

## MDS Alert

### What Do You Think?:

The following Q&As have been provided courtesy of **Marilyn Mines, RN, BSN, RAC-CT, BC**, senior manager of clinical services for FR&R Healthcare Consulting in Deerfield, Ill.

**Question 1:** If a Change of Therapy (COT) is required and due on Day 15, which is also the 14 day assessment, does a COT OMRA (Change of Therapy Other Medicare-Required Assessment) have to be completed?

Answer 1: If the ARD for an unscheduled assessment falls within the window of a scheduled assessment, they must be combined if the scheduled assessment has not already been completed. However, it is the facility's choice to do a COT if the 7th day of the COT observation falls on the ARD for the scheduled assessment. In this case, the scheduled assessment starts the count over on the day after the ARD.

If Day 7 of the COT observation period falls within the ARD window of a scheduled PPS Assessment, the SNF may choose to complete the PPS Assessment only, resetting the COT observation period to the 7 days following that scheduled PPS Assessment ARD (2-50)

"Note: if the RUG payment will increase, it is suggested than a COT OMRA be completed."

Question 2: I know I cannot submit Medicare Advantage assessments to the QIES ASAP system, but if an OBRA MDS is being completed, can we combine it with the code for a Medicare PPS assessment even though the resident is on a Medicare Advantage plan? (The MA plan requires a RUG category.) Or, do I have to complete 2 of the exact same assessments, submitting the one for OBRA and not the one for the MA plan?

Answer: All MDS assessments, except a standalone discharge, will provide a RUG category. CMS requirements do not allow an MDS to be marked as a Medicare stay in A2400 unless the resident is on original Medicare. Therefore, no MDS will be submitted to the QIES ASAP for a resident on an MA plan. When the MDS is printed, however, a hand written note can indicate the resident is on an MA plan.