Room & Board Billing

User Guide

Prepared for

myUnity Essentials Financial

Netsmart

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Overview

Beginning with myUnity Essentials version 1.2.8.80, two methods are available for setting up Room and Board charges.

Method 1 – This new method utilizes one R&B charge code. Rate amounts are based on the patients' Acuity rate level (determined by proprietary assessment scores, e.g. for RUG or similar type billing) and the facility in which they reside. If no acuity rates are needed, a default "NOACUITY" code is setup with the flat facility rate instead. The acuity rates or NOACUITY rate amounts are added on the Daily Rate tab each time a new R&B Institute record is created.

Method 2 – With this method, a unique R&B charge code is created for each facility and is assigned as that institute's Bill-To Charge in the Institute file. Patient Acuity rate levels are not used. This method requires that each time a new R&B Institute is created, a corresponding R&B charge code is setup and insurance rates added accordingly.

Setup – Method 1

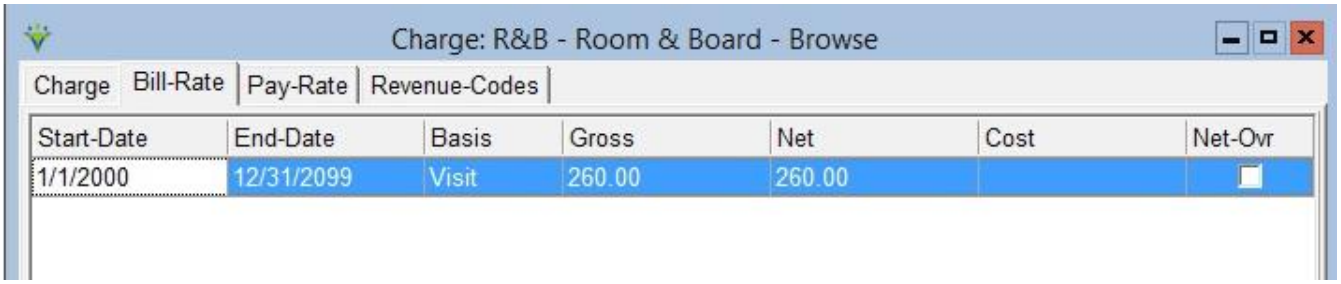
R&B Charge Code

One generic "Room & Board" charge is used with this method. Rate amounts can vary based on patient Acuity level and/or Facility rates.

Go to **File > File Maintenance > Charge Code.**

Press **Find** to search for and select the Room & Board charge code or press **Add** to create one if not present.

On the **Bill-Rate** tab, update the standard Gross and Net amount if needed (the amount will be overridden with the facility/acuity rate at the time of R&B charge generation).



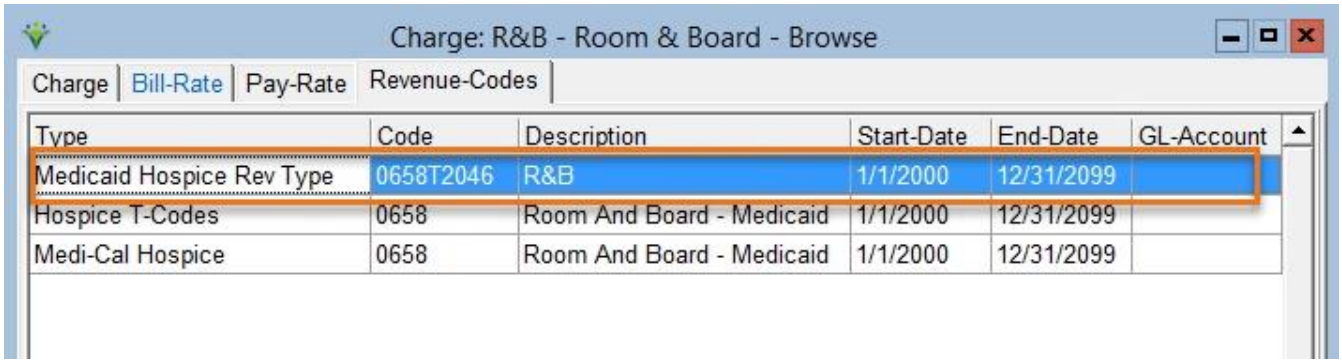
On the **Revenue-Codes** tab, press the **Add** button to add a row.

Type: Medicaid Hospice Rev Type

Code: Select the Revenue/HCPCS combination required by the payer (if not listed in the drop-down, add it in File > File Maintenance > Category > Revenue Code Type).

Start-Date: enter the effective start date

End-Date: enter the effective end date or use system default 12/31/2099.

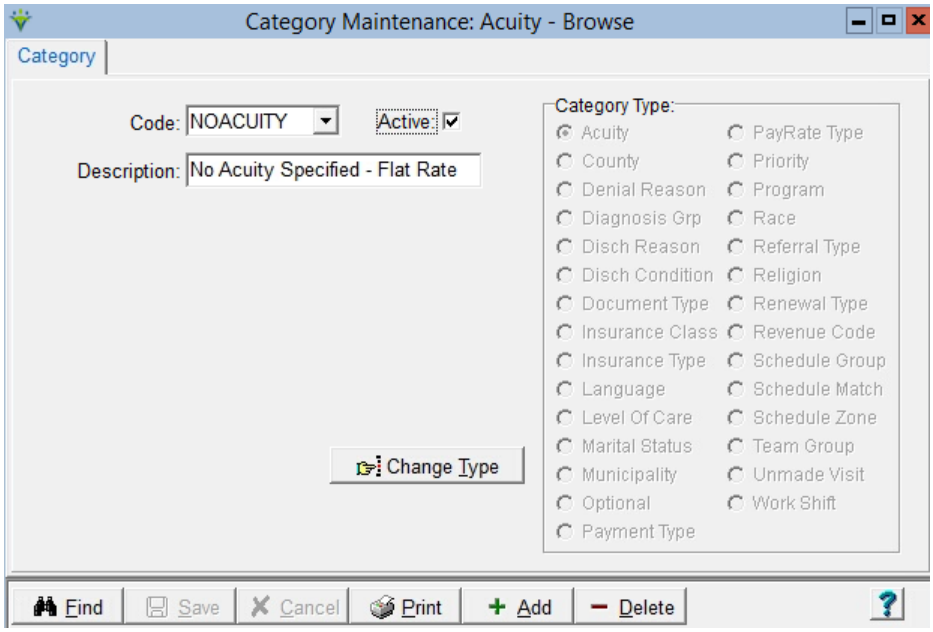


Acuity Levels

Go to **File > File Maintenance > Category**. Press **Change Type** and set the radio button to **Acuity**.

Press **Add** to create a new Acuity group and create groups as required by the payer published rates.

If rates are not dependent upon an assessment score, only the **NOACUITY** code needs to be present:



R&B Insurance Setup

Go to **File > File Maintenance > Entity**, click **Change** Type and set the radio button to **Insurance**.

Select the **R&B** insurance record.

On the **Insurance** tab, set the following:

Insurance Type: Medicaid Hospice Rev Type

Financial Class: Medicaid R&B Class

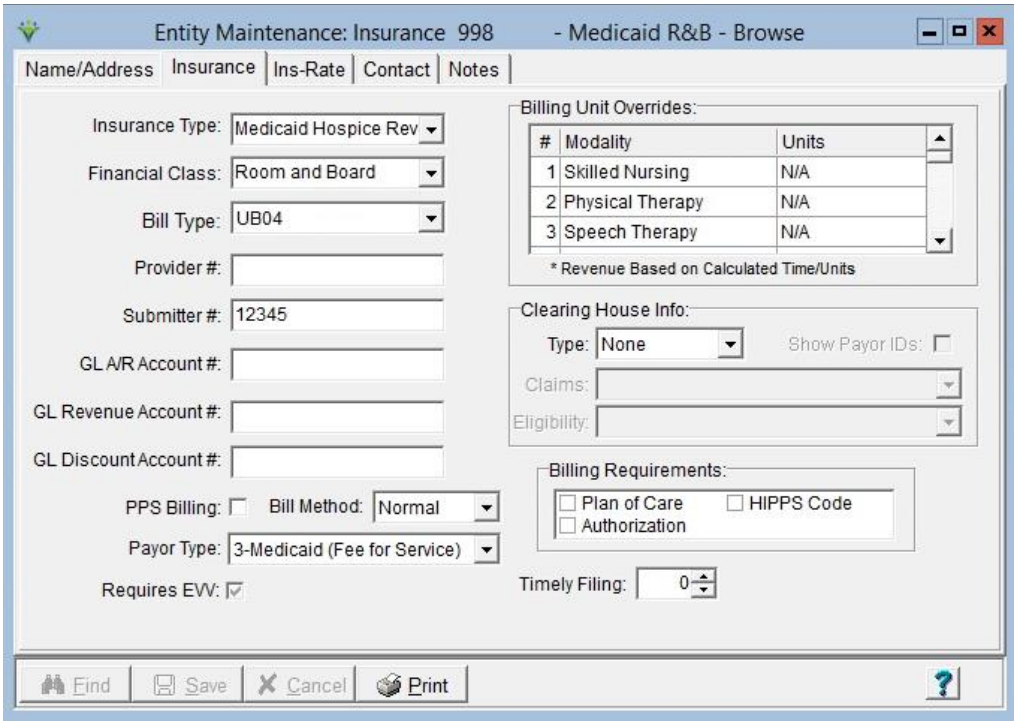
Bill Type: UB04 or 1500 (depending on payer's requirement)

Payor/Submitter #: 5-digit electronic claim Payor ID (obtained from clearinghouse or payer) or setup the Clearing House Info if contracted with Netsmart for RevConnect or Waystar.

Payor Type: Choose 3 for Medicaid (Fee for Service) or 4 for Medicaid HMO

Billing Unit Overrides: Set the R&B modality to Units

Billing Requirements: leave all unchecked.



On the **Ins-Rate** tab, press the **Add** button to add a row.

Enter the **R&B** Charge code with effective start and end dates.

Type: P (for Percentage amount)

Rate: 100 (this indicates the payer covers 100% of the calculated rate amount)

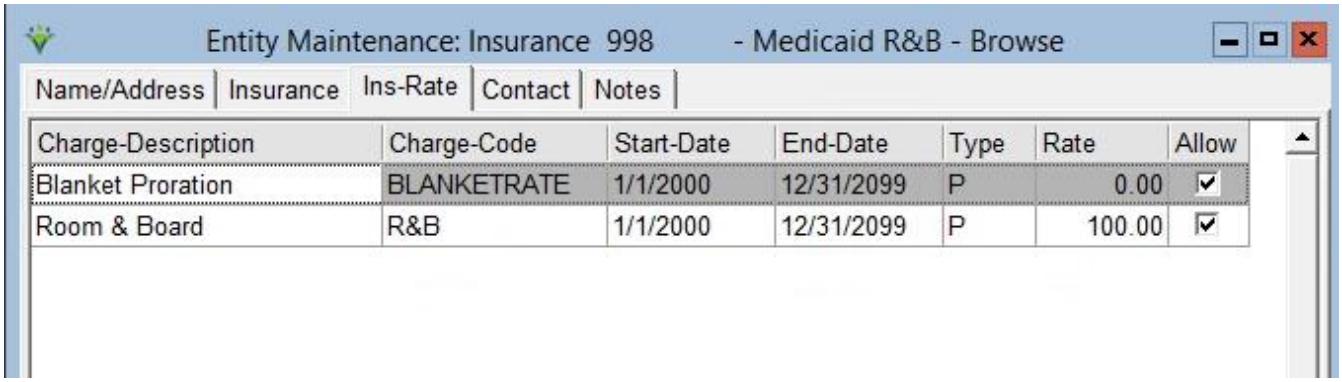
Allow: check this box

Press **Add** to add another row. Enter the **BLANKETRATE** charge code with effective start and end dates. The BLANKETRATE is a catch-all to indicate no other charges are covered by the R&B payer.

Type: P

Rate: 0 (indicates no other charges are covered by this payer)

Allow: check this box (indicates amount should be written off to allowance account)



Other Insurance Setup

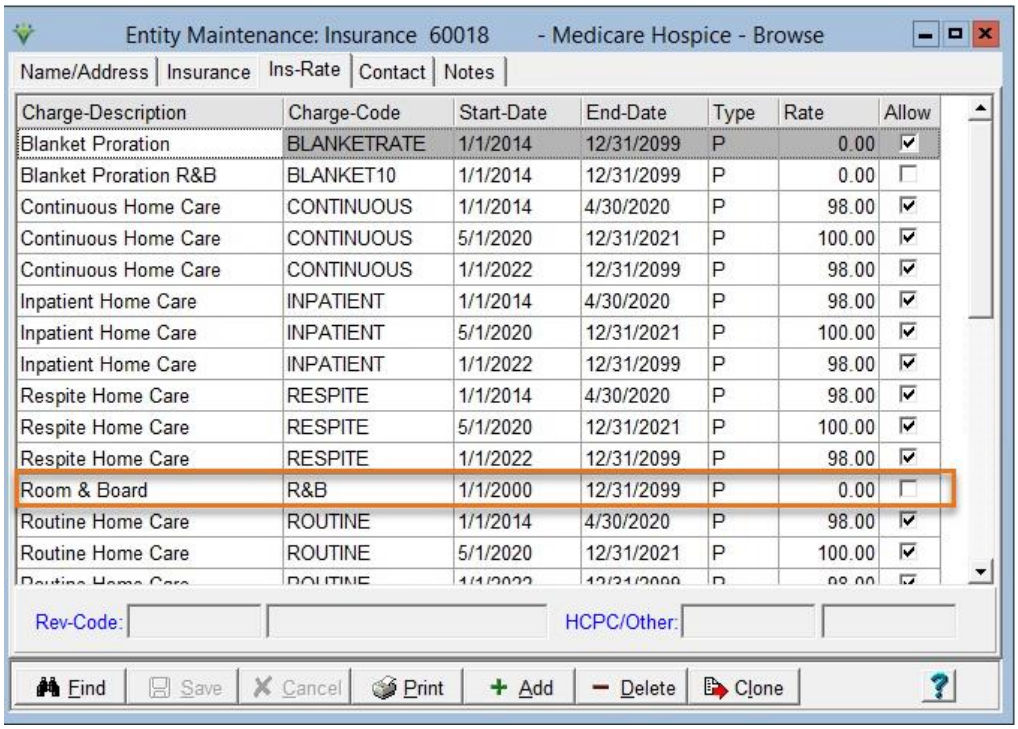
For insurances primary to the R&B payer, go back to the **Name/Address** tab and select the payer (**Medicare Hospice**, for example).

On the **Ins-Rate** tab, press the **Add** button to add a row and enter the R&B charge code with the effective start and end dates.

Type: P (for Percentage amount)

Rate: Enter **'0'** to indicate zero percent is covered by this insurance.

Allow: leave this box un-checked to send the charge dollars to the next active insurance for the patient (i.e. the Medicaid R&B insurance).



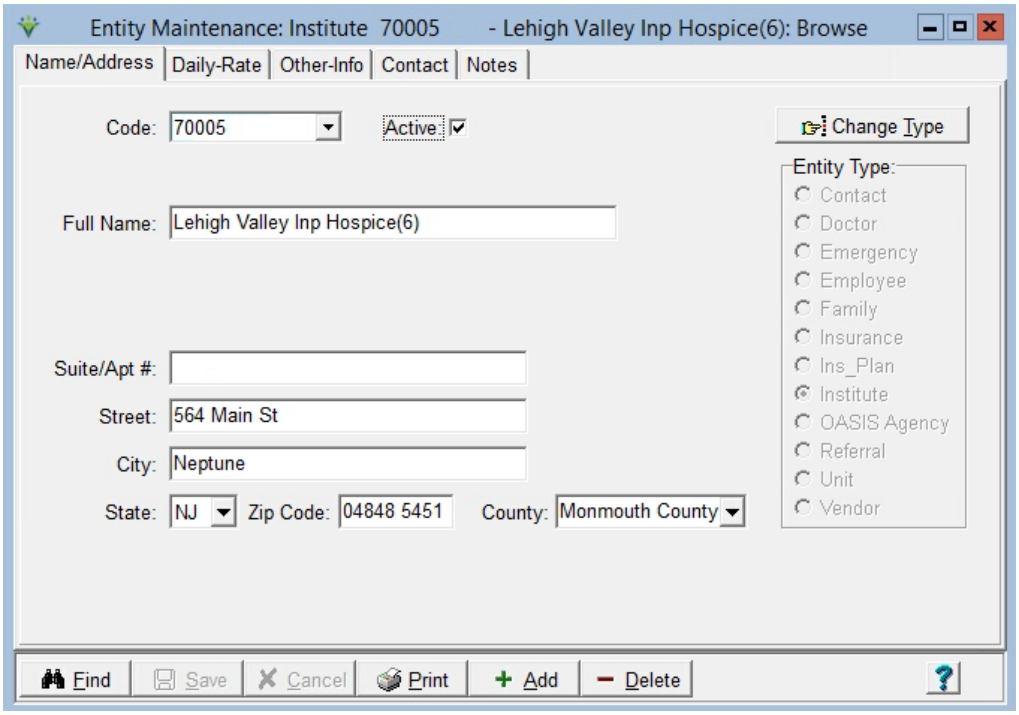
Institute Setup

Add the acuity rates for each facility for which R&B will be billed.

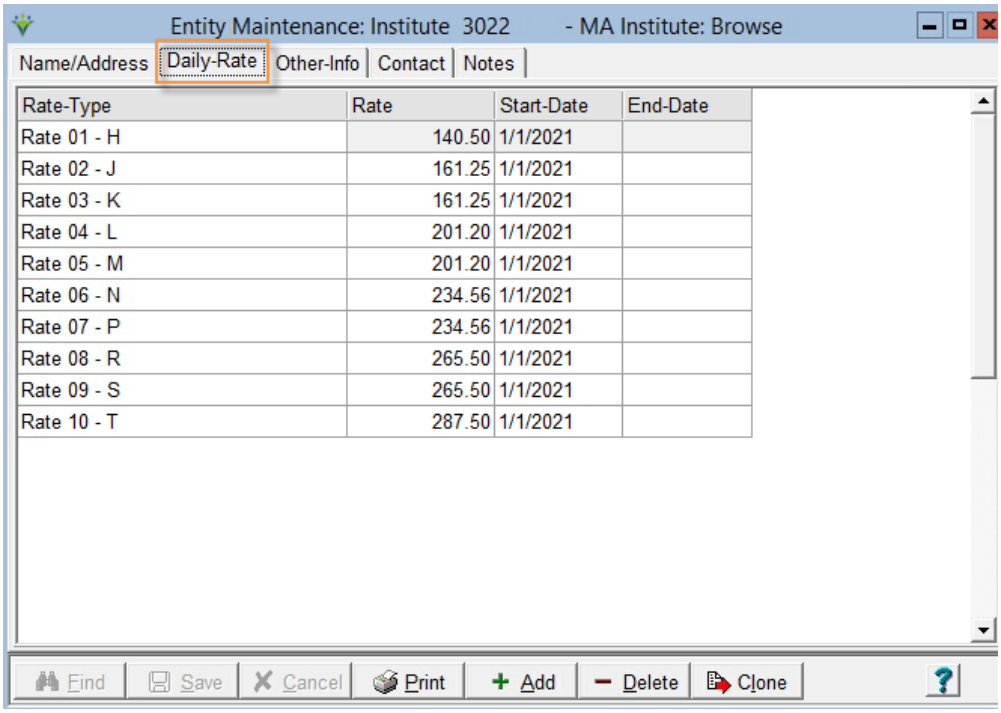
Go to **File > File Maintenance > Entity,** press **Change Type** and set to **Institute.** Search for and select the Institute (Facility).

On the **Name/Address** tab, confirm the address including full 9-digit zip code is present (make any corrections in the Clinical Facility Library if needed).

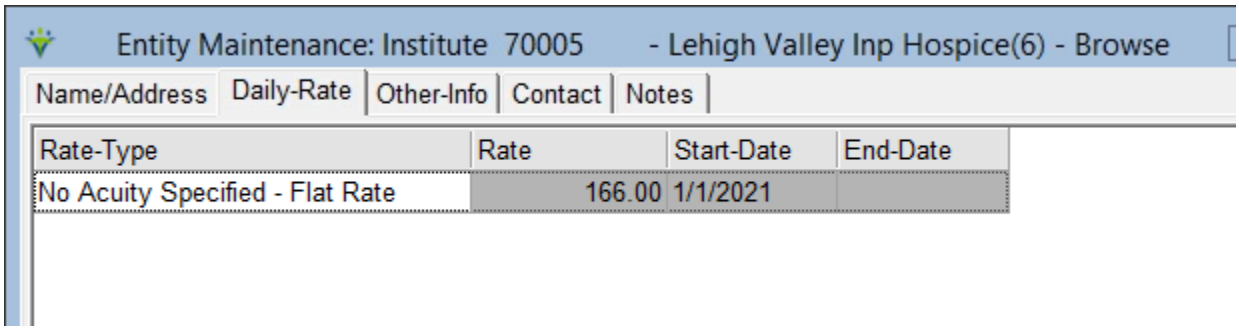
The County field is not required for Medicaid R&B claims but is required if billing Medicare claims.



On the **Daily-Rates** tab, press **Add** to add a new row for each Acuity group rate with effective dates. Acuity rates are published by the payer.



If the facility rate does not differ for assessment scores, only the flat NOACUITY rate is needed:



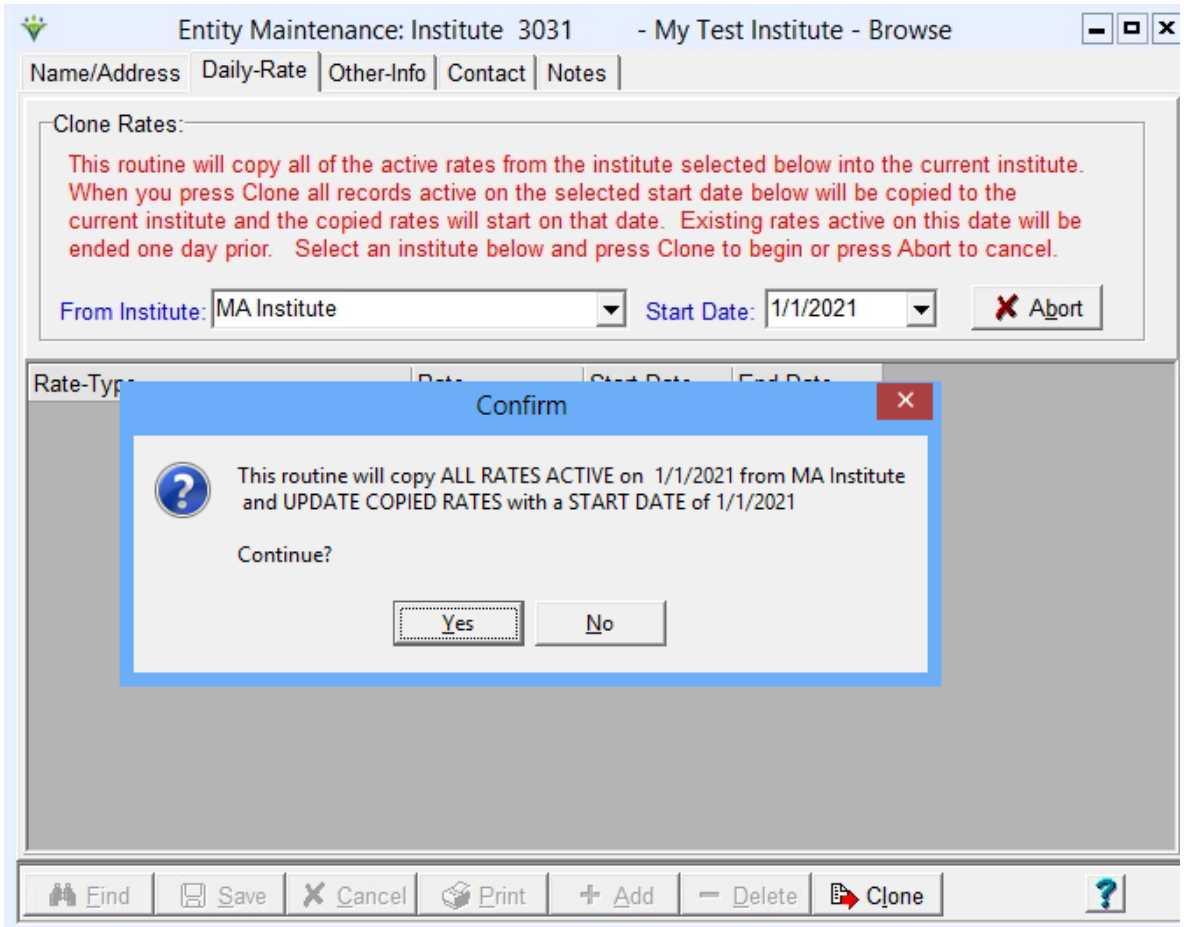
Cloning Rates

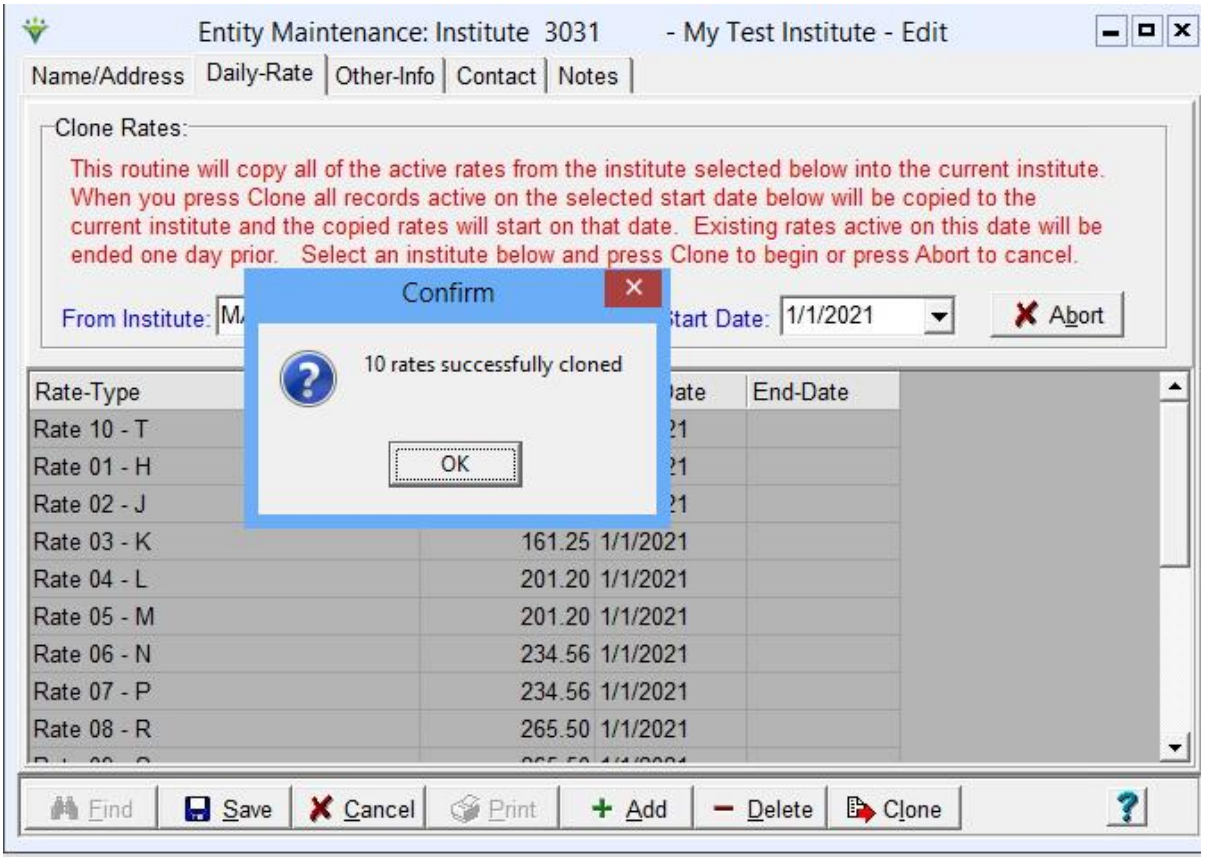
Click the **Clone** button on the Daily-Rates tab.

From Institute: Select the institute with rates that you wish to copy to the current institute

Start Date: Enter an effective date for the rates.

Click the **Clone** button again and select **Yes** to Continue.

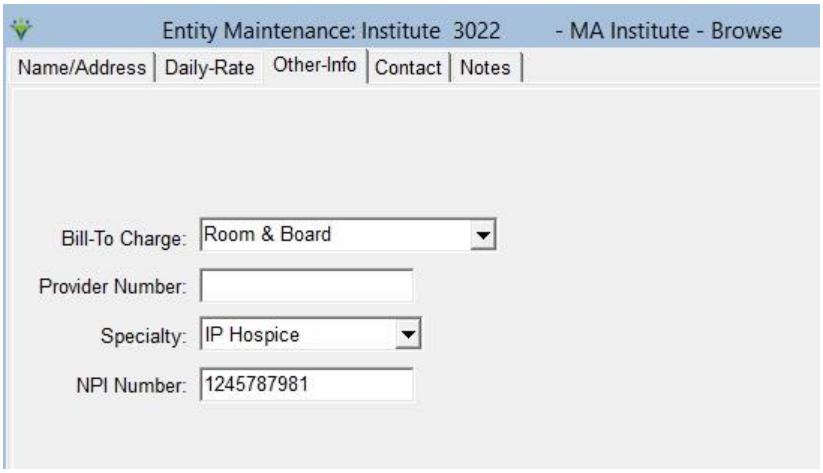




Click **OK** at the Confirm message and then press **Save**.

On the **Other-Info** tab, set the **Bill-To Charge** to the Room & Board charge code (this differs from Method 2 because with that method, each Institute is linked to its own unique R&B charge code).

Confirm the Institute **Specialty** and **NPI Number** are present (if missing, update them in the Clinical Facility Library).



Setup – Method 2

Create Room & Board Charge Codes

A unique Room & Board charge code should be created for each facility. Optionally, if billing a standard rate for all facilities, a generic "Room & Board" charge can be created and used.

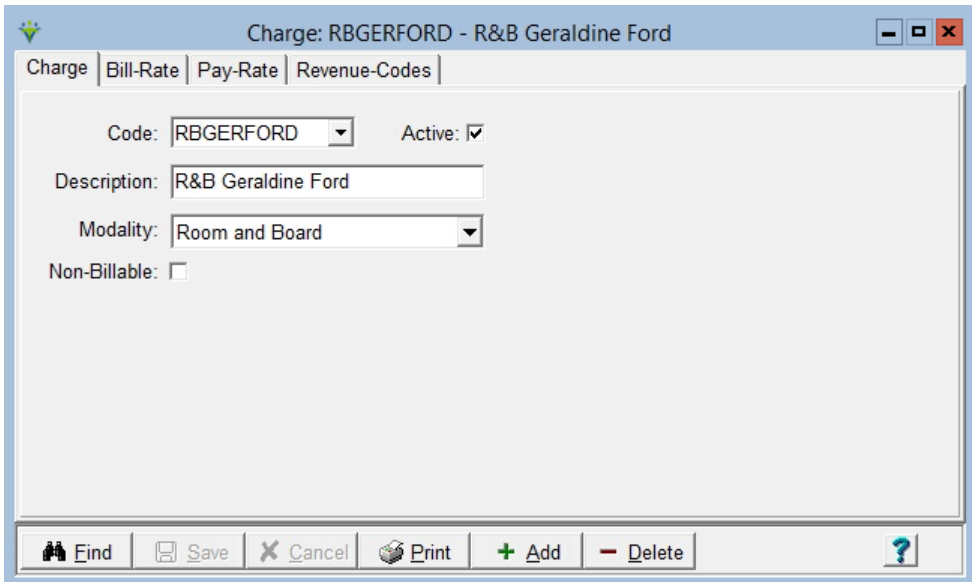
Go to **File > File Maintenance > Charge Code** and press **Add**.

Code: Enter a unique code (up to 12 alphanumeric characters, shorter is recommended)

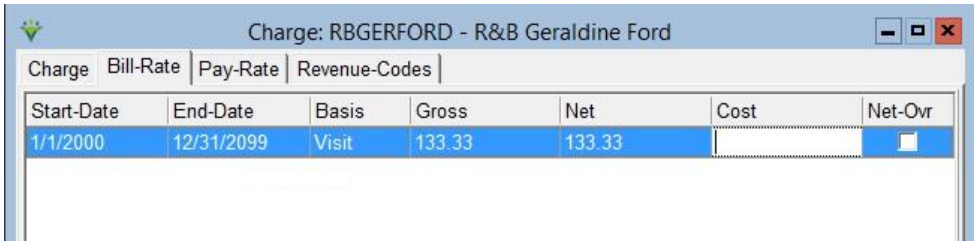
Description: Enter a unique name for the Room & Board facility charge.

Modality: Room & Board.

Non-Billable: unchecked.



On the **Bill-Rate** tab, press the **Add** button to add a row and enter the Facility's daily rate with the effective start and end dates.



On the **Revenue-Codes** tab, press the **Add** button to add a row and enter the **Medicaid Hospice Revenue Type** with the appropriate revenue code (typically 0658 or 0659) with the effective start and end dates.

If billing commercial payers, do the same for the Commercial or applicable Insurance Revenue types.

R&B Insurance Setup

Go to **File > File Maintenance > Entity**, click **Change** Type and set the radio button to **Insurance**.

Select the **R&B** insurance record.

On the **Insurance** tab, set the following:

Insurance Type: Medicaid Hospice Rev Type

Financial Class: Medicaid R&B Class

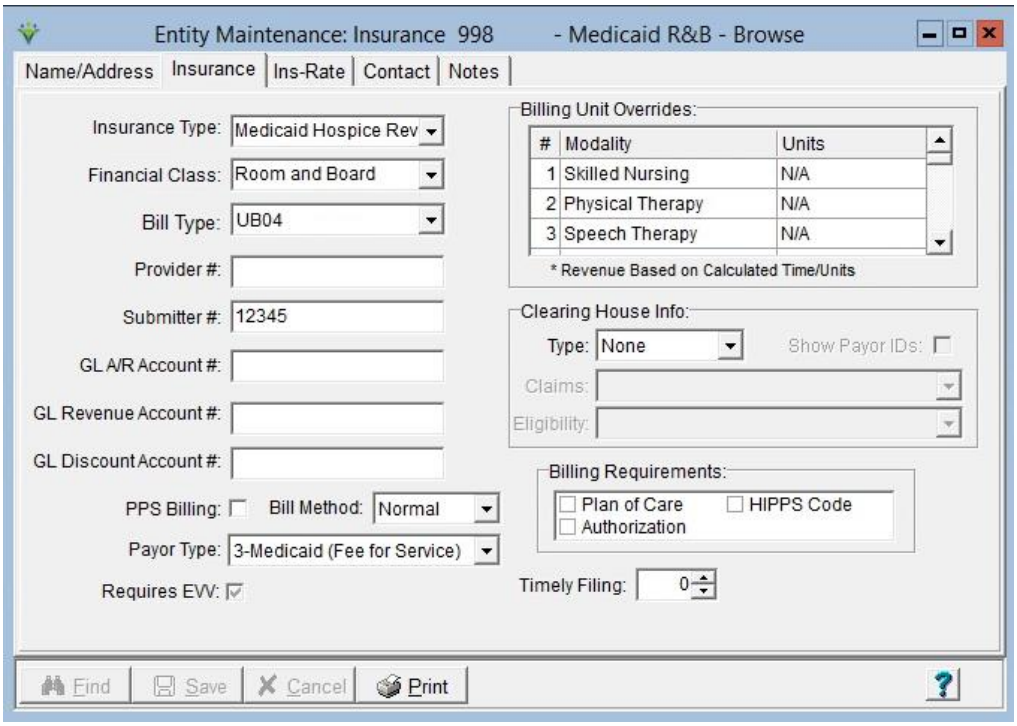
Bill Type: UB04 or 1500 (depending on payer's requirement)

Payor/Submitter #: 5-digit electronic claim Payor ID (obtained from clearinghouse or payer) or setup the Clearing House Info if contracted with Netsmart for RevConnect or Waystar.

Payor Type: Choose 3 for Medicaid (Fee for Service) or 4 for Medicaid HMO

Billing Unit Overrides: Set the R&B modality to Units

Billing Requirements: leave all unchecked.



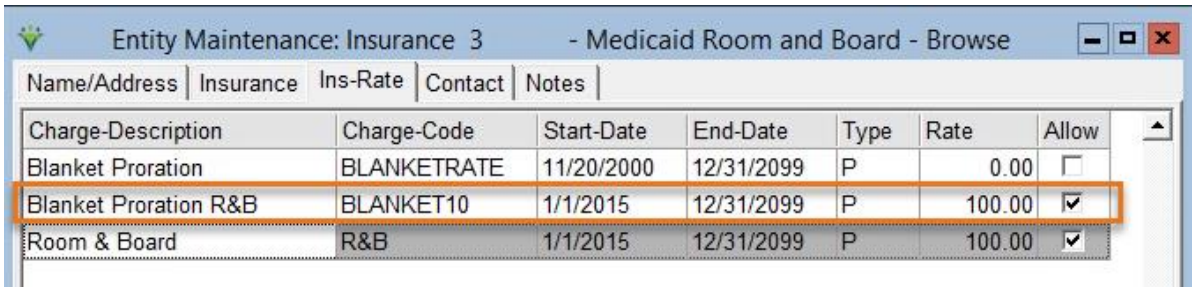
On the **Ins-Rate** tab, press the **Add** button to add a row and enter each R&B facility charge code with the effective start and end dates. Optionally, instead of adding each R&B charge code, enter one line

with the BLANKETRATE## charge code (where ## equals your agency's R&B modality sequence from File > File Maintenance > System Settings, Modality tab). Review the Blanket Rate FAQ for detailed instructions.

Type: Enter 'F' for Flat or 'P' for Percentage amount

Rate: Enter the flat rate or percentage amount covered by Medicaid.

Allow: check this box to send the difference between the Gross and Net to an allowance account.



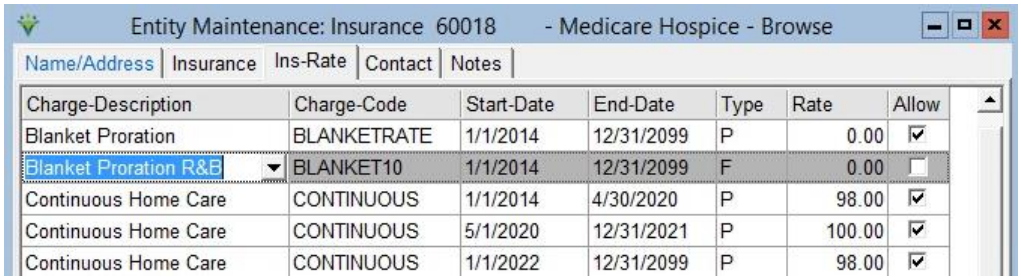
For insurances primary to the R&B payer, go back to the **Name/Address** tab and select the payer (**Medicare Hospice**, for example).

On the **Ins-Rate** tab, press the **Add** button to add a row and enter the R&B charge code(s) with the effective start and end dates. Optionally, instead of adding each R&B charge code, enter one line with the BLANKETRATE## charge code (where ## equals your agency's R&B modality sequence from File > File Maintenance > System Settings, Modality tab).

Type: Enter '**P'** for Percentage.

Rate: Enter **'0'** to indicate zero percent is covered by this insurance.

Allow: leave this box un-checked to send the charge dollars to the next active insurance for the patient (i.e. the Medicaid R&B insurance).



Other Insurance Setup

For insurances primary to the R&B payer, go back to the **Name/Address** tab and select the payer (**Medicare Hospice**, for example).

On the **Ins-Rate** tab, press the **Add** button to add a row and enter each R&B facility charge code with the effective start and end dates. Optionally, instead of adding each R&B charge code, enter one line with the BLANKETRATE## charge code (where ## equals your agency's R&B modality sequence from

File > File Maintenance > System Settings, Modality tab). Review the Blanket Rate FAQ for detailed instructions.

Type: P (for Percentage amount)

Rate: Enter **'0'** to indicate zero percent is covered by this insurance.

Allow: leave this box un-checked to send the charge dollars to the next active insurance for the patient (i.e. the Medicaid R&B insurance).

Institute Setup

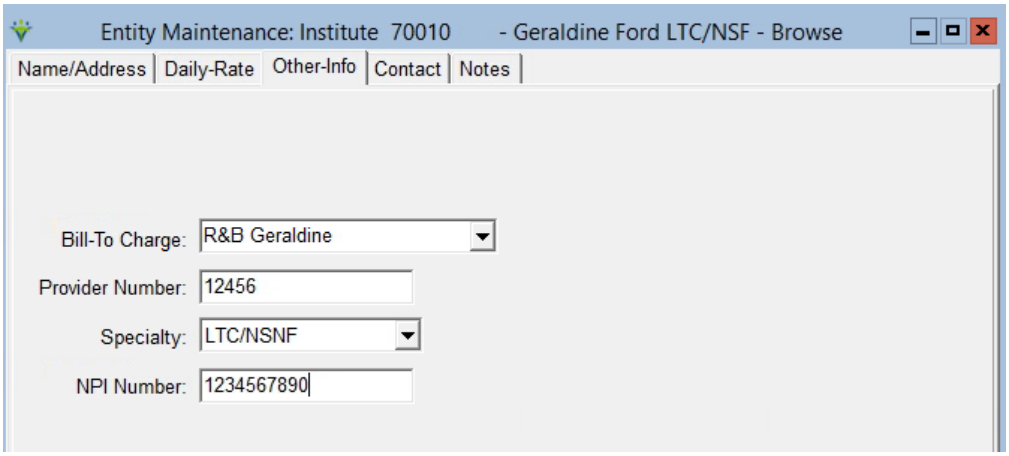
Go to **File > File Maintenance > Entity,** press **Change Type** and set to **Institute.** Search for and select the Institute (Facility).

On the **Name/Address** tab, confirm the address including full 9-digit zip code is present (make any corrections in the Clinical Facility Library if needed) and enter the County (although not required for Medicaid Room and Board claims it is required for Medicare hospice per diem claims).

The **Daily-Rate** tab is not needed for this method of billing.

On the **Other-Info** tab, set the **Bill-To Charge** to the R&B charge code created for this institute (or the generic Room & Board charge if billing a standard rate for all institutes).

Confirm the Institute **Specialty** and **NPI Number** are present (if missing, update them in the Clinical Facility Library).

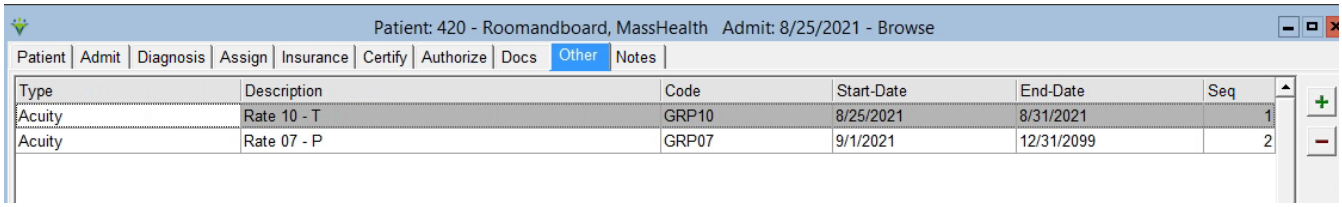


Patient Information

Patient Acuity

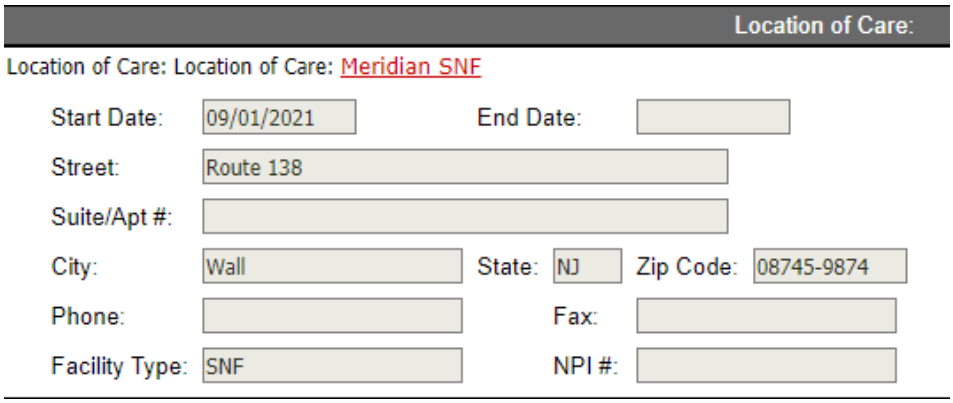
If following Method 1, enter the Acuity rate group for the patient if needed. This step is not necessary if *not* billing separate room and board rates for different assessment scores.

Example:



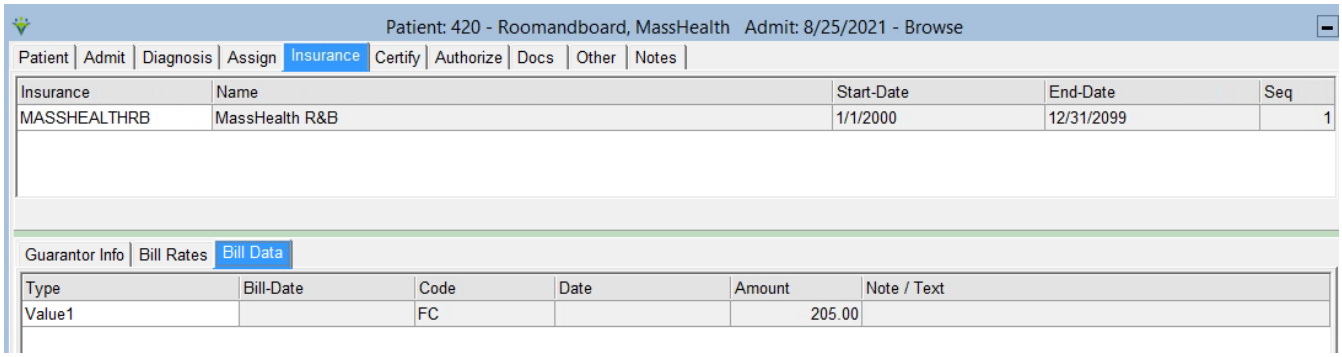
Patient Facility

The patient must be assigned to a Facility (Institute) in the Clinical Patient Profile under Location of Care. This information populates the Billing Module Patient file Assign tab.



Patient Paid Amount

If required by the payer, the Patient Paid Amount (PPA) can be entered in the Billing Module Patient file Insurance tab as a Bill Data Value Type. If the amount changes for different claim periods, separate records for each Bill Date must be entered.



Alternatively, to set up to auto-post the PPA to the patient-pay insurance and reduce the AR by that amount, refer the Patient Co-Pay FAQ (for this scenario the insurance co-pay field would be used instead of the Bill Data tab).

Billing Process

Patient List Report

Run the **Patient > Patient List** report to view R&B facility patients to confirm accuracy of information prior to running Auto Charge Generation. On the **More Options** tab of the report, check the boxes for **Institutional Stays** and **Only** to view a list of only patients in a facility.

Room & Board Charge Generation

Prior to running Billing Audits, the Room and Board charges must be created via Auto Charge Generation.

Go to **Charge > Auto Charge Generation** (or **File > Report Groups** if setup).

Auto Generation Type: Institution Stay

Selection Type: Insurances (select the Medicaid or alternate R&B payer on the 'Specific Includes' tab)

Charge Detail: One Per Day

Primary Ins Only: unchecked

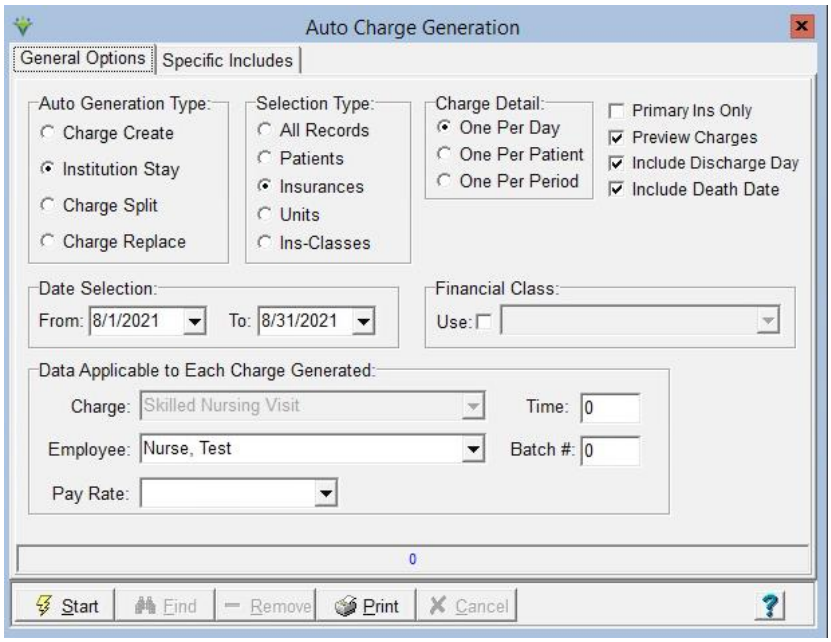
Preview Charges: check this box

Include Discharge Day: check this box if the payer reimburses R&B on the day of patient discharge (Note: Nebraska Medicaid does not allow billing for day of discharge)

Include Death Day: check this box if the payer reimburses R&B on day of discharge if patient is deceased. (Note: Illinois Medicaid does not allow for billing day of discharge unless patient is deceased so 'Include Discharge Day' should be unchecked, but this box should be checked).

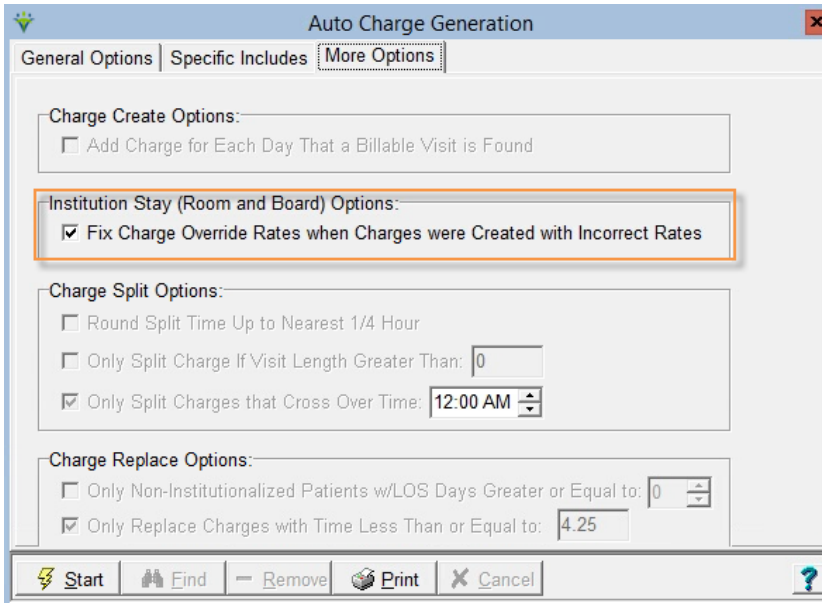
Date Selection: current billing period

Employee: choose a default employee (i.e., Nurse, Test)



Press **Start** and review the report preview to confirm the patients and number of days is accurate. Select 'Yes' on the confirmation windows if the number of charges to be created is accurate. If not, select 'No' and adjust the selection criteria.

For Method 1, If the Patient Acuity/Institute Daily-Rate has changed since the room and board charges were originally created, confirm the Fix Charge Override Rates option on the More Options tab is selected and re-run the routine (charges already posted via a Billing Audit must be un-billed first).



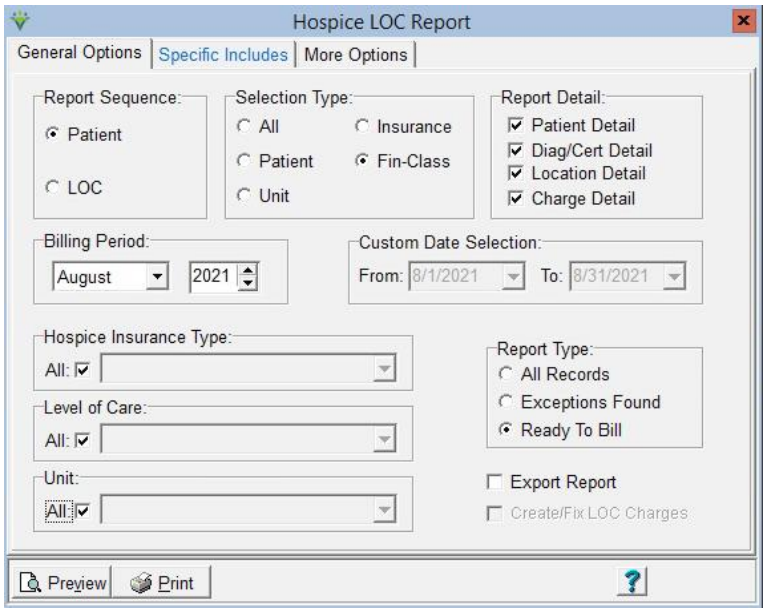
Hospice LOC/Pre-Audit

After the Auto Charge Generation routine has been run, the Billing Audit can be posted via one of the following menus.

Charges > Hospice LOC Report

The Hospice LOC Report can be run for Ready to Bill patients, choosing the Room and Board insurance's financial class only if wanting to bill R&B charges separate from hospice per diem billing. Otherwise, the R&B charges can be processed at the same time as the other hospice billing. R&B must be run via the Pre-Audit report instead of the LOC if the R&B patient doesn't have a Level of Care assigned or has no Per Diem charges present (i.e. Private Pay patients).

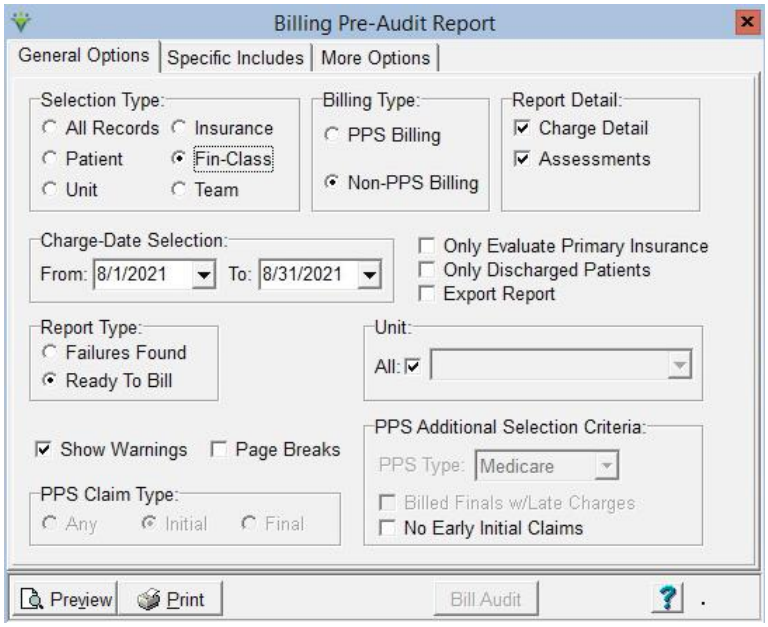
Preview and go to the last page of the report to populate the list of ready to bill patients. Close the preview window and press the **Bill Audit** button.



Billing > Billing Pre-Audit

The Pre-Audit report can be run for Non-PPS Billing, Ready to Bill patients, but the R&B insurance Financial Class must be selected in this case. R&B must be run via the Pre-Audit report instead of the LOC if the R&B patient doesn't have a Level of Care assigned or has no Per Diem charges present (i.e. Private Pay patients).

Preview and jump to the last page of the report to populate the list of ready to bill patients. Close the preview window and press the **Bill Audit** button.



Billing Audit

Enter the **Bill Date.** The bill date specified will depend on agency billing practices. This is the date used to age the receivables and for claim creation.

Press **Preview** and review the audits to ensure rate amounts are correct and charges are flowing to the proper insurance for each patient. Audits can be printed or saved to PDF if desired.

Once satisfied that the information is correct, close the preview window and press **Post**. Check with your agency System Administrator for the posting password if unknown.

Claim Creation

After the Billing Audit has been reviewed and posted, claims can be created under **Billing > Electronic Claims** for upload to the payer or **Billing > Printed** Claims if sending hard copy.

Please contact Netsmart Support if you do not have a Room & Board option set available for claim creation.

Note: When not billing for the day of discharge but the payer wants the discharge date as the Claim Through date (ex. NE Medicaid), the R&B Option Set for the Claim Covered Period locator should be set to "Charge First and Last Visit or Disch Dates Within Visit Month."