

# Medicare PDGM Billing

Quick Reference Guide

*Prepared for*

**myUnity Essentials Financial**



**Netsmart**

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# PPS Activity Report

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## Stats > PPS Activity

This report is used to identify RAPs or NOAs and Finals that need to be billed and can be used in conjunction with the Billing Pre-Audit report.

- **Report Type:** Choose “RAPs/NOAs Not Done” to print a list of periods that have not had a RAP Billing Audit posted or NOA submitted. Choose “Finals Not Done” for a list of periods still needing a Final Billing Audit.

# Billing Pre-Audit Report

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## Billing > Billing Pre-Audit

This report is run prior to posting Billing Audits as it helps identify items that have issues preventing claims from being billed to Medicare.

- **Selection Type:** Select All Records, Patient, Unit, Insurance, Fin-Class or Team. Use Specific Includes tab to list the Patients, Units, Insurances, Financial Class or Teams.
- **Billing Type:** Select **PPS Billing**.
- **Period-Date Selection:** Enter date range for periods that need billing. For example, enter the From Date as the beginning of the calendar year and enter today’s date as the To Date.
- **Financial Class:** Run for all Financial Classes or select Medicare Class if you only want Medicare charges posted at this time. If you wish to post Medicare HMO or other PPS insurances separately you should set up a different financial class for those insurances.
- **Report Type:** Failures Found (these are periods with issues preventing them from billing). If you choose Ready to Bill you will get list of periods that are ready for a Billing Audit.
- **Report Detail:** Include Charge Detail and Assessments.
- **PPS Claim Type:** Select either **Initial** if preparing to run RAPs or **Final** if preparing to run final claims. (NOAs are not run through a Pre-Audit or Audit).
- **Preview:** Report can be printed out or reviewed on screen. It will identify various issues that may be fixed to produce a billing audit.
  - Once all failures have been corrected you should get “No records found” when the report is re-run for “Failures Found.” It can then be run for “Ready to Bill.”

**Note:** It is recommended to occasionally run the report with “Billed Finals w/Late Charges” checked to capture any late visits that weren’t billed on the Final claim.

# Billing Audit

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## Billing > Billing Audit

- **Bill Date Selection:** For RAPs and Finals we recommend using the current date when posting the audit. This date is used to age A/R. If multiple periods for a patient need to be billed, run separate audits for each period --- a patient cannot have the same RAP bill date for separate billing periods. (NOAs are not run through the Billing Audit process.)
- **Preview/Print:** Billing Audits can be viewed on screen, printed or saved to PDF file. Review each audit and confirm the information is correct. Check that the Expected Episodic Payment (EEP) amount looks appropriate. Contact Netsmart Support if the amounts are wrong or with any questions.
- **Post:** The Post button becomes enabled when the preview window is closed. Once posted, the claim can be created. Note: It is recommended to transmit/complete the claim process after posting the audit.

# Electronic Claim Creation

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## Billing > Electronic Claims

- **Report Sequence:** Select Patient.
- **Selection Type:** Select Patients and/or Insurances to specify specific patients/insurances to pull to the claim file. Select All Records if you wish to create a file for all patients that meet the other specified selection criteria.
- **Submitted Type:** Set to 'Un-Submitted Only,' unless claims are being re-submitted in which case 'All Records' should be chosen.
- **PPS Claim Type:** Choose "Initial" when creating RAPs or "Final" when creating a file with final claims. It is not recommended to choose "All".
- **Bill Date Selection:** Enter the Bill Date range. This date selection refers to the Bill Date chosen when posting the Bill Audit, NOT the certification period or charge dates. Example, a Final claim for 10/14/2021 period end was posted on a Billing Audit with Bill Date 10/30/2021. To create the Final, 10/30/2021 needs to be included in the date range selected. For NOAs, use an Admit Date range here. Use a wide enough date range to capture any late NOA submissions.
- **Unit Selection:** Use this option to create a file for separate units. It is important to use this option if have different NPI #s set up for different units.
- **Print Charge Detail:** Check this option so you can confirm the correct Revenue/HCPSC codes are pulling to the claim file.
- **Option Set Selection:** Choose your Medicare NOA option set (for NOA submission) or Medicare PPS electronic option set (for RAP or Final claim submission). This should have been set up for you during the training or after confirming your agency had been approved

for electronic submission and assigned a submitter ID from your intermediary.

- **PPS Type:** Select “Medicare”.
- **Filename:** Enter a unique filename. A good naming convention is to use the date and type of claims. For example, use name “083012F.X12” for a Final claim file. Each file submitted should be given a unique name and saved in the submission folder at least until final payment is received.
- **Preview:** Previewing the Electronic Submission Report will create the file. Review the report to confirm there are no errors. Any NOAs or claims with errors will NOT be pulled to the file. Make the necessary corrections (ex. missing doctor NPI # or missing HCPCS code) and then Preview again, overwriting the filename if that file has not yet been transmitted. After all corrections are cleared, print the submission report (to printer or PDF) to mark the NOA/claim as submitted and then transmit the electronic file to Medicare.

**Note:** claim files are not automatically transmitted to the payer unless your agency is using the Ability or Waystar (Zirmed) interface. If not using the interface, contact your intermediary or clearinghouse for instructions on file transmittal.

## UB04 Paper Claims

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### Billing > Printed Claims > UB04 forms

- **General Options:** UB04 Initial and Final claims use most of the same selection criteria as when creating the electronic claims.
- **Option Set Selection:** Choose your UB04 PPS option set. If one is not available in the drop-down, contact Netsmart Support to create one for you.
- **Preview:** Review the claim to confirm all locators are pulling the correct information. If information is not showing on the hard copy claim, this does not necessarily mean it is also not pulling to the electronic claim since they use different Option Sets.
- **Options:** Click this button to pull up the “Billing Options Wizard” to change what pulls to a Locator Box.

**Note:** you can press the **UB04** button from the Billing > Electronic Claims menu to view or print the paper claim rather than setup a separate Printed Claim option set.

## Claims Status

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### Billing > Claims Status

After electronically submitted, access this menu to process 999/277 files to confirm NOA/claim files have been accepted.

- If not using a clearinghouse interfaces, first download 999/277 files from your payer/clearinghouse.
- Select the appropriate Clearinghouse options

- Enter Path and Preview if not using a clearinghouse interface or if using the interface press **Get 999** or **Get 277**.
- Preview or Print and review the report for rejections.

**Note:** If the 999 is rejected all claims in the file were rejected and no 277 file will be sent by the payer. If there is a rejection in the 277 file it is only for the claim that has an error on that report, other claims in the file will be accepted.