

**RAI MANUAL**  
**CHAPTER 2:**  
**OUT WITH THE OLD (PPS)**  
**AND IN WITH THE**  
**NEW (PDPM)**

# SAY IT ISN'T TRUE!

- October 1, 2019 the new RAI Manual version 1.17 will go into effect.
- Website: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursinghomeQualityInits/MDS30RAIManual.html>
- *The Manual is the “Final Answer” per the Final Rule*

# ACRONYMS

- ARD – Assessment Reference Date
- APU – Annual Payment Update
- CCN – CMS Certification Number
- CMS – Centers for Medicare & Medicaid Services
- FY – Fiscal Year
- HIPPS – Health Insurance Prospective Payment System
- IMPACT Act – Improving Medicare Post - Acute Care Transformation Act
- IPA – Interim Payment Assessment
- MDS – Minimum Data Set
- NTA – Non-Therapy Ancillary
- OBRA – Omnibus Budget Reconciliation Act
- OMRA – Other Medicare Required Assessment
- OSA – Optional State Assessment
- OT – Occupational Therapy
- OV – Observational Version
- PAC – Post - Acute Care
- PDPM – Patient Driven Payment Model
- PHQ – Patient Health Questionnaire
- PPS – Prospective Payment System
- PT – Physical Therapy

# ACRONYMS

- QIES ASAP – Quality Improvement Evaluation System Assessment Submission and Processing
- QRP – Quality Reporting Program
- RAI – Resident Assessment Instrument
- RN – Registered Nurse
- RUG – Resource Utilization Group
- SB – Swing Bed
- SLP – Speech - Language Pathology
- SNF – Skilled Nursing Facility
- **SPADE – Standardized Patient Assessment Data Elements**

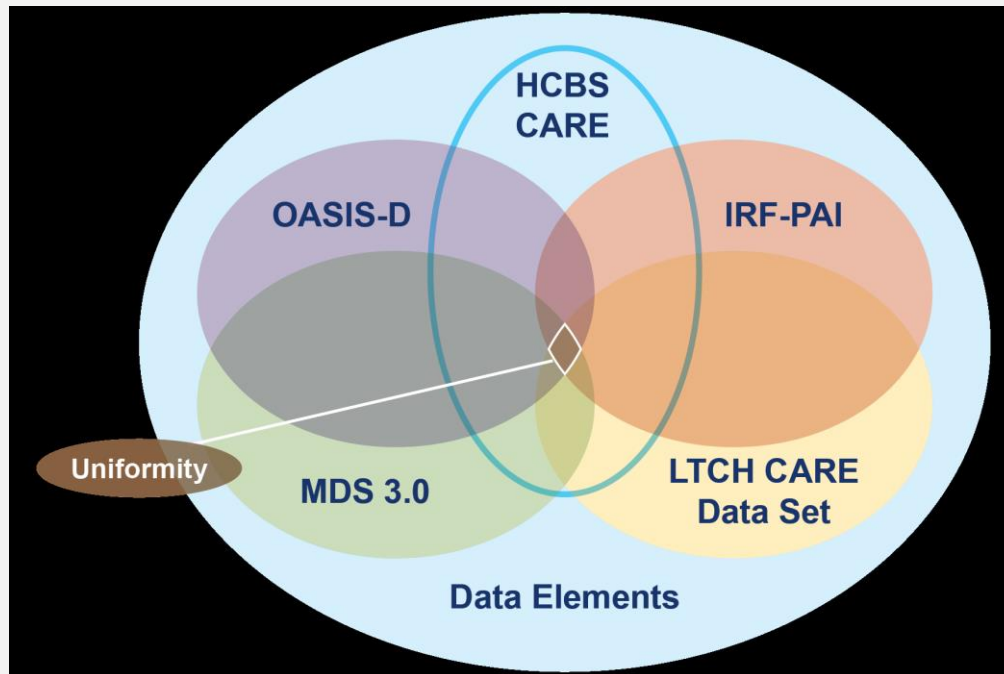
# WHY CHANGE???

- IMPACT Act – Standardized Patient Assessment Data Elements (SPADE).
- Align content of items that support cross - setting measures (e.g., pressure ulcer/injury).
- Reduce burden. (Out with all the T assessments and Medicare 14-90 day assessments)
- Quality measure changes.
- Survey and certification.
- Patient Driven Payment Model (PDPM).

# IMPACT ACT OF 2014

- Bipartisan bill passed on September 18, 2014, and signed into law on October 6, 2014.
- Requires standardized patient assessment data across post - acute care (PAC) that will enable:  
Quality care and improved outcomes.
  - Data element uniformity.
  - Comparison of quality and data across PAC settings.
  - Improved, person - centered, goals - driven discharge planning.
  - Exchangeability of data.
  - Coordinated care.

# DATA ELEMENTS: STANDARDIZATION



**HCBS CARE** (Home and Community Based Services Continuity Assessment Record and Evaluation)

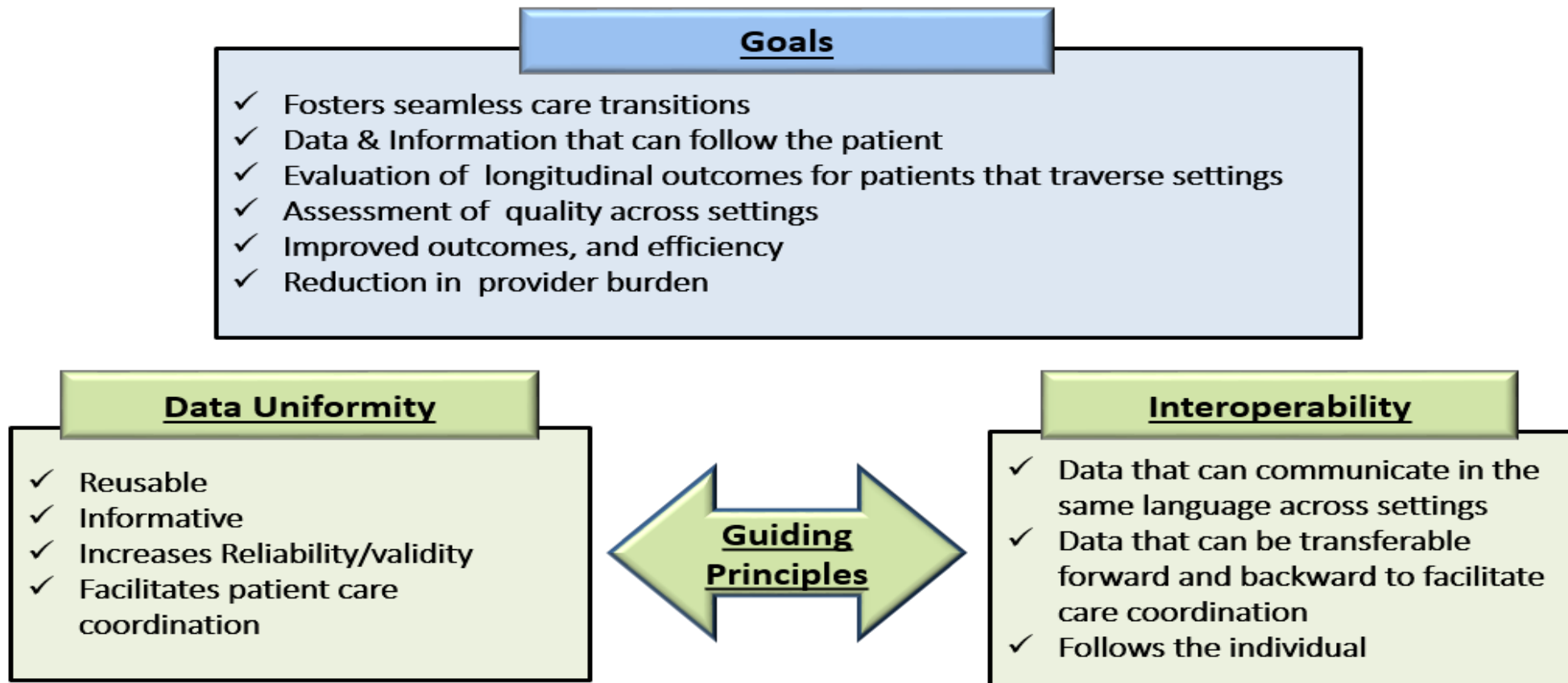
**IRF-PAI** (Inpatient Rehabilitation Facility Patient Assessment Instrument)

**LTCH CARE Data Set** (Long Term Care Hospital Continuity Assessment Record and Evaluation Data Set)

**MDS 3.0** (Minimum Data Set Version 3.0)

**OASIS-D** (Outcome and Assessment Information Set –D).

# STANDARDIZED DATA: GOALS AND GUIDING PRINCIPLE'S





# QUALITY REPORTING PROGRAM

- In response to the reporting requirements under the Act, CMS established the SNF QRP and its quality reporting requirements in the Fiscal Year (FY) 2016 SNF Prospective Payment System (PPS).
- Per the statute, SNFs that do not submit the required quality measures data may receive a two - percentage - point reduction to their annual payment update (APU) for the applicable payment year.
- For more information regarding the SNF QRP, please visit our website at:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Overview.html>

# WHY WERE CHANGES MADE TO THE MDS AND RAI MANUAL?

- IMPACT Act – Standardized Patient Assessment Data Elements (SPADE).
- Align content of items that support cross - setting measures (e.g., pressure ulcer/injury).
- Reduce burden.
- Quality measure changes.
- Survey and certification.
- Patient Driven Payment Model (PDPM).

# GLOBAL CHANGES

- Acronyms have been spelled out the first time they are used with the acronym to follow.
- URLs have been updated.
- Typographical and grammatical errors have been fixed.
- **Where page numbers are used as reference, replaced with Section/Chapter reference. (Hide and go Seek)**
- Standardized acronym for Quality Improvement Evaluation System Assessment Submission and Processing system, as “QIES ASAP system.”
- “Pressure ulcer” revised to “pressure ulcer/injury” where appropriate.
- Removed “mental retardation in federal regulation” when referring to “intellectual disability.”

# GLOBAL CHANGES

- Guidance added throughout the manual in relation to the two new item sets have been added.
- The term, “Medicare,” revised to Prospective Payment System, “PPS,” where appropriate.
- Any and all references to the following have been removed throughout the entire RAI Manual:
  - PPS 14 - , 30 - , 60 - , and 90 - Day Assessments.
  - Other Medicare Required Assessment (OMRA) (Start, End, Start and End of Therapy, and Change of Therapy) Assessments.
  - Swing Bed (SB) Clinical Change Assessment.

# HISTORY OF THE RAI PROCESS

- Nursing home reform law of OBRA '87 created regulatory framework to ensure good clinical practice
- Developed as a “standardized” approach for clinicians to “assess, plan, and provide individualized care”
- Looks at the residents holistically

# WHY CHANGE AGAIN

- Medicare and Medicaid Payment Systems.
- Monitoring the Quality of Care.
- Consumer Access to Nursing Home Information.

# NEW ASSESSMENT TYPES/ITEM SETS



There are two new assessment types. Both are **optional**:

Interim Payment Assessment (IPA): This is the set of items active on an IPA and used for PPS payment purposes. (Item A0310B=08)

Optional State Assessment (OSA): This is the set of items that may be required by a State Medicaid agency to calculate the Resource Utilization Group (RUG) III or RUG IV Health Insurance Prospective Payment System (HIPPS) code. This is not a federally required assessment; rather, it is required at the discretion of the State Agency for payment purposes. (Item A0300A=1)

**NOTE**

**Both are standalone assessments and may not be combined with any other assessment.**

# OVERALL CHANGES IN CHAPTER 2

- Interrupted stay definition and additional instructional text was updated related to the new interrupted stay policy.
- New item set implications on policy (i.e., IPA and Optional State Assessment (OSA)).
  - Missouri has no requirements for the Optional State Assessment



# A0100 FACILITY PROVIDER NUMBERS

A0100. Facility Provider Numbers	
	A. National Provider Identifier (NPI): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	B. CMS Certification Number (CCN): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	C. State Provider Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

For A0100B, an instruction was added that “if A0410 = 3 (Federal required submission), then A0100B (facility CCN) must not be blank.”

In A0100C, the term “State survey agency” was added to the instruction to clarify that the State Provider Number is actually assigned by this entity.

# CHANGE IN OWNERSHIP

- Common situation updated:
  - When an owner assumes the assets and liabilities of the prior owner, the new owner retains the current CMS Certification Number (CCN) number.
  - The example was updated to reflect the IPA: *“If the resident is in a Part A stay, and the 5 - Day PPS assessment was combined with the OBRA Admission assessment, the next PPS assessment could be an Interim Payment Assessment (IPA), if the provider so chooses to complete one, and would also be submitted under the existing provider number.”*

# A0300

- Optional State Assessment (OSA)
- Missouri does not have any specific state assessments
- If you are working in another state check with your state RAI coordinator for your specific requirements

# A0300

- Enter the code identifying whether this is an optional payment assessment. Enter:
  - **0.No**, if not required for state payment purposes, then proceed to A0310.Type of Assessment.
  - **1.Yes**, if required for state payment purposes. (Not needed in MO)
- These responses are used to calculate the case mix group Health Insurance Prospective Payment System (HIPPS) code for state payment purposes.

# A0310 TYPE OF ASSESSMENT

## A0310. Type of Assessment

Enter Code

<input type="text"/>	<input type="text"/>
----------------------	----------------------

### A. Federal OBRA Reason for Assessment

01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction to prior comprehensive** assessment
06. **Significant correction to prior quarterly** assessment
99. **None of the above**

Enter Code

<input type="text"/>	<input type="text"/>
----------------------	----------------------

### B. PPS Assessment

#### PPS Scheduled Assessment for a Medicare Part A Stay

01. **5-day** scheduled assessment

#### PPS Unscheduled Assessment for a Medicare Part A Stay

08. **IPA** - Interim Payment Assessment

#### Not PPS Assessment

99. **None of the above**

# A0310B. PROSPECTIVE PAYMENT SYSTEM (PPS) ASSESSMENT

Section A	Identification Information
<b>A0310. Type of Assessment</b>	
Enter Code <input type="text"/> <input type="text"/>	<b>A. Federal OBRA Reason for Assessment</b> 01. <b>Admission</b> assessment (required by day 14) 02. <b>Quarterly</b> review assessment 03. <b>Annual</b> assessment 04. <b>Significant change in status</b> assessment 05. <b>Significant correction</b> to <b>prior comprehensive</b> assessment 06. <b>Significant correction</b> to <b>prior quarterly</b> assessment 99. <b>None of the above</b>
Enter Code <input type="text"/> <input type="text"/>	<b>B. PPS Assessment</b> <b><u>PPS Scheduled Assessment for a Medicare Part A Stay</u></b> 01. <b>5-day</b> scheduled assessment <b><u>PPS Unscheduled Assessment for a Medicare Part A Stay</u></b> 08. <b>IPA</b> - Interim Payment Assessment <b><u>Not PPS Assessment</u></b> 99. <b>None of the above</b>

- A0310B, PPS Assessment. **Code 01.5** - Day Scheduled Assessment.
- **Code 08. IPA** – *Interim Payment Assessment*.
- **Code 99.** None of the above.
- For A0310A or B, enter the number corresponding to the reason for completing the assessment

# A0310B. CODING INSTRUCTIONS

- Coding Instructions were updated:
  - Enter the number corresponding to the PPS reason for completing this assessment. This item contains 2 digits. For codes 01 and 08, enter “0” in the first box and place the correct number in the second box. If the assessment is not coded as 01 or 08, enter code “99.”
  - PPS Unscheduled Assessment for Medicare Part A Stay.
    - **08. IPA** – *Interim Payment Assessment.*
  - *Not PPS Assessment.*
    - 99. None of the above.

# A0310E A0310E. IS THIS ASSESSMENT THE FIRST ASSESSMENT SINCE THE MOST RECENT ADMISSION/ENTRY OR REENTRY?

Enter Code

E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?

0. No

1. Yes

Coding Tips were amended as follows: A0310E = 0. No, for: *An Interim Payment Assessment* (A0310A = 99, A0310B = 08, A0310F = 99, and A0310H = 0).

A0310E = 1. Yes, on the first OBRA, Scheduled PPS, or OBRA Discharge assessment that is completed and submitted once a facility obtains CMS certification. Note: The first submitted assessment may not be *an OBRA Admission* assessment.



# A0310G

Enter Code

**G. Type of discharge** - Complete only if A0310F = 10 or 11

1. **Planned**
2. **Unplanned**

- Coding Tip was added:
  - *Enter the number corresponding to the type of discharge.*

# A0310G1: IS THIS A SNF PART A INTERRUPTED STAY??

**G1. Is this a SNF Part A Interrupted Stay?**

- 0. No
- 1. Yes

## A0310. Type of Assessment - Continued

Enter Code

**G. Type of discharge** - Complete only if A0310F = 10 or 11

- 1. Planned
- 2. Unplanned

Enter Code

**G1. Is this a SNF Part A Interrupted Stay?**

- 0. No
- 1. Yes

Enter Code

**H. Is this a SNF Part A PPS Discharge Assessment?**

- 0. No
- 1. Yes

# A0310G1: IS THIS A SNF PART A INTERRUPTED STAY??

- This item allows providers to indicate whether or not an interrupted stay has occurred.
- You will code **0.No.** If the resident was discharged from SNF care but **did not** resume SNF care at the same SNF within the interruption window. This means that an interrupted stay did **not** occur.
- You will code **1.Yes.** If the resident was discharged from SNF care but **did resume** SNF care at the same SNF within the interruption window. This means that an interrupted stay **did** occur.

# INTERRUPTED STAY POLICY

- **Interrupted Stay**
  - Medicare Part A skilled nursing facility (SNF) stay in which a resident:
  - Is discharged from SNF care (i.e., the resident is discharged from a Medicare Part A - covered stay), **and**
  - Subsequently resumes SNF care in the same SNF for a Medicare Part A - covered stay during the **Interruption Window**
- A 3 - day period starting with the calendar day of Part A discharge and including the 2 immediately following calendar days. The interruption window begins with the first non - covered day following a Part A - covered stay and ends at 11:59 p.m. on the third non - covered day following a Part A - covered SNF stay. The interruption window
- **Resumption of SNF Care**
  - Resident must resume SNF care (i.e., Part A-covered stay) in the same SNF or return to the **same** SNF (if physically discharged) to resume SNF care, by 11:59 p.m. of the end of the third calendar day after their Part A - covered stay ended.

# INTERRUPTED STAY POLICY (CONT.)

- In order to be considered an Interrupted Stay **both** conditions must be met:
  - Resident discharged from Part A - covered stay **and**
  - Resumes the Part A stay in the same SNF or returns to the same SNF to resume the Part A stay (if physically discharged) by 11:59 p.m. at the end of the third calendar day after the Part A-covered stay ended.
- The subsequent stay is considered a continuation of the previous Part A stay for purposes of the:
  - Variable per diem schedule.
  - PPS assessment completion.

# 5 DAY ASSESSMENT WINDOW

- The PPS 5 - Day assessment has defined days within which the Assessment Reference Date (ARD) must be set.
- The ARD must be a day within the prescribed window of days 1 through 8 of the Part A stay.
- **The ARD must be set on the MDS form itself or in the facility software before this window has passed.**

Assessment Reference Date (ARD)

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

# 5 DAY ASSESSMENT WINDOW (CONT)

- The first day of Medicare Part A coverage for the current stay is considered day 1 for PPS assessment scheduling purposes *and for purposes of the variable per diem adjustment.*
- In most cases, the first day of Medicare Part A coverage is the date of admission. However, there are situations in which the Medicare beneficiary may qualify for Part A services at a later date.

# SCHEDULED AND UNSCHEDULED ASSESSMENTS

- Scheduled and Unscheduled Assessments.
  - Scheduled PPS Assessment.
    - *The PPS - required standard assessment is the 5 - Day assessment, which has a predetermined time period for setting the ARD. The SNF provider must set the ARD on days 1 – 8 to assure compliance with the SNF PPS PDPM Requirements.*
  - Unscheduled PPS assessment
    - There are situations when a SNF provider may complete an assessment after the 5 - Day assessment. This assessment is an unscheduled assessment called the Interim Payment Assessment (IPA). When deemed appropriate by the provider, this assessment may be completed to capture changes in the resident's status and condition.



# 5 DAY ASSESSMENT

- 01.5 - Day Assessment:
  - ARD (*item A2300*) must be set *for Days 1 through 8* of the Part A SNF covered stay.
  - Must be completed (*item Z0500B*) within 14 days after the ARD (ARD + 14 days).
  - Authorizes payment *for entire PPS stay (except in cases when an IPA is completed)*.
  - Is the first PPS- required assessment to be completed when the resident is first admitted for a SNF Part A stay.

# 5 DAY ASSESSMENT (CONT. 1)

- Is the first *PPS-* required assessment to be completed when the resident is readmitted to the facility *for a Part A stay*:
  - Following a discharge assessment — return not anticipated — OR
  - If the resident returns more than 30 days after a discharge — return anticipated.
- A 5 - Day assessment is **not** required at the time when a resident returns to a Part A - covered stay following an interrupted stay, regardless of the reason for the interruption (facility discharge, resident no longer skilled, payer change, etc.).

# 5 DAY ASSESSMENT (CONT. 2)

- If a resident *changes payers* from Medicare Advantage to Medicare Part A, the SNF must complete a 5 - Day assessment with the ARD set for one of the days 1 through 8 of the Medicare Part A stay, with the resident's first day covered by Medicare Part A serving as Day 1, unless it is a case of an interrupted stay.

# INTERIM PAYMENT ASSESSMENT (OPTIONAL)

- *02. Interim Payment Assessment (optional)*
  - *ARD may be set for any day of the SNF PPS stay, beyond the ARD of the 5 - Day.*
  - *Must be completed (Item Z0500B) within 14 days after the ARD (ARD + 14 days).*
  - *Authorizes payment for remainder of the PPS stay, beginning on the ARD.*
  - *Must be submitted 14 days after completion (Item Z0500B) (completion + 14 days).*
  - *The ARD for an IPA may not precede that of the 5 - Day assessment.*
  - *May not be combined with any other assessments (PPS or OBRA).*

# PART A PPS DISCHARGE

- 03. Part A PPS Discharge Assessment (A0310H):
  - The Part A PPS Discharge (NPE) assessment is **completed when a resident's Medicare Part A stay ends, but the resident remains in the facility** (*unless it is an instance of an interrupted stay*).

# PART A PPS DISCHARGE (CONT.1)

- If the resident's Medicare Part A stay ends and the resident subsequently returns to a skilled level of care and Medicare Part A benefits *do not* resume *within 3 days*, the PPS schedule starts again with a 5 - Day assessment. *If the Medicare Part A stay does resume within the 3 - day interruption window, then this is an interrupted stay.*
- *If the resident leaves the facility for an interrupted stay, no Part A PPS Discharge Assessment is required when the resident leaves the building at the outset of the interrupted stay; however, an OBRA Discharge record is required. If the resident returns to the facility within the interruption window, an Entry Tracking form is required; however no new 5 - Day assessment is required. •*

# ENTRY/DISCHARGE/REENTRY ALGORITHM AND SCHEDULE TABLES

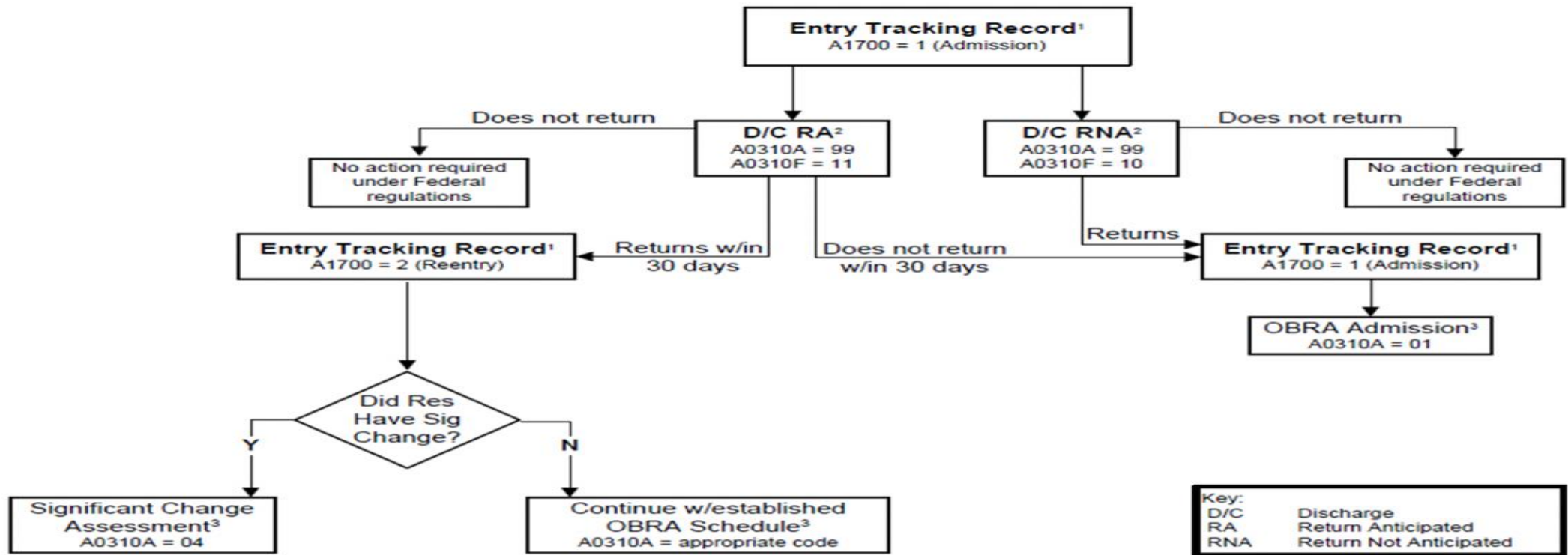
- Entry, OBRA Discharge, and Reentry

Algorithm:

- A0310C and A0310D were removed from the Entry Tracking Record footnote below the diagram.

# ENTRY/DISCHARGE/REENTRY ALGORITHM AND SCHEDULE TABLES

Entry, OBRA Discharge, and Reentry Algorithms



<sup>1</sup>A0310A = 99 A0310B = 99 A0310E = 0 A0310F = 01

<sup>2</sup>A0310B – E = appropriate code

<sup>3</sup>A0310B – F = appropriate code

When A1700 = 1, the first OBRA assessment should be an admission assessment unless D/C prior to completion.



# COMBINING PPS AND OBRA ASSESSMENTS

- 2.10 Combining *PPS* Assessments and OBRA Assessments.
  - This section is basically the same with the exception of the additional information related to the IPA, which cannot be combined with any other assessment.
  - One caveat: Be careful in selecting the ARD for an OBRA Admission assessment combined with a 5 - Day assessment. For the OBRA Admission, the ARD must be set between days 1 and 14 counting the date of admission as day 1. For the 5 - Day, the ARD must be set for days 1 through 8.
  - Avoid a late assessment by choosing an ARD between days 1 through 8.

# COMBINING PPS AND OBRA ASSESSMENTS (CONT 1)

- Item Sets by Assessment Type of Skilled Nursing Facilities and Item Sets by Assessment Type for Swing Bed Providers tables were updated to include the IPA and Swing Bed Discharge and updated types of combination assessments.
- Tracking records (Entry and Death in Facility) *and the Interim Payment Assessment can* never be combined with other assessments.

# COMBINING PPS AND OBRA ASSESSMENTS (CONT 2)

- 2.11 PPS and OBRA Assessment Combinations for the following assessments have been revised for combinations of the 5 - Day and the:
  - OBRA Admission Assessment.
  - Significant Correction to Prior Comprehensive.
  - OBRA Quarterly Assessment.
  - Significant Correction to Prior Quarterly.
  - Annual Assessment.
  - OBRA Discharge Assessment.
  - Significant Change in Status Assessment.
  - Part A PPS Discharge Assessment.

# FACTORS IMPACTING SNF PPS ASSESSMENT SCHEDULING

- 2.12 Factors Impacting SNF PPS Assessment Scheduling.
  - Resident is Admitted to an Acute Care Facility and Returns:
    - A new 5-Day assessment is required, *unless it is an instance of an interrupted stay.*
    - *If it is a case of an interrupted stay (i.e., the resident returns to the SNF and resumes Part A services in the same SNF within the 3 - day interruption window), then no PPS assessment is required upon reentry, only an Entry tracking form.*
      - *An IPA may be completed, if deemed appropriate.*

# FACTORS IMPACTING SNF PPS ASSESSMENT SCHEDULING

- Resident Is Sent to Acute Care Facility, Not in SNF over Midnight and is Not Admitted to Acute Care Facility:
  - If a resident is out of the facility over a midnight, but for less than 24 hours, **and** is not admitted to an acute care facility, *a new 5 - day PPS assessment is not required, though an IPA may be completed, if deemed appropriate.*
  - Payment implications: The day preceding the midnight on which the resident was absent from the nursing home is not a covered Part A day pursuant to the “midnight rule.”

# FACTORS IMPACTING SNF PPS ASSESSMENT SCHEDULING

- Resident Takes a Leave of Absence from the SNF:
  - If a resident is out of the facility for a Leave of Absence (LOA) as defined on page 2 – 13 in this chapter, *there may be payment implications.*
  - For example, if a resident leaves a SNF at 6 p.m. on Wednesday, which is Day 27 of the resident's stay, and returns to the SNF on Thursday at 9 a.m., then Wednesday becomes a non - billable day and Thursday becomes Day 27 of the resident's stay.

# FACTORS IMPACTING SNF PPS ASSESSMENT SCHEDULING

- Resident Discharged from Part A Skilled Services and From the Facility and Returns to SNF Part A Skilled Level Services:
  - In the situation when a beneficiary is discharged from Medicare Part A and is physically discharged from the facility but returns to resume SNF Part A skilled services after the interruption window has closed, the OBRA Discharge and Part A PPS Discharge must be completed and may be combined.

# FACTORS IMPACTING SNF PPS ASSESSMENT SCHEDULING

- On return to the facility, this is considered a new Part A stay (as long as resumption of Part A occurs within the 30 - day window allowed by Medicare), and a new 5 - Day and Entry Tracking Record must be completed. If the resident was discharged return not anticipated, the facility must also complete a new OBRA Admission assessment.
- In the case of an interrupted stay, only an OBRA Discharge is required. An Entry Tracking Record is required on reentry, but no 5 - Day is required. If the resident was discharged return anticipated, no OBRA assessment is required. However, if the resident was discharged return not anticipated, the facility must complete a new OBRA Admission assessment. (Carol: THINK ABOUT A SIG CHANGE)



# FACTORS IMPACTING SNF PPS ASSESSMENT SCHEDULING

- Resident Discharged from Part A Skilled Services Is Not Physically Discharged from the Skilled Nursing Facility
  - In the situation when a resident's Medicare Part A stay ends, but the resident is not physically discharged from the facility, remaining in a Medicare and/or Medicaid certified bed with another payer source, the facility must continue with the OBRA schedule from the beneficiary's original date of admission (item A1900) and must also complete a Part A PPS Discharge assessment.

# FACTORS IMPACTING SNF PPS ASSESSMENT SCHEDULING

- If the Part A benefits resume, there is no reason to change the OBRA schedule; the PPS schedule would start again with a 5 -Day assessment, MDS item A0310B = 01, **unless** it is a case of an interrupted stay – that is, if the resident is discharged from Part A, remains in the facility and resumes Part A within the 3 - day interruption window, no PPS Discharge is completed, nor is a 5 - Day required when Part A resumes.

# FACTORS IMPACTING SNF PPS ASSESSMENT SCHEDULING

- Non - Compliance with the PPS Assessment Schedule: Frequent late assessment scheduling practices *or missed assessments* may result in *additional* review.
- The default rate takes the place of the otherwise applicable Federal rate.
- This rate is equal to the rate paid for the *Health Insurance Prospective Payment System (HIPPS)* code reflecting the lowest acuity level *for each PDPM component*, and be lower than the Medicare rate payable if the SNF had submitted an assessment on time.

# FACTORS IMPACTING SNF PPS ASSESSMENT SCHEDULING

- Late PPS Assessment:
  - *The SNF will bill the default rate for the number of days that the assessment is out of compliance.*
  - *This is equal to the number of days between the day following the last day of the available ARD window and the late ARD (including the late ARD).*
  - **The SNF would then bill the HIPPS code established by the late assessment for the remainder of the SNF stay, unless the SNF chooses to complete an IPA.**

# EXPECTED ORDER OF MDS RECORDS AND ISC TABLES

- 2.13 Expected Order of MDS Records and 2.14 Nursing Home and Swing Bed Item Set Code Reference tables were updated to include the IPA and remove retired PPS assessments.
- Two items sets are not included in the tables:
  - Inactivation record, ISC code XX.
  - Other State Assessment, ISC code OSA indicated by coding item A0300 as I, Yes

# DISCHARGE ON OR BEFORE DAY 8

- If the beneficiary is discharged from the SNF or the Medicare Part A stay ends (e.g., transferred to another payer source) before or on the eighth day of the covered SNF stay, the provider should prepare a 5-Day assessment as completely as possible and submit the assessment as required. If there is not a PPS assessment in the QIES ASAP system, the provider must bill the default rate for any Medicare days.

# A0310 TYPE OF ASSESSMENT

A0310. Type of Assessment	
Enter Code <input type="text"/> <input type="text"/>	<b>A. Federal OBRA Reason for Assessment</b> 01. <b>Admission</b> assessment (required by day 14) 02. <b>Quarterly</b> review assessment 03. <b>Annual</b> assessment 04. <b>Significant change in status</b> assessment 05. <b>Significant correction</b> to <b>prior comprehensive</b> assessment 06. <b>Significant correction</b> to <b>prior quarterly</b> assessment 99. <b>None of the above</b>
Enter Code <input type="text"/> <input type="text"/>	<b>B. PPS Assessment</b> <u>PPS Scheduled Assessment for a Medicare Part A Stay</u> 01. <b>5-day</b> scheduled assessment <u>PPS Unscheduled Assessment for a Medicare Part A Stay</u> 08. <b>IPA</b> - Interim Payment Assessment <u>Not PPS Assessment</u> 99. <b>None of the above</b>

# A0310B. PROSPECTIVE PAYMENT SYSTEM (PPS) ASSESSMENT

Section A		Identification Information
A0310. Type of Assessment		
Enter Code <input type="text"/>	<b>A. Federal OBRA Reason for Assessment</b> 01. <b>Admission</b> assessment (required by day 14) 02. <b>Quarterly</b> review assessment 03. <b>Annual</b> assessment 04. <b>Significant change in status</b> assessment 05. <b>Significant correction to prior comprehensive</b> assessment 06. <b>Significant correction to prior quarterly</b> assessment 99. <b>None of the above</b>	
Enter Code <input type="text"/>	<b>B. PPS Assessment</b> <u>PPS Scheduled Assessment for a Medicare Part A Stay</u> 01. <b>5-day</b> scheduled assessment <u>PPS Unscheduled Assessment for a Medicare Part A Stay</u> 08. <b>IPA</b> - Interim Payment Assessment <u>Not PPS Assessment</u> 99. <b>None of the above</b>	

- A0310B, PPS Assessment. **Code 01.** 5 - Day Scheduled Assessment.
- **Code 08. IPA – Interim Payment Assessment.**
- **Code 99.** None of the above.
- For A0310A or B, enter the number corresponding to the reason for completing the assessment.



# A0310B. CODING INSTRUCTIONS

- Coding Instructions were updated: Enter the number corresponding to the PPS reason for completing this assessment. This item contains 2 digits. For codes 01 *and* 08, enter “0” in the first box and place the correct number in the second box. If the assessment is not coded as 01 *or* 08, enter code “99.”
- PPS Unscheduled Assessment for Medicare Part A Stay. **08. IPA** – *Interim Payment Assessment*.
- *Not PPS Assessment.* 99. None of the above.

# A0310E.

Enter Code

**E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?**

- 0. No
- 1. Yes

- **A0310E.** Is This Assessment the First Assessment (OBRA, Scheduled PPS, or OBRA Discharge) Since the Most Recent Admission/Entry or Reentry?
- Coding Tips were amended as follows: A0310E = 0. No, for: *An Interim Payment Assessment (A0310A = 99, A0310B = 08, A0310F = 99, and A0310H = 0)*.
- A0310E = 1. Yes, on the first OBRA, Scheduled PPS, or OBRA Discharge assessment that is completed and submitted once a facility obtains CMS certification. Note: The first submitted assessment may not be *an OBRA Admission* assessment.

# A0310G1. IS THIS A SNF PART A INTERRUPTED STAY?

**G1. Is this a SNF Part A Interrupted Stay?**

- 0. No
- 1. Yes

## A0310. Type of Assessment - Continued

Enter Code

**G. Type of discharge** - Complete only if A0310F = 10 or 11

- 1. Planned
- 2. Unplanned

Enter Code

**G1. Is this a SNF Part A Interrupted Stay?**

- 0. No
- 1. Yes

Enter Code

**H. Is this a SNF Part A PPS Discharge Assessment?**

- 0. No
- 1. Yes

# INTERRUPTED STAY

- This item allows providers to indicate whether or not an interrupted stay has occurred.
- You will code **0.No.** If the resident was discharged from SNF care but **did not** resume SNF care at the same SNF within the interruption window. This means that an interrupted stay did **not** occur.
- You will code **1.Yes.** If the resident was discharged from SNF care but **did** resume SNF care at the same SNF within the interruption window. This means that an interrupted stay **did** occur.

# INTERRUPTED STAY POLICY

- **Interrupted Stay**
  - Medicare Part A skilled nursing facility (SNF) stay in which a resident:
    - Is discharged from SNF care (i.e., the resident is discharged from a Medicare Part A - covered stay), **and**
    - Subsequently resumes SNF care in the same SNF for a Medicare Part A - covered stay during the interruption window.

# INTERRUPTION WINDOW

- A 3 - day period starting with the calendar day of discharge from SNF care (i.e., Part A - covered stay) and including the 2 immediately following calendar days, ending at 11:59 p.m. on the third calendar day.

# RESUMPTION OF SNF CARE

- Resident must resume SNF care (i.e., Part A-covered stay) in the same SNF or return to the **same** SNF (if physically discharged) to resume SNF care, by 11:59 p.m. of the end of the third calendar day after their Part A - covered stay ended

# INTERRUPTED STAY POLICY

- In order to be considered an Interrupted Stay **both** conditions must be met:
  - Resident discharged from Part A - covered stay **and**
  - Resumes the Part A stay in the same SNF or returns to the same SNF to resume the Part A stay (if physically discharged) by 11:59 p.m. at the end of the third calendar day after the Part A-covered stay ended.
- The subsequent stay is considered a continuation of the previous Part A stay for purposes of the:
  - Variable per diem schedule.
  - PPS assessment completion.



# A031061. CODING TIPS

- Examples of interrupted stay where the resident leaves the SNF and returns to the same SNF to resume Part A-covered stay:
  - Resident leaves against medical advice and returns to the same SNF to resume Part A-covered services within the interruption window.
  - Acute care setting for evaluation/treatment due to a change in condition and then returning to the same SNF to resume Part A-covered services within the interruption window.
  - Psychiatric facility for evaluation/treatment and then returning to the same SNF to resume Part A-covered services within the interruption window.
  - Outpatient facility for a procedure/treatment and then returning to the same SNF to resume Part A-covered services within the interruption window.
  - Assisted living facility or private residence with home health services and then returning to the same SNF to resume Part A-covered services within the interruption window.

# A0310G1. CODING TIPS

- Examples of interrupted stay where the resident remains in the SNF but stops being covered under the Part A PPS benefit and resumes Part A:
  - Elects and then revokes the hospice benefit, then resumes Part A within the interruption window.
  - Refuses to participate in rehabilitation (no other daily skilled need), then decides to engage in planned rehabilitation resuming Part A coverage within the interruption window.
  - Changes payer source from Medicare Part A to an alternate payer source (i.e., hospice, private pay or private insurance) then wishes to resume Part A again within the interruption window.

# EXAMPLES OF INTERRUPTED STAY

- Resident is discharged from Part A services, remains in the facility and resumes Part A services within the 3 - day interruption window.
  - No Part A PPS or OBRA Discharge required.
  - No Entry Tracking or 5 - Day required on resumption.
- Subsequent stay is considered a continuation of the previous Medicare Part A covered stay.
- This is considered an Interrupted Stay because **both** criteria **were** met:
  - Discharge from Part A.
  - Resumption of Part A within in the 3-day interruption window.



# EXAMPLES OF INTERRUPTED STAY

- Resident leaves the facility and resumes Part A services within the 3 - day interruption window.
  - No Part A PPS Discharge required but **OBRA Discharge** is required.
  - **Entry Tracking** required, and **OBRA Admission** required on resumption if discharge was return **not** anticipated.
  - **No 5 - Day** required, and **no** OBRA Admission if discharge return anticipated.
- Subsequent stay is considered a continuation of the previous Medicare Part A covered stay.
- This **is** considered an Interrupted Stay because **both** criteria **were** met:
  - Discharge from Part A.
  - Returned to the same facility to resume Part A within the 3 - day interruption window.

# EXAMPLES OF NO INTERRUPTED STAY

- Resident is discharged from Part A services, remains in the facility, and does not resume Part A services within the 3 - day interruption window.
  - Part A PPS Discharge is required.
  - 5 - Day required on resumption if within the 30 - day window allowed by Medicare.
  - OBRA schedule would continue from the beneficiary's original date of admission (item A1900).
- Subsequent stay, if there is one, is considered a **new** Part A stay.
- This is **not** considered an Interrupted Stay because **both** criteria were **not** met:
  - Discharge from Part A.
  - Did **not** resume Part A services within in the 3 - day interruption window.



# EXAMPLES OF NO INTERRUPTED STAY

- Resident is discharged from Part A services, leaves the facility, and does not resume Part A services within the 3 - day interruption window.
  - Part A PPS Discharge and OBRA Discharge required and may be combined.
  - Entry Tracking Record and a 5 - Day required on resumption if within 30 - day window allowed by Medicare.
  - OBRA Admission required on resumption if discharge was return **not** anticipated. If discharge return anticipated, no OBRA Admission required.
- Subsequent stay, if there is one, is considered a **new** Part A stay.
- This is **not** considered an interrupted stay because **both** criteria were **not** met:
  - Discharged from Part A .
  - Did **not** return to the facility to resume Part A within in the 3 - day interruption window.

# EXAMPLES OF NO INTERRUPTED STAY

- Resident is discharged from Part A services, leaves the facility, and does not resume Part A services within the 3 - day interruption window.
  - Part A PPS Discharge and OBRA Discharge required and may be combined.
  - Entry Tracking Record and a 5 - Day required on resumption if within 30 - day window allowed by Medicare.
  - OBRA Admission required on resumption if discharge was return **not** anticipated. If discharge return anticipated, no OBRA Admission required.
- Subsequent stay, if there is one, is considered a **new** Part A stay.
- This is **not** considered an interrupted stay because **both** criteria were **not** met:
  - Discharged from Part A .
  - Did **not** return to the facility to resume Part A within in the 3 - day interruption window.

# UNSCHEDULED PPS ASSESSMENT

- Interim Payment PPS Assessment (IPA)
  - Optional and a standalone assessment
    - ARD may be set for any day of the SNF PPS stay, beyond the ARD of the 5-Day
    - Must be completed within 14 days after the ARD
    - Submitted within 14 days after completion date
    - Authorizes payment for the remainder of the PPS stay
    - New payment rate begins on the **IPA ARD** or until another IPA is completed
    - Does **NOT** affect the variable per diem schedule
    - SNF staff determine when and whether to complete (when completing some items may be gained, but other could be lost) – determine expense of completing versus time and amount it will impact payment)



# A0410. UNIT CERTIFICATION OR LICENSURE DESIGNATION: CODING INSTRUCTIONS

A0410. Unit Certification or Licensure Designation	
Enter Code <input type="checkbox"/>	<ol style="list-style-type: none"><li>1. Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State</li><li>2. Unit is neither Medicare nor Medicaid certified but MDS data is required by the State</li><li>3. Unit is Medicare and/or Medicaid certified</li></ol>

Coding Instruction for Code 1 was clarified to say that:

“...if the MDS record is for a resident on a unit that is neither Medicare nor Medicaid certified, and *neither CMS nor* the state has **authority to collect MDS information for residents on this unit, the facility may not submit MDS records to QIES ASAP.**”

# ITEM RATIONALE

- Nursing homes must be certain they are submitting Minimum Data Set (MDS) assessments to the QIES ASAP system for those residents who are on a Medicare - and/or Medicaid - certified unit.
- Swing - bed facilities must be certain that they are submitting MDS assessments only for those residents whose stay is covered by Medicare Part A benefits.

# A0600A. SOCIAL SECURITY NUMBER

A0600. Social Security and Medicare Numbers													
	<p>A. Social Security Number:</p> <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>-</td><td><input type="text"/></td><td><input type="text"/></td><td>-</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	<p>B. Medicare number:</p> <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

- Coding Instructions amended to include a note:
  - *A valid SSN should be submitted in A0600A whenever it is available so that resident matching can be performed as accurately as possible.*

# A0600B. MEDICARE NUMBER

- Item set: Parenthetical statement “or comparable railroad insurance number” was removed.
- Coding instructions updated:
  - For PPS assessments (A0310B = 01 or 08), the Medicare number (A0600B) must be present (i.e., may not be left blank).
  - A0600B *must* be a Medicare number.

# A0700. MEDICAID NUMBER

A0700. Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient												

Coding Instruction was updated:  
Enter one number *or letter* per box beginning in  
the leftmost box.

# A0800. GENDER

A0800. Gender	
Enter Code <input type="checkbox"/>	<ol style="list-style-type: none"><li>1. Male</li><li>2. Female</li></ol>

Coding Instruction was updated:

Resident gender on the MDS *must* match what is in the Social Security system.

# A1500. & A1510. PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) AND LEVEL II PASRR CONDITIONS

Section A		Identification Information	
<b>A1500. Preadmission Screening and Resident Review (PASRR)</b>			
Complete only if A0310A = 01, 03, 04, or 05			
Enter Code <input type="checkbox"/>	<b>Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability ("mental retardation" in federal regulation) or a related condition?</b>		
	0. <b>No</b> → Skip to A1550, Conditions Related to ID/DD Status 1. <b>Yes</b> → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions 9. <b>Not a Medicaid-certified unit</b> → Skip to A1550, Conditions Related to ID/DD Status		
<b>A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions</b>			

Complete only if A0310A = 01, 03, 04, or 05

↓ Check all that apply

<input type="checkbox"/>	<b>A. Serious mental illness</b>
<input type="checkbox"/>	<b>B. Intellectual Disability ("mental retardation" in federal regulation) or a related condition</b>
<input type="checkbox"/>	<b>C. Other related conditions</b>

Section A		Identification Information	
<b>A1500. Preadmission Screening and Resident Review (PASRR)</b>			
Complete only if A0310A = 01, 03, 04, or 05			
Enter Code <input type="checkbox"/>	<b>Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition?</b>		
	0. <b>No</b> → Skip to A1550, Conditions Related to ID/DD Status 1. <b>Yes</b> → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions 9. <b>Not a Medicaid-certified unit</b> → Skip to A1550, Conditions Related to ID/DD Status		
<b>A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions</b>			
Complete only if A0310A = 01, 03, 04, or 05			
↓ Check all that apply			
<input type="checkbox"/>	<b>A. Serious mental illness</b>		
<input type="checkbox"/>	<b>B. Intellectual Disability</b>		
<input type="checkbox"/>	<b>C. Other related conditions</b>		

# A2400. MEDICARE STAY

- Completed only when A0310G1 = 0.
- When a resident on Medicare Part A has an interrupted stay (i.e., is discharged from SNF care and subsequently readmitted to the same SNF within the interruption window after discharge), this is a continuation of the Medicare Part A stay, not a new Medicare Part A stay.
- Items A2400A – A2400C are not active when the OBRA Discharge assessment indicates the resident has had an interrupted stay (A0310G1 = 1).

<b>A2400. Medicare Stay</b>	
Complete only if A0310G1= 0	
Enter Code <input type="checkbox"/>	<b>A. Has the resident had a Medicare-covered stay since the most recent entry?</b> 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay
	<b>B. Start date of most recent Medicare stay:</b> [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] Month Day Year
	<b>C. End date of most recent Medicare stay - Enter dashes if stay is ongoing:</b> [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] Month Day Year



# CODING TIPS

- *Completed only when A0310GI = 0.*
- *When a resident on Medicare Part A has an interrupted stay (i.e., is discharged from SNF care and subsequently readmitted to the same SNF within the interruption window after discharge), this is a continuation of the Medicare Part A stay, not a new Medicare Part A stay.*
- *Items A2400A – A2400C are not active when the OBRA Discharge assessment indicates the resident has had an interrupted stay (A0310GI = 1).*

# HOW TO GET READY???

- Look ahead at your “clinical assessments that are due at the end of September, beginning of October
- Do them early (First to middle of September)
- Remember: subsequent clinical assessments will then be due earlier also.
- Remember even if the resident is admitted on September 30 or earlier, You will have to do the traditional Medicare 5 day and then turn around in October and do a IPA. If you don't you will receive the default rate