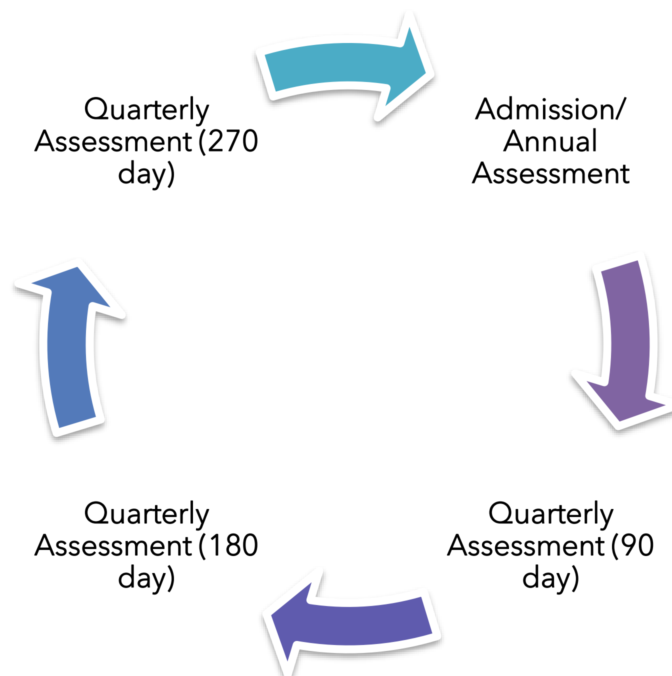
AMERICAN DATA

Lunch & Learn: MDS 101

OBRA Assessments

- Made up of Comprehensive, Non-Comprehensive, and Tracking Records.
- Completed on all residents, regardless of payer source. However, if a facility is 100% private pay and not a single resident receives any Medicare/Medicaid funding from the government, MDS assessments are not required.
- **Comprehensive Assessments** include the completion of both the MDS and the CAAs. These assessment types are: Admission, Annual, Significant Change in Status, and Significant Correction to Prior Comprehensive Assessment.
- **Non-Comprehensive Assessments include:** Quarterly, Significant Correction to Prior Quarterly Assessment, Discharge Assessment – Return not Anticipated, and Discharge Assessment – Return Anticipated.
- **Tracking Records include:** Entry Tracking and Death in Facility Tracking.
- When a resident does have an SCSA or SCPA completed, the assessment resets the assessment schedule. The next Quarterly assessment would be scheduled within 92 days after the ARD of the SCSA/SCPA and the next comprehensive assessment would be scheduled within 366 days after the ARD.

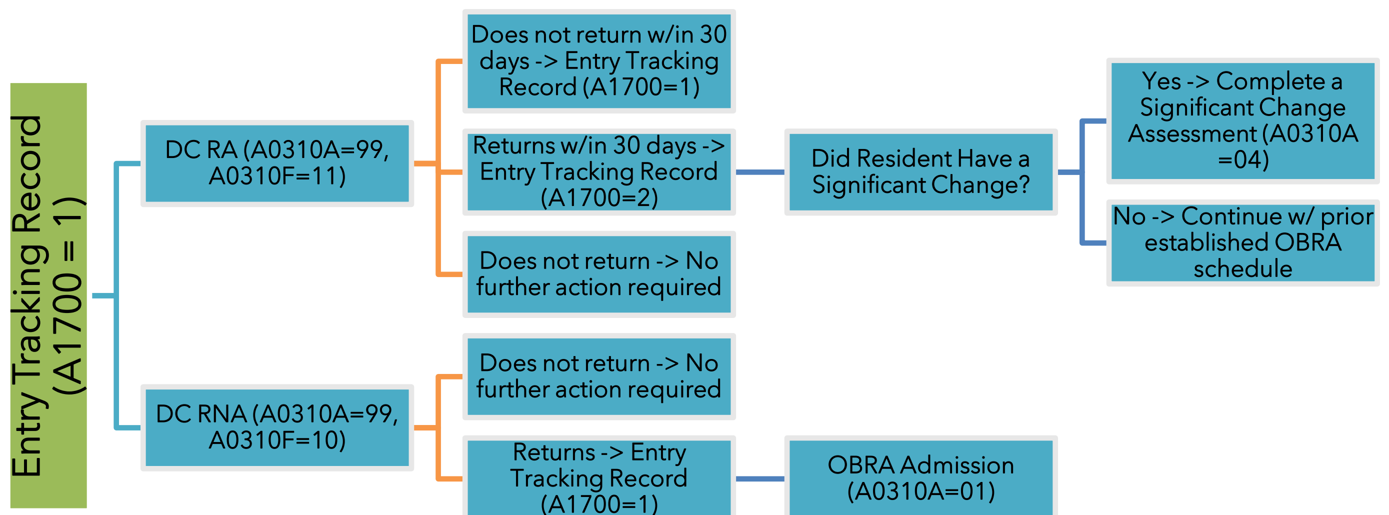


Additional Items to Note

- For a resident who goes in and out of the facility on a relatively frequent basis and return is expected within the next 30 days, the resident may be discharged with return anticipated (DC-RA). This status requires an Entry tracking record **each time** the

resident returns to the facility and an OBRA Discharge assessment **each time** the resident is discharged. If the resident returns to the facility within 30 days, a new Admission assessment is not required.

- If a resident has one or more admissions to the hospital before the admission assessment is completed, the nursing home should continue to submit OBRA Discharge assessments and Entry tracking records every time until the resident is in the nursing home long enough to complete the Comprehensive Admission assessment.
- There are two types of entries – admission and reentry.
    - Admission (Item A1700 = 1) is coded every time a resident:
        - Is admitted for the first time to this facility; or
        - Is readmitted after a discharge return not anticipated; or
        - Is readmitted after a discharge return anticipated when return was not within 30 days of discharge.
    - Reentry (Item A1700 = 2) is coded every time a resident:
        - is readmitted to this facility; **and** was discharged return anticipated from this facility **and** returned within 30 days of discharge.
- Tracking Records may not be combined with any other assessment type.



PPS Assessments

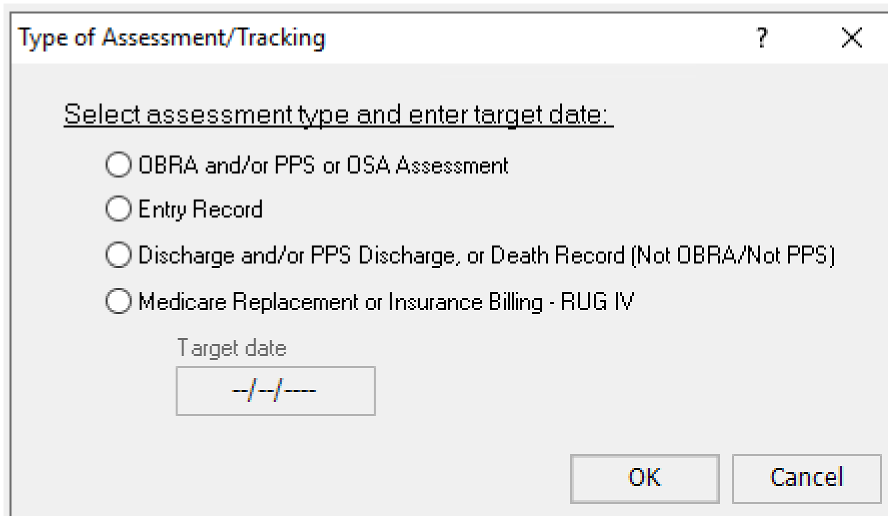
- Made up of Scheduled, Unscheduled, and Discharge Assessment Reporting.
- **Scheduled** is the 5-day assessment completed when a resident starts their Medicare Part A Stay. This may be combined with an OBRA assessment.
- **Unscheduled** is the Interim Payment Assessment (IPA). This is an optional assessment which can be completed to capture an increase in the PDPM HIPPS reimbursement. May not be combined with any other assessment type.
- Part A PPS **Discharge assessment** is used to specify that a resident's Medicare Part A has ended
- An OBRA Discharge assessment is used when a resident is physically discharged from the facility. The **Part A PPS Discharge** assessment is **completed when a resident's Medicare Part A stay ends (they have hit their maximum of 100 days, switched to Medicaid/Self Pay), or has physically discharged from the building (except in the instance of an interrupted stay).** The Part A PPS Discharge can also be combined with the OBRA Discharge assessment when a resident receiving services under SNF Part A PPS has a Discharge Date (A2000) that occurs on the day of or one day after the End Date of Most Recent Medicare Stay (A2400C), because in this instance, both assessments would be required.
- **Interrupted Stay:** if a resident leaves the facility and resumes Part A within the 3-day interruption window, only an OBRA Discharge is required. An Entry Tracking record is required upon reentry, but no 5-day is required. **This would then be marked on the OBRA Discharge assessment (A0310G1 =1).** An "interrupted" SNF stay is defined as one in which a resident is discharged from SNF care and subsequently readmitted to the same SNF within 3 days or less after the discharge. The interruption window is a 3-day period starting with the calendar day of Part A discharge and including the 2 immediately following calendar days, ending at midnight.

PPS Assessments (for Medicare Replacement)

- All the above items for PPS should be followed, however the user will place a checkmark on the Type of Assessment/Tracking screen in **"For Medicare Replacement or Insurance Billing."** ECS then determines whether the assessment needs to be transmitted or not dependent on how the rest of the screen is populated. This will cause parentheses to surround the portion of the MDS that is related to PPS. This indicates the portions of the assessment which will be omitted if transmitted to CMS. An example of how this assessment name may look: Admission – Not PPS (5 day) – DC RA. Whereas if this were an assessment for straight Medicare, it would appear as: Admission – 5 day – DC RA.
- Users should continue to complete a 5-day, IPA (if/when needed), as well as a PPS Discharge (which is not a requirement by CMS, however, is a requirement for ECS so that they payment stops on the PDPM Analyzer/Calendar).
- **Interrupted Stay:** this is one of those "gray areas" as this is required to be marked on the OBRA Discharge for a Part A resident, however because a Medicare Replacement resident is not a true Part A, the OBRA Discharge should be marked as **A0310G1 = 0.**

To fix the PDPM Analyzer and calendars so they end on the 1-3 days of the interrupted stay, the users should not have to do anything. This is because in Site Settings, they specify the PPS PDPM Analyzer ending words. When a resident is out of the building on an interrupted stay, the users will chart an occupancy status of bed hold or discharged, as well as a different payer source. This will stop the PDPM HIPPS and it will pick back up once the resident returns to the facility.

Starting Assessments in ECS



- OBRA and/or PPS or OSA Assessment -> should be used for OBRA (Admission, Annual, Quarterly, Sig. Change), PPS (5-day, IPA), PPS for Medicare Replacement that bill based off PDPM (5-day, IPA), or an OSA assessment.
- Entry Record -> should be used for an Entry Tracking Record
- Discharge and/or PPS Discharge, or Death Record -> should be used for a Discharge RA, Discharge RNA, Death Tracking Record, or PPS Discharge assessment. If combining the discharge with an OBRA or PPS, select that option instead.
- Medicare Replacement or Insurance Billing – RUG IV -> should be used only for PPS for Medicare Replacement assessments that bill based off RUG scores. This will allow the user to complete the original PPS schedule of 5-day, 14-day, 30-day, 60-day, and 90-day, however, these cannot be transmitted to CMS and are only to be utilized for Medicare Replacement/Insurance companies that still reimburse a facility based off RUG scores, rather than PDPM.