

Triple Check Process.

Purpose: Ensure all billing is correct. Complete after first of the month for previous month

1. Ensure correct assessments and PPS Billing dates for Med A and Med Replacement pts
Report: PPS Billing Report in RO
Parameters: Date range = Last month
Leave all other parameters alone & Print
Compare information in the report to PCC MDS tab regarding the assessment dates and type
 - the date for the entry MDS matches day 1 in RO (first date on PPS track date)
 - dates of each completed MDS match
 - type of assessment matches: 5 day, 30day with COT, COT, EOT, SOT(short stay), etcCompare information in the report to PCC census tab confirming PPS track dates/coverage dates
 - First date of the skilled payer should be noted and match the start of PPS track dates
 - Last date on skilled payer will be denoted in 2 ways
 - If the pt leaves the facility: "stop billing" will be listed. That date for stop billing is the day they can no longer bill so the end of the PPS track will be the day prior
 - if the pt remains in the facility: there will be another payer & a date denoting the start of that payer. The end of the PPS track will be the day prior to the new payer start date. For example, If census tab says Med A as of 1/1 and then Medicaid as of 1/18, our last covered day should be 1/17 on Med A. If a discrepancy exists, verify with MDS and Admissions regarding which date is correct.
2. Ensure payers are accurate, Medicare #'s are in Net Health per CPT policy
Report: Patient Information Report in Net Health
Parameters: Date range = Last month
Leave all other parameters alone (all payers reviewed). Print.
 - a. If HICN # is blank, you must add in the Medicare # to RO: go to Case Manager, click on "edit case payer", click on "edit" next to the current payer, add in HICN (Medicare #) number where prompted. The Medicare # can be found on the pt's face sheet. The face sheet can be found in PCC under the "profile" tab – off to the right it says admission record. That is the face sheet.
 - b. Check payers for short term skilled residents: Check payer in Net Health vs payer in PCC –
If the patient is still on skilled service, the primary payer is found in the resident list under clinical tab
If the patient has been discharged from skilled care, in PCC type in patient's name in the search box. Choose current or discharged depending on if pt is still in facility or not.
Once you find patient, Click on census tab. It will tell you the payer for the skilled time frame on service.
 - *Medicare A in PCC = Medicare Part A in NetHealth
 - *Managed Care w/RUGs or Insurance w/ RUGs in PCC = Medicare Replacement Policy in RO
 - *Managed Care w/Levels or Insurance w/ Levels in PCC= Commercial Insurance HMO/PPO in RO

****Managed Care Part A is not to be used at this time unless the facility has MMAI plan contracts.**

- c. Check payers for long term or custodial patients: Check the payer in Net Health vs. Insurance Verification Form you received from facility
Medicare Part B MPPR = Medicare is Primary on Form
Part B-Insurance = Insurance is Primary on Form
Medicaid = No Insurance benefits per the Form
****Managed Care Part B is not to be used at this time unless the facility has MMAI plan contracts.**