

Managing Medicaid Exclusions (Defaults)

The Washington Case Mix system cannot compute reimbursement rates for episodes of payment that do not follow the RAI Manual’s timely submission guidelines.

The Case Mix system will indicate a default value of “BC1” for that episode of care.

Typical reasons for these defaults might be:

Reason for Default	Tips to Retain Reimbursement
More than one Entry date	The A1600 Entry Date on the entry tracking and the next assessment are not the same date.
Missing assessment	There is a valid assessment on record, but the next scheduled assessment has not yet been filed or is more than 92 days away. The WA system cannot determined if the missing assessment is late, or if the resident was discharged.
Duplicate resident records	Check that the entry tracking and the first assessment match in exact name spelling, name order, birthdate, gender and Medicaid number as recorded in the Medicare billing system. Middle initials and suffixes (Mr/Mrs/Jr/III) have a different MDS field (A0500B/A0500D)
(On Preliminary RUG reports only) OBRA assessment not yet submitted	This is caused by the artificial cut-off dates of a Preliminary Rug Report. For example, the cut-off might be July 1, but the OBRA admission is not due until July 5. As long as the assessment is timely, this episode will not appear on the final RUG determinations as a default.

Helpful Links

- For guidance on timely submissions, [see the RAI Manual](#), Chapter 5
- For help obtaining or interpreting your RUG Reports, email MDSHelpDesk@dshs.wa.gov
- For the schedule of [RUG report determinations and cut-off dates](#)