MDS Alert

RAI COMPLIANCE: Tips For Keeping Your Discharge Tracking Forms On Track

Follow this key advice for what you need to do when.

Knowing the ins and outs of coding and transmitting discharge tracking forms correctly can save your facility from payment and RAI compliance headaches.

Start by reviewing how to code the discharge tracking form, which you must complete within seven days after a resident's discharge "event," as the RAI manual calls it. Transmit the discharge form to the state within 31 days of the event (the date at R4 on the form).

"There are three reasons you can code for a resident's discharge," says **Marilyn Mines, RN, BC,** director of clinical services for **FR&R Healthcare Consul**ting in Deerfield, IL. They are:

1. Discharged-return not anticipated (Reason for Assessment AA8a = 6). This includes instances where the resident dies or is permanently discharged home or to another facility or to "a private area bed" in the nursing facility, according to Mines.

2. Discharged-return anticipated (Reason for Assessment AA8a = 7). "CMS anticipates that a discharge coded as return anticipated" is a temporary discharge, says **Nathan Lake, RN,** an MDS software developer in Seattle. "The plan is that the resident, unless he dies or chooses another facility, will be returning to the discharging facility," adds Mines. Examples include a hospital admission regardless of whether the nursing facility discharges the resident or formally closes the record -- or a hospital observation stay exceeding 24 hours regardless of whether the hospital admits the resident or the nursing facility discharges him (see the RAI manual chart in this issue).

3. Discharged prior to completing initial assessment (Reason for Assessment AA8a = 8). The OBRA-required assessment is due within 14 days of the resident's admission. SNFs may combine the OBRA admission assessment with either the 5-day or 14-day Medicare assessment.

The coding bottom line: If the facility hasn't done the initial OBRA assessment for a resident before he's discharged, code an 8 at AA8a. Do so whether you expect the resident to return or not. If you've done the initial OBRA assessment, then code either AA8a = 6 to indicate that you don't expect the resident to return or if he died. Code AA8a = 7 to indicate that you expect him to come back.

Avoid This Payment Mistake

In some facilities, the admissions or medical records department completes the discharge tracking form and submits it to the state database, Mines notes. If they submit the discharge tracking form before the MDS nurse transmits the resident's last Medicare assessment, the tracking form removes the resident from the state database before he has a RUG category that the facility can bill for payment, notes Mines.

Thus, "if you submit the tracking form before the last PPS MDS, you'd have to submit an inactivation in order to get the resident into a RUG," advises Mines. Keep in mind that the MDS assessment reference date has to be either the same or prior to the discharge event, she adds.

Check Your State Requirements

Although the RAI manual does not require it, some states -- especially those with Medicaid systems tied to the MDS -- require facilities to submit a second discharge tracking form coded "return not anticipated" if the resident doesn't come back to the facility as anticipated, Mines cautions. What's the rationale for the requirement? "If the resident goes to the hospital and dies, the hospital is supposed to notify Medicaid" so the state can remove the resident from the Medicaid state database." But hospitals don't always follow through.

(For information on reentry forms, the article in this issue. Also see the decision tree for doing discharge and reentry tracking,inthis issue.)