

Switching Payers

When Patients convert within the Medicare A system:

Facility must start a new Day 1 with a new MDS as of the start date of the new Insurance coverage.

This requires a payer change in RO as well as a new day one in RO/ new projections

How is this now handled?

For the following situations:

- Change from Medicare Part A to MMAI (Managed Care Part A)

- Change from Medicare Part A to Medicare Replacement Policy (PFFS)

- Change from Medicare Replacement Policy (PFFS) to Medicare Part A

- Change from Medicare Replacement Policy (PFFS) to MMAI (Managed Care Part A)

- Change from MMAI (Managed Care Part A) to Medicare Part A

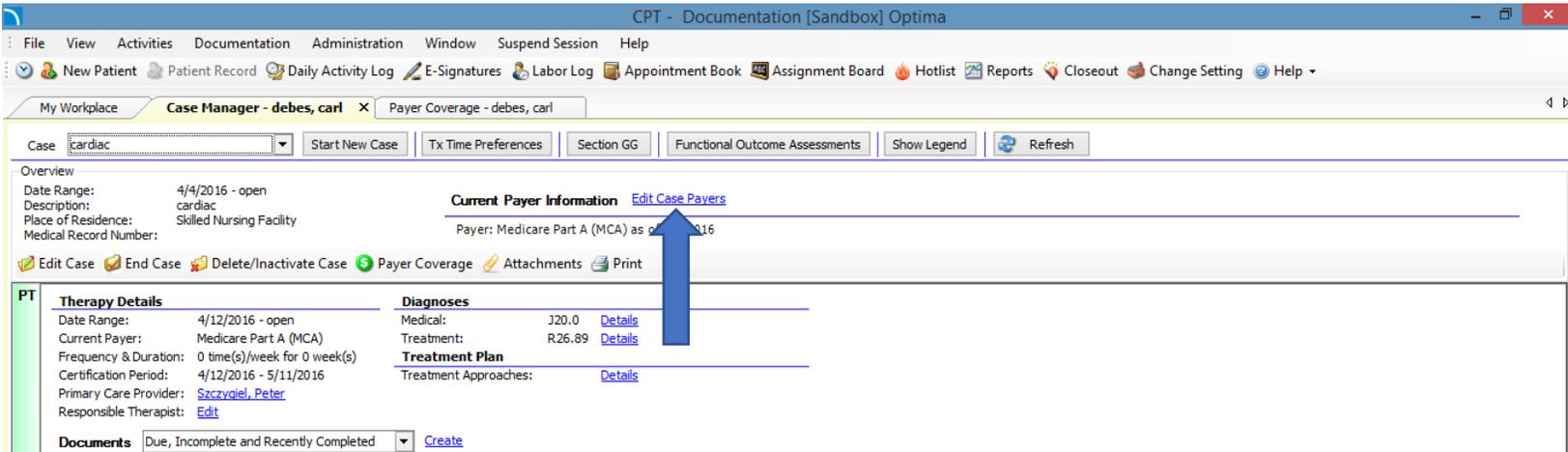
- Change from MMAI (Managed Care Part A) to Medicare Replacement Policy (PFFS)

- Change from Commercial Ins to Medicare Part A or any of the Medicare A plans

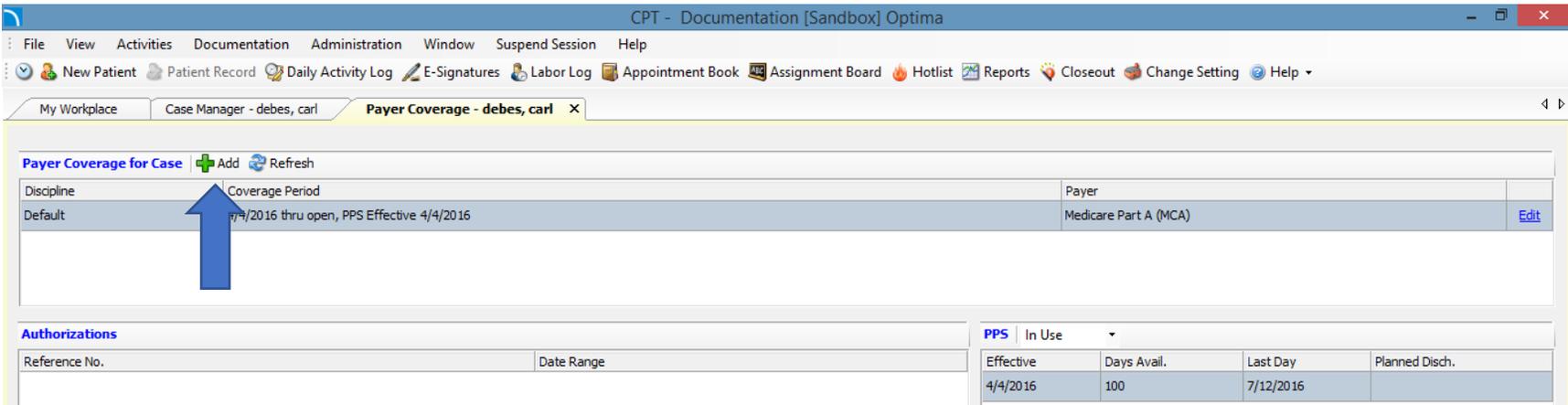
You can simply add a payer as of the new Insurance effective date in RO

See Below for the process in RO

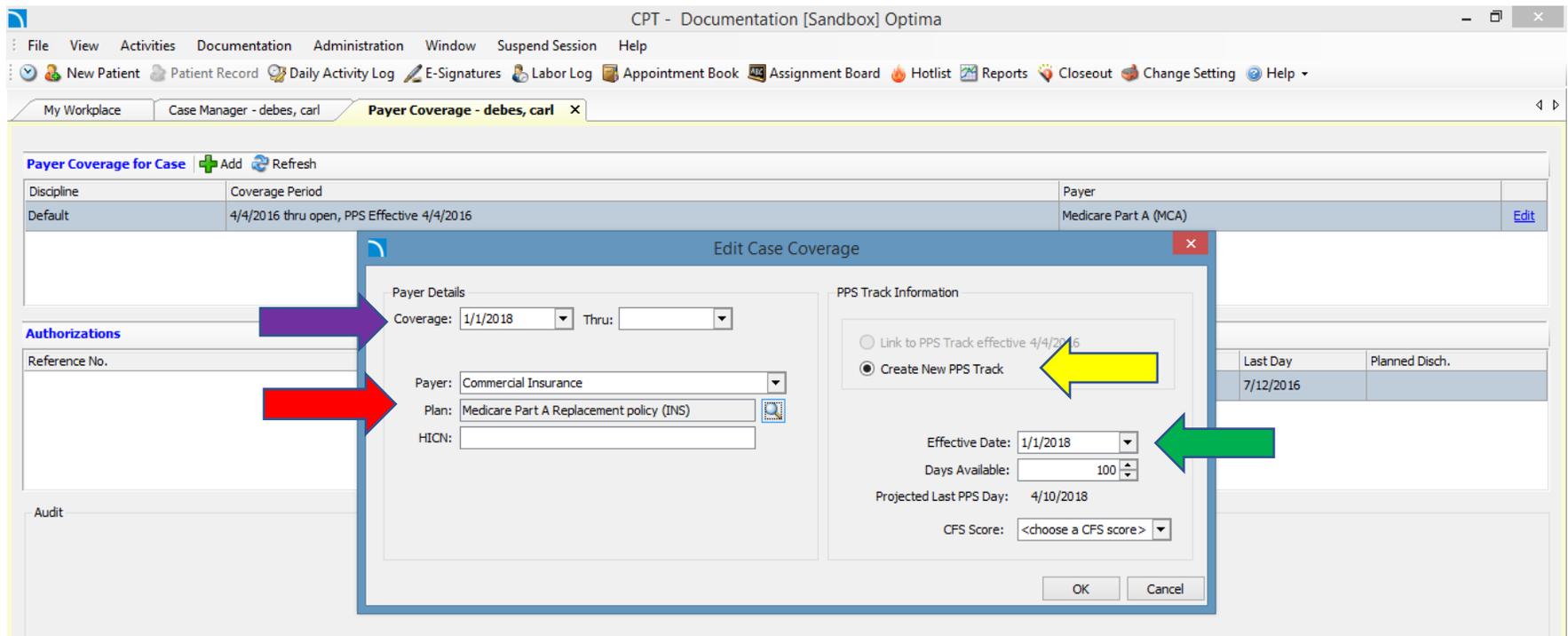
1. Click on Edit Case Payers



2. Click on the green + mark "Add"



3. Edit Case Coverage box will pop up.



4. Complete the following information:

-  A. Add in start date of the new coverage
-  B. Add in new Ins coverage payer and plan

- C. Make sure Create New PPS Track is chosen 
- 4. Make sure effective date is start date of new Ins coverage & days available can be adjusted 

Then press ok. The payer will be adjusted and a new day 1 will show up on projections in line with the start of the new Insurance

Patient changes Insurance companies but remains in the same Insurance type (ie UHC PFFS to Humana PFFS/ changes from one Medicare Replacement policy to another):
they still need a new day 1 BUT You cannot simply change the payer source

You need to DC the patient, start a new case, and do a new Eval.

However, this is not a discharge nor eval in the “normal” sense of the word. You would not stop treatment and you do not have to have a therapist see the patient and do a formal eval. All of this is just “paperwork” to get the new day 1 into RO.

Solution (not necessarily an easy solution) :

- a) The primary therapist, whether it be a therapist or assistant must complete the DC summary as of the last date on the old insurance.
- b) Open a new case with start date = first date of new Insurance (usually effective date is first of the month). This will then be the new day 1 in the Projections.
- c) A therapist, assigned by the supervisor (can be the therapist that did the eval, therapist that has been supervising the assistant, primary therapist for the facility, etc), must complete a **NON-BILLABLE EVAL in the new case** based on where the pt was as of the last treatment note or DC summary from the old case. Check the box to **not bill** the eval. Date the eval the first day of the new Insurance Coverage.
- d) All charges from the start of the new insurance will need to be moved to the new case
- e) Track the time it takes to do the DC Summaries and New Evals in NPC time.