Managing PPS Assessments
OHCA 2012
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Assessment Windows
- Defined days within which the ARD must be set.
- Timeliness of the PPS assessment is defined by selecting an ARD within the prescribed ARD window.
- The facility is required to set the ARD on the MDS form itself or in the facility software within the appropriate timeframe of the assessment type being completed.
- First day of Medicare Part A coverage for the current stay is considered day 1 for PPS scheduling purposes.

PPS windows

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Window</th>
<th>Grace days</th>
<th># of days paid</th>
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</tr>
</thead>
<tbody>
<tr>
<td>5-day or Readmission/return</td>
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<td>87–89</td>
<td>90–93</td>
<td>10</td>
<td>91–100</td>
</tr>
</tbody>
</table>

Use of Grace Days
- CMS SNF PPS Final Rule of 2012:
  - "We encourage the use of grace days if their use will allow a facility more clinical flexibility or will more accurately capture therapy and other treatments.
  - Thus we do not intend to penalize any facility that chooses to use the grace days for assessment scheduling or to audit facilities based solely on their regular use of grace days."

Setting ARD
- ARD MUST be set while in the prescribed window
- The facility is required to set the ARD on the MDS form itself or in the facility software within the appropriate timeframe of the assessment type being completed.

Disclaimer
- Information presented is as accurate as possible on the date and time of presentation.
- If reviewing this information at a later date, please ensure that no changes have occurred.
- CMS changes regulations frequently which may affect the information in this presentation.
If no ARD is opened on the MDS form during the window, including grace days, and the resident is still on Medicare A, SNF must complete a late assessment.

ARD can be no earlier than day the omission was identified

ARD outside Medicare Benefit period

SNF may NOT use a date outside the SNF Medicare Benefit as the ARD for PPS assessment.

Example, resident returns with only 3 days remaining in 100 day benefit period.
ARD must be set on day 1, 2 or 3.

Completed within 14 days of ARD
Submitted electronically and accepted into the QIES ASAP system within 14 days after the completion date
Use correct Item Set

Neither the ARD (A2300) or the Reason for Assessment (A0310) can be modified.

When either reason for assessment or ARD are in error, the facility must INACTIVATE the MDS in error.

The facility must then set a new ARD with a date no earlier than the date the error was identified and complete a new MDS for payment.
“Adjusting” ARDs

- For residents who discharge prior to the set ARD, the ARD can be “adjusted” to the actual date of discharge. (must be adjusted within 14 days of the date of discharge or is considered a “missed assessment”).

- If no ARD has been set on the MDS form prior to the resident’s discharge from Medicare, the PPS assessment cannot be created. There is no ARD set which can be “adjusted”.

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5-day (01)

- First Medicare assessment when resident is first admitted for Part A stay, or
- First Medicare assessment when the resident is readmitted following a discharge return not anticipated

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Readmission/Return Assessment (06)

- First Medicare assessment when a resident who was in a Medicare A stay is hospitalized, discharge return anticipated, and then readmitted to the SNF from the hospital and continues to require and receive Part A services.

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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.
- November 3, 2011 29 SNF National Provider Call

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Recent Clarifications

- Do NOT restart the PPS schedule.
- Adjust the PPS schedule. The day before midnight out of the facility is not a Medicare covered day. Skip that day in the PPS schedule.

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To ER over midnight, less than 24 hours and NOT admitted.

- Do NOT restart the PPS schedule.
- Adjust the PPS schedule. The day before midnight out of the facility is not a Medicare covered day. Skip that day in the PPS schedule.
Readmitted After Hospital Stay

- If admitted to the hospital, even if less than 24 hours and not over midnight, restart the PPS schedule.
- New therapy evals required (orders, clarification orders, and plans of care)
- New Certs/recerts started

ER for more than 24 hours and NOT admitted

- Complete discharge assessment
- Begin PPS cycle again upon return with readmission/return assessment (06)
- New therapy initial evaluations
- New Certs/recerts

Day of admission

- If resident dies on day of admission, or discharges to the community on same day as admission, complete the 5-day PPS assessment for RUG payment for day of admission.
- If resident discharges to the hospital or other Medicare provider, no PPS assessment needs to be completed because no RUG payment will be realized.

Resident Dies before 8th SNF day

- Complete 5-day or Medicare readmission/return assessment as completely as possible and transmit
- If no PPS assessment done, bill default if the first 8 days of Medicare A in the benefit period
- Determine if the Short stay requirement may apply
- Complete a Death in the Facility Record

Transfers or Discharged prior to 8th day of SNF stay

- Complete and transmit the 5-day or Readmission/return assessment
- If no MDS completed, bill default if first 8 days of Medicare benefit period
- Medicare Short stay may apply
- Complete a Discharge Assessment

LOAs

- Therapeutic leaves are NOT discharges.
- Treat the same as the Midnight rule—skip the day in the count of Medicare days for scheduled assessments.
- Do not do a discharge assessment.
- LOA days do count toward days in the schedule for OMRAs—to be discussed later.
Voluntary—not required
Must be done to place a resident into a Rehab RUG—if Rehab RUG not obtained by MDS, it will be rejected when transmitted
Completed only if previous MDS not in Rehab RUG
ARD must be set on days 5–7 days after the start of therapy (based on date first therapy discipline provided)
RUGS payment begins on first day therapy provided

Required when intensity of therapy increases or decreases from RUG of most recent PPS assessment.
Required even for assessments with Nursing RUG if receiving therapy
Changes in ADLs or nursing items do not require COTs

Required when RUG level changes due to:
- Increase or decrease in number of Reimbursable therapy minutes
- Increase or decrease in number of therapy days
- Increase or decrease in therapy disciplines
- Change in Restorative Nursing in Rehab Low

* Count 7 days after the ARD and determine if there is a change in the RTM / RUG Level
COT OMRA

- Count 7 days after the 7th day from ARD, rolling into new COT observation window to determine if there is a change in the RTM / RUG level.

Assessment ARD Compliance

- Unscheduled ARD Flexibility Period
  - Effective April 1, 2012, facilities are permitted to set the ARD of an unscheduled PPS assessment for a day within the allowable ARD window for that assessment no more than 2 days after the window has passed.
  - Flexibility period is 1–2 days! Firm limit!

Day 7 of COT and Scheduled ARD

- If the ARD of a scheduled assessment can be set for Day 7 of the COT window, or before day 7, no COT is required even if therapy changed.
- Day after ARD becomes new day 1 of next COT observation window.

Example

- Since ARD of 30-day set on MDS form before end of day 27, it resets the COT window. Assessments do NOT need to be combined.
April RAI Manual Update

- If a new PPS assessment used for payment occurs with an ARD set for on or prior to the last day of a COT observation period, then a Change of Therapy OMRA is not required for that observation period.

Relevance of “Used for Payment”

- If an assessment has an ARD set for on or prior to Day 7 of the COT observation period, but this assessment is not used for payment, then completing this assessment does not impact on the COT ARD calendar.

“Used for Payment”

- Assessment is “used for payment” in that it either controls the payment for a given period or, in the case of scheduled assessments, may merely set the basis for payment for a given period.

- In other words, the resident requires a scheduled assessment for this payment window.

- Example: resident remains in the facility at least through day 31 in order to require the 30-day PPS assessment to be “used for payment”.

PPS Windows

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Example

- ARD for 30-day set for Day 27
- COT observation period ended on day 28, therapy change—no COT done due to ARD of 30-day
- Resident discharged to hospital on day 31
- 30-day not needed for payment, MISSED COT, Provider liable from day 22 to day 30.

Danger Zone!!!!

- Scheduled assessments must be required for payment in order to be valid.

- If choosing to do 30-day on day 27, which is also the 7th day of COT window, and not combine the 30-day with the COT, make sure resident remains in facility on Medicare until day 32 or assessment not valid. Missed assessments cause provider liability!!!!!
Prevent Provider Liability

- Open COTs in addition to scheduled assessments when in scheduled window.
- Do not transmit PPS assessment until resident has remained in the facility into the second day of payment window.
- Delete (strike through) unnecessary COTs.
- Wait to transmit assessments until resident safely into the payment window.

Strategies

- Combine COTs with scheduled assessments when the therapy provided during the 7-day observation period is at a higher RUG level than on the previously paying MDS.
- Example: 5-day PPS (8/1 ARD) RUG RH. On 8/8 RUG level is RV.
- Combining the 14-day assessment with the COT will allow the RV RUG payment to begin on 8/2 instead of day 15.
- If RUG payment will be less, do NOT combine the COT with the Scheduled assessment.

Danger Zones

- Mistaken minutes on the MDS
- Missed days not made up immediately
- Scheduled assessment done instead of COT but resident discharges prior to payment period for scheduled assessment
- Refusals
- Staffing issues
- Holidays

Informal Observation of COT windows

- Many Fiscal Intermediary/MACs require there be formal documentation of the “informal” observation windows.
- Consider a form to document the decision made regarding the need for COTs each 7-day observation period.

Example

<table>
<thead>
<tr>
<th>Date</th>
<th>PT days</th>
<th>PT minutes</th>
<th>OT days</th>
<th>OT minutes</th>
<th>SLP Days</th>
<th>SLP Minutes</th>
<th>COT needed Y/N</th>
<th>Initials of MDS and Rehab Manager</th>
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End of Therapy OMRA

- Required when:
  1. Rehab RUG is payer
  2. Continues to need Part A SNF-level services after the planned or unplanned discontinuation of all rehabilitation therapies for three or more consecutive days.
ARD of EOT

- ARD must be set on day 1, 2 or 3 after all therapies have ended.
- Last day therapy was provided is day 0.
- Establishes a new non-therapy RUG and Medicare payment rate which begins the day after the last therapy treatment.

EOT

- New therapy evals must be done in order to count therapy minutes again!!!
- Consider SOTs

EOT–R

- Misses 3 days of therapy
- Therapy begins again within 5 consecutive calendar days
- Therapy is same RUG level as prior to missed days
- No new therapy evals required
- Enter resumption dates in O0450A and B
- COT observation window begins on day therapy resumed.

EOT–R

- Billing – Rehab RUG level payment resumes on the date stated in O0450b

Remember

- The EOT–R is an End of Therapy OMRA.
- The ARD must be set day 1, 2 or 3 after the last day in which the resident received at least 15 minutes of therapy.
- The “R” item can be “modified” because it is NOT a reason for assessment.

Recent Clarifications

Leave of Absence (LOA) Policy

Clarification

 Unscheduled PPS Assessments

- Days during which a resident experiences an LOA must be counted toward the ARD for a given unscheduled assessment.
- EOT OMRA Example: 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**
  - **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.

- November 3, 2011 32 SNF National Provider Call

**EOT impact on COTs**

- It is the ARD of the EOT that effectively ends the COT observations not the actual last day of therapy.

- **Danger zone:** When all therapy ends, consider when the 7th day of the COT observation period falls. Use that information to help with the ARD decision of the EOT.

**Example**

- All therapy ends on May 2. (Treatment provided May 2). Nursing skilled services continued.
- EOT can be set for May 3, 4 or 5.
- Day 7 of the COT observation period is May 4. (Therapy provided during this 7 days less than the previous RUG level).
- Which are the optimal days to set the ARD for the EOT?

**Significant Change in Status Assessment (SCSA)**

- RUG begins payment on ARD unless using grace days
- When not combined with a scheduled PPS assessment (**A0310A=4** and **A0310B=07**).
- When ARD is in the grace days, the RUG begins payment on the day the scheduled assessment would have begun payment.
- COT observation window begins day after ARD

**Combining Scheduled and Unscheduled Assessments**

**RULES**

- The Assessment Reference Date and assessment type must be in the allowable range for all Assessment types or the Assessments cannot be combined.
  
  **Examples**

- A death in facility tracking form cannot be combined with any other assessment type.
- The 30 day can only be combined with the COT if the date chosen for the ARD is between days 27–33 (30-day window) and day 7 of the COT observation period.
Combining Medicare Assessments with OBRA assessments
- A0310A = OBRA reason for Assessment
- A0310B = PPS reason for assessment
- A0310C = OMRAs
- A0310F = Discharge Assessments

Admission Assessment and 5-day or Readmission/Return Assessment
- Use Comprehensive item set
- ARD must be set days 1–8
- Must be completed by day 14 from admission
- CAAs must be completed by day 14 from admission

Admission and 14-day
- Limits the choice of ARD to day 13!
- Cannot use grace days
- Complete by day 14 from admission including CAAs.

Quarterly Combined with PPS Don’t Forget your OBRAS!!!
- Use quarterly item set required by state
- ARD must be set on day that meets requirements for both PPS window and within 92 days of previous OBRA assessment ARD
- Grace days are allowable if the above requirements can also be met.

Short Stay
- All 8 of the following requirements MUST be met:
  1. Assessment must be a SOT OMRA (A310C=1 or 3).
     - Can be combined with a discharge assessment when the end of Part A stay is the result of discharge from the facility, but should not be combined with a discharge if the resident dies in the facility or is transferred to another payer source within the facility.
2. A PPS 5–day or Readmission return assessment has been completed. (Can be combined with SOT OMRA)

3. The ARD (A2300) must be on or before the 8th day of the Part A Medicare Covered Stay

4. The ARD (A2300) of the SOT OMRA must be the last covered day of Medicare Part A. The end of the Medicare stay date is the date Part A ended.

5. The ARD (Item A2300) of the Start of Therapy OMRA may not be more than 3 days after the start of therapy date (Items O0400A5, O0400B5, or O0400C5, whichever is earliest). This is an exception to the rules for selecting the ARD for a SOT OMRA, as it is not possible for the ARD for the Short Stay Assessment to be 5–7 days after the start of therapy since therapy must have been able to be provided only 1–4 days.

6. Rehab therapy (SLP, OT, or PT) started during the last 4 days of the Medicare Part A covered stay (including weekends). The end of Medicare stay date (Item A2400C) minus the earliest start date for the three therapy disciplines (Items O0400A5, O0400B5, or O0400C5) must be 3 days or less.

7. At least one therapy discipline continued through the last day of the Medicare Part A stay. At least one of the therapy disciplines must have a dash–filled end of therapy date (Items O0400A6, O0400B6, or O0400C6) indicating ongoing therapy or an end of therapy date equal to the end of covered Medicare stay date (Item A2400C). Therapy is considered to be ongoing when:
   - The resident was discharged and therapy was planned to continue had the resident remained in the facility, or
   - The resident’s SNF benefit exhausted and therapy continued to be provided, or
   - The resident’s payer source changed and therapy continued to be provided.

8. The RUG group assigned to the Start of Therapy OMRA must be Rehabilitation Plus Extensive Services or a Rehabilitation group (Z0100A). If the RUG group assigned is not a rehab or rehab plus extensive RUG, the assessment will be rejected.

   - If all 8 requirements are met, set the Medicare Short Stay Indicator by checking Item Z0100C.
   - Calculate average therapy minutes by dividing the total therapy minutes by the number of days from the start of therapy through the ARD.

   - If therapy average minutes provided were:
     - 144 minutes or more = Rehab Ultra High
     - 100–143 minutes = Rehab Very High
     - 65–99 minutes = Rehab High
     - 30–64 minutes = Rehab Medium
     - 15–29 minutes = Rehab Low

   - If Nursing extensive services also provided, can be placed into “X” or “L” on Short stay.
Impact on payment

- If the earliest start of therapy date is the first day of the short stay, the short stay RUG pays entire stay (8 days or less)
- If therapy started after the first day, the following apply:
  - use the Part A non-therapy RUG (Z0150A) for the first day through the day before therapy started;
  - then use the Medicare A RUG (Z0100A) from the day therapy started until the end of the short stay.

Short Stay Met?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
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<td><strong>Therapy Eval</strong></td>
<td><strong>Therapy Tx 40 minutes</strong></td>
<td><strong>Therapy Tx 40 minutes</strong></td>
<td><strong>Therapy Tx 40 minutes</strong></td>
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<td>Therapy Tx 40 minutes</td>
<td>Medicare End Date ARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. SOT OMRA</td>
<td>2. 5-day assessment</td>
<td>3. Stay &lt; 8 days</td>
<td>4. ARD of SOT OMRA = end of Medicare stay</td>
<td>5. Therapy started within last 4 days</td>
<td>6. Therapy continued through last day of stay</td>
<td>7. RUG for days 4-7 RM RUG for days 1-3 = Nursing RUG</td>
<td></td>
</tr>
</tbody>
</table>

MDS Coordinators

1. Print new 100 day tools for each active Medicare A resident
2. Circle ARD chosen during PPS meeting
3. Flag 100 day tool for new ARDs
4. Open MDS immediately after PPS meeting, enter ARD onto form and SAVE
5. Highlight date 7 days from ARD to review for COT.
6. If no change from RUG at day 7, highlight day 7 days after that date.
7. Highlight first day of payment window in another color.

Therapy Directors

- Set ARDs with MDS coordinator for each scheduled Assessment window.
- Review each resident at 7 days from ARD to determine if in same therapy RUG — if days, minutes or disciplines different, COT required
- Review each resident with rolling 7-day COT window.
- Notify MDS coordinator immediately of missed therapy, addition or removal of discipline, change in ARD.
Daily PPS meeting

- Review all residents in assessment window.
- MDS coordinator bring binder of 100 day tools of Medicare A residents
- Set ARDS—review every resident on 7-day rolling COT assessment windows.
- Review each resident to determine when resident has received payment window so transmission can be safely done.
- Report any resident refusals
- Give MDS coordinator PPS minutes/days the day after the ARD
- Discuss when therapy disciplines begin or end services
- Discuss possible discharge dates/plans

Medicare Meeting

- Discuss resident progress—on nursing unit as well as in therapy
- Compare therapy minutes to minutes on MDS
- Ensure that evals and physician orders are signed.
- Check Certs/recerts for completion/signatures/dates and prepare Certs for the following week
- Discuss who needs a denial letter
- Discuss discharge plans/changes of plans
- Review PLOF
- Read nurses notes and therapy notes—write weekly Medicare note if daily notes not sufficient

Triple Check

- Be sure to check 3-day stay with hospital records (not our face sheet)
- Check name, SSN, birthdate, MCR # against CWF
- Double check therapy days and minutes on MDS with therapy grids
- Check Final Validation report to ensure MDSS accepted prior to billing and check for error messages for resident identifiers
- Check therapy start and end dates on MDS with therapy grid
- Double check when OMRAs begin and end therapy RUG payment
- Determine if COT or EOT missed or late.

Questions?
I’m sure you’ve got them!!!