



WPS Medicare
HEALTH INSURANCE®
A CMS Medicare Contractor

Skilled Nursing Facility (SNF) MDS Assessment Schedule

Teleconference

October 20, 2011

Presented by:

Janet Mateo

Agenda

- **Overview Of Minimum Data Set (MDS) Assessments**
- **FY 2012 Changes**
 - **Revisions to the MDS Assessment Schedule**
 - **Modification to EOT OMRA**
 - **New PPS Assessment**



Agenda

- **Billing SNF MDS Assessments**
- **SNF Notices of Non-Coverage Clarification**
- **Non-compliance with the MDS Assessment Schedule**
- **Importance of Communication Among SNF staff**





Overview Of Minimum Data Set (MDS) Assessments

Minimum Data Set (MDS)

- **Completed for all residents in Medicare- or Medicaid-certified nursing homes**
- **Forms foundation of a comprehensive assessment**



Minimum Data Set (MDS)

- **Used to calculate the RUG-IV classification necessary for payment**
- **Contains extensive information on resident's**
 - **Nursing needs**
 - **Activities of Daily Living (ADL) impairments**
 - **Cognitive status**
 - **Behavioral problems**
 - **Medical diagnoses**



OBRA Required Assessments

- Omnibus Budget Reconciliation Act (OBRA) regulations require nursing homes to conduct initial and periodic assessments
- Federally mandated for all residents of Medicare and/or Medicaid certified nursing homes
 - Regardless of age, diagnosis, length of stay, or payment category



OBRA Required Assessments

- **Entry record**
- **Admission (comprehensive)**
- **Quarterly**
- **Annual (comprehensive)**
- **Significant Change in Status Assessments (SCSA) (comprehensive)**



OBRA Required Assessments

- **Significant Correction to a Prior Medicare Required Assessment (SCPA) (comprehensive)**
- **Significant Correction to Prior Quarterly Assessment (SCQA)**
- **Discharge reporting**
 - Discharge assessments
 - Death in facility record



Medicare Required PPS Assessments

- **Requirements for OBRA assessments apply**
- **Determine Medicare Part A payment**
- **Provides information about the clinical condition of beneficiaries receiving Part A SNF-level care**



Medicare Required PPS Assessments

- **5-day**
- **14-day**
- **30-day**
- **60-day**
- **90-day**



Medicare Required PPS Assessments

- **Readmission/Return**
- **SCSA**
- **SCPA**
- **Swing Bed Clinical Change (CCA)**



Medicare Required PPS Assessments

- **Start of Therapy (SOT) Other Medicare Required (OMRA)**
- **End of Therapy (EOT) OMRA**
- **End of Therapy Resumption (EOT-R)**
- **Change of Therapy (COT) OMRA**



Combining The Two Assessments

- **When OBRA and Medicare PPS assessment time frames coincide**
 - **One assessment may be used to satisfy both requirements**
 - **Most stringent requirement for MDS completion must be met**





WPS Medicare
HEALTH INSURANCE®
A CMS Medicare Contractor

Timing Of Medicare Required PPS Assessments

Regular Timing Of Medicare Assessments

- **The assessment schedule begins**
 - **Day 1 of Medicare Part A coverage**



Changes For Fiscal Year 2012

- **Revisions to MDS Assessment Schedule**
 - **ARD window narrowed**
 - **Grace days window narrowed**
- **New PPS Assessment**
 - **Change of Therapy (COT) OMRA**



Changes For Fiscal Year 2012

- **EOT OMRA Modified into EOT Resumption**
- **Revised SNF EOT OMRA Policy**
 - **All facilities considered 7-day facilities**



FY 2011 Assessment Schedule (Prior To 10/01/2011)

Assessment Indicators	Type of Assessment	ARD Days	Grace Days	Payment Days	
				Start	End
Standard PPS Assessment (not combined with any other assessment)					
10	PPS 5 day or readmission	1-5	6-8	1	14
20	PPS 14 day	11-14	15-19	15	30
30	PPS 30 day	21-29	30-34	31	60
40	PPS 60 day	50-59	60-64	61	90
50	PPS 90 day	80-89	90-94	91	100



New Assessment Schedule (Beginning 10/01/2011)

Assessment Indicators	Type of Assessment	ARD Days	Grace Days	Payment Days	
				Start	End
Standard PPS Assessment (not combined with any other assessment)					
10	PPS 5 day or readmission	1-5	6-8	1	14
20	PPS 14 day	13-14	15-18	15	30
30	PPS 30 day	27-29	30-33	31	60
40	PPS 60 day	57-59	60-63	61	90
50	PPS 90 day	87-89	90-93	91	100



The MDS Calendar

- Useful tool for MDS coordinators and billing staff
- Download – Legacy Providers
 - [http://www.wpsmedicare.com/parta/resources/provider_types/Skilled Nursing Facility \(SNF\)/MDS calendar](http://www.wpsmedicare.com/parta/resources/provider_types/Skilled_Nursing_Facility_(SNF)/MDS_calendar)
- Download – J5 Providers
 - [http://www.wpsmedicare.com/j5macparta/resources/provider_types/Skilled Nursing Facility \(SNF\)/MDS Calendar](http://www.wpsmedicare.com/j5macparta/resources/provider_types/Skilled_Nursing_Facility_(SNF)/MDS_Calendar)



Setting the Assessment Reference Date (ARD)

- Revised MDS Assessment schedule is required to set the ARD for scheduled PPS assessments beginning in FY 2012
 - **New ARD assessment window created**
- Applies to all assessments where the ARD falls on or after October 1, 2011.



Grace Days **Revised**

- The **revised** MDS Assessment Schedule **narrows** grace day windows for each assessment



Unscheduled Assessments

- May occur any time during stay when requirements met
- Must now be combined with PPS assessments when ARDs overlap
 - OMRAs may not replace a PPS assessment
- May be combined with each other
 - SCSEA & SCPA may NOT be combined



Unscheduled Assessments

- Significant Change in Status Assessments (**SCSA**)
- Start of Therapy (**SOT**) Other Medicare Required Assessments (**OMRA**)
- End of Therapy (**EOT**) OMRA



Unscheduled Assessments

- End of Therapy Resumption (**EOT-R**)
OMRA
 - New Option
- Change of Therapy (**COT**) OMRA
 - New PPS Assessment
- Significant Correction to a Prior Medicare Required Assessment (**SCPA**)



Combining Scheduled & Unscheduled PPS Assessments

- **Combine assessments**
 - **Unscheduled PPS assessment falls within ARD window, and**
 - **ARD of scheduled assessment not yet set**
- **ARD of combined assessment**
 - **Use the same ARD that would have been used for unscheduled assessment**



Stand-Alone Unscheduled Assessment

- Bill only when the unscheduled assessment is set outside ARD window, AND
 - The scheduled assessment has already been performed





End Of Therapy (EOT) Other Medicare Required Assessment (OMRA)

Revised SNF EOT OMRA Policy



“Three Day” Policy

- **EOT OMRA must be completed**
 - Beneficiary classified in any RUG-IV rehab group
 - Therapy not received for 3 or more calendar days
- **ARD for EOT OMRA**
 - Must be set for Day 1, 2, or 3 after last therapy session



SNF Notices of Non-Coverage Clarification

- SNF Notices of Non-Coverage not required
 - When a beneficiary misses 3 consecutive days of therapy
- Timing of the SNF ABN delivery remains unchanged
- Expedited Determination Notice Policy has not changed





End Of Therapy With Resumption (EOT-R)

EOT With Resumption (EOT-R)

- **Effective 10/01/2011**
- **Criteria:**
 - Same therapy level
 - ≤ 5 days after last day of therapy
- **Not a new PPS assessment**
 - Modify prior EOT OMRA



Modifying EOT Into EOT-R

- EOT has not been accepted in QIES ASAP
 - Complete O0450A and O0450B on EOT OMRA
 - Submit combined EOT/EOT-R
- EOT (without EOT-R items) has been accepted in QIES Assessment Submission and Processing (ASAP) system
 - Submit modification request
 - Only change O0450A and O0450B, and check X0900E





Change Of Therapy (COT) OMRA

COT OMRA

~NEW PPS ASSESSMENT~

- **Effective for ARDs after 10/01/2011**
- **Required if therapy received during the COT observation period causes the patient to be classified into a different RUG category.**
- **COT observation period**
 - **Successive 7-day window**





Non-Compliance With The SNF PPS Assessment Schedule

Early Assessments

- **Scheduled Medicare required assessment or OMRA performed before schedule indicates (ARD not in the defined window)**
 - **Bill the default code (AAAx)**
 - For the number of days the assessment was out of compliance
 - Starting with the first day of payment period
 - xx = AI that would be used for related assessment



Late Assessments

- **ARD may not be before the date the omission of assessment is identified**
- **ARD set prior to end of payment period**
 - **Bill default rate up to day before ARD**
 - **Bill the default code (AAAx)**
 - **Bill Health Insurance Prospective Payment System (HIPPS) rate ARD to end of regular payment period**



Late Assessments

- ARD set after payment period and stay is still covered
 - Default rate for related payment period
 - Bill the default code (AAAx)
- **Cannot** be used to replace next regularly scheduled Medicare required assessment



Missed Assessments

- **Beneficiary is no longer on Part A**
 - Not able to complete an assessment which would cover days
 - ARD would be after SNF coverage ended
 - No payment may be made, provider liable
 - Bill default rate AAA00
 - Occurrence span code 77



Missed Assessments

- **May bill default code if:**
 1. **Stay is less than 8 days within a spell of illness**
 - Short Stay Policy may apply
 2. **SNF is notified untimely of, or unaware of, a Medicare Secondary Payer denial**



Missed Assessments

- **May bill default code if:**
 3. **SNF is notified untimely of revocation of payment ban**
 4. **Beneficiary requests demand bill**
 5. **SNF is notified untimely of, or unaware of, a beneficiary's disenrollment from a Medicare Advantage plan**



Missed Assessments

- **AAA00 may be used when:**
 - **No PPS (or OBRA) assessment done**
 - **Due to one of previously mentioned 5 situations**
 - **Benefits have exhausted**
 - **Non-skilled “no-pay” claims**
 - **Medicare Advantage information only claims**
 - **Same day transfers**



Missed Assessments

- **AAA60 may be used when:**
 - **OBRA assessment done, but Part A eligibility unknown at time of assessment**
 - **Due to one of previously mentioned situations 2 through 5**
 - **May not be used for Short Stay assessment**





WPS Medicare
HEALTH INSURANCE®
A CMS Medicare Contractor

Medicare Short Stay Policy

Short Stay Policy

- Beneficiary may be eligible for short stay policy, if on or before the eighth day of a covered SNF stay the beneficiary:
 - Dies
 - Discharged from the SNF
 - Discharged from Part A level of care



Short Stay Policy

- **Allows assignment into a Rehabilitative Plus Extensive Services or Rehabilitative category**
 - **When beneficiary received rehabilitative therapy and was not able to receive 5 days of therapy due to discharge from Medicare Part A**
- **To be considered a Medicare Short Stay**
 - **All 8 requirements must be met**



8 Medicare Short Stay Assessment Requirements

- **Assessment Requirements**
 1. **Must be SOT OMRA**
 2. **5-day or readmission/return assessment must be completed**
 - **May be combined with the SOT OMRA**



8 Medicare Short Stay Assessment Requirements

- **ARD Requirements**
 3. **Must be Day 8 or earlier of Part A stay**
 4. **Must be last day of Part A stay**
 5. **Must be more than 3 days after the start of therapy**



8 Medicare Short Stay Assessment Requirements

- **Rehabilitation Requirements**
 6. **Must have started in last 4 days of Part A stay**
 - Including weekends
 7. **Must continue through last day of Part A stay**



8 Medicare Short Stay Assessment Requirements

- RUG Requirement
 8. Must classify resident into a Rehabilitation Plus Extensive Services or a Rehabilitation group

All 8 requirements must be met!





WPS Medicare
HEALTH INSURANCE®
A CMS Medicare Contractor

MDS Assessments & Billing Medicare

Prior To Billing Medicare

- **All assessments must be transmitted to the State RAI Database prior to billing**
- **Check MDS Final Validation Report prior to billing the FI/A/B MAC**
- **The covered days must have been used**
- **Claim will be denied upon medical review if MDS is not in the repository**



Reporting HIPPS Code(s) On Claim

- Revenue code = 0022
- Health Insurance Prospective Payment System (HIPPS) Rate Code
 - RUG Code + Assessment Indicator (AI)
- Service date = ARD
 - **Effective January 1, 2011:** ARD reported with occurrence code 50



Reporting HIPPS Code(s) On Claim

- **Service units = # of days being billed under HIPPS code**
- **Total charges = \$0.00**

****Each HIPPS code needs to be reported separately****



Example: Admit Date 11/16/11

Assessment	Assessment Date	Days Covered
5-day Assessment	11/20/11	11/16/11 – 11/29/11
14-day Assessment	12/28/11	11/30/11 – 12/14/11
30-day Assessment	01/12/12	12/16/11 – 12/14/12



Unscheduled Assessments – Payment & Billing

- **SCSA, SCPA, and Swing Bed CCA assessments**
 - **Begin modifying the payment rate on the ARD**
 - **Except when ARD is a grace day**



Unscheduled Assessments – Payment & Billing

- **SOT OMRA**
 - RUG takes effect day therapy started
- **EOT OMRA**
 - RUG takes effect day after the last day of therapy provided



Unscheduled Assessments – Payment & Billing

- **EOT-R OMRA**
 - RUG takes effect on the last therapy date through the day before the resumption of therapy date
- **COT OMRA**
 - RUG takes effect on day 1 of the COT observation period



Billing For Breaks In Therapy

~Non-therapy RUG

- From day after therapy ends through day before resumption
- RUG from prior PPS assessment
 - From day of resumption to end of payment period



Transition to FY 2012 Billing

- If the billing period splits between fiscal years, payment needs to be established for the entire period
 - **FY RUG-IV and FY 12 RUG-IV Groups**



RUGs & Therapy

- **RUA, RUB, RUC, RUL, RUX**
 - **Minimum of 2 rehabilitation therapy ancillary codes are required**
 - **Rev code 042x and/or, 043x and/or, 044x**
- **RHA, RHB, RHC, RHL, RHX, RLA, RLB, RLX, RMA, RMB, RMC, RML, RMX, RVA, RVB, RVC, RVL, RVX**
 - **Minimum of 1 rehabilitation therapy ancillary code is required**
 - **Rev code 042x and/or, 043x and/or, 044x**





WPS Medicare
HEALTH INSURANCE®
A CMS Medicare Contractor

Communication

Departmental Responsibilities

- **Admitting Office**
 - Resident's available Part A days
- **Clinical Staff**
 - RUG-IV code, assessment reference date, and type of assessment to billing staff



Departmental Responsibilities

- **Therapy/Service Staff**
 - Report types of services and number of units to billing staff
- **Billing Staff**
 - Correctly bill the resident's Part A stay



Summary

- **FY 2012 MDS Assessment Changes**
- **Clarification of SNF Notices of Non-Coverage**
- **Non-compliance with SNF PPS Schedule**
- **Transition Billing**



References

- **MDS Calendar/Payment Scheduler**
 - **Legacy Providers**
 - http://www.wpsmedicare.com/part_a/resources/provider_types/
 - **J5 Providers**
 - http://wpsmedicare.com/j5macparta/resources/provider_types/index.shtml
- **MDS Version 3.0**
 - http://www.cms.gov/NursingHomeQualityInitiatives/45_NHQIMDS30TrainingMaterials.asp



References

- **Billing SNF PPS Services**
 - CMS IOM; Publication 100-04, Medicare Claims Processing Manual; Chapter 6; Section 30
- **Proper Use of HIPPS Code AAA00**
 - Federal Register / Vol. 73, No. 154 / Friday, August 8, 2008
 - <http://edocket.access.gpo.gov/2008/pdf/E8-17948.pdf>



Additional Information

WPS Medicare eNews!

Your Most Up-to-Date Medicare Resource

[Sign up by:](#)

- 1. Going to wpsmedicare.com & click on eNews**
- 2. Contacting today's presenter**



www.wpsmedicare.com

- **Resources available on website:**
 - **Frequently asked questions (FAQs)**
 - **Claims submission errors**
 - **Live training**
 - **Publications**
 - **Provider specialty/services**
 - **Forms**
 - **Surveys**
 - **Contact us**



Provider Contact Centers

Region	Contact Number
Southeast	(866) 580-5981
Northeast	(866) 580-5945
Central	(866) 580-5984
West	(866) 580-5987
J5	(866) 518-3285



Let Your Voice Shape The WPS Medicare Website

- **ForeSee Survey**
 - Gauges provider satisfaction with WPS Medicare website
 - Conducted by ForeSee Results
- **Departmental Surveys**
 - Determines whether each section of the website meets provider needs



CMS Website

- **Resources available:**
 - **Internet-Only Manuals (IOMs)**
 - <http://www.cms.gov/Manuals/IOM/list.asp>
 - **Transmittals**
 - **MLNs**
 - **Quarterly Provider Updates (QPUs)**



Remittance Advice Information

- **Web-Based Training (WBT) on Remittance Advice (RA) now available**
- **Remittance Advice Remark Codes (RARCs) and Claim Adjustment Reason Codes (CARCs)**
 - <http://www.wpc-edi.com/codes>
 - DDE, menu options 16 and 68
- **Electronic Remittance Advice (ERA) saves time and money**



MCPSS

- **Medicare Contractor Provider Satisfaction Survey (MCPSS)**
- **Measures level of satisfaction providers and suppliers experience with contractor-provider relationship**
- **Distributed annually to random sample of Medicare FFS providers and suppliers**
 - **Provider/Supplier participation in the survey is voluntary**



5010

- **January 1, 2012**
 - All **EDI users** must start sending claims in 5010 format
- **Vendor and/or Clearinghouse users**
 - Contact Vendor and/or Clearinghouse regarding their plans for transitioning to the 5010 format
- **PC-Ace Pro-32 users**
 - Always use most up-to-date version



5010

- **For more information:**
 - <http://www.wpsic.com/edi/pdf/Medicare-FAQs.pdf>
 - http://www.cms.gov/Versions5010andD0/40_Educational_Resources.asp#TopOfPage
 - http://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp



ICD-10

- **October 1, 2013**
 - Implementation of ICD-10-CM (diagnoses) and ICD-10-PCS (procedures)
- Provides significant improvements through greater detailed information
- For more information:
 - <http://www.cms.gov/ICD10>



This program is presented for informational purposes only.

Current Medicare regulations will always prevail.





WPS Medicare
HEALTH INSURANCE®
A CMS Medicare Contractor

Questions?