have selected this option, you will see the below screen for Type of Assessment/Tracking selection. Notice that several options are grayed out as these types of assessments can only be utilized for a RUG IV HIPPS code calculation and may not be transmitted to CMS. The check mark **For Medicare Replacement or Insurance Billing** will always be checked.

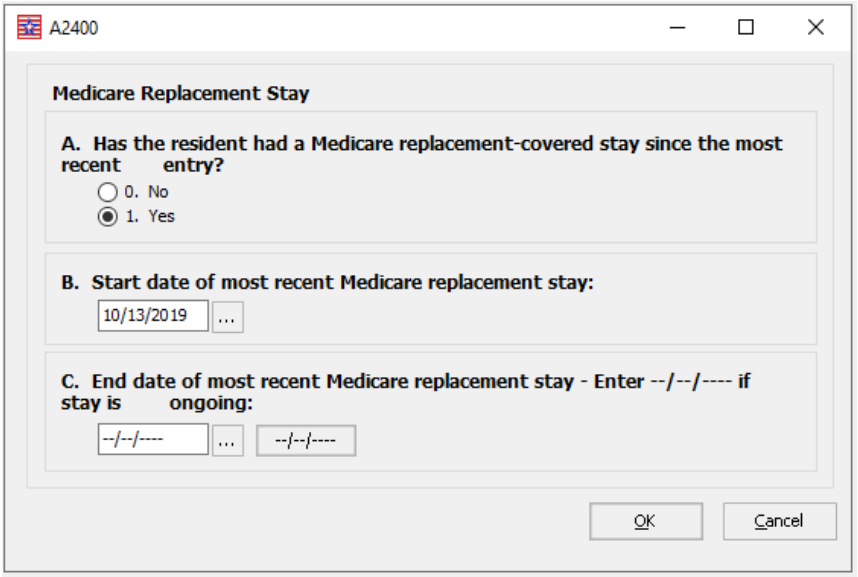
The user may select the PPS assessment type, whether there is a PPS OMRA, as well as potentially a discharge assessment (if wanting to obtain a short stay RUG score). **Note: Discharge assessments completed via this method cannot be transmitted to CMS. They may only be used for the purpose of generating a short stay RUG. You will still need to complete a separate discharge tracking form via usual methods to send to CMS.**



Be sure that in **A2400**, you have coded this as a "No" as the resident does not have a Medicare Stay. Notice that the assessment type will display in parentheses which indicates this assessment is a Medicare Replacement assessment.



When calculating the HIPPS Codes, you will be prompted with a pop-up box to fill in A2400 for a Medicare Replacement stay. This box must be coded as "Yes" for the RUG IV score to accurately calculate. Fill in the appropriate start date and end date of the Medicare Replacement stay.



When viewing the MDS' you will notice a new Status type which states **RUG IV.** These assessments will have either Held, Completed, Submitted, Accepted, Rejected, or Resubmitted located behind its name. These assessments by default will not pull into transmission files and will not pull onto the PDPM Analyzer.

All RUG scores located in Section Z will write back into the resident's record so that they may be pulled into specific reports or maintenance > interface text/csv files.

Questions Regarding Coding in ECS

For any questions regarding how to code these specific assessment types in ECS, please contact our Clinical Department at 1-800-464-9942 or clinical@american-data.com.