




# **The Medicare PPS Schedule: Managing Early/Late/Missed MDS Assessments**

*Presented by:*  
**HARMONY UNIVERSITY**  
*The Provider Unit of*  
**Harmony Healthcare International, Inc.**  
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**The Medicare PPS Schedule:  
Managing Early, Late, and Missed  
PPS Assessments**

**HARMONY UNIVERSITY**  
The Provider Unit of  
Harmony Healthcare International, Inc.  
(HHI)  
*Presented by:*  
**Beckie Dow, RN, RAC-MT**  
Director of MDS/Nursing Education & Training

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**Speaker Bio**

- Over 20 Years Experience in Long-term Care
- Clinical and Reimbursement Accuracy in Assessments
- Quality Assurance Activities
- Interrelation between MDS, Care Planning, QA and Clinical Excellence at the Bedside
- AANAC Master Trainer

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**The Medicare PPS Schedule:  
Managing Early, Late, and Missed PPS Assessments**

- **Disclosures:** The planners and presenters of this educational activity have no relationship with commercial entities or conflicts of interest to disclose
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- **Presenter:**  
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**The Medicare PPS Schedule:  
Managing Early, Late, and Missed PPS Assessments  
Disclosure** 

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Speaker:  
**Beckie Dow**, RN, RAC-MT Director of MDS/Nursing Program  
Development

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**The Medicare PPS Schedule:  
Managing Early, Late, and Missed PPS Assessments  
Criteria for Successful Completion** 

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- Complete Sign-in and Sign-Out on Attendance Form
- Attendance for entire session
- Completion and submission of speaker evaluation form

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**Program Objectives** 

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- The learner will be able to outline the scheduled and unscheduled PPS assessment requirements and ARD selection requirements for each
- The learner will be able to correctly identify the application of default or provider liable days early, late, or missed assessments
- The learner will be able to identify appropriate use of SOT, EOT, EOT-R, and COT assessments
- The learner will be able to list the eight criteria for the Medicare Short Stay assessment
- The learner will be able to identify when to choose Inactivation or Modification

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## Glossary of Terms



- OMRA—Other Medicare Required Assessment
- PPS—Prospective Payment System
- RUGs—Resource Utilization Groups
- OBRA—Omnibus Reconciliation Act of 1987

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## Medicare PPS Assessments



- Scheduled Assessments
  - ◆ Set at regular intervals during the Medicare stay
- Unscheduled Assessments
  - ◆ Driven by clinical events that may occur during the Medicare stay
- Item set requirements will vary depending on assessment type and assessment combinations

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## Medicare PPS Assessments



- Your software will create the correct item set for you, based on coding in Section A0310
- Be able to choose what item set you would need in case of computer failure
- RAI Users Manual, Section 2.15
- PPS assessments can be **scheduled or unscheduled**

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### SNF PPS MDS Regularly Scheduled

MDS Assessment/Type	Assessment Reference Date	Grace Days	No. of Days Coverage	Applicable Days
5 Day /Return	1-5	6-8	14	1-14
14 Day	13-14	15-18	16	15-30
30 Day	27-29	30-33	30	31-60
60 Day	57-59	60-63	30	61-90
90 Day	87-89	90-93	10	91-100

PPS and OBRA MDS may be combined if ARD and completion date meet both requirements

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### Assessment Scheduling

- One assessment may satisfy:
  - Two OBRA assessment requirements (such as Quarterly and Discharge assessment)
  - An OBRA and PPS assessment (such as Admission and 5 day PPS assessment)
  - Two PPS assessments (scheduled and unscheduled)
  - The **most stringent** requirement of the two assessments for MDS completion must be met and the **ARD windows must overlap**

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### Assessment Scheduling Example: How to Combine Two Assessments

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Should I Code the Assessment as a 5-Day or Return/Readmission?



- If a patient was on Medicare prior to discharge to the hospital and upon returning from the hospital the entry tracker is coded "Reentry" (A1700 = 2), then restart the PPS schedule with a Return/Readmission Assessment

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Should I Code the Assessment as a 5-Day or Return/Readmission?



- If a patient was on Medicare prior to discharge to the hospital and upon returning from the hospital, the entry tracker is coded "Admission" (A1700 = 1), then restart the PPS schedule with a 5-Day Assessment

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Should I Code the assessment as a 5-Day or Return/Readmission?



- When the patient is discharged from Medicare but remains in the facility, the OBRA assessment schedule continues and, if Medicare resumes within 30 days (without a hospital stay), restart the PPS schedule with a 5-Day Assessment

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## START OF THERAPY (SOT) OMRA



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## Start of Therapy (SOT) OMRA

### A0310C = 1

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- **Optional** assessment
- Completed **only** to classify a resident into a Rehabilitation Plus Extensive Services or Rehabilitation group (CMS will not accept a nursing category only if the resident is not already classified in a Rehab RUG)
- ARD (Item A2300) must be set on days 5-7 **after the start of therapy**
- Medicare **payment rate** begins on the day **therapy started (O0400A5, B5, C5)**
- Must be completed within 14 days after the ARD

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## Start of Therapy (SOT) OMRA

### A0310C = 1

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1	2	3	4	5 PT Eval 30 min Rx	6 PT 30 min Rx	7 PT 30 min Rx
8 5 Day ARD	9 PT 30 min Rx	10 PT 30 min Rx	11 PT 30 min Rx	12 PT 30 min Rx	13 PT 30 min Rx	14
SOT ARD Window						
15	16	17	18	19	20	21

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**Start of Therapy (SOT) OMRA**  
**A0310C = 1 \*SOT Not Indicated\***

1	2	3	4 PT Eval & 30 min Rx	5 PT 30 min	6 OT eval & 30 min Rx	7 OT 30 min
8 OT 30 min 5 Day ARD	9	10	11	12	13	14

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**END OF THERAPY (EOT) OMRA**

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**End of Therapy (EOT) OMRA**  
**A0310C = 2**

- **Required** when the resident was classified in a RUG-IV Rehabilitation Plus Extensive Services or Rehabilitation group and continues to need Medicare Part A SNF-level services after the discontinuation of all therapies
- ARD must be set on **day 1, 2, or 3** after the last treatment day
- Must be completed within 14 days after the ARD
- Establishes a new non-therapy RUG classification and Medicare payment rate which begins the day after the last day of therapy treatment

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**End of Therapy (EOT) OMRA**  
**A0310C = 2**



1	2	3	4	5	6	7
8	9	10	11 Last treatment day	EOT ARD Window		14
15 MC Ends Patient remains in SNF	16	17	18	19	20	21

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**End of Therapy (EOT) OMRA**  
**A0310C = 2**



1 Last treatment day	EOT ARD Window		4 Discharge to home	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

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**End of Therapy-Resumption  
(EOT-R) OMRA**



- In cases where therapy resumes after the EOT OMRA is performed and the resumption of therapy date is **no more than 5 consecutive calendar days** after the last day of therapy provided, and the therapy services have resumed at the same RUG-IV classification level that had been in effect prior to the EOT OMRA, an **End of Therapy OMRA with Resumption (EOT-R)** may be completed

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End of Therapy-Resumption  
(EOT-R) OMRA



1	2 OT/PT	3 OT/PT	4 OT/PT	5 OT/PT	6 OT/PT	7
8	9 OT/PT	10 OT/PT	11 OT/PT	12 Pt sick	13 Pt sick/ ER Eval	14 Pt sick
15 Pt sick	16 Pt sick	17 OT eval and treat	18 OT	19 OT	20 OT	21 OT

**EOT-R not an option**

**EOT ARD Window**

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End of Therapy-Resumption  
(EOT-R) OMRA



1 OT/PT	2 OT/PT	3 OT/PT	4 OT/PT	5 OT/PT	6 OT/PT	7 OT/PT
8	9 OT/PT	10 OT/PT	11 OT/PT	12 Pt LOA	13 Pt refused	14 Pt refused
15 OT/PT	16 OT/PT	17 OT/PT	18 OT/PT	19 OT/PT	20 OT/PT	21 OT/PT

**EOT-R is an option**

**EOT ARD Window**

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End of Therapy-Resumption  
(EOT-R) OMRA



- If the EOT OMRA without the EOT-R items has been accepted into the QIES ASAP system, then submit a **modification request** for that EOT OMRA with **the only changes being the completion of the EOT-R items** and check X0900E to indicate that the reason for modification is the addition of the Resumption of Therapy date

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CHANGE OF THERAPY (COT) OMRA

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Change of Therapy (COT) OMRA  
A0310C = 4



- Complete when the intensity of therapy, which includes the **total reimbursable therapy minutes (RTM), and other therapy qualifiers** such as number of therapy days and disciplines providing therapy, **changes to such a degree that the beneficiary would classify into a different RUG-IV category** for which the resident is currently being billed for the 7-day COT observation period following the ARD of the most recent assessment used for Medicare payment

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Change of Therapy (COT) OMRA  
A0310C = 4



- Payment begins on Day 1 of the COT observation period and continues for the remainder of the current payment period, unless the payment is modified by a subsequent COT OMRA or other (scheduled or unscheduled) PPS assessment

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### Change of Therapy (COT) OMRA A0310C = 4



- The ARD of the COT is always **Day 7** of the rolling observation window
- The rolling COT observation window begins the day after the last assessment used for PPS payment
- If there is no change in the RUG another rolling COT observation window begins

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### Change of Therapy (COT) OMRA A0310C = 4



- The exception is cases where the **last PPS Assessment was an EOT-R**, the end of the first COT observation period is Day 7 after the Resumption of Therapy date (O0450B) on the EOT-R, rather than the ARD
- In other words, the day of resumption is **Day 1** of the COT observation period

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### Change of Therapy (COT) OMRA A0310C = 4



- If a new assessment used for Medicare payment has occurred, the COT observation period will restart beginning on the day following the ARD of the most recent assessment used for Medicare payment

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**Change of Therapy (COT) OMRA**  
A0310C = 4



1	2	3	4	5	6	7
8 5d ARD RUC	9	10	11	12	13	14
15 COT Ckpoint No RUG Δ	16	17	18 14d ARD RUC	19	20	21
22	23	24	25 COT Ckpoint No RUG Δ	26	27 No Rx	28 No Rx EOT & 30d ARD
29 No Rx	30 Therapy resumes	31	32	33	34	35
36 No RUG change	37	38	39	40	41	42

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**Change of Therapy Following the (EOT-R) OMRA**



15 OT/PT	16 OT/PT	17 Pt ill	18 Pt ill EOT-R ARD	19 Pt ill	20 OT/PT COT DAY 1	21 OT/PT COT DAY 2
22 OT/PT COT DAY 3	23 OT/PT COT DAY 4	24 OT/PT COT DAY 5	25 OT/PT COT DAY 6	26 OT/PT COT DAY 7 COT ARD	27 OT/PT	28 OT/PT
29 OT/PT	30 OT/PT	31 OT/PT	32 OT/PT	33 OT/PT	34 OT/PT	35 OT/PT

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**Change of Therapy (COT) OMRA**  
A0310C = 4



- In cases where a resident is discharged from the SNF on or prior to day 7 of the COT observation period, no COT OMRA is required
- If day 7 of the COT observation period falls within the ARD window of a scheduled PPS assessment the SNF may choose to complete the PPS assessment alone on or before day 7, resetting the COT observation period

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### Change of Therapy (COT) OMRA A0310C = 4

- The SNF may also choose to combine the COT OMRA and the scheduled PPS assessment, provided that the ARD requirements for both assessments are met
- The facility should choose the option that leads to the best reimbursement

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### Change of Therapy (COT) OMRA A0310C = 4

- The SNF should ensure that a stand-alone scheduled PPS assessment replacing a COT is “used for payment”
- Should the patient discharge from Medicare services prior to the scheduled assessment being “used for payment” the facility will be provider liable for the number of days the COT is out of compliance (missed assessment)

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### Change of Therapy (COT) OMRA A0310C = 4

20	21	22	23	24	25	26
COT Ckpt	PROVIDER LIABLE					
27	28	29	30	31	32	33
COT Ckpt	COT Required		Pt D/C			
PROVIDER LIABLE						
PPS ARD						

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## Assessment Combination



- A Medicare unscheduled assessment in a scheduled assessment window cannot be followed by the scheduled assessment later in that window
- The two assessments **must be combined** with an ARD appropriate to the unscheduled assessment
- Or, the facility can choose to do the stand-alone scheduled assessment prior to or on day 7 of the COT look-back window

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## Assessment Combination



- If a scheduled assessment has been completed and an unscheduled assessment falls in that assessment window, the unscheduled assessment may supersede the scheduled assessment and the payment may be modified until the next unscheduled or scheduled assessment

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## COT Impact on Not Combining Assessments



- Example:
  - COT ARD Day 13
  - 14 day ARD Day 15
- The COT OMRA will begin paying on PPS Day 7 (day 1 of the COT observation period) and continue until the next assessment used for payment
- **The 14 day assessment will not be used for payment**
- The next COT checkpoint will be Day 20

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**EARLY, LATE, OR MISSED PPS ASSESSMENTS**



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**Early PPS Assessment**

- **Scheduled Assessment:** If an assessment is performed earlier than the schedule indicates the provider will be paid at default rate the number of days the assessment was out of compliance

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**Early PPS Assessment**

- **Example:** A Medicare-required 14-Day assessment with an ARD of day 12 (one day early) would be paid at the default rate for the first day of the payment period that begins on day 15

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### Early PPS Assessment

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- **Unscheduled Assessment:** In the case of an early COT OMRA, the early COT would reset the COT calendar
- The next COT OMRA look back period will end seven days after the early COT OMRA ARD

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### Early PPS Assessment

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- **Example:**
  - COT ARD due on day 42
  - Facility sets COT ARD on day 40 (early)
  - Facility will be paid at default rate for two days (number of days early)
  - Next COT ARD will begin on day 41 and end on day 47 (set from erroneous ARD)

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### Early PPS Assessment

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32	33	34	35	36	37	38
				Default Rate		
39	COT ARD Set	41	COT ARD Due	43	44	45
		COT Day 1	COT Day 2	COT Day 3	COT Day 4	COT Day 5
46	COT Day 6	COT Day 7	49	50	51	52

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### Late PPS Assessment



- If the SNF fails to set the ARD within the defined ARD window for a Medicare-required assessment, including the grace days, and the resident is still on Part A, the SNF must still complete a late assessment
- The ARD can be no later than the day the error was identified

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### Late PPS Assessment



- If the ARD on the late assessment is set for prior to the end of the period during which the late assessment would have controlled payment, and no intervening assessments have occurred, the SNF would bill the default rate for the number of days that the assessment is out of compliance, including the ARD

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### Late PPS Assessment



- The SNF would then bill the HIPPS code established by the late assessment by the late assessment for the remaining period of time that the assessment would have controlled payment

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### Late PPS Assessment



- An intervening assessment refers to an assessment with an ARD set for a day in the interim period between the last day of the appropriate ARD window for a late assessment (including grace days, when appropriate) and the actual ARD of the late assessment

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### Late PPS Assessment



- **Example:** A Medicare-required 30-day assessment with an ARD of Day 41 is out of compliance for 8 days
- Facility will bill default rate for 8 days
- The HIPPS code from the late 30-day assessment controls payment for the remaining 22 days of the assessment period, unless there is an intervening assessment

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### Late PPS Assessment



- If the ARD of the late assessment is set after the end of the period during which the late assessment would have controlled payment, or if an intervening assessment has occurred, the provider must still complete the assessment
- The ARD can be no earlier than the day the error was identified

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## Late PPS Assessment



- The SNF will bill all covered days during which the late assessment would have controlled payment at the default rate regardless of the HIPPS code calculated from the late assessment

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## Late PPS Assessment



- **Example #1:** A Medicare-required 14-Day assessment with an ARD of Day 32 would be paid at the default rate for days 15 through 30
- The late 14-Day assessment cannot be used to replace a different Medicare-required assessment

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## Late PPS Assessment



- **Example #1, continued**
- The SNF will still be required to complete the 30-day assessment within days 27-33
- The 30-Day assessment would cover Days 31 through 60 if Medicare eligibility requirements continued to be met
- The 14-Day assessment is required to be completed, but will not be used for payment

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**Late PPS Assessment** 

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- **Example # 2:** A 30-Day assessment is completed with an ARD of Day 30
- Day 7 of the COT observation period = Day 37...but the COT assessment is not done
- An EOT OMRA is performed timely with an ARD of day 42 (last rehab treatment provided on day 39)
- On Day 52 the facility determines that a COT should have been completed with an ARD of day 37...the COT is now a late assessment

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**Late PPS Assessment** 

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**Example #2 (Continued)**

- The ARD for the (late) COT is set for day 52...the day the error was discovered
- The late COT would have controlled payment from day 31 until the next assessment used for payment, had it been timely
- The EOT OMRA is an intervening assessment

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**Late PPS Assessment** 

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**Example #2 (Cont.)**

- The facility will bill default for 9 days (period COT would have controlled)
- The facility will bill the HIPPS code from the EOT OMRA as per normal, beginning the first non-therapy day, until the next scheduled or unscheduled assessment used for payment

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### Missed PPS Assessment



- If the SNF fails to set the ARD of a scheduled PPS assessment prior to the end of the last day of the ARD window and the resident was already discharged from Medicare Part A when the error is discovered the provider cannot complete an assessment and the days cannot be billed to Medicare A

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### Missed PPS Assessment



- In some cases, an existing OBRA assessment (except a stand-alone discharge assessment) in the QIES ASAP system may be used to bill for some Part A days when specific circumstances are met
- See RAI User's Manual pages 6-54 & 55 (Version 1.11, October 2013)

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### Missed PPS Assessment



- In the case of an unscheduled PPS assessment if the SNF fails to set the ARD for an unscheduled PPS assessment within the defined ARD window and the resident is discharged from Part A the assessment is missed and cannot be completed
- All days are provider-liable

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## Missed PPS Assessment



- A missed unscheduled PPS assessment will have all days paid at provider-liable until an intervening assessment controls the payment
- The intervening assessment will control payment until another assessment payment block begins

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## OMRAs: Setting the ARD



- 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 **up to two days after the window** has passed
- These are not additional grace days that may be chosen as the ARD
- These are additional days to “open” the MDS

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## Completing Resident Interviews on Stand-alone OMRAs



- Providers are encouraged to complete resident interviews in as timely a manner and as complete as possible
- Interviews for OMRAs **may occur one to two days after the ARD**
- CMS expects **most OMRAs will not catch providers by surprise**

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### Interviews for Stand-Alone EOT, COT and SOT OMRAs

- On the day the interview would be conducted, the assessor may refer back to the previous scheduled or unscheduled assessment and determine if the date of the interview is within 14 days
- If the date noted is within 14 days of when this interview was to be done, the prior information may be used so long as the person who conducted the prior interview is available to sign the current assessment

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### Interviews for Stand-Alone EOT, COT and SOT OMRAs - Example

- 30-day assessment ARD was March 10
- Interview date (as noted in Z0400) was March 8
- COT observation period ends on March 17
- If the team determines that a COT is required the interview from the 30 day may be carried forward to the unscheduled assessment
- ARD of COT and the date the interviews would be conducted = March 17
- Date in Z0400 = March 8

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### Interviews for Stand-Alone EOT, COT and SOT OMRAs - Example

- 30-day assessment ARD was March 10
- Interview date (as noted in Z0400) was March 8
- First COT observation period ends on March 17 – no COT required
- Next COT observation period ends on March 24 – team determined that the COT was required
- Interviews from the 30 day may not be carried forward from the prior assessment

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## Interviews for Stand-Alone EOT, COT and SOT OMRA's



- Key points:
  - The person who conducted the original interview must be available to sign the current assessment in Z0400
  - The date of the original interview will be put in Z0400 of the current assessment
  - The clinical status of the resident must not have changed
  - This only applies to resident interviews, not staff assessments

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## Medical Leave of Absence (MLOA)



- For **scheduled PPS assessments** the Medicare assessment schedule is adjusted to exclude the LOA when determining the appropriate ARD for an assessment
- For **unscheduled PPS assessments** the ARD of the assessment is not adjusted for an LOA, because ARDs for unscheduled assessments are not tied to any particular Medicare day

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## Medical Leave of Absence (MLOA)



- If a resident is out of the facility over a midnight, but for less than 24 hours, and is **not admitted**, the Medicare assessment schedule is not restarted
- However, there are payment implications: the day preceding the midnight on which the resident was absent from the nursing home is not a covered Part A day
- Becomes Medicare "skip day"

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### Resident Discharged On or Before Eighth Day of SNF Stay

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- If the beneficiary dies, is discharged from the SNF, or discharged from Part A level of care before the eighth day of covered SNF stay, the resident may be a candidate for the **Short-Stay Policy**
  - The Short-Stay Policy allows the assignment into a Rehabilitation Plus Extensive Services or Rehabilitation category when a resident was not able to receive 5 days of therapy

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### Medicare Short-Stay Assessment

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1. The assessment must be a Start of Therapy OMRA A0310C = 1 or 3
2. A PPS 5-day or re-admission return assessment must be complete (may be combined)
3. The ARD (A2300) must be on or before the 8th day of the Part A Medicare covered stay
  - The ARD minus the start of Medicare stay date (A2400B) must be 7 days or less

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### Medicare Short-Stay Assessment

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4. **The ARD (A2300) of the Start of Therapy OMRA must be the last covered Medicare Part A day.** The Start of Therapy OMRA ARD must equal the end of Medicare stay date (A2400C). The end of the Medicare stay date is the date Part A ended
  - \*\*See instructions for A2400C in Chapter 3 for more detail

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### Medicare Short-Stay Assessment



5. The ARD (A2300) of the Start of Therapy OMRA may not be more than 3 days after the start of therapy date not including the Start of Therapy date
6. Rehabilitation therapy (Speech-Language Pathology services, Occupational Therapy, or physical therapy) started during the last 4 days of the Medicare Part A covered stay (including weekends)

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### Medicare Short-Stay Assessment



7. At least one therapy discipline continued through the last day of the Medicare Part A covered stay
8. The RUG group assigned to the Start of Therapy OMRA must be Rehabilitation Plus Extensive Services or a Rehabilitation group (Z0100A)

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### Medicare Short-Stay Assessment



- If all eight of these conditions are met, then the assignment of the RUG-IV rehabilitation therapy classification is calculated based on average daily minutes actually provided, and the resulting RUG-IV group is recorded in MDS item Z0100A (Medicare Part A HIPPS Code)
- Payment begins the date of the first therapy evaluation through date of discharge
- Use the Short Stay Algorithm

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### RUG-IV Rehab Categories Short-Stay Assessment

- 15-29 average daily therapy minutes = RL\_
- 30-64 average daily therapy minutes = RM\_
- 65-99 average daily therapy minutes = RH\_
- 100-143 average daily therapy minutes = RV\_
- => 144 average daily therapy minutes = RU\_

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### MDS Correction Process Considerations

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### MDS Correction

- Errors that inaccurately reflect the resident's clinical status and/or result in an inappropriate plan of care are considered **significant errors** (used to be called "major" errors)
  - ◆ Correct via OBRA **significant correction** MDS
  - ◆ Must also **modify previous assessment** while in process
  - ◆ **Most** corrections are minor
- All other errors related to the coding of MDS items are considered **minor errors**

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## MDS Correction



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- If an minor error is discovered in a record in that has been submitted, **Modification** or **Inactivation** procedures must be implemented by the provider for correction:
  - Must be corrected within **14 days after identifying the errors**
  - Transcription errors, data entry errors, software product errors, or item coding errors can be modified

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## Modification



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- A Modification request moves the inaccurate record into history in MDS database and **replaces it with the corrected record as the active record**
- Most MDS item errors can be corrected via modification process
- Modification does not require that a new assessment be completed

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## Modification



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- Modification correction request is **Section X**:
  - Item A0050, Type of Record, should have a value of 2 or 3, indicating a modification request (New for April 1<sup>st</sup>, 2012)
    - 2 = Modify existing record
    - 3 = Inactivate existing record
  - Assessors must be sure to replicate the information exactly as it appeared on the erroneous record!

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## Inactivation

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- An Inactivation request also moves the inaccurate record into history of the MDS database but **does not replace it with a new record.**
  - Must send a **new assessment to replace** (if assessment was required)
  - Records based on **an event that did not occur** (e.g., the record submitted does not correspond to any actual event) will not require a replacement
  - For example, a discharge record was submitted for a resident but there was no actual discharge; thus, there was no event

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## Inactivation vs. Modification

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- As of May 2013 providers may correct some fields via the modification process that were previously only able to be corrected via inactivation
- The **ARD can be changed** only when the ARD on the assessment represents a data entry/typographical error, and only if it **does not result in a change** in the look-back period that was considered while completing the assessment

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## Inactivation vs. Modification

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- The Type of Assessment items (A0310) can be modified if the Item Set Code (ISC) of that assessment does not change
- If the item subset would change, a modification cannot be done
- Full list of item subsets can be found in the RAI Users Manual, section 2.5

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## Inactivation vs. Modification



- Type of Provider (A0200) cannot be modified
- Type of Provider (A0200) errors must be corrected via inactivation and submission of a new MDS assessment
- PPS stand alone assessments will only require modification, not inactivation
- PPS and OBRA combined assessments may require modification or inactivation

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## MDS Correction



- Correction of these items requires a **Special Manual Record correction:**
  - Submission Requirement (A0410)
  - State-assigned facility submission ID (FAC\_ID)
  - Production/test code (PRODN\_TEST\_CD)
- The facility must submit a written request to the state MDS Coordinator to have the problems fixed

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## Final Thoughts...



- Proactive management of the PPS schedule is the key to successful management
- Daily communication between Therapy department and MDS department about potential for unscheduled assessments and ARD dates
- Use a 100 day tracker

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## Final Thoughts...



- Strategic selection of ARDs and assessment types
- Careful monitoring of provision of Therapy minutes to ensure the patient is on track for the planned intensity
- Timely opening and completion of MDS assessments
- Up-to-date RAI User's Manual and use your Harmony consultant as a resource

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## References



- RAI Users Manual version 1.11 (October 2013)
- Medicare Claims Processing Manual Chapter 30

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## Questions/Answers



- Harmony Healthcare International
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- Bdow@harmony-healthcare.com

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