

MDS Alert

Reader Question: Know These Conditions to Determine Interrupted Stay

Question: How would a resident qualify for an interrupted stay?

Iowa Subscriber

Answer: The Centers for Medicare & Medicaid Services (CMS) is introducing the interrupted stay policy as part of the Patient-Driven Payment Model (PDP) to determine when a skilled nursing facility stay for a Medicare beneficiary counts as one or multiple stays.

CMS defines an interrupted stay as meeting two conditions:

- A resident leaves a skilled nursing facility but returns to the same skilled nursing facility, and
- The resident returns within three days or fewer (the "interruption window" is three days).

If the resident meets those conditions, then proceed with the following in mind, CMS says:

- The per diem schedule continues from the date of the previous discharged, with the caveat that if the resident was discharged on Day 7, then the payment rates resume "at Day 7 upon readmission," and
- The assessment schedule continues "from the day of the previous discharge," with an optional interim payment assessment (IPA) that may be necessary per a clinician's discretion, but no need for a new five-day assessment.

If the resident's is admitted into a different skilled nursing facility or is away for four or more days but returns to the same skilled nursing facility, then the variable per diem AND assessment schedules begin again, at Day 1, and the resident also requires a new five-day assessment.