

# PDPM Assessment Scheduling Considerations

Presented by:

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# PDPM Assessment Scheduling Issues

# PDPM Assessment Schedule

- Required PDPM Assessments:
  - 5-day Scheduled Assessment
    - ARD between day 1-8, completed within 14 days of the ARD unless combined with the admission assessment, which must be completed no later than day 14
    - Establishes the “base” rate for the entire stay unless an optional IPA is completed
    - Used in SNF QRP calculations
  - SNF Part A Discharge Assessment
    - Requires reporting of therapy days, minutes for surveillance activities
    - Used in SNF QRP
- Optional Interim Payment Assessment (IPA)
  - Each facility determines when completion is appropriate

# 5-Day Assessment Issues

- ARD selection
  - To capture diagnoses, you need an actual physician diagnosis on or before the ARD
  - If you use an early enough ARD, you could capture a diagnosis that was active during the hospital stay, but not during the SNF stay
    - Septicemia
    - Acute Respiratory Failure
    - Others
  - If you use an early enough ARD, you can capture IV fluids administered during the hospital stay
    - If you use a really early ARD you should consider separating from the Admission assesment
- ARD must be set on the MDS or in the facility software during the ARD window or default or provider liability is incurred

# Interim Payment Assessment Considerations

- IPA changes the rate on the ARD
- IPA cannot be combined with any other type of assessment
- OBRA Significant Change in Status still required for a Part A resident if criteria are met
  - Resident is experiencing a “major” decline or improvement that affects two or more areas of care
  - Resident is not expected to return to their baseline within 14 days
  - Specific requirements related to hospice
- Things to consider related to IPA
  - Has there been a change in condition?
  - Has there been an interrupted stay?
  - Is there a new diagnosis or treatment that effects PDPM rates?
  - We will discuss several scenarios after reviewing the rate calculations

# Interim Payment Assessment (IPA) Scenario 1

- Resident's primary reason for the SNF stay is a hip replacement, she also has COPD and diabetes, but during the observation period of the 5 day no SOB is noted and there is only 1 day with insulin order changes although she gets daily insulin injections, so the nursing case mix group is PBC1. There are no speech related comorbidities, no symptoms of a swallowing disorder and she has a regular diet.
- Throughout the stay, you would want to pay particular attention to SOB or insulin order changes...

# Interim Payment Assessment (IPA) Scenario 2

- The 5 day assessment captured the following case mix groups:
  - PT/OT: TK
  - SLP: SE (CMI=2.28)
  - Nursing: PBC1 (CMI=1.10)
  - NTA: ND (CMI=1.29)
- After a two day interrupted stay, the following would be captured if an assessment were completed:
  - PT/OT: TK (no change)
  - SLP: SD (CMI=1.42)
  - Nursing: HDE1 (CMI=1.94)
  - NTA: NC (CMI=1.79)
- Would you complete an IPA?
- Would you complete a Significant Change in Status?

# Interim Payment Assessment (IPA) Scenario 3

- On the 5 day assessment, the following case mix groups were captured:
  - PT/OT: TK SLP: SH NSG: LBC1 NTA: NB (9 – 11)
- Three weeks later, the resident is experiencing an overall decline in condition. She has had another TIA (one was captured during the 5 day observation period), has a significant weight loss, a new stage 2 pressure ulcer and a UTI. She needs significantly more assistance with dressing and personal hygiene. The team doesn't expect her to return to her baseline within the next two weeks. She has completed the IV meds that were captured on the 5 day assessment.
- Would you complete an IPA?
- Would you complete a significant change?



# PDPM Interrupted Stay Policy

# Interrupted Stay

- An “interrupted” SNF stay is defined as one in which a resident is discharged from SNF care and subsequently readmitted to the same SNF (not a different SNF) within 3 days or less after the discharge (the “interruption window”).
  - The interruption window is a 3-day period, starting with the calendar day of Part A discharge and including the 2 immediately following calendar days, ending at midnight. In other words, the resident must return to the same SNF by 11:59 p.m. at the end of the third calendar day.
  - The interruption window begins on the first non-covered day following a Part A-covered stay and ends at 11:59 p.m. on the third consecutive non-covered day following a Part A-covered stay.

# Interrupted Stay

- If both conditions are met, the subsequent stay is considered a continuation of the previous Medicare Part A stay for the purposes of both the variable per diem schedule and the assessment schedule.
- The variable per diem schedule continues from the day of the previous discharge.
  - For example, if the resident was discharged on Day 7, payment rates resume at Day 7 upon readmission.
  - The assessment schedule also continues from the day of the previous discharge. Thus, no new 5-Day assessment is required upon the subsequent readmission, although the optional IPA may be completed at clinician's discretion.

# Interrupted Stay

- If a resident is readmitted to the same SNF more than 3 consecutive calendar days after discharge, OR in any instance when the resident is admitted to a different SNF (regardless of the length of time between stays), then the Interrupted Stay Policy does not apply, and the subsequent stay is considered a new stay.
- In such cases, the variable per diem schedule resets to Day 1 payment rates, and the assessment schedule also resets to Day 1, necessitating the completion of a new 5-Day assessment.

# PDPM Interrupted Stay Policy

- If the resident discharges from the SNF and returns to the same SNF within 3 midnights
  - Original stay resumes, only reentry tracking is required
  - Remains in the same payment categories (unless an IPA completed)
  - Variable rate adjustment **does not** reset back to day 1
- If the resident returns to the SNF after midnight of the third day
  - Treated like a new stay
  - New 5-day assessment for case mix group assignment
  - Variable rate adjustment **does reset** to day 1

# Interrupted Stay

- Example 1: Mrs. A is admitted to the SNF on 11/07/19. She is admitted to a hospital on 11/20/19. She returns to the same SNF on 11/25/19.
- Because Mrs. A is readmitted to the same SNF more than three calendar days after discharge, this would be considered a new stay.
- The assessment schedule would be reset to Day 1, beginning with a new 5-Day assessment, and the variable per diem schedule would begin from Day 1.
- 11/20/19 DRA: Interrupted stay = No, PPS Discharge = yes, A2400c = 11/20
- New 5-day (ARD between 11/25 – 12/2): A2400b = 11/25

# Interrupted Stay

- Example 2: Mr. B is admitted to the SNF on 11/07/19. He is admitted to the hospital on 11/20/19. He is admitted to *a different SNF* on 11/22/19.
- Because Mr. B is admitted to a different SNF, this would be considered a new stay.
- The assessment schedule would be reset, beginning with a new 5-Day assessment, and the variable per diem schedule would begin from Day 1. A2400b = 11/22

# Interrupted Stay

- Example 3: Mrs. C is admitted to the SNF on 11/07/19. She is admitted to a hospital on 11/20/19. She returns to the same SNF on 11/22/19.
- Because Mrs. C is admitted to the same SNF within three days from the point of discharge, this would be considered a continuation of the previous stay.
- No 5-Day assessment would be required upon readmission, though the IPA would be an option. The variable per diem would continue from Day 14 (Day of Discharge).
- 11/20 DRA: Interrupted stay = yes, PPD discharge = no, a2400c = --



# Interrupted Stay Policy

- OBRA Discharge definitions remain unchanged
- When a Part A resident meets the definition of an OBRA discharge, you will code it also as either an interrupted stay (A0310G1) or a Part A PPS discharge assessment (A0310H)
- **FAQ 13.20: How should providers complete item A0310G1 , "Is this SNF Part A interrupted stay"?**
  - In order to complete this item, providers should wait to observe if the patient returns on an interrupted stay before coding the ND.

# Interrupted Stay Policy - FAQs

**13.16: Would the issuance of a denial notice, such as a NOMNC or SNFABN, prior to the patient's departure have any effect on the Interrupted Stay Policy?**

- No, the policy would be the same in this situation. The basic purpose of the interrupted stay policy is to ensure that when two segments of a patient's stay in the facility are separated by only a brief absence, the variable per diem payment adjustment is not inappropriately reset to Day 1 upon the patient's return. The issuance of a denial notice such as a NOMNC or SNFABN prior to the patient's departure would not, in itself, have any effect on the nature of the care needed by the patient upon subsequent resumption of SNF care, the costs of readmission, or the way in which providers would be paid under the PDPM.

# Interrupted Stay Policy - FAQs

## **13.17: Would the issuance of an OBRA Discharge Return Not Anticipated assessment have any effect on the Interrupted Stay Policy?**

- No, the policy would be the same in this situation. While the provider may have prepared a discharge plan for this patient based on the notion that the patient would not return, the patient's return to the SNF within that 3-day window would suggest that either the patient was not adequately prepared for discharge or may have been discharged too early from the facility. Further, providers should consider the possibility that a patient may return before finalizing the precise discharge type coded on the MDS. Finally, we believe that exempting such discharges from the interrupted stay policy could incentivize providers to merely code discharges in this manner only for this purpose and without sufficient basis.

# Interrupted Stay Policy - FAQs

## **13.18 How will the Interrupted Stay Policy interact with the SNF Quality Reporting Program (QRP), specifically with regard to matching stays?**

- We are aware that admissions and discharges are currently coded for purposes of the SNF QRP in a way that might conflict with how stays will be captured under the new PDPM. CMS is revising the codes so that a hospital admission and return to the SNF does not trigger a new Medicare stay for purposes of the SNF QRP. We are revising the codes so that a Medicare stay is captured the same way for purposes of the SNF QRP and the PDPM.

# Interrupted Stay Policy - FAQs

- **13.22: How does the interrupted stay policy affect Medicare physician certification?**
- The existing requirements governing level of care certification and recertification timeframes are tied to a beneficiary's SNF admission. If a beneficiary is discharged from the SNF (or from the covered Part A stay) and then resumes covered SNF care within the interruption window, the subsequent resumption would not be considered a new admission and, thus, would not trigger a new certification/recertification schedule