

User's Manual eff. 10/1/19
Skilled Nursing Facility Prospective Payment System
(SNF PPS)
PC Pricer Program



**Center for Medicare
Division of Institutional Claims Processing**

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1. How Do I Install the PC Pricer?

1.1 System Requirements

Prior to attempting to install the PC Pricer, ensure that your PC is compatible with the software. The PC Pricer requires the Windows 95 operating system or a higher version of Windows (e.g. Windows 7, 8, 10, etc.). A printer is essential to produce the report that displays the Pricer results. Finally, the Pricers can run in a network environment.

1.2 Downloading from the Internet

The PC Pricer is available as a free download from the CMS website. Go to the PC Pricer home page at www.cms.hhs.gov/providers/pricer/. All currently maintained PC Pricers for Medicare PPSs are available from this page. Scroll down the page until you see the heading entitled “Skilled Nursing Facilities (SNF PPS) PC Pricer” and then click the link for the fiscal year version you wish to download.

1.3 Installation Instructions

Locate the downloaded zipped file on the drive you chose to save. Double click on this file. This will initiate a series of screens allowing you to save the Pricer files to your hard drive. **IMPORTANT:** Accept the default locations suggested on the screens. The PC Pricer may be saved to the user’s desired drive. It must be saved with the default folder name SNFPCxx, with the xx being two numbers corresponding to the fiscal year for the Pricer. If these default settings are changed, the PC Pricer will not function.

Once the unzipping of the file is complete, Windows Explorer will display the following (although folders other than the SNFPCxx folder will vary):

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1.4 Keeping the software current

Each version of the SNF PPS PC Pricer contains software designed to calculate payments for a particular Federal fiscal year. The Federal fiscal year runs from October 1st of one year to September 30th of the next. Beginning with the 2008 SNF PC Pricer and on, PC Pricer effective dates run from October 2nd of one year to October 1st of the next. The effective dates for Pricer differ from the Federal fiscal year due to Medicare systems needs for calculating correct payments for discharges that occur on October 1. Medicare systems edits prohibit SNF providers to submit a one day sequential discharge bill for October 1 if another provider's inpatient claim is already posted in the Medicare system with an October 1 date. If the SNF is experiencing this issue the SNF must include the October 1 date their September bill. In order to receive correct reimbursement these claims should pay off the previous year's rates.

To calculate claims beyond the Pricer effective date ranges, the next PC Pricer must be downloaded.

New Pricer versions for a new fiscal year are available for download on or before November 1st of each year. SNFs will rarely have reason to update the software more frequently than annually although the software is routinely updated quarterly.

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2 How Do I Calculate Payments?

2.1 Navigating the screens of the PC Pricer

Opening the program: To launch the PC Pricer, open the SNFPCxx folder (as shown in Chapter 2) and double click on the file named SNF_PC_FYxx.EXE. The welcome screen below will be displayed.

There are 3 options available, Enter Claim, PC Pricer Help and Exit. Click the desired option.

Basic Navigation:

The primary tool to navigate around the claim entry screen and other screens in the program is the Tab key on your keyboard. The Tab key jumps the cursor forward from one entry field to the next. You may also advance through fields by pressing the

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spacebar, but this advances through each position of a field one at a time before advancing to the next field and is much more cumbersome than tabbing. Use the Shift and Tab keys together to reverse back through fields (for instance if you spot a data entry error or a skipped field).

Pressing the “Submit Claim” option at the bottom left of the screen at any time will initiate the payment calculation. If any information required to calculate a payment is missing an error message will be displayed that indicates the missing information.

Closing the program: Pressing the Exit option at the bottom right of the application and the program will close.

2.2 Definition of the fields on the claim entry screen

The information provided below defines the information required by each field on the claims entry screen. It also indicates the whether the field is required or optional for payment calculation, and provides an explanation of each field’s purpose.

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CBSA NO. – Required. Core-based statistical area. Enter the SNF’s CBSA number in this field. If the CBSA number is not valid, your claim will be calculated with zero payment and you will receive a message reading “CBSA wage index record not found”. If this occurs, please verify you have entered a valid CBSA number.

NOTE: For rural 2 digit CBSAs, space 3 times then enter the 2 digit CBSA in the CBSA field.

PATIENT ID – Optional. Patient identification number. This field is designed to accommodate a Medicare health insurance claim (HIC) number (the beneficiary’s Social Security Number plus a character suffix). Any identifying number may be entered in this field. Positions left blank will be filled with zeroes. This item may be useful to the SNF in associating a printed payment report with a patient’s file.

FROM DATE - Required. From Date. Enter the date from a claim that corresponds to the Statement Covers Period “From” field on the UB-04.

THRU DATE – Required. Through Date. Enter the date from a claim that corresponds to the Statement Covers Period “Through” field on the UB-04. This field is used by the program to ensure the record falls within the fiscal year period that a particular PC Pricer version is designed to calculate.

QUALITY REPORTING PROGRAM (QRP) IND – Required. A QRP value = ‘0’ means the payment will be calculated using the standard rate for the region (rural vs urban) published in the Federal Register. The resulting QRP value = ‘0’ payment will be higher because that claim has met the QRP reporting criteria. The SNF or the MAC will have the current value.

A QRP value = ‘1’ means the payment will be calculated using a reduced QRP rate for the region (rural vs urban) also published in the Federal Register. The resulting QRP value = ‘1’ payment will be lower because that claim has NOT met the QRP reporting criteria.

VBP MULTIPLIER-Required. Enter the SNF adjustment factor of one digit and eleven decimal places (e.g. 1.07257764235 for a positive adjustment or 0.98201090235 for a negative adjustment). The SNF or the MAC will have this current value.

HIPPS-Required. Enter the Health Insurance Prospective Payment System (HIPPS) code that corresponds to the earliest dated revenue code 0022 line on the claim. This field is used by the program to determine the appropriate case-mix weight for payment calculation.

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PRIOR DAYS-Situational-Enter the prior covered days, if any during the same admission.

UNITS – Required. Enter the total units that correspond to the Service Units field on the UB-04 for the 0022 line on the claim.

SPECIAL WAGE INDICATOR – Situational. Enter “1” if a special wage index applies.

SPECIAL WAGE INDEX – Situational. Enter special wage index value if applicable.

PRINCIPLE DIAGNOSIS CODE – Optional. Section 511 of the MMA increases the per diem RUG payment for a SNF resident with AIDS by 128%. SNF and Swing Bed claims with diagnosis code B20 will receive the additional payment. Enter diagnosis code B20 in this field, if applicable.

OTHER DIAGNOSIS CODE – Optional. Section 511 of the MMA increases the per diem RUG payment for a SNF resident with AIDS by 128%. SNF and Swing Bed claims with diagnosis code B20 will receive the additional payment. Enter diagnosis code B20 in this field, if applicable.

2.3 Entering Claims

Entry Screen: The following instructions outline the steps for entering SNF claims.

1. Enter the SNF's 5 digit CBSA number in the CBSA field

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2. If a patient specific record is desired, enter the beneficiary's Health Insurance Claim (HIC) number in the Patient ID field. If not, tab over this field.
3. Enter the QRP indicator
4. Enter the VBP multiplier
5. Enter the claim statement covers from and through date corresponding to the claim form in the FROM and THRU Date fields.
6. Enter the first three digits of the HIPPS code from the revenue code 0022 line on the claim in the HIPPS field. Enter the number of units reported for the code.
7. Click 'Submit Claim' on the application.

Payment Report:

A payment report screen will be displayed.

In addition to displaying information you have entered identifying the provider, beneficiary, and claim information, the following important result fields appear on the report:

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RETURN CODE > This field displays a two digit numeric code that explains the method of payment applied on the record. The code and its definition are displayed after the arrow at the bottom of the screen. (i.e. 00 = Payment calculated for RUG as specified.)

TOTAL PAYMENT > This field displays the total payment for the entered claim.

WAGE INDEX > This field displays the weight value applied to the labor portion of the payment in the wage adjustment calculation.

Next Steps:

Press 'Enter Claim' to make changes to the claim record you have just entered.