

Monthly Report of Vermont PNMI Resident Days by Payor

The Division is called upon to provide information, make estimates and carry out calculations requiring recent information from providers relating to resident days for each provider. Therefore, for service provided beginning July 1, 2010, each provider shall file monthly reports showing the numbers of resident days for each month, including paid hold days. The information should be provided on Form 10-1.2F, *Monthly Report of Vermont PNMI Resident Days*, and filed with the Division on or before the 15th day of the following month.

Instructions

Part I should include all days for residents of the facility during the current month by payor. In the case of State-placed residents, only the PAD placing the resident is counted, even if other PADs are sharing in the cost of the placement. Similarly, in the case of residents for whom the State is responsible for payment, though the resident is not in State custody, only the primary PAD should be counted, even if other PADs are sharing in the cost. In the case of out-of-state residents, choose the Out-of-State box even if another box, such as Self-Pay/Insurance applies. The Other section could include PAD placements that are not as common, such as from the Department of Corrections or Department of Education. The number of resident days on the monthly census form should match the number of resident days for the facility during that month.

Part II should include any adjustments and/or reclassifications of residents for previous months. A positive number should be put in the payor category to which the resident has been reclassified and a negative number should be used for the category in which the resident's days were previously reported. The adjustment should be reported separately for each month during which the resident's payor classification has been revised. Normally, the total for each month's adjustments should be zero, except where the resident's days were never reported or were previously over-counted. If the Part II totals are not zero, an explanation should be included in the Notes and Comments.

Parts III and IV are new as of July 1, 2011 and are for reporting admission and discharge information. In Part III, providers should report the total number of admissions in the current month as well as the total number of discharges in the current month.

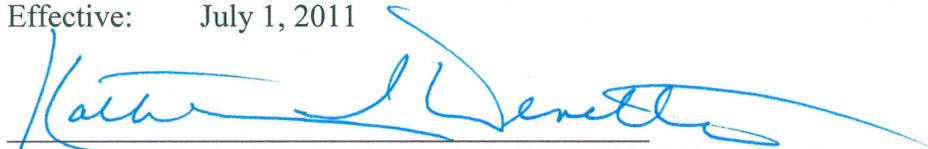
In Part IV, providers should report information about the lengths of stay for each resident discharged in the current month. The number of discharges reported in Part IV should match the total number of discharges reported for the month in Part III. The information reported in Part IV includes a resident identifier (used for tracking purposes only), the admission date of the resident discharged in the current month (note that the

admission date may be in a prior month), the discharge date (date in the current month) and the length of stay (difference between discharge date and admission date).

While the Division does not normally request resident-specific information, the resident identifier column in Part IV is included to assist providers in tracking discharges each month. Providers may use their own identification system and are encouraged to use resident's initials whenever possible instead of full names. The Division will treat all resident identifiers as confidential and protected information.

Extra sheets may be used as necessary.

Effective: July 1, 2011



Kathleen Denette, Rate Setting and Auditing Chief/Director