

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**.

Type of Assessment/Tracking ? X

Select assessment type and enter target date:

OBRA and/or PPS or OSA Assessment

Entry Record

Discharge and/or PPS Discharge, or Death Record (Not OBRA/Not PPS)

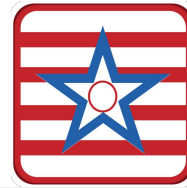
Medicare Replacement or Insurance Billing - RUG IV

Target date

--/--/----

Best Reference OK Cancel

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.



Type of Assessment/Tracking

Type of Provider

1. Nursing home (SNF/NF)
 2. Swing Bed

A0300

A. Is this assessment for state payment purposes only?

0. No
 1. Yes

B. Assessment type

1. Start of therapy assessment
 2. End of therapy assessment
 3. Both Start and End of therapy assessment
 4. Change of therapy assessment
 5. Other payment assessment

A. Federal OBRA Reason for Assessment/Tracking

01. Admission assessment (required by day 14)
 02. Quarterly review assessment
 03. Annual assessment
 04. Significant change in status assessment
 05. Significant correction to prior comprehensive
 06. Significant correction to prior quarterly assessment
 99. None of the above

B. PPS Assessments

PPS Scheduled Assessments for a Medicare Part A Stay

01. 5-day scheduled assessment

PPS Unscheduled Assessments for a Medicare Part A Stay

08. IPA - Interim Payment Assessment

Not PPS Assessment

99. None of the above

E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?

0. No
 1. Yes

F. Entry/Discharge reporting

01. Entry tracking record
 10. Discharge assessment-return not anticipated
 11. Discharge assessment-return anticipated
 12. Death in facility tracking record
 99. None of the above

G. Type of discharge

Complete only if A00310F = 10 or 11

1. Planned
 2. Unplanned

G1. Is this a SNF Part A Interrupted Stay?

0. No
 1. Yes

H. Is this a SNF Part A PPS Discharge Assessment?

0. No
 1. Yes

Unit Certification or Licensure Designation

1. Unit is neither Medicare nor Medicaid certified and MDS
 2. Unit is neither Medicare nor Medicaid certified but MDS
 3. Federal required submission

For Medicare Replacement or Insurance Billing
 Transmit
 Do Not Transmit

Previous Reset OK Cancel

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.

A2300 **Assessment Reference Date**
Observation end date:
10/10/2019 ... //

A2400 **Medicare Stay**

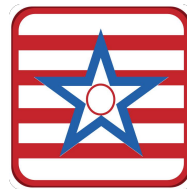
A2400A **A. Has the resident had a Medicare-covered stay since the most recent entry?**

0. No --> Skip to B0100, Comatose
 1. Yes --> Continue to A2400B, Start date of most recent Medicare stay

A2400B B. Start date of most recent Medicare stay:
07/05/2015 ... //

A2400C C. End date of most recent Medicare stay - Enter --/--/---- if stay is ongoing:
--/--/---- ... --/--/---- //

Client: Wetzel, Justin D - Site 1
MDS Type: Not OBRA **Not PPS (5 day)**



AMERICAN DATA

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.

The screenshot shows a dialog box titled "A2400 Medicare Replacement Stay". It contains three sections: A. "Has the resident had a Medicare replacement-covered stay since the most recent entry?" with radio buttons for "0. No" and "1. Yes" (the "1. Yes" option is selected and highlighted with a red box); B. "Start date of most recent Medicare replacement stay:" with a date field containing "10/13/2019" and a dropdown arrow; C. "End date of most recent Medicare replacement stay - Enter --/--/---- if stay is ongoing:" with two date fields, each containing "--/--/----" and a dropdown arrow. At the bottom right are "OK" and "Cancel" buttons.

PPS Discharge Assessment

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

The screenshot shows a dialog box titled "Type of Assessment/Tracking". It contains a section "Select assessment type and enter target date:" with four radio button options: "OBRA and/or PPS or OSA Assessment", "Entry Record", "Discharge and/or PPS Discharge, or Death Record (Not OBRA/Not PPS)" (this option is selected and highlighted with a red box), and "Medicare Replacement or Insurance Billing - RUG IV". Below the options is a "Target date" field containing "--/--/----". At the bottom are "Best Reference", "OK", and "Cancel" buttons.

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.

Type of Assessment/Tracking

Type of Provider

- 1. Nursing home (SNF/NF)
- 2. Swing Bed

A0300

A. Is this assessment for state payment purposes only?

- 0. No
- 1. Yes

B. Assessment type

- 1. Start of therapy assessment
- 2. End of therapy assessment
- 3. Both Start and End of therapy assessment
- 4. Change of therapy assessment
- 5. Other payment assessment

A. Federal OBRA Reason for Assessment/Tracking

- 01. Admission assessment (required by day 14)
- 02. Quarterly review assessment
- 03. Annual assessment
- 04. Significant change in status assessment
- 05. Significant correction to prior comprehensive
- 06. Significant correction to prior quarterly assessment
- 99. None of the above

B. PPS Assessments

PPS Scheduled Assessments for a Medicare Part A Stay

- 01. 5-day scheduled assessment

PPS Unscheduled Assessments for a Medicare Part A Stay

- 08. IPA - Interim Payment Assessment

Not PPS Assessment

- 99. None of the above

E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?

- 0. No
- 1. Yes

F. Entry/Discharge reporting

- 01. Entry tracking record
- 10. Discharge assessment-return not anticipated
- 11. Discharge assessment-return anticipated
- 12. Death in facility tracking record
- 99. None of the above

G. Type of discharge
Complete only if A00310F = 10 or 11

- 1. Planned
- 2. Unplanned

G1. Is this a SNF Part A Interrupted Stay?

- 0. No
- 1. Yes

H. Is this a SNF Part A PPS Discharge Assessment?

- 0. No
- 1. Yes

Unit Certification or Licensure Designation

- 1. Unit is neither Medicare nor Medicaid certified and MDS
- 2. Unit is neither Medicare nor Medicaid certified but MDS
- 3. Federal required submission

For Medicare Replacement or Insurance Billing

- Transmit
- Do Not Transmit

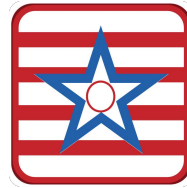
Previous Reset OK Cancel

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.

A2400	Medicare Stay	
A2400A	A. Has the resident had a Medicare-covered stay since the most recent entry?	
	<ul style="list-style-type: none"> <input checked="" type="radio"/> 0. No --> Skip to B0100, Comatose <input type="radio"/> 1. Yes --> Continue to A2400B, Start date of most recent Medicare stay 	
A2400B	B. Start date of most recent Medicare stay:	
	06/01/2019 ... //	
A2400C	C. End date of most recent Medicare stay - Enter --/--/---- if stay is ongoing:	
	--/--/---- ... --/--/---- //	
		Medicare Replacement Stay
		Start date of most recent Medicare stay:
		09/13/2019 ...
		End date of most recent Medicare stay:
		11/13/2019 ...

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.



AMERICAN DATA

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**.

Type of Assessment/Tracking

Select assessment type and enter target date:

OBRA and/or PPS or OSA Assessment

Entry Record

Discharge and/or PPS Discharge, or Death Record (Not OBRA/Not PPS)

Medicare Replacement or Insurance Billing - RUG IV

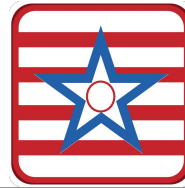
Target date

--/--/----

Best Reference OK Cancel

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.**



Type of Assessment/Tracking

Type of Provider

- 1. Nursing home (SNF/NF)
- 2. Swing Bed

A. Federal OBRA Reason for Assessment/Tracking

- 01. Admission assessment (required by day 14)
- 02. Quarterly review assessment
- 03. Annual assessment
- 04. Significant change in status assessment
- 05. Significant correction to prior full assessment
- 06. Significant correction to prior quarterly assessment
- 99. None of the above

B. PPS Assessments

PPS Scheduled Assessments for a Medicare Part A Stay

- 01. 5-day scheduled assessment
- 02. 14-day scheduled assessment
- 03. 30-day scheduled assessment
- 04. 60-day scheduled assessment
- 05. 90-day scheduled assessment

PPS Unscheduled Assessments for a Medicare Part A Stay

- 07. Unscheduled assessment used for PPS (OMRA, significant change, or significant correction assessment)

Not PPS Assessment

- 99. None of the above

C. PPS Other Medicare Required Assessment - OMRA

- 0. No
- 1. Start of therapy assessment
- 2. End of therapy assessment
- 3. Both Start and End of therapy assessment
- 4. Change of therapy assessment

D. Is this a Swing Bed clinical change assessment?
Complete only if A0200 = 2

- 0. No
- 1. Yes

E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?

- 0. No
- 1. Yes

F. Entry/Discharge reporting

- 01. Entry tracking record
- 10. Discharge assessment-return not anticipated
- 11. Discharge assessment-return anticipated
- 12. Death in facility tracking record
- 99. None of the above

G. Type of discharge
Complete only if A00310F = 10 or 11

- 1. Planned
- 2. Unplanned

H. Is this a SNF Part A PPS Discharge Assessment?

- 0. No
- 1. Yes

Unit Certification or Licensure Designation

- 1. Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State
- 2. Unit is neither Medicare nor Medicaid certified but MDS data is required by the State
- 3. Unit is Medicare and/or Medicaid certified

For Medicare Replacement or Insurance Billing

- Transmit
- Do Not Transmit

Buttons: Previous, Reset, Suggest, OK, Cancel

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.

A2300 Assessment Reference Date
Observation end date:
10/10/2019

A2400 Medicare Stay

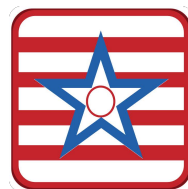
A2400A A. Has the resident had a Medicare-covered stay since the most recent entry?

- 0. No --> Skip to B0100, Comatose
- 1. Yes --> Continue to A2400B, Start date of most recent Medicare stay

A2400B B. Start date of most recent Medicare stay:
07/05/2015

A2400C C. End date of most recent Medicare stay - Enter --/--/---- if stay is ongoing:
--/--/----

Client: Wetzell, Justin D - Site 1
MDS Type: Not OBRA (Not PPS (5 day))



AMERICAN DATA

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.

A. Has the resident had a Medicare replacement-covered stay since the most recent entry?
 0. No
 1. Yes

B. Start date of most recent Medicare replacement stay:
10/13/2019 ...

C. End date of most recent Medicare replacement stay - Enter --/--/---- if stay is ongoing:
--/--/---- ... --/--/----

OK Cancel

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.