MDS and Medicare 3.0

Resources
- www.nursinghomehelp.org
  - Links to cms web site
  - Educational web site
  - Copy of this power point
  - Copy of larger print transition
  - Copy of the PPS scheduler

References
- http://cms.gov/snfpps/
  - STRIVE
  - Federal registers
  - Education/training
  - Swing bed providers
  - Transmittals
References

http://www.cms.gov/Manuals/IOM/list.asp
- Medicare Benefit Policy Manual
- Medicare Claims processing

References

- MDS 3.0 manual
- Training material
- Technical information

SNF PPS Criteria

Overview
- Enrolled and days available
- 3-day qualifying hospital stay
- Admission w/in 30 days (deferred treatment exception)
- Need and receives medically necessary skilled care on a daily basis – nursing or rehabilitation
- Practical matter requires services as inpatient
- Condition treated during hospital stay or arose while receiving SNF care
SNF PPS Criteria

- Other
  - Physician certification and recertification
    - Certification - time of admission or soon thereafter
    - Affirms resident meets SNF level of care definition
    - Validates assignment to upper 52 RUGs is correct
    - Re-certification - documents continued need for skilled SNF care
    - 14+ days after initial admission
    - Subsequent no later than 30-day intervals after 1st
    - Initial and 1st may be signed at same time
  - ABN
    - http://www.cms.gov/BNI/03_overview.asp?
    - Medicare Claims Processing Manual, chapter 30

RUG assignment does not mean skilled care criteria are met

RUG-IV
RUG-IV - Classifications

8 Classifications, 66 Groups
  - Rehabilitation Plus Extensive Services (9)
  - Rehabilitation (14)
  - Extensive Services (3)
  - Special Care High (8)
  - Special Care Low (0)
  - Clinically Complex (10)
  - Behavioral Symptoms and Cognitive Performance (4)
  - Reduced Physical Function (10)

RUG-IV - Classifications

- Rehabilitation Plus Extensive Services: RUX, RUL, RVX, RVL, RHX, RHL, RMX, RML, RLX
- Rehabilitation: RUC, RUB, RUA, RVC, RVB, RVA, RHC, RHB, RHA, RMC, RMB, RMA, RLB, RLA
- Extensive Services: ES3, ES2, ES1
- Special Care High: HE2, HE1, HD2, HD1, HC2, HC1, HB2, HB1

RUG-IV - Classifications

- Special Care Low: LE2, LE1, LD2, LD1, LC2, LC1, LB2, LB1
- Clinically Complex: CE2, CE1, CD2, CD1, CC2, CC1, CB2, CB1, CA2, CA1
- Behavioral Symptoms and Cognitive Performance: BB2, BB1, BA2, BA1
- Reduced Physical Function: PE2, PE1, PD2, PD1, PC2, PC1, PB2, PB1, PA2, PA1
**RUG-IV - Conditions**

- **Added**
  - Parkinson's, COPD & SOB while lying flat, respiratory failure and O₂ isolation for active infectious disease
- **Removed**
  - Aphasia, dehydration, internal bleeding, suctioning, physician visits and orders
- **Moved**
  - Coma, septicemia, DM and orders and injections, tube feeding, foot/wound infection and tx, dialysis
  - IV feeding, wounds and tx, IV meds

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**RUG-IV - Cognitive Performance**

- **BIMS**
  - Summary score 9 or < (C0500)
- **CPS**
  - Moderate to severe impairment; >=3

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**RUG-IV - Depression**

- **Used as an end split for several categories:** Special Care High, Special Care Low, Clinically Complex
- **PHQ-9© or PHQ-9-OV©**
- **Total severity score 10 or >**
  - D0300 or D0600
RUG-IV - ADL Score

- 4 ADLs
  - Bed mobility (G0110A)
  - Transfer (G0110B)
  - Toilet Use (G0110I)
  - Eating (G0110H)
- Self-performance + Support

RUG-IV - ADL Score

<table>
<thead>
<tr>
<th>ADL Category</th>
<th>Self-Performance Score</th>
<th>Support Score</th>
<th>ADL Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed mobility</td>
<td>0, 1, 2, 3, 4, 5</td>
<td>any number</td>
<td>0</td>
</tr>
<tr>
<td>Transfer</td>
<td>0, 1, 2, 3, 4</td>
<td>any number</td>
<td>1</td>
</tr>
<tr>
<td>Toilet Use</td>
<td>0, 1, 2, 3, 4</td>
<td>any number</td>
<td>2</td>
</tr>
<tr>
<td>Eating</td>
<td>0, 1, 2, 3, 4</td>
<td>any number</td>
<td>3</td>
</tr>
</tbody>
</table>

Many categories have a minimal score requirement of 2: Rehab Plus Extensive Services, Extensive Services, Special Care High, Special Care Low

One category has a maximal score of 5: Behavioral Symptoms and Cognitive Performance

Some conditions have a minimal ADL score of 5: quadriplegia, CF, MS, Parkinson’s, hemiplegia
RUG-IV - Restorative Nursing

- Used as an end split: Behavioral Symptoms and Cognitive Performance, Reduced Physical Function
- Used in 3 groups as qualifier: RLX, RLB, RLA

RUG-IV – Look-back

Look-back => since admission/reentry
    - Section O – Special treatments, procedures, and programs (00100)
    - Only services since admission/reentry to facility (i.e., while a resident)

RUG-IV – Rehabilitation

Skilled Therapy Services
- Ordered by a physician
- Active written treatment plan
- Level of complexity & sophistication; judgment, knowledge, skill of therapist
- Provided by qualified personnel
- Accepted standards of medical practice
- Reasonable & necessary
- Plan of care certified (Part B)

*Additional info: refer to Pub. 100-4, Chapter 8, §15
**RUG-IV – Rehabilitation**

**Therapy Modes**
MDS 3.0 requires coding of the 3 different therapy modes
- Individual
- Concurrent
- Group

Definitions are applied by payer for that resident – Part A versus Part B
Modes of therapy must be provided according to definitions regardless if resident is in assessment window or not

**RUG-IV – Rehabilitation**

**Individual Therapy (Part A & B)**
The treatment of 1 resident at a time.
Resident is receiving the therapist’s or assistant’s full attention

Treatment of a resident individually at intermittent times during the day is individual treatment
Minutes of individual treatment are added for the daily count

**RUG-IV – Rehabilitation**

**Students - Individual Therapy**
Only one resident being treated by student and supervising therapist/assistant
Supervising therapist/assistant not engaged in other activity
RUG-IV – Rehabilitation

Concurrent Therapy

Part A
The treatment of 2 residents at the same time, who are not performing same or similar activities, regardless of payer source, both residents must be in line-of-sight of treating therapist or assistant

Part B
Concurrent is not recognized. Treatment is either individual or group

RUG-IV – Rehabilitation

Students - Concurrent Therapy

Part A
Student treating one resident and supervising
therapist/assistant treating another resident and student is in line-of-sight

Student is treating 2 residents concurrently
Student not treating any resident and supervising therapist/assistant is treating concurrently

Part B
Treatment is either individual or group

RUG-IV – Rehabilitation

Group Therapy

Part A
The treatment of 2 to 4 residents at the same time, regardless of payer source, performing same or similar activities, supervised by a therapist/assistant who is not supervising any other individual

Part B
The treatment of 2 or more residents at the same time, regardless of payer source, who may or may not be performing similar activities
RUG-IV – Rehabilitation

Students - Group Therapy

Part A
Student is providing group treatment and supervising
- therapist/assistant is not supervising other individuals (students or residents)
- Supervising therapist/assistant is providing group treatment and
  student is not providing treatment

Part B
Student is providing group treatment and supervising
- therapist/assistant is present in room and not engaged in other
  activity
- Supervising therapist/assistant is providing group treatment and
  student is not providing treatment

RUG-IV – Rehabilitation

Therapy Minutes

Recording therapy minutes on MDS
- Actual skilled therapy minutes – CPT codes are not actual minutes
- Set-up time*
- Family conference – resident present, therapy information
- Since admission/readmission (following eval)

Claim may not match MDS exactly

*aide time spent on set-up is counted on the MDS

RUG-IV – Rehabilitation

Therapy Minutes

Do not include
- Initial evaluation time
- Documentation
- Non-medically necessary
- Non-therapeutic rest
- Non-skilled services/treatment
- Treatment that does not meet therapy mode definitions
RUG-IV – Rehabilitation

Set-up time
Time associated with the preparation of treatment area/equipment for the provision of skilled rehabilitation
Record minutes under mode for which resident receives initial treatment
- When a resident receives only individual therapy or individual therapy followed directly by another mode => individual
- When a resident receives only concurrent therapy or concurrent therapy followed directly by another mode => concurrent
- When a resident receives only group therapy or group therapy followed directly by another mode => group

RUG-IV – Rehabilitation

Therapy Modalities
Recording minutes on the MDS must include only the set-up time for the provision of skilled rehabilitation services and the actual time skilled services are provided.
When a resident receives care that does not meet the definition of the 3 modes of therapy, this time may not be counted on the MDS

RUG-IV – Rehabilitation

Therapy Dates
Therapy Start Date
- Date most recent therapy regimen started
- Date initial therapy evaluation is conducted, regardless if treatment was rendered or not
Therapy End Date
- Date most recent therapy regimen ended
- Last date the resident received skilled therapy treatment
RUG-IV – Rehabilitation

Reminders
Report actual skilled therapy minutes on MDS
- Do not round
- Grouper applies concurrent and group methodology
Therapy definitions and limitations must be applied consistently whether or not the resident is in the assessment window

RUG-IV - Rehabilitation

Reminders
Resident’s non-therapeutic rest time is not counted
Therapy aides are not qualified personnel
Therapy aide set-up time is counted
Family conference when resident present (therapy topics/information)

PPS Assessments
Assessments

OBRA, PPS, and Tracking Records
- SNFs
  - All OBRA requirements
  - PPS requirements
  - Tracking records
- Swing Beds
  - Discharge assessments
  - PPS requirements
  - Tracking records

PPS Assessments

Scheduled – A0310B
- 5-day
- 14-day
- 30-day
- 60-day
- 90-day
- Readmission/return

PPS Assessments

Scheduled – A0310B
- Predetermined assessment window and grace days
  - May not combine scheduled assessments
- One scheduled may **not** replace another scheduled
- Must be completed sequentially
- Predetermined payments days, which may be impacted by unscheduled assessment
PPS Assessments

- 5-day & Readmission/return
  - ARD – 1-5
  - Grace days – 6-8
  - Payment – days 1-14
  - A0310B = 01 or 06

PPS Assessments

- 14-day
  - ARD – 11-14
  - Grace days – 15-19
  - Payment – days 15-30
  - A0310B = 02

PPS Assessments

- 30-day
  - ARD – 21-29
  - Grace days – 30-34
  - Payment – days 31-60
  - A0310B = 03
PPS Assessments

- 60-day
  - ARD – 50-59
  - Grace days – 60-64
  - Payment – days 60-89
  - A0310B = 04

- 90-day
  - ARD – 80-89
  - Grace days – 90-94
  - Payment – days 91-100
  - A0310B = 05

PPS Assessments

Unscheduled – A0310A,B,C,D
- May occur any time during stay when requirements met
- May be combined with a PPS scheduled assessment
- May be combined with each other*

* Significant change in status and significant correction of prior comprehensive may not be combined
**PPS Assessments**

Unscheduled – A0310A,B,C,D
- Significant change in status/clinical change
  - IDT determines meets significant change guidelines
- Significant correction to prior comprehensive
  - IDT determines prior comprehensive assessment contains significant error
- OMRAs

**PPS Assessments**

Other Medicare Required Assessment (OMRA)
- Two types
  - Start of Therapy (SOT)
  - End of Therapy (EOT)
- Shortened assessments
- May not replace a scheduled PPS assessment

**PPS Assessments**

SOT OMRA
- New assessment type
- OPTIONAL
- To obtain therapy RUG any time during stay
- ARD 5-7 days after start of first therapy
- Payment starts first day of therapy
- Only complete if therapy RUG, otherwise rejected
- Be attentive when combining
Resident on Part A for skilled nursing
- OT eval Tuesday
- PT eval Wednesday
- SLP eval Friday

What are the possible ARDs for SOT OMRA?

Saturday, Sunday, Monday
ARD for SOT OMRA must be day 5, 6, or 7, with day 1 being earliest therapy start date (therapy start date = therapy eval date)

Resident in HD2 (CMI 43 - Urban)
Start of therapy 11/4.
ARD must be 5-7 days >= 11/8, 11/9, 11/10
### SOT OMRA- Example 2

- **SOT OMRA ARD**
  - 11/8 – 3 therapy days, 162 minutes
  - 11/9 – 4 therapy days, 224 minutes
  - 11/10 – 5 therapy days, 294 minutes
- 11/10 = RMB (CMI 41 - Urban)

### SOT OMRA- Example 3

**Outcome**
- Do not complete SOT
- SOT is optional
- Therapy RUG will pay less than nursing RUG because of ADL change from 11-14 to 6-10
  - ADL index may change and you must consider the ADL index when determining if SOT is beneficial

### SOT OMRA- Example 3

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11/4</td>
<td>11/5</td>
<td>11/6</td>
<td>11/7</td>
<td>11/8</td>
<td>11/9</td>
<td>11/10</td>
</tr>
<tr>
<td>Therapy start</td>
<td>No tx</td>
<td>No tx</td>
<td>Tx 63min</td>
<td>Tx 67min</td>
<td>Tx 72min</td>
<td>Tx 70min</td>
</tr>
<tr>
<td>SOT OMRA ARD</td>
<td>…</td>
<td>…</td>
<td>…</td>
<td>…</td>
<td>…</td>
<td>…</td>
</tr>
<tr>
<td>Resident in LD2 (CMI 38 - Urban)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start of therapy 11/4, ARD must be 5-7 days =&gt; 11/8, 11/9, 11/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PPS Assessments

**EOT OMRA**

- Not new assessment; payment and ARD changes
- Not optional
- Complete only when skilled care continues

- ARD 1-3 days after last day of therapy provided (normally provided)
- Payment changes day after last day of therapy (Z0150A)
- No penalty for early ARD when set on day therapy not normally provided

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**SOT OMRA – Example 3**

- SOT OMRA ARD
  - 11/8 – 3 therapy days, 152 minutes
  - 11/9 – 4 therapy days, 224 minutes
  - 11/10 – 5 therapy days, 294 minutes

- 11/10 = RMB (CMI 41 - Urban)

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**SOT OMRA – Example 3**

**Outcome**

- Complete SOT
- Therapy RUG higher than current nursing RUG
- Therapy RUG begins 11/4
EOT OMRA – Example 1

- Resident is classified in RHx
  - Therapy ends Monday
  - Skilled nursing services continue
- Is an EOT OMRA required?
- If so, what are the possible ARDs?

EOT OMRA – Example 1

- Yes, an EOT OMRA is required
- ARD must be Tuesday, Wednesday, or Thursday.

EOT OMRA – Example 2

- Resident is classified in HD2
  - Therapy ends Monday
  - Skilled nursing services continue
- Is an EOT OMRA required?
- If so, what are the possible ARDs?
EOT OMRA – Example 2

- EOT OMRA is not required, resident was not classified in therapy RUG.

EOT OMRA – Example 3

<table>
<thead>
<tr>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Mon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy end</td>
<td>Therapy available</td>
<td>Therapy available</td>
<td>Therapy available</td>
<td>Resident is discharged</td>
</tr>
<tr>
<td>EOT OMRA ARR</td>
<td>Day 1</td>
<td>Day 2</td>
<td>Day 3</td>
<td></td>
</tr>
</tbody>
</table>

Resident in therapy RUG.
Therapy ends Thursday and is available 7 days/week.
Resident continues to require and receive skilled nursing services.
Resident is discharged to hospital (unplanned) on Monday.

EOT OMRA – Example 3

- Is an EOT OMRA required?
- If so, what are the possible ARDs?
EOT OMRA – Example 3

Outcome
- Must complete EOT
  - ARD must be Friday, Saturday, or Sunday
  - May not be later than Sunday
- Previously in therapy RUG
- Skilled nursing services continue
- Payment changes day after last day of therapy - Friday

EOT OMRA – Example 4

<table>
<thead>
<tr>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy end</td>
<td>Therapy available</td>
<td>Therapy not available</td>
<td>Therapy not available</td>
<td>Therapy available</td>
<td>Therapy available</td>
</tr>
</tbody>
</table>

EOI OMRA ARD → Day 1 → Day 2 → Day 3

Resident in therapy RUG.
Therapy ends Thursday and is available 5 days/week.
Resident does not continue to require and receive skilled services.

EOT OMRA – Example 4

- Is an EOT OMRA required?
- If so, what are the possible ARDs?
EOT OMRA – Example 4₃

• EOT OMRA not required, resident no longer receiving skilled services

EOT OMRA – Example 5₁

<table>
<thead>
<tr>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy end</td>
<td>Therapy available</td>
<td>Therapy not available</td>
<td>Therapy not available</td>
<td>Therapy available</td>
<td>Therapy available</td>
</tr>
<tr>
<td>EOT OMRA ARD ——&gt;</td>
<td>Day 1</td>
<td>Day 2</td>
<td>Day 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Resident in therapy RUG.
- Therapy ends Thursday and is available 5 days/week.
- Resident continues to require and receive skilled nursing services.

EOT OMRA – Example 5₂

• Is an EOT OMRA required?
• If so, what are the possible ARDs?
SOT/EOT OMRA – Example 1

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy start 32 min</td>
<td>Tx 48 min</td>
<td>Tx 56 min</td>
<td>Tx 44 min</td>
<td>Tx 37 min</td>
<td>Therapy end 30 min</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOT OMRA ARD</td>
<td>-------</td>
<td>Day 5</td>
<td>Day 0</td>
<td>Day 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EOT OMRA ARD</td>
<td>-------</td>
<td>Day 1</td>
<td>Day 2</td>
<td>Day 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Start of therapy 11/11.
ARD must be 5-7 days => 11/15, 11/16, 11/17

End of therapy 11/16.
ARD must be 1-3 days => 11/17, 11/18, 11/19

SOT/EOT OMRA – Example 1.2

- In order to combine
  - SOT must have therapy RUG
    - 5 days therapy
    - 247 minutes therapy = RMX
  - EOT need and receive skilled nursing
    - Skilled care continues to be needed and received
  - Days must overlap
    - 11/17

SOT/EOT OMRA – Example 1.3

Outcome

- Assessment
  - May combine SOT & EOT
  - If combine ARD must be 11/17

- Payment
  - Therapy RUG (20100A) 11/11 – 11/16
  - Non-therapy RUG (20150A) begins 11/17
SOT/EOT OMRA – Example 2

- In order to combine
  - SOT must have therapy RUG
    - 5 days therapy
    - 213 minutes therapy = RUG
  - EOT need and receive skilled nursing
    - Skilled care continues to be needed and received
  - Days must overlap
    - No ARD days overlap

SOT/EOT OMRA – Example 2

Outcome

- Assessment
  - May not combine SOT & EOT
  - Must complete SOT w/ ARD 11/17
  - Must complete EOT w/ ARD 11/18, 11/19, 11/20
- Payment
  - Therapy RUG 11/11 - 11/17
  - Non-therapy RUG (Z0150A) begins 11/18
SNF Part A Policies
**Medicare Short Stay**

- New
- Must be discharged from Part A on or before day 8 of Part A stay
- Payment policy only
- To obtain a therapy RUG
- Therapy is prorated based on average daily therapy minutes
  - RLx – 15-29 minutes
  - RMx – 30-64 minutes
  - RHx – 65-99 minutes
  - RVx – 100-143 minutes
  - RUx – 144 or > minutes

**Short Stay Requirements**

1. SOT OMRA (A0310C = 1 or 3)
2. PPS 5-day or readmission/return assessment (A01110B = 01 or 06)
3. ARD (A2300) SOT OMRA must be day 8 or earlier (A24008)
4. ARD must be last day of Medicare stay (A2400C)
5. ARD may not be more than 3 days after start of therapy (O06005, R5, C5)
6. OT/PT/SLP started during last 4 days
7. At least one therapy (O0400A6, O0400B6, O0400C6) continued through last day of Part A stay (dash or ARD = EOT date)
8. RUG must be Rehab + ES or Rehab group (Z0100A)

**Short Stay Payment**

1. If earliest SOT date is 1st day of short stay, use short stay assessment Z0100A entire stay
2. If earliest SOT date is after 1st day of stay
   - If 5-day assessment before short stay assessment: use Z0100A from 5-day from 1st day of stay to day before earliest SOT date, then use Z0100A from SOT date to end of stay
   - If SOT OMRA combined w/ 5-day: use Z0150A from 1st day of stay to day before therapy, then use Z0100A from SOT date to end of stay
### Short Stay – Example 1

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Start Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy Eval</td>
<td>Therapy Tx 45 minutes</td>
<td>Therapy Tx 45 minutes</td>
<td>Therapy Tx 40 minutes</td>
<td>Medicare End Date ASD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Short Stay – Example 2

- Does resident meet short stay policy requirements?

### Short Stay – Example 3

1. SOT OMRA
2. 5-day assessment
3. Stay is 8 days or less (7 days)
4. AKU or SOT UMMA = end of Medicare stay date
5. ARD is not more than 3 days after start of therapy
6. Therapy started within last 4 days of stay
7. Therapy continued through last day of stay
8. RUG is Rehab group
   - RUG for days 4-7 = RMx (20100A)
Short Stay Example 2

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Start Date</td>
<td>Therapy Eval</td>
<td>No therapy</td>
<td>Therapy to 40 minutes</td>
<td>Therapy to 45 minutes</td>
<td>Therapy to 40 minutes</td>
<td></td>
</tr>
<tr>
<td>Medicare End Date ARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Short Stay – Example 2

- Does resident meet short stay policy requirements?

Short Stay – Example 2

1. SOT OMRA
2. 5-day assessment
3. Stay is 8 days or less (Day 8)
4. ARD of SOT OMRA = end of Medicare stay date
5. ARD is more than 3 days after start of therapy
6. Therapy did not start within last 4 days of stay
7. Therapy continued through last day of stay
Short Stay – Example 2

- Does not meet requirements for short stay
  - ARD is more than 3 days after start of therapy
  - Therapy did not start within last 4 days of stay

Short Stay Example 3

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
<th>Day 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Short Date</td>
<td>Therapy 20 minutes</td>
<td>No Therapy</td>
<td>Therapy 30 minutes</td>
<td>Therapy 30 minutes</td>
<td>Medicare Day/Date ABD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Diagnosis COPD, SOB while lying flat, sitting at rest and upon exertion
Daily respiratory treatment, daily O2.
PHQ-9 total severity score 18
ADL score 15

Short Stay – Example 3

- Does resident meet short stay policy requirements?
Short Stay – Example 3

1. SOT OMRA
2. 5-day assessment
3. Stay is 8 days or less (7 days)
4. ARD of SOT OMRA = end of Medicare stay date
5. ARD is not more than 3 days after start of therapy
6. Therapy started within last 4 days of stay
7. Therapy continued through last day of stay

Short Stay – Example 3

- What are the possible RUG assignments?
- What should you complete based on this information?

Short Stay – Example 3

- RUGs
  - Therapy - RLB
    - 20 + 30 + 30/4 = 20 minutes prorated
    - ADL index 15
  - Nursing - HE2, CE2
    - COPD w/ SOB lying flat => special care high
    - Respiratory therapy 7 days => special care high
    - Daily O2 => clinically complex
Early Assessment

- Not new
- Paid default rate for # of days assessment out of compliance
- Not applicable for EOT OMRA when ARD set on day therapy not normally available

Early Assessment – Example 2

Outcome
- RHC
  - 12/11/2010 – 01/03/2011
  - 5-day
    - ARD window days 1-4 (day 7)
    - Payment days 1-11
  - 14-day
    - ARD window days 11-18 (day 11)
    - Payment days 15-30
  - ARDs for both assessments timely

Early Assessment – Example 3

- RVB
  - 01/13/2011 – 01/27/2011
  - 30-day
    - ARD window days 21-34 (day 16)
    - Payment days 31-80
- Default
  - 01/10/2011 - 01/12/2011
  - 30-day
    - ARD was 3 days early
Late Assessment

- Not new
- ARD may not be earlier than the omission of assessment is identified
- ARD set prior to end of payment period
  - Default rate up to day before ARD
  - HIPPSS rate ARD and on
- ARD set after payment period and benefit days remain
  - Default rate for related payment period
- ARD set after payment period and no days remain
  - No payment for related payment period unless criteria for missed assessment met

Late Assessment – Example 1

Scenario
- Resident admitted 12/11/2010 and Medicare stay started same day
- 3-day assessment 12/19/2010 => HHC
- 14-day assessment 12/29/2010 => HHC
- 30-day assessment 01/20/2011 => RVB
- Discharged 02/05/2011

Late Assessment – Example 2

Outcome
- RHC
  - 5-day
    - ARD window days 1-8 (day 8)
    - Payment days 1-14
  - 14-day
    - ARD window days 11-19 (day 19)
    - Payment days 15-30
  - ARDs for both assessments timely
Missed Assessment

- Not new
- Stay less than 8 days (short stay may apply)
- Notified untimely of MSP denial*
- Notified untimely of revocation payment ban*
- Demand bill request*
- Notified untimely of disenrollment from MA plan*

*may use OBRA admission assessment for 5 & 14-day; must have assessment w/ARD 30, 60, 90-day for non-default RUG

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Missed Assessment – Example 1

Scenario
- Resident admitted 12/11/2010 and Medicare stay started same day
- 5-day assessment 12/17/2010 => RHC
- 14-day assessment 12/21/2010 => RHC
- Discharged 01/20/2011
- Facility reviews assessment log 01/28/2011

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Missed Assessment – Example 2

Outcome
- RHC
  - 5-day
    - ARD window days 1-5 (day 7)
    - Payment days 1-14
  - 14-day
    - ARD window days 11-19 (day 11)
    - Payment days 15-30
  - ARDs for both assessments timely
Late vs. Missed Assessment

- **Late Assessment**
  - Omission is discovered while resident is in SNF Part A stay & a SNF PPS assessment is then completed
  - ARD is during SNF Part A stay
- **Missed Assessment**
  - Omission is discovered after SNF Part A stay and an assessment already exists
  - ARD is during SNF Part A stay
Transition from RUGs III to RUG IV

- The transition applies only to SNF PPS assessments
  - When RUG assignment from one SNF PPS assessment covers days in September and October
- Providers must complete all OBRA required assessments according to OBRA schedule

Introduction

- Presumption of Coverage remains in effect
  - Up to day 8 of the SNF stay or ARD of the 5 day assessment, whichever comes first
- Default payment exceptions remain in effect for allowed circumstances
  - Examples
    - Resident discharged during first 8 days of stay
    - Late assessment – default up to ARD

Introduction

- Transition applies to only those residents who have covered Part A days in September and October
  - When RUG assignment from one SNF PPS assessment covers days in September and October
Introduction

- RUG III can be calculated from MDS 2.0 and MDS 3.0
- RUG-IV can't be calculated from MDS 2.0
  - Requires MDS 3.0 to calculate RUG IV
  - Assessments will be rejected
    - MDS 2.0 ARD 10/01/10 or later
    - MDS 3.0 ARD 9/30/10 or earlier

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Introduction

- In order to receive payment for covered days in September 2010 must have a RUG-III
  - MDS 2.0 or MDS 3.0
- In order to receive payment for covered days in October 2010 must have a RUG-IV
  - Need an MDS 3.0

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Introduction

- Options
  - May opt for default payment under specific circumstances (in addition to current policy)
  - May opt to complete MDS 2.0 and MDS 3.0 same type – MDS 2.0 in September and MDS 3.0 early October
  - May opt to "substitute" MDS 3.0 for previous type of MDS 3.0
  - May opt to "substitute" MDS 3.0 for same type of MDS 2.0
Introduction

- Transition does not apply
  - When payment ends 09/30/10 or sooner
  - Medicare stay ends 09/30/10 or sooner
  - SNF PPS payment for assessment ends 09/30/10
  - When payment begins 10/01/10 or later
  - Medicare care stay begins 10/01/10 or later
  - SNF PPS payment for assessment begins 10/01/10

- Medicare Start Dates
  - 07/03/10 => Day 90, 9/30 is last paid day for 60-day
  - 08/02/10 => Day 60, 9/30 is last paid day for 30-day
  - 09/01/10 => Day 30, 9/30 is last paid day for 14-day
  - 09/17/10 => Day 14, 9/30 is last paid day for 5-day

- Must have MDS 2.0 for September payment days and MDS 3.0 for October payment days

Key Concepts

- Transition does not apply:
  - Residents whose last paid Part A day is 09/30/10 and earlier
    - Only MDS 2.0 and RUG-III
  - Residents with Medicare start date (A2400B) 10/01/10 and later
    - Only MDS 3.0 and RUG-IV
    - MDS 2.0 with ARD 10/01/2010 or later is not valid and will be rejected
Key Concepts

- Must know RUGs/payment rates for the resident in order to make decisions that will optimize reimbursement
  - RUG-III group & associated payment (MDS 2.0 and MDS 3.0)
  - RUG-IV group & associated payment (MDS 3.0)

Key Concepts

- When MDS substitution is an option, the decision should be made case-by-case based on consideration of RUG-III vs. RUG-IV payment differential
  - ARD selection impacts the assigned RUG
  - SNF PPS policies may impact decision, for example:
    - MDS 3.0 - short stay policy
    - MDS 2.0 - section T

Key Concepts

- Transition decision applies:
  - When last paid day for Medicare Part A is 10/01-10/04/10
  - When resident has paid days in September and October based on the same assessment
**Default**

10/1/10-10/4/10 Discharges

- When a resident Part A stay ends 10/01/10 – 10/04/10
  - May opt to not complete applicable PPS assessment
- Required to complete discharge assessment (OBRA rules apply)
- Expectation is that this will be rare event

**Option 1**

No substitution

- Provider does not substitute MDS 3.0 for MDS 2.0 or MDS 3.0
  - MDS 2.0(x) – RUG-III covers September days for applicable payment window
  - MDS 3.0(x) – RUG-IV covers October days for applicable payment window
  - MDS 3.0(y) – RUG-IV covers remaining October days for applicable payment window when resident remains skilled

**No substitution – ARD Rules**

- MDS 2.0(x):
  - Earliest date = day allowed for assessment window
  - Latest date = day allowed for assessment window or 9/30, whichever is first
- MDS 3.0(x):
  - Earliest = 10/01
  - Latest = see form
No substitution ARD Rules

- MDS 3.0 (y):
  - Only require assessment when resident remains skilled
  - Earliest = 10/02 when allowed ARD falls 10/01 or earlier or is the actual allowed ARD when 10/03 or later
  - Earliest ARD may not be sooner than ARD for MDS 3.0(x)
  - Latest = day ARD allowed for assessment window

No Substitution Example 1

- Example 1
  - Medicare Start Date 09/27/2010
  - 5-day covers 09/27 – 10/10 (14 days)
    - Need RUG-III for 09/27 – 09/30
    - Need RUG-IV for 10/01 – 10/10
  - 14-day covers 10/11 – 10/26
    - Need RUG-IV
    - Only when resident remains skilled

No Substitution Example 1

- MDS 2.0 5-day
  - ARD 09/27 – 09/30
  - Covers paid days 09/27 – 09/30 (4 days)
- MDS 3.0 5-day
  - ARD 10/01 – 10/05
  - Covers paid days 10/01 – 10/10 (10 days)
- MDS 3.0 14-day ARD 10/07 – 10/15
  - Only when resident remains skilled
No substitution Example 2

- Example 2
  - Medicare Start Date 09/12/2010
  - 14-day covers 09/26 – 10/11 (16 days)
    - Need RUG-III for 09/26 – 09/30
  - Need RUG-IV for 10/01 – 10/11
  - 30-day covers 10/12 – 11/10
    - Need RUG-IV
    - Only when resident remains skilled

No Substitution Example 2

- MDS 2.0 14-day
  - ARD 09/22 – 09/30
  - Covers paid days 09/26 – 09/30 (5 days)
- MDS 3.0 14-day
  - ARD 10/01 – 10/03
  - Covers paid days 10/01 – 10/11 (11 days)
- MDS 3.0 30-day
  - ARD 10/02 – 10/15
  - Only when resident remains skilled for payment period

No substitution – Considerations

- Completing 2 assessments for one payment period
  - MDS 2.0 for September days and MDS 3.0 for October days
  - Continue with schedule when resident remains skilled (MDS 3.0)
- All covered days will have RUG assigned based on an assessment
  - Avoids risk of not having an assessment (no payment) or late assessment (default)
Option 2
MDS 3.0 for MDS 3.0

- Complete MDS 2.0 and next required MDS 3.0 type as substitute for same MDS 3.0
  - MDS 2.0(x) – RUG-III covers September days for applicable payment window
  - MDS 3.0(y) – RUG-IV covers October days for applicable payment window and October days for prior assessment window

Substitute MDS 3.0 for MDS 3.0 – ARD Rules

- Provider completes MDS 2.0 for September days and next MDS 3.0 for October days
  - MDS 2.0(x):
    - Earliest date = day allowed for assessment window
    - Latest date = day allowed for assessment window or 9/30, whichever is first

Substitute MDS 3.0 for MDS 3.0 – ARD Rules

- MDS 3.0(y):
  - Earliest = 10/01 when allowed ARD falls 10/01 or earlier or is the actual allowed ARD when 10/02 or later
  - Latest = day ARD allowed for assessment window
Substitute MDS 3.0 for MDS 3.0 – Example 1

- Example 1
  - Medicare Start Date 09/27/2010
  - 5-day covers 09/27 –10/10 (14 days)
  - Need RUG-III for 09/27 –09/30
  - Need RUG-IV for 10/01 –10/10
  - 14-day covers 10/11 –10/26 (16 days)
  - Need RUG-IV

Substitute MDS 3.0 for MDS 3.0 – Example 2

- Example 2
  - Medicare Start Date 09/12/2010
  - 14-day covers 09/26 –10/11 (16 days)
  - Need RUG-III for 09/26 –09/30
  - Need RUG-IV for 10/01 –10/11
  - 30-day covers 10/12 –11/10 (30 days)
  - Need RUG-IV
Substitute MDS 3.0 for MDS 3.0 – Example 2

- MDS 2.0 14-day
  - ARD 09/22 – 09/30
  - Covers paid days 09/26 – 09/30 (5 days)
- MDS 3.0 14-day
  - ARD 10/02 - 10/15
  - Covers paid days 10/01 – 11/10 (41 days)

Substitute MDS 3.0 for MDS 3.0 – Considerations

- Completing 2 assessments
  - MDS 2.0 for September days
  - MDS 3.0 for 'early' October (remaining 2.0 window) and October/November days for associated assessment
  - All covered days may not have a RUG
    - If resident is discharged after 10/01 and before allowed ARD of MDS 3.0
      - Discharge date becomes the ARD of early MDS 3.0 assessment

Option 3

Substitute MDS 3.0 for MDS 2.0

- Do not complete MDS 2.0
- Complete required MDS 3.0 for required MDS 2.0
  - MDS 3.0(x) – RUG-III covers September and October days for applicable payment window
  - MDS 3.0(y) – RUG-IV covers October days for applicable payment window
Substitute MDS 3.0 for MDS 2.0
ARD Rules

- MDS 3.0(x):
  - Earliest = 10/01
  - Latest = see form

Substitute MDS 3.0 for MDS 2.0
ARD Rules

- MDS 3.0(y):
  - Earliest = 10/02 when allowed ARD falls
    10/01 or earlier or is the actual allowed
    ARD when 10/03 or later
  - Earliest ARD may not be sooner than ARD
    for MDS 3.0(x)
  - Latest = day ARD allowed for assessment
    window
Substitute MDS 3.0 for MDS 2.0

Example 1

- Medicare Start Date 09/27/2010
- 5-day covers 09/27 –10/10 (14 days)
  - Need RUG-III for 09/27 –09/30
  - Need RUG-IV for 10/01 – 10/10
- 14-day covers 10/11 –10/26
  - Need RUG-IV
  - Only when resident remains skilled for that payment period

Substitute MDS 3.0 for MDS 2.0

Example 2

- Medicare Start Date 09/12/2010
- 14-day covers 09/26 –10/11 (16 days)
  - Need RUG-III for 09/26 –09/30 (5 days)
  - Need RUG-IV for 10/01 –10/11 (11 days)
- 30-day covers 10/12 –11/10
  - Need RUG-IV
  - Only when resident remains skilled for that payment period
Substitute MDS 3.0 for MDS 2.0
Example 2

- MDS 3.0 14-day
  - ARD 10/01 – 10/03
  - Covers paid days 09/26 – 10/11
    - RUG-III 09/26 – 09/30 (5 days)
    - RUG-IV 10/01 – 10/11 (11 days)
- MDS 3.0 14-day
  - ARD 10/02 – 10/15
  - Only when resident remains skilled for payment period

Substitute MDS 3.0 for MDS 2.0
- Considerations

- Completing 1 assessment for one payment period
- All covered days may not have a RUG
  - If resident is discharged before 10/01 and after the allowed ARD for MDS 2.0
  - Discharge date becomes the ARD of late MDS 2.0 assessment
    => default

PPS SNF Policies

- Short stay policy
  - Effective w/ Medicare end date (A2400C)
    10/01/10 and later
  - Must meet criteria
PPS SNF Policies

- **End of therapy**
  - The following applies when last day of therapy provided is in September:
    - 09/20 10 and earlier Must complete MDS 2.0 OMRA
    - Must complete MDS 3.0 as ‘opted’
  - 09/21 and 09/22
    - Option to complete MDS 2.0 OMRA or MDS 3.0 EOT OMRA
    - Must complete MDS 3.0 as ‘opted’
    - May combine MDS 3.0 assessments
  - 09/23 – 09/28
    - Must complete MDS 3.0 EOT OMRA w/ ARD 10/01/10
    - Must complete MDS 3.0 as ‘opted’
    - May combine MDS 3.0 assessments
  - 09/29
    - Must complete MDS 3.0 EOT OMRA w/ ARD 10/01/10 – 10/02/10
    - Must complete MDS 3.0 as ‘opted’
    - May combine MDS 3.0 assessments
  - 09/30
    - Must complete MDS 3.0 EOT OMRA w/ ARD 10/01/10 – 10/03/10
    - Must complete MDS 3.0 as ‘opted’
    - May combine MDS 3.0 assessments
SNF PPS Policies

- **Start of therapy**
  - When earliest therapy start date is 09/25 – 09/30 and resident is **not** assigned into a Rehabilitation category, may complete optional SOT OMRA
    - ARD must be 10/01/10 or later as per requirements
    - Payment will begin 10/01/10

Reminders

- Transition only applies to SNF PPS
- Transition options only apply to those residents who have covered Part A days in September and October 2010
  - When RUG assignment from **one** SNF PPS assessment covers days in September and October
  - Substituting an assessment with an MDS 3.0 PPS assessment is **OPTIONAL**

Reminders

- **Must** adhere to MDS 3.0 coding instructions when completing MDS 3.0
  - Apply appropriately when 'looking back' into September
  - Exercising option to substitute an assessment is not to be considered an extension of presumption of coverage