

2.8 Skilled Nursing Facility Prospective Payment System Assessment Schedule

SNFs must assess the clinical condition of beneficiaries by completing the MDS assessment for each Medicare resident receiving Part A SNF-level care for reimbursement under the SNF PPS. In addition to the PPS assessments, the SNF must also complete the OBRA assessments. All requirements for the OBRA assessments apply to the PPS assessments, such as completion and submission time frames.

Assessment Window

The PPS 5-Day assessment has defined days within which the Assessment Reference Date (ARD) must be set. The ARD must be a day within the prescribed window of Days 1 through 8 of the Part A stay and must be set on the MDS form itself or in the facility software before this window has passed.

The first day of Medicare Part A coverage for the current stay is considered day 1 for PPS assessment scheduling purposes and for purposes of the variable per diem adjustment, as discussed in Chapter 6, Section 6.7. In most cases, the first day of Medicare Part A coverage is the date of admission. However, there are situations in which the Medicare beneficiary may qualify for Part A services at a later date. See Chapter 6, Section 6.7, for more detailed information.

Scheduled PPS Assessment

The PPS-required standard assessment is the 5-Day assessment, which has a predetermined time period for setting the ARD. The SNF provider must set the ARD on days 1–8 to assure compliance with the SNF PPS PDPM requirements.

Unscheduled PPS Assessments

There are situations when a SNF provider may complete an assessment after the 5-Day assessment. This assessment is an unscheduled assessment called the Interim Payment Assessment (IPA). When deemed appropriate by the provider, this assessment may be completed to capture changes in the resident's status and condition.

Tracking Records and Discharge Assessments Reporting

Tracking records and Discharge assessments reporting are required on **all** residents in the SNF and swing bed facilities. Tracking records and standalone Discharge assessments do not impact payment.

Part A PPS Discharge Assessment (A0310H)

The Part A PPS Discharge assessment contains data elements used to calculate current and future SNF QRP quality measures under the IMPACT Act. The IMPACT Act directs the Secretary to specify quality measures on which Post-Acute Care (PAC) providers (which includes SNFs) are required to submit standardized resident assessment data. Section 1899B(2)(b)(1)(A)(B) of the Act delineates that resident assessment data must be submitted with respect to a resident's admission into and discharge from a SNF setting.

- Per current requirements, the OBRA Discharge assessment is used when the resident is physically discharged from the facility. The Part A PPS Discharge assessment is **completed when a resident's Medicare Part A stay ends, but the resident remains in the facility (unless it is an instance of an interrupted stay)**. Item A0310H, "Is this a Part A PPS Discharge Assessment?" identifies whether or not the discharge is a Part A PPS Discharge assessment for the purposes of the SNF QRP (see Chapter 3, Section A for further details and coding instructions). The Part A PPS Discharge assessment *must* also be combined with the OBRA Discharge assessment when a resident receiving services under SNF Part A PPS has a Discharge Date (A2000) that occurs **on the day of or one day after** the End Date of Most Recent Medicare Stay (A2400C), because in this instance, both the OBRA and Part A PPS Discharge assessments would be required. *In situations in which the OBRA and Part A PPS Discharge assessments are combined, the ARD (A2300) equals the day of discharge as listed in A2000.*

Part A PPS Discharge Assessment (A0310H = 1)

- For the Part A PPS Discharge assessment, the ARD (item A2300) is not set prospectively as with other assessments. The ARD (A2300) for a **standalone** Part A PPS Discharge assessment is always equal to the End Date of the Most Recent Medicare Stay (A2400C). The ARD may be coded on the assessment any time during the assessment completion period (i.e., End Date of Most Recent Medicare Stay (A2400C) + 14 calendar days).
- If the End Date of the Most Recent Medicare Stay (A2400C) **occurs on the day of or one day before** the Discharge Date (A2000), the OBRA Discharge assessment and Part A PPS Discharge assessment are both required and *must* be combined. When the OBRA and Part A PPS Discharge assessments are combined, the ARD (A2300) **must** be equal to the Discharge Date (A2000). The Part A PPS Discharge assessment may be combined with most OBRA-required assessments when requirements for all assessments are met (please see Section 2.10 Combining PPS Assessments and OBRA Assessments).
- *If the resident's Medicare Part A stay ends and the resident is physically discharged from the facility, an OBRA Discharge assessment is required.*
- *The Part A PPS Discharge assessment must* be completed (item Z0500B) within 14 days after the End Date of Most Recent Medicare Stay (A2400C + 14 calendar days).
- *The Part A PPS Discharge assessment must* be submitted within 14 days after the MDS completion date (Z0500B + 14 calendar days).
- Consists of demographic, administrative, and clinical items.
- If the resident's Medicare Part A stay ends and the resident subsequently returns to a skilled level of care and Medicare Part A benefits do not resume within 3 days, the PPS schedule starts again with a 5-Day assessment. If the Medicare Part A stay does resume within the 3-day interruption window, then this is an interrupted stay (see below).
- If the resident leaves the facility for an interrupted stay, no Part A PPS Discharge Assessment is required when the resident leaves the building at the outset of the interrupted stay; however, an OBRA Discharge record is required if the discharge criteria are met (see Section 2.5). If the resident returns to the facility within the interruption window, as defined above, an Entry tracking form is required; however, no new 5-Day assessment is required.

The following chart summarizes the PPS assessments, tracking records, and discharge assessments

**PPS Assessments, Tracking Records, and Discharge
Assessment Reporting Schedule for SNFs and Swing Bed Facilities**

Assessment Type/ Item Set for PPS	Assessment Reference Date (ARD) Can be Set on Any of Following Days	Billing Cycle Used by the Business Office	Special Comment
5-Day A0310B = 01	Days 1-8	Sets payment rate for the entire stay (unless an IPA is completed. See below.)	<ul style="list-style-type: none"> See Section 2.12 for instructions involving beneficiaries who transfer or expire day 8 or earlier. CAAs must be completed only if the 5-Day assessment is dually coded as an OBRA Admission, Annual, SCSA or SCPA.
Interim Payment Assessment (IPA) for remainder	Optional	Sets payment	<ul style="list-style-type: none"> Optional assessment.
	• Does not reset variable per diem A0310B = 08	of the stay beginning on	<ul style="list-style-type: none"> adjustment schedule. • May not be combined with another the ARD. assessment.
Part A PPS Discharge Assessment A0310H = 1	End date of most recent Medicare Stay (A2400C)	N/A	<ul style="list-style-type: none"> Completed when the resident's Medicare Part A stay ends, but the resident remains in the facility, or <i>is</i> combined with an OBRA Discharge assessment if the Part A stay ends on the same day or the day before the resident's Discharge Date (A2000).