

HAS/MyUnity Essentials

PDGM Q&A



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PDGM Q&A:

Q: Does the HIPPS on my RAP and Final have to match?

Yes, HAS will always submit the RAP HIPPS on the Final claim.

Q: Will the Billing Pre-Audit fail the Final if the HIPPS code changed from when the RAP was billed?

No. We will pull the RAP HIPPS to the Final claim per Medicare rules since they allow any valid HIPPS on the RAP or Final. Medicare regroups the HIPPS when they process the claim and pays accordingly. If the payment doesn't match the HAS billed amount, you can adjust off the difference or un-bill/re-bill. An informational warning will appear on the Pre-Audit for this situation.

Q: Do I need to recertify or reassess my patient every 30 days?

No, recertification, OASIS assessment completion and updates to the plan of care will continue to be done on a 60-day basis, unless there is a significant change in condition.

Q: Do I need to update my billing Option Sets to pull the new Occurrence Codes 50, 61 & 62?

No, the codes will pull to the claim based on patient file information. No Option Set changes are needed.

Q: Will HAS support 25 diagnosis codes on the claim?

Yes, up to 25 diagnosis codes can pull to the RAP and Final.

Q: Do I still need to submit a Claim Key in the Treatment Authorization field on the RAP and Final?

No, the Claim Key is no longer used and has been replaced by reporting Occurrence Code 50 with the most recent OASIS M0090 date for RFA 1, 3, 4 or 5 on the Final claim.

Q: Do I need to make any changes to my setup now that the Claim Key is no longer required on the claim?

No, the Claim Key will not pull to RAP or Final PDGM claims.

Q: If my agency is part of the Pre-Claim Review Choice Demonstration, can I still pull the UTN to the claim?

Yes, follow the same steps as previously provided to pull the UTN to the claim.

Q: How does HAS determine early versus late periods?

The first 30-day period after the Admit Date is calculated as Early, all other periods are Late. The “Late” box can be checked on the Patient file Admit tab in HAS to manually override this when needed.

Q: If we admit a patient from the hospital under institutional, do we need to change them to community for subsequent episodes?

No, HAS reads the Institute End Date in the patient file to determine Institutional stays. If there’s no end date within 14 days of the period start, the period will be scored as Community.

Q: If a Medicare Advantage payer is not ready for PDGM billing on 1/1/2020, do I need to update the insurance record to indicate this?

Yes, in File > File Maintenance > Entity, for the Insurance type, on the ‘Insurance’ tab the PDGM field can be changed to a future date not beyond 1/1/2021. This field is only enabled for payers marked as PPS with an Insurance Type of 2 – Medicare HMO/Managed.

Q: Can HAS accommodate the requirement for sending a RAP for a 30-day period with no billable visits done?

Yes, there is an option in System Settings to allow you to indicate the number of days without a billable visit before the Billing Pre-Audit and Audit will allow the RAP to be run. If this setting is changed a number greater than zero, the Billing Pre-Audit must be run for Selection Type of Patient and the no-bill RAP patient(s) specified on the Specific Includes tab.

Q: Who will be maintaining the PPS grouper when it’s no longer maintained by Medicare?

HAS will allow for billing PPS HIPPS codes until 12/31/2020.

Q: If I bill a RAP but not the Final for a 30-day period, do I have to bill the Final for the first 30-day period before I can bill the RAP for a subsequent 30-day period?

No.

Q. Are the requirements for submitting a no-RAP LUPA for PDGM changing?

No, the process in HAS for no-RAP LUPAs remains the same for PDGM.

Q. Is there still a separate Non-Routine Supply (NRS) add-on amount for PDGM periods?

No, non-routine supply amounts are now bundled into the base payment rate for PDGM instead of being adjusted for separately as it was under PPS.

Q. If I'm a newly certified agency in 2019, do I still need to submit a RAP since Medicare will not pay them but will instead pay 100% on the Final claim?

Yes, newly certified agencies in 2019 still need to submit RAPs to Medicare even though they will not receive payment.

Q. If I'm a newly certified agency in 2019, will HAS automatically post \$0 to the A/R for my RAPs?

No, agencies newly certified as of 1/1/2019 and after, must update their System Settings to post 0% for RAPs.

Q. Do rural add-on adjustments still apply?

Yes, for 2020 PDGM claims, the rural add-on amount will be 0.5% for High Utilization counties, 3.0% Low Population Density counties and 2.0% for All Others.

Q: How are RAP takebacks changing?

RAP takeback will occur if the final claim isn't received 90 days after the period start date or 60 days after the RAP paid date, whichever is later.

Q: Who is responsible for updating the PDGM rates?

For hosted clients, the National Standard Rates, Case-Mix Weights and CBSA rates are loaded for you. For non-hosted clients, they can be updated via Help > Web Updates.

Q: Can I stop the Final from billing until all orders are signed by the physician?

Yes, on the 'More Options' tab of the Billing > Billing Pre-Audit report, check the box for "Fail Certs w/o All Docs Received" to prevent the Final claim from billing until all orders come down from DeVero as Signed/Order Returned.

Q: Can I track my LUPA Thresholds in HAS?

Yes, the Stats > PPS Activity report can be run for "Open Period Visits" to show the LUPA threshold for periods that have been RAP billed and have thereby locked-in the HIPPS code.

Helpful links:

CMS PDGM Overview

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Downloads/Overview-of-the-Patient-Driven-Groupings-Model.pdf>

CMS 2/12/19 PDGM Presentation

<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2019-02-12-PDGM-Presentation.pdf>

CMS 8/21/19 PDGM Presentation

<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2019-08-21-HH-PDGM-Presentation.pdf>

CMS Outreach & Education HHA Center (multiple resources)

<https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center>