

Eli's Rehab Report

COT OMRA: Heed These Crucial Changes to RUG Calculations

Tip: Bulk of changes are in Chapter 2 of RAI Manual.

If you think that there are no changes in the updated MDS 3.0 that warrant your attention, think again. In the updated RAI Manual and MDS 3.0 Item Sets v1.13.2, which are effective Oct. 1, 2015, the **Centers for Medicare & Medicaid Services** (CMS) made mostly grammatical changes and corrections to typographical errors. For instance, CMS changed the way it displays the effective date for each item set in the revised RAI Manual.

"In the past, CMS would only update the date at the bottom of the page when they actually changed something on that page," noted **Cheryl Shiffer, RN, BSN, RACCT**, RAI Coordinator for the **Texas Department of Aging and Disability Services**, in a recent training session. "But now, every page in the RAI Manual is dated October 2015. This makes it really easy for staff to know that they have the most current copy, that they're looking at the most current version of the Manual."

When You Must Complete a COT OMRA

On page 2-52 under the instructions for an EOT OMRA, CMS clarified when you must complete a Change of Therapy (COT) Other Medicare Required Assessment (OMRA). In cases where the last day of the Medicare Part A benefit (the date you use to code A2400C □ End date of most recent Medicare stay) is prior to the third consecutive day of missed therapy services, then you do not need to complete an End of Therapy (EOT) OMRA. But if the date in A2400C is on or after the third consecutive day of missed therapy services, then you must complete an EOT OMRA.

In cases where the date you use to code A2400C is the same date you code in A2000 □ Discharge Date (meaning, cases where the discharge from Medicare Part A is the same day as the discharge from the facility), and this date is on or prior to Day 7 of the COT observation, then you don't need to complete a COT OMRA. You may choose to combine the COT OMRA with the Discharge assessment under the rules outlined in Chapter 2 of the RAI Manual.

Note: "This is not a new policy," according to an Oct. 7 analysis by Washington, D.C.-based Leading Age. "This clarifies the fact that an EOT is not required unless the provider is going to bill at least three days to Medicare after the last therapy date."

Follow Crucial COT OMRA Instructions

Another language change occurred in the COT OMRA instructions on page 2-51:

"Required when the resident was receiving a sufficient level of rehabilitation therapy to qualify for an Ultra High, Very High, High, Medium, or Low Rehabilitation category and when the intensity of therapy (as indicated by the total

reimbursable therapy minutes [RTM] delivered, and other therapy qualifiers such as number of therapy days and disciplines providing therapy) changes to such a degree that it would no longer reflect the RUG-IV classification and payment assigned for a given SNF resident based on the most recent assessment used for Medicare payment."

"This instruction is timely due to the new rules for calculating Rehab Medium," Leading Age noted. "If a resident received less than five distinct calendar days of therapy, there will be no Rehab RUG, therefore the COT count will cease with the ARD of the assessment that does not earn a Rehab RUG."

More: Also not a new policy, CMS clarified that "a COT count begins the day after an ARD in which a Rehab RUG is earned, whether or not it is assigned due to CMI," according to Leading Age. "This clarification brings language into the manual from previous PPS clarification memos."

Resources: You can download the entire updated RAI Manual at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html. Scroll down to the "Downloads" section at the bottom of the page to find links to the October 2015 RAI Manual and MDS 3.0 Item Sets, as well as the Change Tables and Replacement Manual Pages.