



# Job Aid: Ohio Private Rooms

## Interim Process thru January 2025

The following is a guide for the Business Office Managers, Regional Business Office Managers, and/or Billers, on how to utilize PointClickCare for the management and billing of the Private Room Incentives.

<p><b>Step 1</b></p> <p><b>Step 2</b></p>	<p>Login to PointClickCare using <a href="http://login.pointclickare.com">login.pointclickare.com</a>.</p> <p>Determine if you will be tracking the Private Room Incentives to a separate General Ledger from the traditional room and board account numbers. If you will be tracking to a different general ledger number, then proceed to complete this step:</p> <ul style="list-style-type: none"><li>• Stand Alone Facilities &gt; Admin &gt; Set up &gt; Chart of Accounts scroll down to the Billing Set Up or search Chart of Accounts</li><li>• Multi Facilities &gt; Management Console &gt; Standards &gt; Financial Management &gt; scroll down to the Billing Set Up or search.</li></ul> <p>Note: please keep the Stand Alone and Multi Facilities in mind to access and complete the rest of the configurations noted below.</p>
<p><b>Step 3</b></p> <p><b>Step 4</b></p>	<p>Setup: Configure Charge Categories &gt; New &gt; OH Private Rooms</p> <p>Setup: UB Picklists &gt; Revenue Codes &gt; click Edit &gt; New and either validate that 119 and 129 is there or click New to add. NOTE you do not need to add a leading zero.</p> <div data-bbox="261 1350 1456 1654"><p><b>New User Picklist Item</b></p><p>Description: <input type="text" value="Private Category 1"/> *</p><p>Short Desc: <input type="text" value="119"/> *</p><p>Seq. No: <input type="text" value="119"/></p></div>



**Step 5**

Setup: Adjustment/Charge Code > New and complete the following screens according to your payer of private and private room and board revenue GLs. Rates as of 2024 are \$30 per day for Private Category 1 and \$20 per day for Private Category 2 (refer to NF Fact Sheet from the State of Ohio). Press Save. Note: Under the ancillary rules within the payer rules, you will update the mappings to hit the correct revenue accounts based on the payer itself and your organization's chart of accounts. See step 6.

**New Ancillary Charge Code**

Allow Override of Amt.:  TransactionType: Ancillary

Charge Code: PVT CAT 1 \* Type: Service

Category: Private Room Categories

Description: Private Room Category 1 \*

Default Payer: PP  [View payers](#) \*

Default Account: 5010-10 - R/B - Pvt  \*

Track Days On Recurring:

Unit/Days Account:

Revenue Code: 119 - Private Category 1

HCPCS/CPT Code:  HCPCS Modifier:  Modifier:

Effective Date: 12/18/2024  Ineffective Date:

Standard Charge Amount:  Fixed Amount 30.00

Markup Imported/Entered Amounts by  %

Show On Fee Schedule:

Charge Admin Fee:

Charge Code:



### Step 6

Stand Alone Facility Navigate to Admin > Setup > Payer Rules and Rate Schedules and for Multi Facility Chains Navigate to Management Console > Standards > Financial Management > Payer Rules

From the Drop-Down box of Primary Payers select the Ohio Medicaid, Hospice Medicaid, MyCare, Next Generation, or Manage Medicaid Payers (possible Pending Medicaid) payers to add a new effective line as of 12/18/2024. Note if you have already added a January 1, 2025, line due to rate changes and/or other ancillary rule changes you will need to update these lines as well for the ancillary rules.

The screenshot shows the 'Payer Rules & Rate Schedules' page. At the top, there are navigation tabs: Home, Admin, Clinical, QIA, GL AP, CRM, Reports. A search bar is on the right. Below the navigation, there are buttons for 'New', 'Back', and 'PDPM Annual Update'. The 'New' button is circled in red. Below these buttons, there are radio buttons for 'Payer Rank' (All, Primary, Secondary) and 'Payer Active In Facility' (All, Active, Inactive). A dropdown menu for 'Payer' is set to 'Medicaid Ohio (MCD)'. The main content area shows a 'New Rate Schedule' modal form. The form has fields for 'Payer: Medicaid Ohio', 'Schedule Start Date: 12/18/2024', and 'Schedule End Date:'. A checkbox 'Copy prior Payer Rules and Ancillaries?' is checked. A note says 'Note: Rates will always be copied from previous rate schedule.' At the bottom of the modal, there are 'Save' and 'Cancel' buttons. The 'Save' button is circled in red. In the background, a table lists existing rate schedules with columns for 'Effective Date' and 'Ineffective Date'.

Once you add the 12/18/2024 start date success is shown below. Now click the blue link to edit the ancillary rules.

The screenshot shows the 'Payer Rules & Rate Schedules' page after a new rate schedule has been added. The 'New' button is circled in red. The 'Payer Rank' is set to 'Primary' and 'Payer Active In Facility' is set to 'Active'. The 'Payer' dropdown is still 'Medicaid Ohio (MCD)'. The main content area shows a table with columns for 'Effective Date' and 'Ineffective Date'. A new entry is highlighted in yellow, showing an effective date of 12/18/2024.

Click New > and complete the screen using your applicable revenue general ledger acct. and press Save.



**Step 6  
Continued**

Medicaid Ohio - Ancillary Rules

https://www25.pointclickcare.com/admin/setup/ancrules.jsp?ESOLprtid=-1&ESOLdaterangeid=3187&E...

New Medicaid Ohio - New Ancillary Rule (12/18/2024)

Show Coverage Templates For 12/18/2024 Printable View

del	edit rules	manage charge codes
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Name of Template  
Private Room Categories

Does Payer cover these Charge Codes?  Yes  No

Revenue Account: 5010-20 - R/B - Mcd

Deductible Revenue Account:

Reimbursement:  100.00 % of Standard Charge Amount

Daily Amount

Follow Service Plan Ancillary Rules

Override Payer Coverage Limit Rules?  Yes  No

Override Payer Coinsurance Rules?  Yes  No

Override Charge - HCPCS / Revenue Code

HCPCS Code:

Rev. Code:

Save Cancel

After saving the above screen and using the screen shot below click on the blue link of Manage Charge Codes to link the new charge codes to the payer to flow to the UB04 press Save and the Back button.

Medicaid Ohio - Ancillary Rules

https://www25.pointclickcare.com/admin/setup/payerRulesAndRateSchedules/popups/manageAncillaryRuleChargeCodes.xhtml?ESOLprtid=5800&ESOLdrid=3187&ESOLdesc=Physical+Therapy+G-Co...

New Back

Show Coverage Templates For 12/18/2024 Printable View

	Template Description
del	Hair Cut No Charge
del	Incontinence Supplies
del	Laboratory
del	Medical Supplies
del	Occupational Therapy
del	Occupational Therapy G-Godes
del	Oxygen
del	Pharmacy
del	Physical Therapy
del	Physical Therapy G-Codes
del	Private Room Categories

Ancillary Rule: Physical Therapy G-Codes - Work - Microsoft Edge

Manage Ancillary Rule: Physical Therapy G-Codes

<input type="checkbox"/>	PTG8989	Other PT/OT status
<input checked="" type="checkbox"/>	PTG8990	Other PT/OT current status
<input checked="" type="checkbox"/>	PTG8991	Other PT/OT goal status
<input checked="" type="checkbox"/>	PTG8992	Other PT/OT D/C status
<input checked="" type="checkbox"/>	PTG8993	Sub PT/OT current status
<input checked="" type="checkbox"/>	PTG8994	Sub PT/OT goal status
<input checked="" type="checkbox"/>	Private Room Categories	
Maple	PVT CAT 1	Private Room Category 1
400 St	PVT CAT 2	Private Category 2

Whole Category

When pressing the back button, the system will bring you back to the screen below to hit accept and schedule apply the update. The system will then overnight push the rule to applicable facilities that have the payer active for those of you that are a Multi Chain operator and directly add a resident rate line to the resident's census/rate tab as of 12/18/2024. For Stand Alone buildings, it will update the resident's by adding a rate line as of 12/18/2024 under the census/rate tab upon hitting apply for you to complete Step 7 at each resident by adding the recurring charges. Note as you move to the next payer, and you use the same GL you can copy the ancillary rule from payer to payer.

Payer Rules & Rate Schedules

https://www25.pointclickcare.com/admin/setup/payerRulesAndRateSchedules/popups/payerRulesAndRateSchedules.xhtml?ESOLprtid=5800&ESOLdrid=3187&ESOLdesc=Physical+Therapy+G-Co...

New Back PDPM Annual Update

Payer Rank:  All  Primary  Secondary

Payer: Medicaid Ohio (MCD)

Payer Active In Facility:  All  Active  Inactive

Effective Date 12/18/2024 Ineffective Date

edit payer rules edit bill form rules edit ancillary rules edit rates copy rates copy ancillary rules print del edit apply rates



**Step 7**

- A) Please have your Private Room Incentive Letter from the State that identifies the rooms that are eligible for the program. This letter will show the rooms that qualified for either Category 1 or Category 2.
- B) Run A Detailed Census (At the facility level, navigate to Reports > Detailed Monthly Census > Use for December 2024 the date range of December 18 thru December 31, 2024 > Select Detail by Resident (be sure to select all payers (if you have been consistent with your payer configuration and all of the your Medicaid payers (including Managed Medicaid – may not get Pending Medicaid if you want this payer too) are under the Medicaid payer type you can just select the payer type of Medicaid, all units, all floors, all bed certifications), order by Unit. This will provide you with a listing of the residents occupying these beds that are approved to add the recurring charges.
- C) Search to locate your first resident and navigate to the A/R Profile tab of that resident and complete the screen shot below. Please note that if the resident has a room change that is not approved for the incentive; it is your responsibility to end the recurring charge accordingly. Edit and enter the Effective Through Date as the date of the room change.

The screenshot shows the 'A/R Profile' tab in a software application. The interface includes several sections: 'Recurring Charges' with a 'New' button, 'Resident A/R Setup' with an 'Edit' button, 'Therapy Caps' with a 'New' button, and 'Late Fees'. The 'Recurring Charges' section has a table with columns for 'Effective From Date' and 'Effective Through Date'. The 'Resident A/R Setup' section shows 'Last Statement Date: 11/30/2024', 'Regenerate From: Dec 2024', and 'Statement Message:'. The 'Therapy Caps' section shows 'Effective Date' and 'Template' columns, with a note 'No records found.' The 'Late Fees' section is partially visible at the bottom. On the right side, there is a form for adding a new charge. It includes fields for 'Effective From Date' (12/18/2024), 'Effective Through Date', 'Charge Code' (PVT CAT 1), 'Description' (Private Room Category 1), 'Units' (1 @ 30.00), and 'Amount' (30.00). There are also checkboxes for 'Override Item Codes?', 'Charge in Advance?', and 'Charge On Leave/Hold?'. A group of options is circled in pink, including 'Frequency: Daily', 'Prorate?: [checked]', 'Prorate on payer change?: [unchecked]', and 'Transaction per Day?: [unchecked]'. At the bottom right, there are buttons for 'Save', 'Save & New', and 'Cancel'.

- D) Once all residents have had their Recurring Charges set up, please navigate to Reports and run the Recurring Transactions Report to ensure you have updated all residents. Best to compare the Recurring Transaction Report to your Detailed Monthly Census Report previously run in Step 7 item B above. Note these reports along with reviewing your trial bills before submitting them is a best practice to ensure your billing is accurately completed. This is also the prequel to having a good month end check.



**Step 8**

Creating your monthly Billing >

A) Navigate to Admin > Billing > Generate Transactions in the upper right-hand corner for all residents – be sure that there are no retro ancillary batches to be posted, especially if you determined to enter a manual ancillary batch versus using the recurring ancillary batch process as outlined here. Recurring ancillaries are the industry best practice recommendation to ensure you are not charging or booking the revenue while the resident is on leave.

B) Admin > Billing > Generate UB04s once the system generates the claims; the system will automatically take you to the trials link to review claims. Note as the fact sheet released, Ohio Medicaid has not indicated that we need a service date placed in form locator 45 and because we are pulling the Private Room Incentives by revenue code this is not like a Part B claim where we are listing all hcpc codes by date of service. The sample below is someone who is Medicaid for December 1 – December 31, 2024, with the incentive starting December 18, 2024, as approved per the letter from ODM.

38		39		40		41			
		CODE	VALUE CODES AMOUNT	CODE	VALUE CODES AMOUNT	CODE	VALUE CODES AMOUNT		
a		80	31.00						
b									
c									
d									
42 REV CD.	43 DESCRIPTION	44 HCPCS / RATES / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CH.	49		
1 0101	Room Charge	295.58	120124	31	9162.98				
2 0119	Private Category 1			14	420.00				
3									
4									
5									
6									

