

Preparing MedC Advantage Insurances for PDPM

Setup for Third-Party Medicare Advantage Plans

Since the Medicare Advantage plans may elect to remain with the RUG-IV PPS scheduling/forms or move forward to the PDPM scheduling/forms, we have found it necessary to keep the RUG IV forms “alive” after October 1, 2019 for some insurances. Prior to this, you simply had to indicate whether an insurance was a Medicare Advantage plan following the PPS Schedule, a simple yes/no. With two unique sets of rules, you must now tell us which set you need to use for each insurance.

ADT – Utilities – Maintain Databases – Insurances

You may wish to print a report of your insurances. To do that, press the EXPORT button located under the list of insurance names. It will create an excel spreadsheet. Column PAYERID will display 16 for MedC products (other Advantage insurances may have been entered as CI or BL). The column PPS SCHED will show YES for all those set up to follow the PPS RUG IV schedule. For those that have been edited to show they will follow the new PPS PDPM schedule, you will see YES in the column called PDPM SCHED. If an insurance is not following either PPS schedule, you should see NO in both columns.

Setting the new PDPM flags.

On the green DETAILS tab you will see a few new options –

Payer Code	16	
Follows Older RUG-IV PPS Schedule?	N	MMC? <input type="checkbox"/>
Follow Newer PDPM PPS Schedule?	Y	MLTC? <input type="checkbox"/>
No "Medicare" PPS Schedule followed	N	
All Inclusive Rate for Ancillaries?	Y	

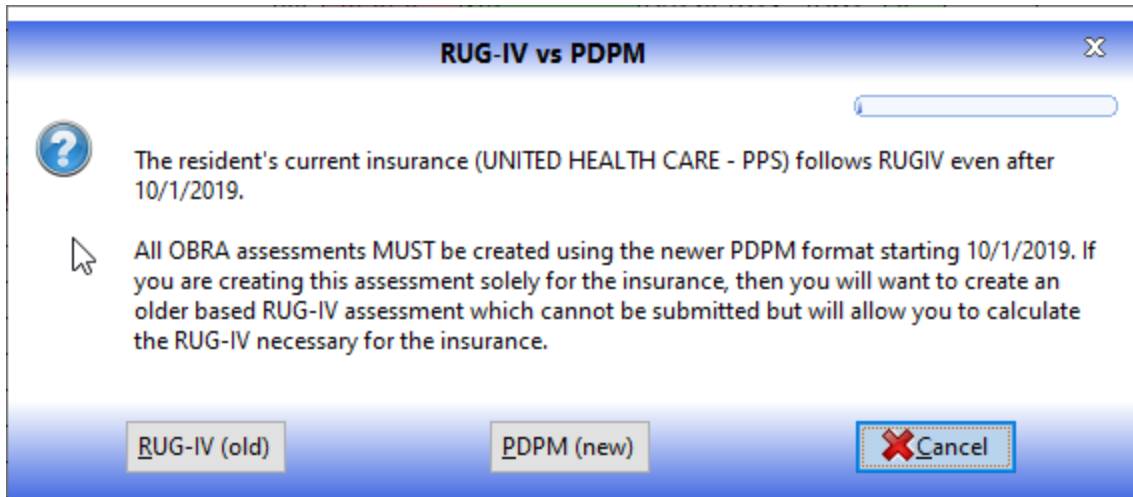
- Option 1, Follows Older RUG-IV PPS Schedule? – Y(es) means the insurance will follow the old RUG-IV schedule and use the old forms for the 5, 14, 30, 60, 90, SOT, COT, EOT assessments.
- Option 2, Follows Newer PDPM PPS Schedule? – Y(es) means the insurance will follow the new PDPM schedule and use the new forms for the 5-day and IPA assessments.
- Option 3, No Medicare PPS Schedule followed? – Y(es) means the insurance does not follow or require any PPS assessments. This would be the case for all non-Medicare type insurances.

Note: When you apply the update, all those insurances that had been set to the prior question, Follows PPS Schedule = Y, will automatically be set to option 1. All those where this question had been set to N will automatically be set to option 3. You will only have to change those insurances who will be moving to PDPM as of October 1. Keep in mind that Y(es) can only be used to answer ONE of the three options.

Don't forget, you also need to set up PDPM rates for this insurance. That will be done through the Accounts Receivable module. See separate documentation.

Advantage Plans that continue to follow RUG-IV (option 1 above)

When you click INSERT to add a new MDS, you will see the following screen –



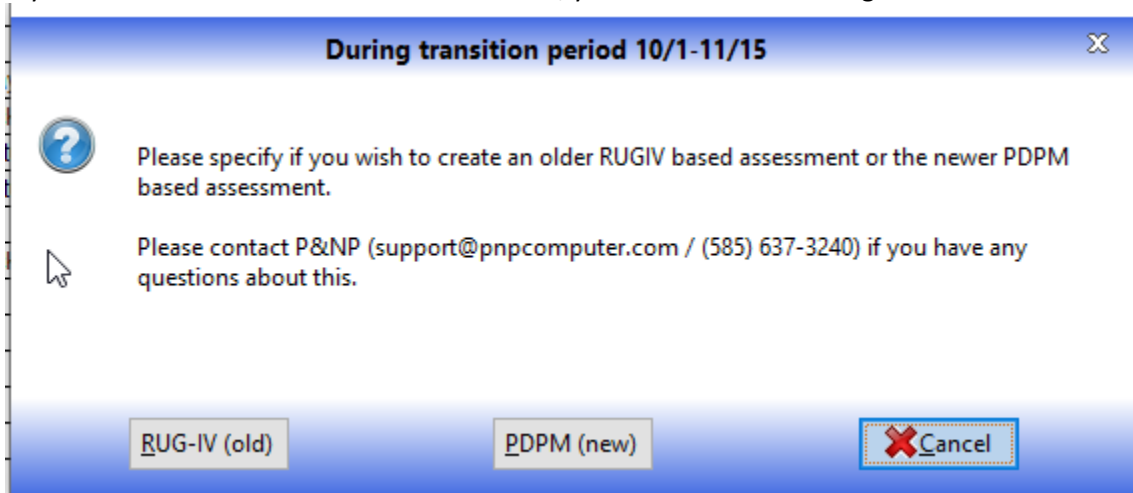
For ARDs prior to October, you will select RUG-IV (old) for all assessments. Beginning October 1, you will need to be very careful in what you select -

1. For all OBRA assessments with an ARD on or after October 1, you will select PDPM (new) so that you complete the current version of the forms.
2. For all PPS assessments with an ARD on or after October 1, you will select RUG-IV (old) so that you complete the old version of the forms.

You will NOT be able to complete the admission and then copy it for another purpose in order to add the 5-day to it. These insurances will now require forms from two different versions. You can INSERT, copy from the completed Admission to a RUG-IV form that you will then edit and complete as a stand alone 5-day. Keep in mind, when copying from new to old or the reverse, you MUST carefully review each question for accuracy.

Advantage Plans that will follow PDPM (option 2 above)

When you click INSERT to create a new assessment, you will see the following –



For ARDs prior to October 1, you will select RUG-IV (new). For assessments with ARDs on or after October 1, you will select PDPM (new). This process will continue for a transition period through

November 15. Some of you begin your assessments on paper and then data entry the answers into the MDS module. This should give you an ample amount of time to set your assessments in the system. After this transition period, you will no longer be asked, and the system will automatically generate PDPM assessments.

Transitional IPAs need to be created for all residents who are on Medicare A in September and continue their Medicare A stay into October. We cannot tell you if all Advantage plans will also have this requirement. You must call and have a discussion with each of your insurances.