All PPS episodes are billed in 30 day increments, and the OASIS and 485s must line up with these dates. If a patient switches insurance in the middle of an episode, particularly if you find out after multiple visits and/or episodes that the patient switched insurance, there is a process that must be completed to switch the patient's billing information to the correct payer, and to ensure that documentation is acceptable.

1. As soon as you find out that the payer changed, put in the discharge date on the existing chart number. The discharge date should be the date of the last chargeable visit under the old payer. Discharge on the **Payers** tab in **Referral**, this should also mark the Patient Status as discharged. This is the first step because it will help prevent having more information entered by nurses and other staff under the incorrect payer and chart number.
2. Open the discharged patient in **Referral**. Perform a **Readmit**, and assign a new chart number. **IMPORTANT: Check the boxes to pull over all information from the old chart to the new.**
3. Assign a start of care (SOC) date based on the first chargeable visit during the coverage period of the new insurance plan. Make sure the new insurance is entered on the **Payers** tab, and that the information on the **Finish** tab is correct.
4. Optional: wait until all staff using POC have synchronized any remaining visits, orders, and other patient information, and inform them of the change in chart numbers so that they will use the new chart number for new entries.
5. Under **Admin**, perform the **Shift a Chart #** process (more information is available about this process under the Shift A Chart Number vs Switch Chart# article), being careful to correctly enter the old and new chart numbers and the dates.
6. When you have completed the chart number shift, go back and check that the information was shifted: ICDs, 485s (check the episode dates), OASIS, visits, supplies, order, pending order, care coordination, etc.
7. Immediately take steps to guarantee signed coverage for 485s and orders on the new chart number.
8. Open the old chart number and inactivate all exported and accepted OASIS entries that are dated after the discharge date set in #1.
9. Check accounts receivable (A/R) and PPS tracking for accuracy on

old and new chart numbers, and correct as needed.

10. You will probably need to create a new start of care (SOC) OASIS on the new chart number. CMS guidance on this topics indicates that the clinician should create the SOC OASIS based on the the patient condition at the time of the SOC for the new chart number, by looking at the patient's chart information, as best as they can. Fix the MO090 date to match the new SOC date.
11. The 485s that are shifted will be dated correctly, but the order frequencies will NOT be correct. The 485s should reflect accurate frequency--which should be corrected by editing each 485, even if they show up as mailed and returned.
12. The last 485 may need to be mailed to the doctor for signature.
13. After a week, ensure that any information added or changed (such as visits) after the chart number was shifted is moved to the new chart number.

Knowledgebase

http://kb.barnestorm.biz/KnowledgebaseArticle50137.aspx