

MARCH 2019

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Hot



QIES
Update



MDS/
PDPM
2019
Changes

TOPICS

Medicare Beneficiary Identifier:

CMS is mailing the new Medicare cards with the MBI (Medicare Beneficiary Identifier) in phases by geographic location. There are multiple ways as follows for your staff to obtain the MBIs:

- 1.) Ask the Medicare recipient – when residents are admitted. If they have not received the card, you may direct them to call 1-800-633-4227 (1-800-Medicare).
- 2.) Use the MAC's secure MBI look-up tool- You can look up MBIs for your Medicare residents. Sign-up for the Portal to use the tool. This tool will remain usable after the transition period ends December 31, 2019. You may also use the tool for residents in the Medicare Advantage Plan. A social security number is required for the search and may differ from their HICN (Health Insurance Claim Number), which uses the SSN of the primary wage earner. Residents who do not wish to give their SSN can log into the mymedicare.gov to get their MBI.
- 3.) Check the remittance advice- Beginning October 2018 through December 31, 2019, the MBI will be on the remittance advice when you submit claims with valid and active HICNs.

After the transition period ends, you must use the MBI for most transactions.

QIES UPDATE:

Starting in March, the Quality Improvement and Evaluation System (QIES), Certification and Survey Provider Enhanced Reports (CASPER) and Automated Survey Processing Environment (ASPEN) will undergo a series of modernizing enhancements. Once updated, the system will be called the Internet Quality Improvement and Evaluation System (iQIES). The iQIES system will not change how providers currently submit data to CMS. For more information Click [Here](#).

Events, News & Notes

July 1, 2019 KY Medicaid Rates

July 1, 2019 KY Medicaid Rates are expected to receive a full inflationary increase for the first time in several years. The inflationary increase is anticipated to be in the 3% range not to exceed 3.5%.

HARGIS & ASSOCIATES LLC
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

270.726.4033 • accountants@hargisandassociates.com

186 N. Main St. • P.O. Box 263 • Russellville, KY 42276

Hot TOPICS

MDS/PDPM October 2019 Changes:

The Patient Driven Payment Model (PDPM) will be implemented 10/01/2019 for Medicare SNF stays.

What do I need to know?

- The changes will affect the MDS and RAI Manual in addition to Medicare reimbursement.
- As part of the new PDPM system, the current 14-day, 30-day, 60-day, and 90-day, PPS assessments will be eliminated beginning 10/01/2019 for Medicare residents. Once implemented, facilities will only be required to complete the existing 5-day and the PPS Discharge Assessments. An Interim Payment Assessment (IPA) will be available to complete as needed.
- The above mentioned changes to assessments relates to assessments for Medicare; there are no changes to the required Omnibus Budget Reconciliation Act of 1987 (OBRA '87) assessments for all residents.
- The new payment model for Medicare reimbursement will use data from Section GG, Functional Abilities and Goals, rather than Section G data to calculate a functional score, which is similar to an activities of daily living (ADL) calculation.
- Over the next few years, CMS will continue to make changes to the MDS 3.0 and the PDPM by removing MDS 3.0 items that are not necessary to classify residents under the new PDPM model. State agencies are still evaluating all the MDS changes and any impact on Medicaid reimbursement.
- Currently, CMS states it will support current RUG classification systems through 09/30/2021 for all Medicaid residents. Several states have submitted questions to CMS related to necessary data needed for various payment methodologies. Further clarification is expected from CMS soon.

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