

PointRight P4P Scorecard

NMVBP: Calculating Medicaid Bed Days from the MDS

Medicaid Bed Days - The number of days a bed was occupied by a Medicaid patient who was covered by participating payor.

Included Days:

- Day of Admission to Custodial care
- Medicaid Days in a facility at a Custodial level of care
- Day of Death
- Bedhold Days out of the facility for therapeutic leave of absence/home visits (No MDS to tell us)
- Days in a Facility at a Skilled level of care where PPS assessments are *not* completed (in other words, where PDPM payment methodology is not used)

Excluded Days:

- Medicaid Bedhold Days out of the facility for hospitalization (MDS tells us so)
- Days in a Facility at a skilled level of care where PPS assessments are completed, and were billed to a payor including Medicare Part A, Medicare Advantage, Veterans, Private, or any other Payor other than Medicaid)
- Day of Discharge

IMPORTANT! Medicare Advantage Plans and Medicaid Bed Day Counts

For Medicare Advantage Plans that do not require PPS assessments:

- PointRight calculates Medicaid bed days based on an expected sequence of MDS records/assessments. Days at a skilled level of care are counted as Medicaid bed days if PPS assessments are not completed (i.e. not required by payer) because there is no way to determine skilled level of care from MDS data in this situation.

For Medicare Advantage Plans who do require PPS assessments:

- For Medicaid bed day counts to start or resume after a skilled stay, a PPS Discharge MDS is required. A2400C should be coded with end date of skilled stay and MDS is not transmitted to CMS but must be submitted to PointRight. If no PPS discharge is submitted to PointRight, then the Medicaid bed day count does not resume until 100 days from the 5-day MDS.

High Acuity Bed Days from MDS Coding

High-Acuity Medicaid Bed Days are a subset of Medicaid Bed Days that receive a higher Per-Diem payment rate. A Medicaid Bed Day qualifies as High-Acuity when it meets any of the following MDS criteria:

If the MDS indicates that a resident has one of the following conditions, then that resident's Medicaid bed days are considered High-Acuity:

- ALS (MDS I8000 = G12.21)
- Lewy-Body Dementia (MDS I8000 = G31.83)
- Dementia with behavioral disturbance (MDS I8000 = F02.81 or F03.91)
- Cerebral palsy (MDS I4400 is checked)
- Multiple sclerosis (MDS I5200 is checked)
- Huntington's disease (MDS I5250 is checked)
- Parkinson's disease (MDS I5300 is checked)
- Tourette's syndrome (MDS I5350 is checked)
- Traumatic brain injury (MDS I5500 is checked)
- Bipolar disorder (MDS I5900 is checked)
- Schizophrenia (MDS I6000 is checked)
- Psychotic disorder other than schizophrenia (MDS I5950 is checked)
- Post-traumatic stress disorder (MDS I6100 is checked)