

## MDS Alert

### What Do You Think?: ASNF Resident Without a 3-Day Qualifying Hospital Stay Goes Off a Medicare Advantage Plan -- Now What?

Question: What should a SNF do when a patient covered by a Medicare Advantage plan (without a three-day prior hospitalization) goes off the plan and back on traditional Medicare fee-for-service coverage for the remainder of his Part A skilled stay?

Answer: "All the SNF need do is continue billing on the traditional claim for the next month's service, and include Condition Code '58' (Terminated Managed Care Organization Enrollee), to indicate the patient was disenrolled from an MA plan and the three-day prior [hospital] stay requirement was not met," says **Victor Kintz, MBA, CHC, LNHA, RACCT, CCA**, managing director of operations for The Polaris Group based in Tampa, Fla.

"Of course the facility will also need to include the MDS RUG information on the traditional fee for service Medicare claim, along with appropriate charges. It is for this reason that the facility will want to continue and follow the Medicare PPS MDS schedule for [residents who are on] Medicare Advantage plans," adds Kintz.