

Resident Assessment Instrument-Prospective Payment System

Do you inspect what you expect?

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The purpose of this article is to establish a base for a series of articles directed to the administrator and other professionals, not necessarily directly involved with the RAI/MDS/PPS completion process.

Recently, an administrator asked me, ***“as a non-clinician, how do I inspect what I expect when it comes to clinical matters, especially the minimum data set (MDS) and prospective payment system (PPS) information?”*** That was an excellent question and one I have heard more often since ZPIC activity has increased. To answer, I needed some background and asked a few questions, including:

- 1. Have you attended an MDS or resident assessment instrument (RAI) training or read the manual?*
- 2. Do you know MDS/PPS rules, such as how to set the assessment reference date (ARD), what does end of therapy (EOT) or EOT-R represent, etc?*
- 3. How does your facility perform the seven-day reimbursable therapy minute (RTM) review on your Medicare Part A residents receiving rehab to evaluate if a change of therapy (COT) is required?*
- 4. Do you know how to read MDS submission validation reports?*

Quickly, the administrator responded that while he knew what each question represented, he did not understand the rules or specifics and asked how to ***get started***. My suggestion was to start with chapter 1 (background), then chapter 2 for the Omnibus Budget Reconciliation Act (OBRA) and PPS completion and combination requirements. Follow that with Chapter 6 for Medicare guidelines, highlighting resource utilization group (RUG), activity of daily living (ADL) index scores, Short Stay process, etc.

Below is an Administrative overview; including a few definitions, data locations and tips:

- The statutory authority for RAI completion for residents residing in Medicare and Medicaid certified beds is found in the Social Security Act (SSA) amended OBRA 1987.

- OBRA required assessments are found in RAI Manual in chapter two (Sec 2.6), and PPS required assessments for Medicare Payment are in section 2.9.
- Both are important to understand individually because, in addition to PPS requirements for payment, OBRA requirements must always be met.
- An RAI (comprehensive assessment [MDS, care area triggers {CATs}, CAA Summary Sheet]) must be completed for any resident residing in the facility more than 14 days.
- The SNF is required to maintain 15 months of assessment data. This period does not restart with each readmission to the facility (unless the resident had been permanently discharged without an anticipated return).
- The demographic information is contained in items A0500-A1600) and cannot be thinned.
- The SNF has the option to maintain data electronically. They may use electronic signatures as found in chapter 2 section 2.4 starting on page 2-5 through 2-7.
- A SNF day starts at 12:00 am. The term “admission” refers to the date a person enters the facility. Regardless of the time, it acknowledges the first day for the OBRA assessment count for RAI completion.
- The term “Assessment Combination” refers to use of one assessment to meet the requirements of OBRA and PPS assessment.
- The term “Assessment Reference Date” (ARD) is the first day of the look-back or observation period for an MDS. This is important to establish scheduling, submission, and timing; all found in chapter 2 in section 2.5 (page 2-5 to page 2-10).

As we all know, CMS is looking to reduce abuse and fraud. As Medicare abuse includes provider error, it is important to inspect what you expect. A few areas to evaluate are:

- Claims that do not have the proper qualifying hospital coverage or admission days;
- Claims that do not list the proper charges for ancillary charges; and
- Claims that do not include proper primary diagnosis to support the reason for Medicare coverage and or conflicting diagnosis.

The next planned article will go into more in-depth PPS terms, tips and considerations. It is recommended that administrators and other interested professionals have an up-to-date RAI Manual (most MDS software pushes updates as they occur).

Note: there are upcoming MDS changes which, if issued, will be included in our next article.

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