MDS 3.0 and RUG-IV

FY 2012 Updates and Clarifications

November 3, 2011

Agenda

➢ New MDS Assessment Schedule

➢ Allocation of Group Therapy Minutes

➢ Revised Student Supervision Provisions

➢ EOT OMRA and New Resumption Items

➢ New PPS Assessment: COT OMRA

➢ Recent Clarifications

MDS Assessment Schedule

Old Schedule

Medicare MDS Assessment type	Reason for Assessment (A0310B code)	Assessment Reference Date Window	Assessment Reference Date Grace Days	Applicable Medicare Payment Days
5 day*	01	Days 1 – 5	6 - 8	1 through 14
14 day	02	Days 11 - 14	15 – 19	15 through 30
30 day	03	Days 21 – 29	30 – 34	31 through 60
60 day	04	Days 50 – 59	60 – 64	61 through 90
90 day	05	Days 80 – 89	90 – 94	91 through 100

Revised Schedule

Medicare MDS Assessment type	Reason for Assessment (A0310B code)	Assessment Reference Date Window	Assessment Reference Date Grace Days	Applicable Medicare Payment Days
5 day*	01	Days 1 – 5	6 - 8	1 through 14
14 day	02	Days 13 - 14	15 – 18	15 through 30
30 day	03	Days 27 – 29	30 - 33	31 through 60
60 day	04	Days 57 - 59	60 – 63	61 through 90
90 day	05	Days 87 – 89	90 – 93	91 through 100

MDS Assessment Schedule

Combining Scheduled and Unscheduled PPS Assessments

If the ARD for an unscheduled PPS assessment falls within the ARD window (including grace days) of a scheduled PPS assessment, and the ARD for the scheduled assessment would be set for a day after that of the unscheduled assessment, then the assessments must be combined.

For example, if the ARD for an EOT OMRA is Day 14 of a resident's stay and the 14-day scheduled PPS assessment is not set for prior to Day 14, then the assessments must be combined and facilities should use the appropriate AI code to indicate the combined assessment.

MDS Assessment Schedule

Combining Scheduled and Unscheduled PPS Assessments

What Item Set do I use for the combined assessment?

The Item Set for the scheduled assessment should be used.

What do I use for the ARD of the combined assessment?

The ARD for the combined assessment is what would have been used for the ARD of the unscheduled assessment.

What if I mistakenly set the ARD of the scheduled assessment for a day that is after the ARD set for the unscheduled assessment?

The scheduled assessment is deemed invalid and payment is set as if the assessments had been combined properly.

Group Therapy Allocation

Modified Part A Definition of Group Therapy

➢Group therapy is defined as therapy provided simultaneously to four patients (regardless of payer source) who are performing the same or similar activities.

➢Facilities must <u>plan</u> group therapy sessions to include no more or less than four participants.

Group Therapy Allocation

Allocation of Group Therapy Minutes

Example

Four residents in SNF X participate in a group session for a total of 60 minutes.

Facility records 60 minutes of group therapy for each resident on each MDS.	Unallocated group time divided by four by RUG-IV grouper.	Allocated group therapy minutes (15 minutes) used to determine each patient's RUG classification.

Therapy Student Supervision

➢Effective October 1, 2011, students are **no longer required** to be under line-of-sight supervision.

➢ The SNF's supervising therapists are expected to exercise their own judgment regarding the level of supervision a particular student may require.

➢ Instructions for coding student/therapist therapy time provided in Chapter 3, Section O of the MDS RAI manual.

EOT OMRA

➢ EOT OMRA must be completed when a beneficiary classified in a RUG-IV Rehabilitation Plus Extensive Services or Rehabilitation group did not receive any therapy services for three or more consecutive calendar days <u>for any reason.</u>

➢ ARD for EOT OMRA must be set for day 1, 2, or 3 after the date of the resident's last therapy session.

➢ For purposes of this policy, <u>an EOT OMRA is expected to be completed for missed therapy days regardless of whether therapy is missed on a weekday, weekend, or holiday.</u>

EOT OMRA

End of Therapy with Resumption (EOT-R)

➢ Not a new PPS Assessment

➢May be used when the resident will resume at the **same therapy level as prior to the discontinuation of therapy.**

➢ Resumption of therapy must occur **no more than five days after the last day of therapy provided.**

EOT OMRA

End of Therapy with Resumption (EOT-R)

➢ In cases when an EOT-R is used, the facility should bill the non-therapy RUG given on the EOT OMRA beginning the day after the patient's last therapy session. The facility would then begin billing the therapy RUG that was in effect prior to the EOT OMRA beginning on the day that therapy resumed (O0450B).

➢ Providers are not required to consider possible ADL changes when determining if a resumption of therapy will occur.

EOT OMRA

Recent Clarifications

> **EOT OMRA and Day of Discharge**

If a resident is discharged from the Medicare Part A portion of the stay prior to missing three full days of therapy, then an EOT OMRA would not be required.

> **EOT with Resumption Billing**

In cases where an EOT-R is completed, the HIPPS code used to bill the days affected by this assessment should include the AI code used on the EOT-R (Second character = A, B, or C).

COT OMRA

-NEW PPS ASSESSMENT-

➢ Overview of COT OMRA policy

➢ What must a facility actually consider?

➢ What are the RUG categories?

➢ When is a COT OMRA required?

➢ COT OMRA Billing Example

➢ COT OMRA and Index Maximization

COT OMRA

➢ Effective for all assessments with an ARD on or after October 1, 2011, a COT OMRA is required if the therapy received during the <u>COT observation period</u> does not reflect the RUG-IV classification level on the patient's most recent PPS assessment used for payment.

➢ <u>COT Observation Period:</u> A successive 7-day window beginning the day following the ARD of the resident's last PPS assessment used for payment.

May be used to classify a patient into a <u>higher or lower</u> RUG category

<u>COT OMRA</u>

In order to determine if a COT OMRA is required, providers should perform an informal **change of therapy evaluation** that considers the <u>intensity of the therapy</u> the patient received during the COT observation period.

<u>But what must a facility actually consider?</u>

- ✓ Total Reimbursable Therapy Minutes (RTM)

- ✓Number of Therapy Disciplines

- ✓ Number of Therapy Days

- ✓ Restorative Nursing (for patients in a Rehab Low category)

COT OMRA

A COT OMRA is required in cases where the therapy received during the COT observation period would cause the patient to be classified into a different RUG category.

RUG Category Shortcut = Second character in RUG code

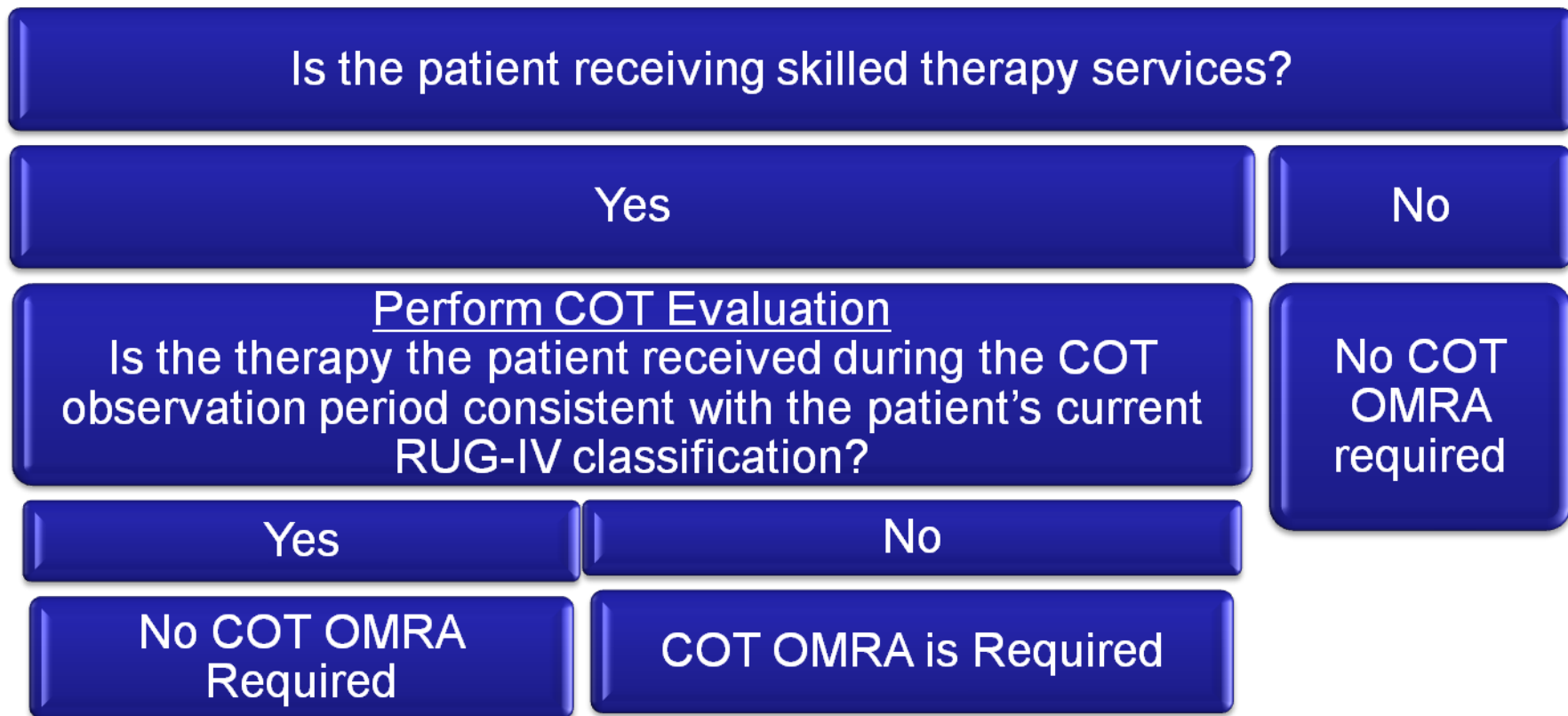RUC: Ultra-High Rehab   RVX: Very-High Rehab

RMA: Medium Rehab   RHL: High Rehab

As long as the second character does not change, no COT OMRA is required!

COT OMRA

When is a COT OMRA required?

Is the patient receiving skilled therapy services?

Yes	No

Perform COT Evaluation
Is the therapy the patient received during the COT observation period consistent with the patient's current RUG-IV classification?

No COT OMRA required

Yes	No

No COT OMRA Required

COT OMRA is Required

COT OMRA

When is a COT OMRA required?

Patient Classification: RUB

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
PT	Individual	60	0	60	0	0	60	45
	Concurrent (/2)	0	30	0	0	0	30	0
	Group (/4)	0	0	0	0	60	0	0
OT	Individual	0	0	0	0	0	0	0
	Concurrent (/2)	0	0	0	0	0	0	0
	Group (/4)	0	0	0	0	0	0	0
SLP	Individual	45	45	60	0	45	0	0
	Concurrent (/2)	0	0	0	60	0	0	0
	Group (/4)	0	60	0	0	60	0	0
Subtotals		105	75	120	30	75	75	45
Number of RNP		0					Total RTM	525

Total RTM: 525 (Very-High); COT OMRA required.

COT OMRA

When is a COT OMRA required?

Patient Classification: RHC

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
PT	Individual	60	0	60	0	0	60	45
	Concurrent (/2)	0	30	0	0	0	30	0
	Group (/4)	0	0	0	0	60	0	0
OT	Individual	0	0	0	0	0	0	0
	Concurrent (/2)	0	0	0	0	0	0	0
	Group (/4)	0	0	0	0	0	0	0
SLP	Individual	45	45	60	0	45	0	0
	Concurrent (/2)	0	0	0	60	0	0	0
	Group (/4)	0	60	0	0	60	0	0
Subtotals		105	75	120	30	75	75	45
Number of RNP		0					**Total RTM**	525

Total RTM: 525 (Very-High); COT OMRA required.

COT OMRA

COT OMRA and SNF Billing

The COT OMRA retroactively establishes a new RUG beginning Day 1 of the COT Observation Period used to set the ARD of the COT OMRA and continues until the next scheduled or unscheduled PPS assessment.

Example: A resident's 30-day assessment is performed with an ARD set for Day 30. Based on the 30-day assessment ARD, the therapy services provided to this resident are evaluated on Day 37. If a COT OMRA is required, then payment would be set back to Day 31.

COT OMRA

COT OMRA and Index Maximization

Index maximization: In some situations a resident may simultaneously meet the qualifying criteria for both a therapy and a non-therapy RUG. For some of these cases the RUG-IV per diem payment rate for the non-therapy RUG will be higher; therefore, although the resident is receiving therapy services, the index maximized RUG is a non-therapy RUG.

A facility is required to complete a change of therapy evaluation for all patients receiving any amount of skilled therapy services, including those who have index maximized into a non-therapy RUG group.

COT OMRA

COT OMRA and Index Maximization

A COT OMRA is only required for residents in such cases that the therapy services received during the COT observation period is no longer reflective of the RUG-IV category after considering index maximization. Consider the following two examples:

Resident qualifies for RMB but index maximizes into HC2. During the COT observation period, resident receives only enough therapy to qualify for RLB.

COT OMRA not required because no change to index maximized RUG category

Resident qualifies for RMB but index maximizes into HC2. During the COT observation period, resident receives enough therapy to qualify for RUB.

COT OMRA is required because of change to index maximized RUG category

COT OMRA

Recent Clarifications

➢ **COT OMRA and Day of Discharge**

If Day 7 of the COT observation period is also the day of discharge, then a COT OMRA would not be required.

➢ **COT OMRA and Scheduled PPS Assessments**

If the ARD of a scheduled PPS assessment is set for on or prior to Day 7 of the COT observation period, then no COT OMRA would be required.

COT OMRA

Recent Clarifications

> **Completing resident interviews on COT OMRA**

Providers are encouraged to complete resident interviews in as timely a manner as possible, which in the case of a COT OMRA might occur 1-2 days after the ARD of the COT OMRA.

Every effort should be made to provide the residents an opportunity to make their voices heard!

Co-Treatment

➢ Two clinicians (two therapists, a therapist and therapy assistant or two therapy assistants from different disciplines), each from a different discipline, treat one Part A resident at the same time (with different treatments).

➢ Example: A SLP and an OT do a meal with a patient. The OT is working on feeding skills and fine motor coordination of the utensils and the SLP is working on swallowing skills.

➢ Both disciplines may code the full treatment session.

Co-Treatment

➢All policies regarding mode, modalities and student supervision must be followed.

➢ The decision to co-treat should be made on <u>a case by case basis</u> and the need for co-treatment should be well documented in the plan of care for each patient.

➢Only appropriate for specific clinical circumstances and <u>not every patient</u>, therefore should be very limited.

Recent Clarifications

Setting the ARD for PPS Assessments

➢ For scheduled PPS assessments, the ARD for such assessments must be <u>set for</u> a day within the ARD window by the end of the assessment ARD window (including grace days). In other words, the decision for which day within the ARD window will be used for the ARD of the scheduled assessment must be made by the end of the ARD window.

➢ For example, the ARD for a 30-day assessment may be <u>set for</u> any day within the range of Day 27 and Day 33, but the ARD for the assessment must be set by Day 33. Once a facility is outside the ARD window, the ARD cannot be set for any day earlier than the day the decision to set the ARD is made.

Recent Clarifications

Setting the ARD for PPS Assessments

➢ For the Change of Therapy (COT) OMRA, End of Therapy (EOT) OMRA, and Start of Therapy (SOT) OMRA, the decision for which day within the allowable ARD window the ARD of the assessment will be set may be made after the window has passed.

➢ For example, if a resident misses therapy on July 2-4, then the facility must complete an EOT OMRA for this resident and the ARD must be set for either July 2nd, 3rd, or 4th. However, the decision for which of those days should be used for the ARD on the EOT OMRA may be made after July 4th, the last day of the ARD window.

Recent Clarifications

Leave of Absence (LOA) Policy Clarification

Scheduled PPS Assessments

The Medicare assessment schedule is adjusted to exclude the LOA when determining the appropriate ARD for a given assessment.

Example: A resident leaves SNF X at 6:00pm on Wednesday (Day 27) and returns to the SNF on Thursday at 9:00am. Wednesday becomes a non-billable day and Thursday becomes Day 27 of the resident's stay.

Recent Clarifications

Leave of Absence (LOA) Policy Clarification

Unscheduled PPS Assessments

Days during which a resident experiences an LOA <u>must be counted</u> toward the ARD for a given unscheduled assessment.

<u>EOT OMRA Example:</u> A resident does not receive therapy on Monday and Tuesday, and Wednesday, goes to the emergency room at 9:00pm on Wednesday and returns to the facility on Thursday at 10:00am, Whether or not therapy is provided on Thursday, an EOT OMRA would be required with an ARD set for Monday, Tuesday, or Wednesday.

Recent Clarifications

Leave of Absence (LOA) Policy Clarification

Unscheduled PPS Assessments

Days during which a resident experiences an LOA <u>must be counted</u> toward the ARD for a given unscheduled assessment.

<u>COT OMRA Example:</u> If the ARD for a resident's 30-day assessment were set for November 7 and the resident went to the emergency room at 11:00pm on November 9, returning at 2:00pm on November 10, Day 7 of the COT observation period would remain November 14.

Note: The COT evaluation process and payment implications <u>remain unchanged</u>.

Recent Clarifications

Leave of Absence (LOA) Policy Clarification

Question: Can the ARD set of an unscheduled PPS assessment be set for an LOA day?

Answer: Yes; it is possible that the ARD for a given unscheduled PPS assessment may be set for an LOA day.

Recent Clarifications

Leave of Absence (LOA) Policy Clarification

Question: If a resident experiences an LOA during the observation period for an assessment, can the services provided to that resident during the LOA be coded on the MDS?

Answer: Yes; such services may be coded on the MDS, though only in those cases where doing so would not violate any other provisions of the RAI manual or other such SNF PPS guidelines.

Recent Clarifications

Leave of Absence (LOA) Policy Clarification

Scenario: A resident leaves the SNF for the emergency room on Monday at 9:00pm and returns on Tuesday at 11:00am. A COT evaluation is done on Thursday. If therapy was provided early Monday morning, can this therapy be coded on the MDS?

Solution: Yes; therapy provided by the SNF on the day the resident experiences the LOA may be counted toward the COT evaluation.

Additional Training Resources

➤ SNF PPS Website
(www.cms.gov/SNFPPS/03_RUGIVEdu12.asp)
(includes information from training calls and recent FY 2012 clarifications)

➤ MDS 3.0 Website
(https://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp#)
(Includes the September 2011 version of the RAI Manual and an October 2011 RAI Manual errata document)

QUESTIONS?