

## MDS Alert

### SNF PPS: Nail Down This Latest Spate of CMS Clarifications

**Also: Get tips on when to combine the COT OMRA with a scheduled PPS assessment.**

Are you doing unnecessary End of Therapy or Change of Therapy OMRAs?

"If a resident is discharged from the Medicare Part A portion of the stay prior to missing three full days of therapy, then the End of Therapy OMRA would not be required," said the agency's **Penny Gershman**, in a presentation during a Nov. 3 CMS national provider call.

"Obviously, this only applies in cases where the resident was receiving some type of skilled service for each of those days prior to discharge," Gershman added. "If therapy was the only skilled service that the resident was receiving, then the discharge from both Part A and therapy would occur concurrently," she added.

The clarification "is a huge turn around," says consultant **Judy Wilhide Brandt, RN, RAC-MT, C-NE**, of Judy Wilhide MDS Consulting Inc. in Virginia Beach, Va. "Before the Oct. 1 RAI manual, the policy was that you needed an EOT OMRA to bill one day after therapy got out. Now you don't need one until three days. It's a good thing for us," Brandt tells MDS Alert.

Clarification for COTOMRA: CMS' **John Kane** explained on the call that you wouldn't have to do a COT OMRA "if Day 7 of the COT observation period is also the day of discharge." He went on to note that "... if the COT observation period ends prior to discharge, then the COT OMRA may be required. However, if the patient is discharged from Part A on or prior to day 7 of the COT observation period, then no COT OMRA would be required." (To review the definition of a COT observation period, see the box on the right.)

Kane also clarified that "if the ARD for a scheduled PPS assessment used for payment is set for on or prior to day 7 of the COT observation period, then no COT OMRA would be required." Kane noted that "the major change here is where we say 'on or prior to'" whereas the current RAI manual only "refers to 'prior.'"

Key: "When the ARD of the scheduled assessment is the same day as the ARD of the COT (day 7 of the COT observation period), you don't have to combine them -- you can do the scheduled assessment instead," says Brandt.

Be strategic: "If the RUG is going to go up, combine them, as the higher rate for the COT will go back seven days," Brandt advises. "If the RUG is going to go down, don't combine them. The scheduled assessment will reset the COT observation period -- and it may be that the resident could be receiving more therapy at the end of that COT observation period," she adds. "At least the lower payment won't go back in time."

CMS Provides Examples of COT Evaluations

Kane referred to two PowerPoint slides for the call that "provide examples of how one might complete the COT evaluation for a given case to determine if a COT OMRA is necessary." The chart, he said, "is simply a spread sheet with some simple formulas to calculate total RTMs [Reimbursable Therapy Minutes] and such -- nothing complicated. But it does provide a visual example of how you might keep track of a resident's therapy to determine if a COT OMRA would be necessary," he said (see the slides on page 120). The examples "demonstrate that a COT OMRA can be used to classify a resident into a lower or higher therapy category."

You can review the slides for the Nov 3. call at [www.cms.gov/SNFPPS/Downloads/SNFPPS\\_NPC\\_presentation\\_11032011.pdf](http://www.cms.gov/SNFPPS/Downloads/SNFPPS_NPC_presentation_11032011.pdf).

Editor's note: During the Nov. 3 call, CMS' Gershman also reviewed the agency's leave of absence policy for PPS



assessments, which CMS has also included in its clarification memo, "Follow-up information from August 23 provider training call and September 1 Open Door Forum," at [www.cms.gov/SNFPPS/Downloads/Provider\\_Call\\_FollowUp082311.pdf](http://www.cms.gov/SNFPPS/Downloads/Provider_Call_FollowUp082311.pdf). The next issue of MDS Alert will include an article on the LOA policy.