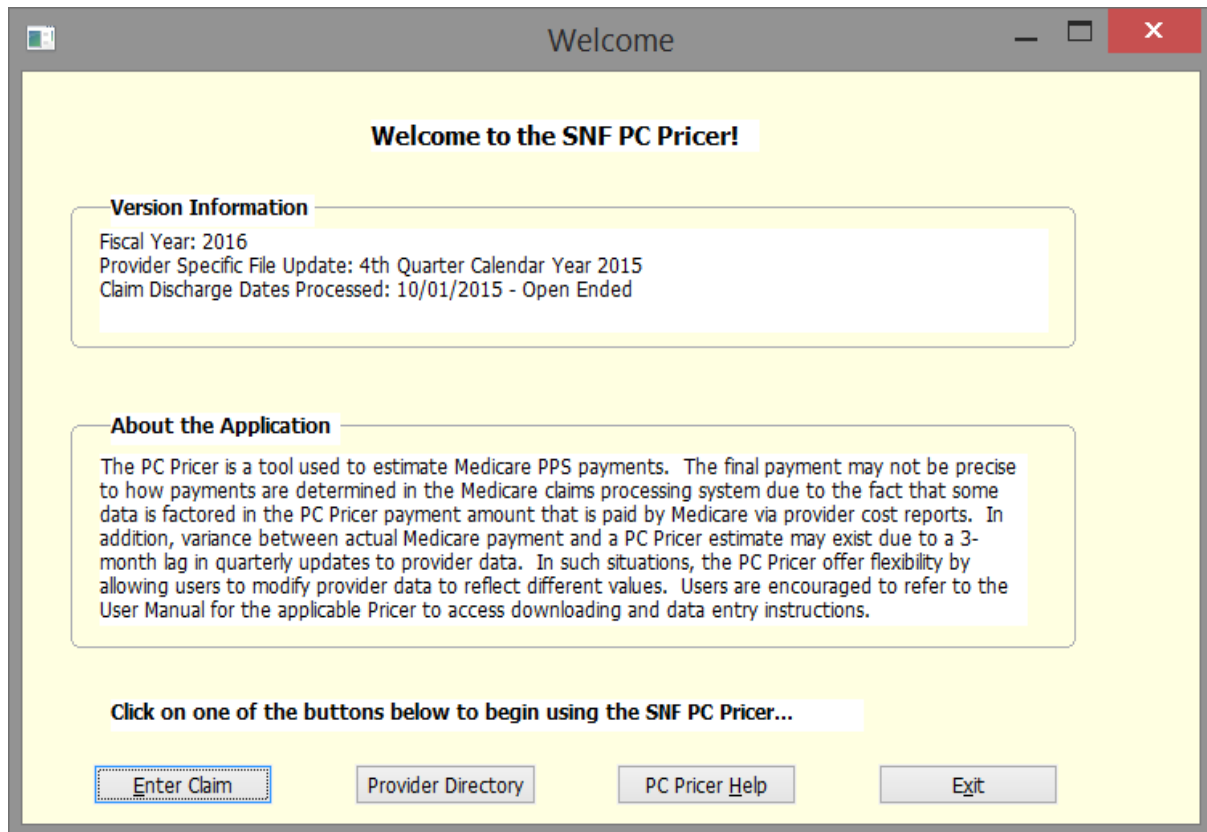




User's Manual
Skilled Nursing Facility Prospective Payment System
(SNF PPS)
PC Pricer Program



**Center for Medicare Management
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 98, NT, ME, XP, etc.). A printer is essential to produce the report that displays the Pricer results. Finally, the Pricers can run in a network environment.

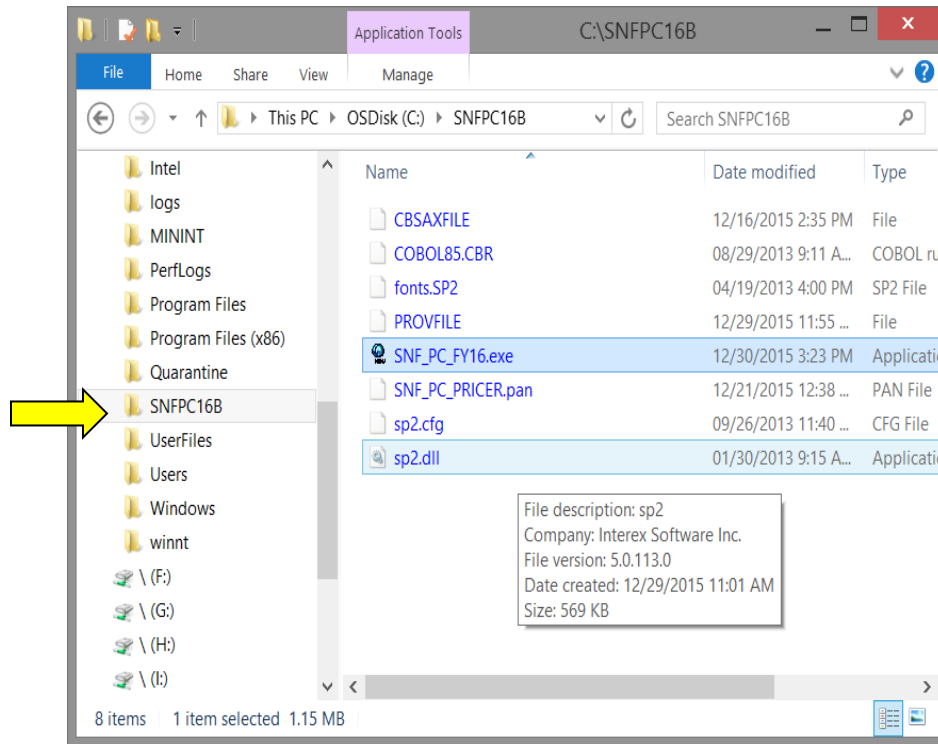
1.2 Downloading from the Internet

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. This will initiate the transfer of a zipped file. On the "File Download" screen that follows, select the "Save this program to disk" option and click okay. Use the "Save As" screen that appears next to choose a drive or folder on which to save the zipped file, then click "Save." Downloading the zipped file should take less than 2 minutes, though download speed may vary based upon your modem and internet connection.

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):



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 and, therefore, the October 1 date must be included on their September bill. In order to receive correct reimbursement these claims should pay off the previous year's rates. In order to do this, the PC Pricer effective dates were adjusted as indicated above.

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

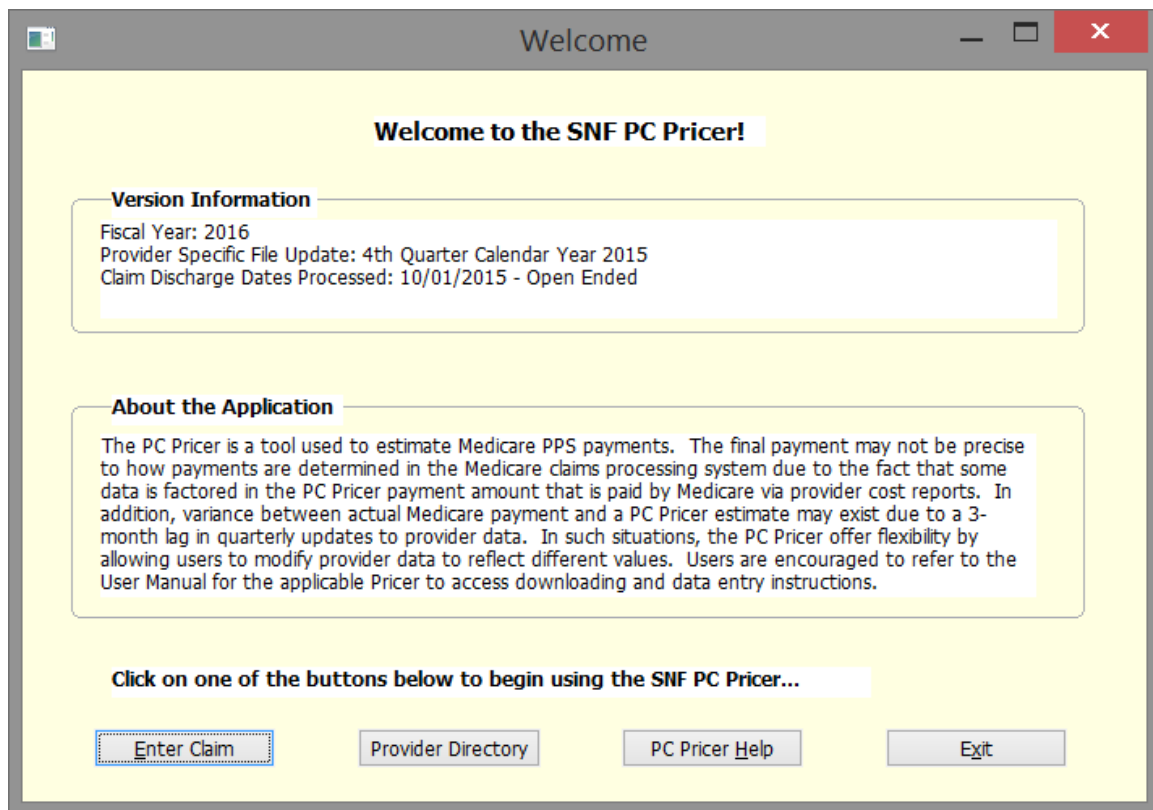
New Pricer versions for a new fiscal year are available for download on or before November 1st of each year. SNFs will rarely have reason to update the software more frequently than annually although the software is routinely updated quarterly. Unless mid-year legislative changes affect Medicare payment rates, these interim updates only

affect the providers listed in the provider files contained in the download (see Chapter 4 for more information on the provider files).

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 4 options available, Enter Claim, Provider Directory (to add/change Provider information), PC Pricer Help and Exit. Click the desired option.

[see 2.2 below].

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 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:

There are two ways to terminate the program. Using the mouse, you can click the close button in the title bar or press 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. Fields marked “required, with default” are filled automatically by the program with the value most likely to apply. Normally, these fields may be tabbed over, but they may be overwritten with other values as necessary.

PROVIDER NO. – Required. Skilled Nursing Facility provider number. Enter your facility's six digit Medicare provider number in this field. The PC Pricer contains a file of all the provider numbers reported to CMS by the Fiscal Intermediary as an active SNF provider as of the quarter in which your version of the software was created. If your provider number is not on this file, your claim will be calculated with zero payment and you will receive a message reading "No provider number found". If this occurs, or if you are an entity other than an HHA, you may enter a new provider in the provider file (see Chapter 4).

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.

RUG Group 1 – Required. Resource Utilization Group Code. Enter the the first three digits of 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.

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

RUG GROUP 2-4 – Optional. Enter up to 3 additional RUG codes, if applicable, reported on the claim form.

UNITS – Optional. Enter the total units that correspond to the Service Units field on the UB-04 if additional RUG codes are reported on revenue code 0022 lines on the claim.

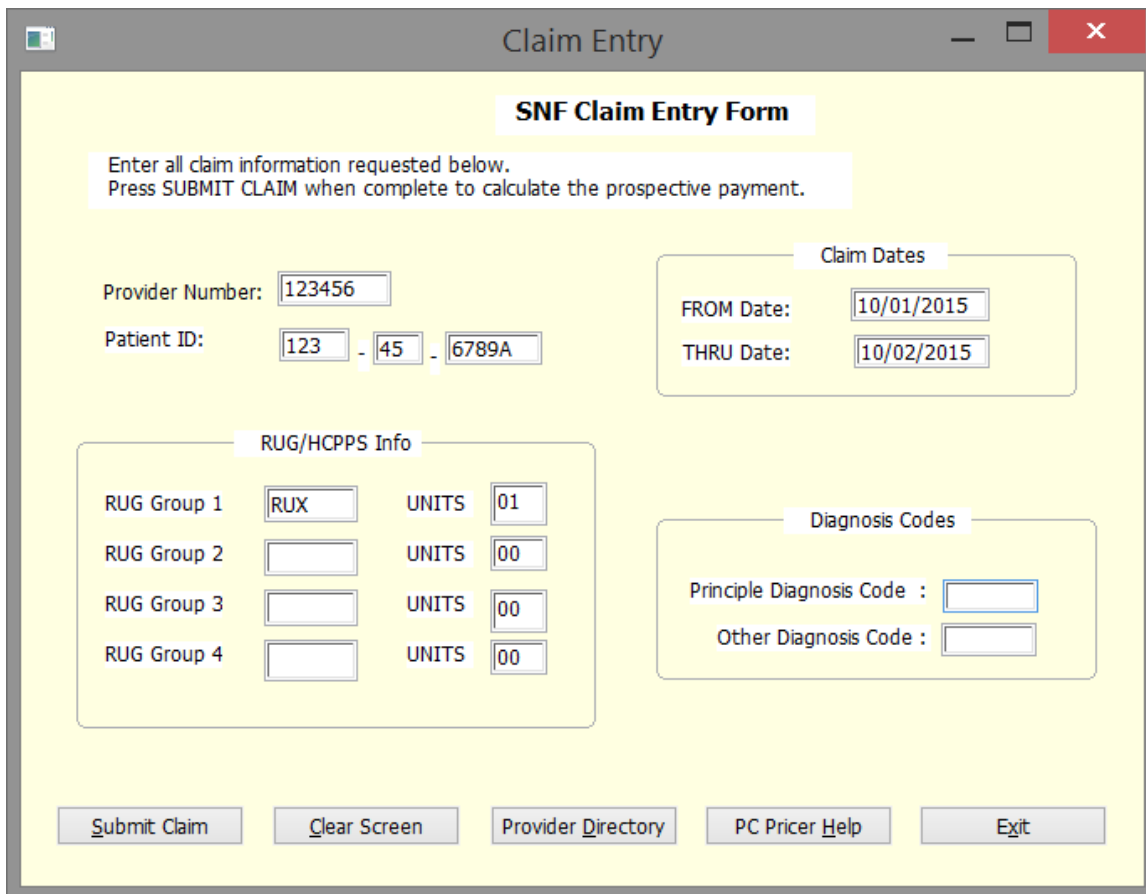
PRINCIPLE DIAGNOSIS CODE – Optional. Section 511 of the MMA increases the per diem RUG payment for a SNF resident with AIDS by 128%. SNF and Swing Bed claims with diagnosis code 042 will receive the additional payment. Enter diagnosis code 042 in this field, if applicable.

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 042 will receive the additional payment. Enter diagnosis code 042 in this field, if applicable.

2.3 Entering Claims

Entry Screen:

The following instructions outline the steps for entering SNF claims. Below is a picture of a completed claim entry screen.



Claim Entry

SNF Claim Entry Form

Enter all claim information requested below.
Press SUBMIT CLAIM when complete to calculate the prospective payment.

Provider Number:

Patient ID: - -

Claim Dates

FROM Date:

THRU Date:

RUG/HCPCS Info

RUG Group 1	RUX	UNITS	01
RUG Group 2		UNITS	00
RUG Group 3		UNITS	00
RUG Group 4		UNITS	00

Diagnosis Codes

Principle Diagnosis Code :

Other Diagnosis Code :

1. Enter your six digit Medicare provider number in the PROV NO. field.
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 claim statement covers from and through date corresponding to the claim form in the FROM and THRU Date fields.
4. Enter the first three digits of the HIPPS code from the revenue code 0022 line on the claim (i.e. RUX, SE1) in the RUG Group 1 field. Enter the number of units reported for the RUG code.
5. Tab over the remaining RUG Group fields leaving their default values unchanged.
6. Click 'Submit Claim' on the application.

Payment Report:

A payment report screen will be displayed, similar to this example:

PPS Payment Results

SNF Prospective Payment Results

Calculator Version: V16.0
Patient ID: 123-45-6789A

Claim Return Code: 00 - Payment calculated for RUG as specified.

TOTAL Payment = \$638.24

Provider Details

Provider: 123456 Prov EFF Date: 10/01/2013 Name:

Claim Details

FROM Date: 10/01/2015 CBSA: 19300 WAGE INDEX: 0.7287
THRU Date: 10/02/2015 SPECIAL W/I IND: 0 SPECIAL W/I: 0.0000

Diagnostic Codes

Principle DX Code :
Other DX Code :

List of RUG Payments

RUG Group	RUG	Units	Payment
RUG Group 1	RUX	01	\$638.24
RUG Group 2		00	\$0.00
RUG Group 3		00	\$0.00
RUG Group 4		00	\$0.00

Print Enter Claim Provider Directory PC Pricer Help Exit

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

- 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 claim you have entered.
- 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.

Press 'Print' to print a hard copy report of the results of this claim calculation.

3. How do I add a provider to the provider file?

3.1 Reasons to add a provider record

The PC Pricer contains a provider file with records listing all Medicare certified SNFs as of the start of the quarter in which the particular version of the software was produced. These provider listings are essential to the calculation of payments in that a provider number refers to a valid record in the provider file (for CBSA code information) and is required to calculate a claim.

The great majority of SNFs will never need to add a provider record to the file, since their number will already be present. However, facilities who have recently received their Medicare provider number or who have recently undergone a change in ownership which caused their provider number to change may not find their number listed in the provider file. Rather than await the next quarterly release of the PC Pricer that contains their provider record, facilities may create their own record using the instructions in 3.2 below.

Additionally, entities that are not Medicare certified skilled nursing facilities but are interested in the SNF PPS payment calculations may wish to use the PC Pricer software. Such entities may include payment policy researchers, survey staff, Medicare managed care plans and others. These entities may also use the instructions in 3.2 below to create 'dummy' provider records similar to the record used in the examples below.

3.2 Adding a provider record

To begin adding a provider record, open the program and select 'Provider Directory' at the Welcome screen. The following screen will appear:

SNF Provider Directory

Step 1

Enter the following provider record information:

Provider Number:

Effective Date:

Effective Date Notes

- Only effective dates that can be used in this PC Pricer version are accessible.
- If all zeros are entered, the provider's first record in this directory will be retrieved.
- If the most current record's effective date is prior to year 2000, enter zeros to access it.

Step 2

Select the function you would like to perform, then press Continue:

☐ View this existing provider record

☐ Change this existing provider record

☒ Add this new provider record

This screen prompts you to enter a provider number (this may be your new Medicare provider number or a dummy number if a non-provider user) and an optional effective date. If you do not enter an effective date, a default effective date will be created using the first day of the Federal fiscal year to which the PC Pricer applies. Select 'Continue' to move to next screen. The second screen below will appear. This screen requires more detailed information.

Provider Entry Screen for SNF PC Pricers for FY 2015 on.

SNF Provider Directory

SNF Provider Specific Record

Add Provider Record - This is the provider record you selected to add. Enter values then press Enter Changes.

Provider: 123457
Effective Date: 10/01/2013

Fiscal Year Begin Date	10/01/2013	Cost of Living Adjustment	0.000	Pass Thru Amt Capital	0000.00
Report Date	02/02/2016	Intern to Bed Ratio	0.0000	Pass Thru Amt Dir Med Edu	0000.00
Termination Date	09/30/2016	Bed Size	00000	Pass Thru Amt Organ Acq	0000.00
Waiver Code	☐	Cost-to-Charge Ratio	0.000	Total Pass Thru Amt + Misc	0000.00
Intermediary Number		Case Mix Index	0.0000	Capital PPS Pay Code	☐
Provider Type	☐	SSI Ratio	.0000	Cap. Hospital Specific Rate	0000.00
Current Census Division	0	Medicaid Ratio	.0000	Cap. Old Harmless Rate	0000.00
Change Code for Reclass	☐	Provider PPS Period	☐	Cap. New Harmless Rate	0.0000
Actual Geographic MSA		Special Prov Update Factor	0.00000	Cap. Cost-to-Charge Ratio	0.000
Wage Index MSA		Operating DSH Percent	.0000	New Hospital	☐
Standardized Amount MSA		Fiscal Year End Date	00/00/0000	Cap. Indirect Med Edu Ratio	0.0000
Sole Community or Medicare	☐	Special Payment Indicator	☐	Cap. Exception Payment	0000.00
Dependent Hospital Base Year	☐	Hospital Quality Indicator	☐	Value Based Purchasing Participant	☐
LUGAR	☐	Geographic Location CBSA	19300	Value Based Purch Adj	0.000000000000
Temporary Relief Indicator	☐	Reclassification CBSA		Hospital Readmission Reduction	☐
Federal PPS Blend Indicator	☐	Standardized Amount CBSA		Hospital HRR Adjustment	0.0000
Facility Specific Rate	00000.00	Special Wage Index	00.0000	Model 1 Bundle Percent	.00

The only field REQUIRED in order to calculate a payment for the provider is the 'Geographic Location CBSA' field. Fill out additional fields as desired.

NOTE: You may change existing records by selecting 'Provider Directory' then select 'Change this existing provider record' after entering your Provider Number. Select 'Continue' and make necessary changes.