

MassHealth UD Modifier

myUnity Enterprise User Guide



Netsmart

www.ntst.com

1959 East Kerr Street
Springfield, MO 65803

Table of Contents

Overview	3
Setup: Menu Access Privileges	4
Setup: Products and Services	4
Setup: Plan	4
Setup: Reimbursement Rate	6
Setup: Patient	8
Claim Generation	10

Overview

For MassHealth (Massachusetts Medicaid), a UD modifier must be appended to skilled nursing visits for patients receiving home health services after 30 calendar days. Additionally, a rate reduction is applied to skilled nursing visits for days 31+.

Setup: Menu Access Privileges

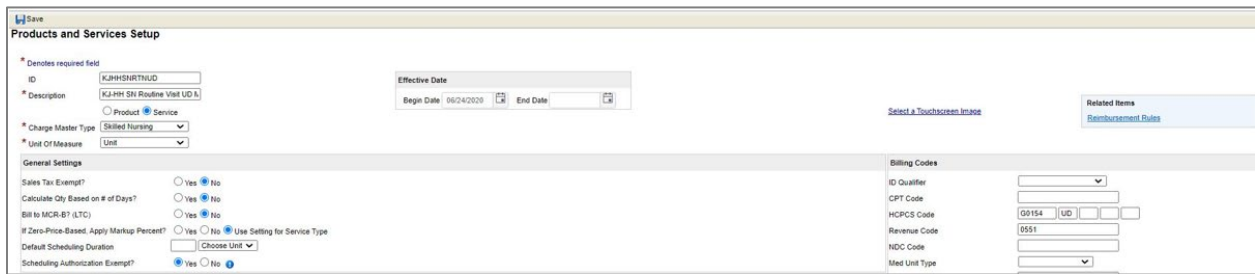
Navigate to Setup > Security > Roles > Menu Access Privileges

- Select Role(s)
- Service Module: Page Level Security
- Service Area: Page Level Security
- Under Page Level Security find 'Home Health Rate Reduction' and 'Prior Skilled Visits': select View

Setup: Products and Services

Navigate to Setup > Financial > Products and Services > Products and Services Setup

- Add Routine Visit Service setup for the first 30 days of services and save.
- Then add the Routine Visit UD Modifier service; HCPCS Code UD, and save.

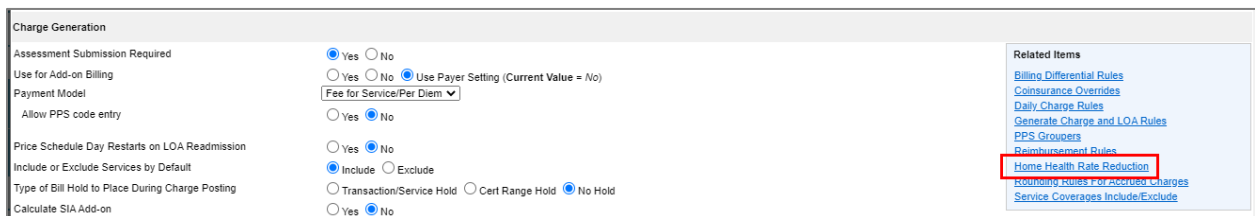


Setup: Plan

Important: Plan setup needs to occur prior to services being generated through Charge Entry.

There are two ways to access the setup for the UD modifier automation.

1. Navigate to Setup > Entities > Payers > Add/Update Payers and Plans
 - a. Select the Payer/Plan to update.
 - b. Under Charge Generation > Related Items, choose Home Health Rate Reduction.



2. Navigate to Entities > Payers > Plan Overrides
 - a. Choose the Payer/Plan: MassHealth
 - b. Select Home Health Rate Reduction

Plan Overrides

Select a Payer -- Plan Id / Plan Description
 KJMedicaid -- KJMassHealthMcaid / KJMassHealth Medicaid

- Authorizations
- Billing Codes
- Billing Differential Rules
- Billing Edits
- Certifications/485 Overrides
- Claim Formats
- Claim Generation Overrides
- Coinsurance Overrides
- Daily Charge Rules
- Eligibility Templates (270/271)
- Generate Charge and LOA Rules
- Payment Allocation Limits
- Payment Re-application Rules
- PPS Groupers
- Reimbursement Rules
- Rounding Rules for Accrued Charges
- Service Coverages
- Standard Bed Characteristics
- Hospice Rate Reduction
- Home Health Rate Reduction**

The **Home Health Rate Reduction** screen will allow the user to associate the two service IDs which facilitate the UD modifier.

Home Health Rate Reduction

+ Add new record

Plan Description	Service Type	Service ID	Service ID (Reduced Rate)	Begin Effective Date	End Effective Date	Starting Day Count		
KJMedicaid -- KJMassHealthMcaid / KJMassHealth Medicaid	Skilled Nursing	KJHHSNRTN	KJHHSNRTNUD	01/01/2020		31		

- Choose Add New Record

Edit

Plan Description: Medicaid -- MassMCD / Mass Medicaid

Service Type: Skilled Nursing

Service ID: KJHHSNRTN

Service ID (Reduced Rate): KJHHSNRTNUD

Begin Effective Date: 01/01/2020

End Effective Date:

Starting Day Count: 31.00

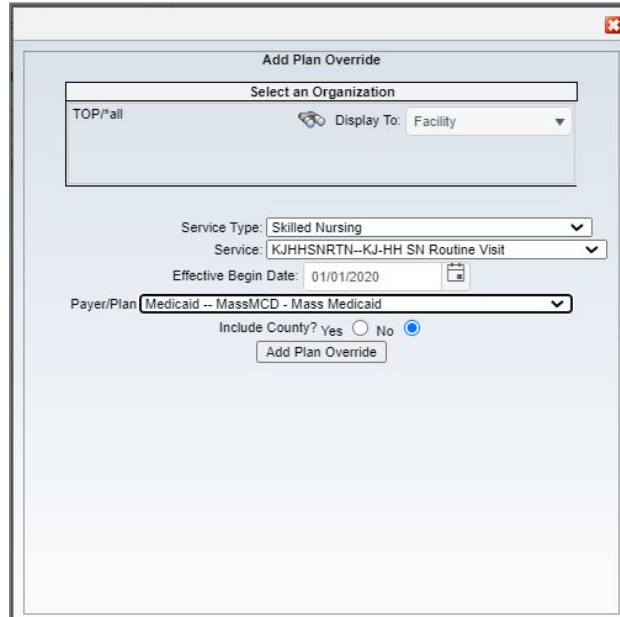
- Plan will default in based on the selection in the prior steps
- Choose the Service type: Skilled Nursing
- Service ID: Choose the skilled nursing visit service without the UD modifier and the reimbursement rule with the regular rate.
- Service ID (Reduced Rate): Choose the skilled nursing visit service with the UD modifier and reimbursement rule with the reduced rate.

- The Begin Effective Date and End Effective Date are the dates in which the automation is effective.
- The Starting Day Count is the day in which the service will switch from the Service ID to the Service ID (Reduced Rate). For MassHealth, as of now, it will be 31.

Setup: Reimbursement Rate

Navigate to Setup > Financial > Reimbursement Rules > Default/Plan Reimbursement Rules

1. Setup rule for full reimbursement:
 - a. Choose Add Plan Override



- Select the Org Level for the rule
 - Service Type: Skilled Nursing
 - Service: Skilled Nursing Visit
 - Payer/Plan: MassHealth
- b. Add Plan Override

Save

Default/Plan Reimbursement Rules

Organization: TOP
 Payer: Medicaid
 Plan: KJMassHealth Medicaid
 Service: HH SN Routine Visit
 Unit of Measure: Unit

Begin Effective Date: 01/01/2020 📅 End Effective Date: 📅
 How to Book Revenue: Gross Net Select if Posting Credit to Non-Revenue Account: ▼
 Retail Price (per Bill Unit): \$150.00
 Minimum Amount:
 Allowable Amount:
 Billable: Yes No
 Visit (Statistical): Yes No

How to Apply Retail Price to the Service Occurrence

Bill Units per Service Unit: 1
 Units/Price Calculation: Standard ▼
 Allow Fractional Units for Shorter Periods: Yes No Round to Nearest: ▼ Fraction Rounding Method: Nearest ▼
 Minimum Units: Enforce Minimum Units By: Adjust To Minimum ▼
 Maximum Units Per Day:

Due from Primary Payer and Expected Reductions (Define the Transaction)

Calculation Method: Percent Amount
 Due from Primary Payer (A/R Amount): 100.00%
 Price minus Allowable (Discount Amount): 0.00%
 Other Amount: 0.00% Other Account: ▼

 Use Add-On Pricing: Yes No
 Use Alternative Pricing: Yes No

Due from Secondary Payer (Co-Pay)

Calculation Method: Percent Amount Percent Of: Price Allowable
 Amount: 0.00%

- c. The Retail Price should be the full rate price for visits in first 30 days.
 - d. Save.
2. Setup rule for reduced reimbursement:
 - a. Choose Add Plan Override

Add Plan Override

Select an Organization

TOP*all

Display To: Facility ▼

Service Type: Skilled Nursing ▼

Service: KJHHSNRTNUD--KJ-HH SN Routine Visit UD Mod ▼

Effective Begin Date: 01/01/2020 📅

Payer/Plan: Medicaid -- MassMCD - Mass Medicaid ▼

Include County? Yes No

- Select the Org Level for the rule

- Service Type: Skilled Nursing
 - Service: Skilled Nursing Visit
 - Payer/Plan: MassHealth
- b. Add Plan Override.

Save

Default/Plan Reimbursement Rules

Organization: TOP
 Service: KJ-HH SN Routine Visit UD Mod
 Unit of Measure: Unit

Begin Effective Date: 01/01/2020 📅 End Effective Date: 📅

How to Book Revenue: Gross Net Select if Posting Credit to Non-Revenue Account: ⌵

Retail Price (per Bill Unit):

Minimum Amount:

Allowable Amount:

Billable: Yes No

Visit (Statistical): Yes No

How to Apply Retail Price to the Service Occurrence

Bill Units per Service Unit:

Units/Price Calculation: Standard ⌵

Allow Fractional Units for Shorter Periods: Yes No Round to Nearest: ⌵ Fraction Rounding Method: Nearest ⌵

Minimum Units: Enforce Minimum Units By: Adjust To Minimum ⌵

Maximum Units Per Day:

Due from Primary Payer and Expected Reductions (Define the Transaction)

Calculation Method: Percent Amount

Due from Primary Payer (A/R Amount):

Price minus Allowable (Discount Amount):

Other Amount: Other Account: ⌵

Use Add-On Pricing: Yes No

Use Alternative Pricing: Yes No

Due from Secondary Payer (Co-Pay)

Calculation Method: Percent Amount Percent Of: Price Allowable

Amount:

- a. The Retail Price should be the reduced rate price for visits over 30 days.
- b. Save.

Setup: Patient

The number of days will be tracked at the Patient level in Admission Payers. The links will appear any time the plan is selected in the dropdown list, regardless if it is primary, secondary, or beyond.

Navigate to Census > Payer/Bill Info

- Add Payer to Funding coverages
- Add Payer to Admission Payers

Payers

[Resident Funding Coverages](#)
[Update Level of Care](#)
[Admission Denied Payers](#)

Start Date	#Days	End Date	Payer Sequence	Remove
01/01/2020			Primary Payer: MassMCD-Mass Medicaid (01/01/2020-) Edit Medicaid Surplus Skilled Visit Day Count Primary Reason: <input type="checkbox"/> Secondary Payer: <input type="checkbox"/> Third Payer: <input type="checkbox"/> Fourth Payer: <input type="checkbox"/> Fifth Payer: <input type="checkbox"/> Sixth Payer: <input type="checkbox"/> Seventh Payer: <input type="checkbox"/>	
			Primary Payer: <input type="checkbox"/> Primary Reason: <input type="checkbox"/> Secondary Payer: <input type="checkbox"/> Third Payer: <input type="checkbox"/> Fourth Payer: <input type="checkbox"/> Fifth Payer: <input type="checkbox"/> Sixth Payer: <input type="checkbox"/> Seventh Payer: <input type="checkbox"/>	

- Select the link for Skilled Visit Day Count.

Skilled Visit Day Count

+ Add new record

Effective Dates	Days Used	Reset Days?	
01/01/2020 - 01/31/2020	30	No	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

1 - 1 of 1 items

- Adding a new record or editing a selected record displays a new window with the option to reset the days.

Add / Edit Skilled Visit Day Count

Effective Dates: 01/01/2020 to 01/31/2020

Days Used: 30

Reset Days:

Claim Generation

Navigate to Financial > Claims > Process Claims > Create New Claims

- Generate claims for the month choosing the MassHealth Payer. The UD modifier will appear on service lines based on the number of services received during the month.

1 Home Health Enterprise 4323 Infinity Road New York, NY 10001-3455 (197) 929-2196		2		3a PAT. CNTRL # HH En-72231		4 TYPE OF BILL 0332	
8 PATIENT NAME KJUDMod, Clinical		9 PATIENT ADDRESS 123 Addy		5 FED. TAX NO. 070120		6 STATEMENT COVERS PERIOD FROM 073120	
10 BIRTHDATE 040444		11 SEX F		12 DATE 070120		13 ADMISSION HR 3	
14 TYPE 2		15 SRC 30		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE MO	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37	
38 KJUDMod, Clinical 123 Addy Springfield, MO 65804		39 VALUE CODES AMOUNT 24 3,450.00		40 VALUE CODES AMOUNT 80 31.00		41 VALUE CODES AMOUNT	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1	0551	Skilled Nursing	G0154	070120	2.00	300.00	
2	0551	Skilled Nursing	G0154	070220	1.00	150.00	
3	0551	Skilled Nursing	G0154	070320	1.00	150.00	
4	0551	Skilled Nursing	G0154	070620	1.00	150.00	
5	0551	Skilled Nursing	G0154	070620	1.00	150.00	
6	0551	Skilled Nursing	G0154	070720	1.00	150.00	
7	0551	Skilled Nursing	G0154	070820	1.00	150.00	
8	0551	Skilled Nursing	G0154	070920	1.00	150.00	
9	0551	Skilled Nursing	G0154	071020	1.00	150.00	
10	0551	Skilled Nursing	G0154UD	071320	1.00	125.00	
11	0551	Skilled Nursing	G0154UD	071420	1.00	125.00	
12	0551	Skilled Nursing	G0154	071520	1.00	150.00	
13	0551	Skilled Nursing	G0154	071620	1.00	150.00	
14	0551	Skilled Nursing	G0154	071720	1.00	150.00	
15	0551	Skilled Nursing	G0154	072020	1.00	150.00	
16	0551	Skilled Nursing	G0154	072120	1.00	150.00	
17	0551	Skilled Nursing	G0154	072220	1.00	150.00	
18	0551	Skilled Nursing	G0154	072320	1.00	150.00	
19	0551	Skilled Nursing	G0154	072420	1.00	150.00	
20	0551	Skilled Nursing	G0154UD	072820	1.00	125.00	
21	0551	Skilled Nursing	G0154UD	072920	1.00	125.00	
22	0551	Skilled Nursing	G0154UD	073020	1.00	125.00	
PAGE 1 OF 2		CREATION DATE		TOTALS			
50 PAYER NAME KJMedicaid		51 HEALTH PLAN ID 461324		52 PREL INFO Y		53 ASG Y	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI 1770664161		57 OTHER PRV ID	
58 INSURED'S NAME KJUDMod, Clinical		59 PREL 18		60 INSURED'S UNIQUE ID 2A32DC5DE48		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES 65465321		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	