Session #: W04
Successfully Managing Change of Therapy (COT) OMRAs

April 30, 2014 8:30-10 AM

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Objectives:
• Explain the rolling 7 day observation windows.
• List the new RAI Manual change that defines when the COT windows begin.
• Describe two (2) strategies used to combine scheduled and unscheduled assessments to improve reimbursement.
• Demonstrate how the new therapy requirement for 5 distinct calendar days of therapy impacts the COT observational windows.
• List 4 therapy changes that can trigger a Change of Therapy OMRAs.
MDS is Rocket Science!

It's official!

Change of Therapy OMRA

C. PPS Other Medicare Required Assessment - OMRA
   0. No
   1. Start of therapy assessment
   2. End of therapy assessment
   3. Both Start and End of therapy assessment
   4. Change of therapy assessment

Starting with the Basics
Reimbursable Therapy Minutes (RTMs)

- 100% Individual Minutes, plus
- 50% of Concurrent Minutes, plus
- 25% of Group therapy Minutes (not to exceed 25% cap)
- Reimbursable Therapy Minutes

Rehab Ultra High
RUA, RUB, RUC

- Minimum of 720 Reimbursable therapy minutes provided in 7-day look-back window
  PLUS
- One therapy discipline provided at least 5 days (day=15 or more minutes of therapy provided)
  PLUS
- Second therapy discipline provided at least 3 days.

Rehab Very High
RVA, RVB, RVC

- At least 500 reimbursable therapy minutes provided in 7-day look-back window
  PLUS
- At least 1 therapy discipline provided treatment at least 5 days in look-back window
Rehab High
RHA, RHB, RHC

• At least 325 Reimbursable Therapy Minutes provided during 7-day look-back

PLUS

• At least 1 therapy discipline treated for 5 days in the look-back window

Rehab Medium
RMA, RMB, RMC

• At least 150 Reimbursable Therapy Minutes provided during the 7-day look-back window

PLUS

• Any combination of therapy disciplines (PT, OT, SLP) provided therapy for at least 5 distinct calendar days in the 7-day window

Rehab Low
RLA, RLB

• At least 45 minutes of therapy provided

PLUS

• Any combination of therapy disciplines provided therapy at least 3 distinct calendar days in the look-back window

PLUS

• 2 Restorative Nursing Programs provided at least 6 days each during the look-back window
COT

• Required when intensity of therapy increases or decreases from RUG of most recent PPS assessment.
• Required even for assessments with Nursing RUG if receiving therapy.
• Changes in ADLs or other nursing services do not require COTs.

Required when therapy provided changed the paying RUG

– Increase or decrease in number of Reimbursable therapy minutes.
– Increase or decrease in number of therapy days.
– Increase or decrease in therapy disciplines.
– Change in Restorative Nursing in Rehab Low.

COT OMRA

• COT Observation Period:
  – Rolling 7-day window beginning
    • On the day following ARD of most recent assessment, or
    • On the day therapy resumes with EOT-R OMRA
  – Ending every 7 calendar days thereafter or
    • On the ARD of next scheduled assessment
COT OMRA

Rehab RUG Level  
COT ARD Date

Change in domain changes billing to new RUG level for the seven days of the COT period.
* Count 7 days after the ARD and determine if there is a change in the RTM / RUG Level

COT Assessment Example: Rolling Observation and Check Date

Day 13  Day 14  Day 15  Day 16  Day 17  Day 18  Day 19
  14-Day ARD
  OBS Day 1
  OBS Day 2
  OBS Day 3
  OBS Day 4
  OBS Day 5
  OBS Day 6

  OBS Day 7
  OBS Day 1
  OBS Day 2
  OBS Day 3
  OBS Day 4
  OBS Day 5
  OBS Day 6

Day 27
  OBS Day 7
  COT ARD Check Date

Explanation: The COT check date after an unscheduled or scheduled assessment (with the exception of the EOT-R) is the ARD plus SEVEN days.

COT Assessment Example: COT Observation After EOT-R

Day 35  Day 36  Day 37  Day 38  Day 39  Day 40  Day 41
  Last Day of Therapy
  OBS Day 3
  OBS Day 4
  OBS Day 5
  OBS Day 6
  OBS Day 7
  OBS Day 1
  OBS Day 2

Day 42  Day 43  Day 44  Day 45  Day 46  Day 47  Day 48
  Therapy Resumes
  OBS Day 3
  OBS Day 4
  OBS Day 5
  OBS Day 6
  OBS Day 7
  COT Check Date

Explanation: The COT check date after an EOT-R is the resumption date plus SIX days.
Assessment ARD Compliance

UNSCHEDULED ARD FLEXIBILITY PERIOD

• Facilities are permitted to set the ARD of an unscheduled PPS assessment for a day within the allowable ARD window for that assessment no more than 2 days after the window has passed.

• Flexibility period is 1-2 days! Firm limit!

COT Impact on Billing

COT Observation Period

RUG and Rate changes day one of COT 7 day observation period, and can carry forward to the next 7 day.

More Advanced
But not Rocket Science yet 😊
Therapy Software

- Does not know the Nursing RUG Information.
- Requires manual data entry when Rehab RUG does not meet anticipated RUG.
- If manual data entry not completed, the COT checks will not be correctly identified by the therapy software.

Leave of Absence (LOA) Policy Clarification

- Question: If a resident experiences an LOA during the observation period for an assessment, can the services provided to that resident during the LOA be coded on the MDS?
- Answer: Yes; such services may be coded on the MDS, though only in those cases where doing so would not violate any other provisions of the RAI manual or other such SNF PPS guidelines.
- November 3, 2011 33 SNF National Provider Call

Nursing RUG with Therapy

- COT observation windows must be observed even when in Nursing RUG if the resident has received enough therapy to qualify for a Rehab RUG but index maximized to a nursing RUG.
- Example: Resident with Fever and weight loss receives therapy at Rehab High level.
- HE2=$525.89  RHC=$483.21
- Review therapy provided each week to determine if therapy changed enough to cause a change in RUG. If yes, complete COT.
Poll #1
- Resident current RUG = HE2.
- Receiving Therapy at Rehab High level.
- COT 7-day look-back shows therapy level decreased to Rehab Medium level. Therapy software indicates that a COT is required.
- Is a COT required?

Poll #2
- Resident currently in HE2 RUG.
- Receiving Therapy at Rehab High level.
- Therapy increases to Rehab Very High level in COT observation window.
- Is a COT required?

HE2 receiving Therapy
- Resident currently in HE2 RUG.
- Receiving therapy at Rehab High level.
- 7-day COT observation window, therapy continues at Rehab High level but resident’s fever has resolved.
- Is a COT required?
OK, we are ready for Rocket Science

Scheduled Assessments

- Don’t forget the scheduled assessments!!!!!
- OMRAS cannot replace scheduled assessments.
- Do not forget the 5, 14, 30, 60, 90-day assessments!

Day 7 of COT and Scheduled ARD

- If the ARD of a scheduled assessment can be set for Day 7 of the COT window, or before day 7, no COT is required even if therapy changed.
- Day after ARD becomes new day 1 of next COT observation window.
**Combining Assessments: Example**

- **COT OMRA:** 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 alone, resetting the COT observation period to the 7 days following that scheduled PPS assessment ARD.

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**Scheduled PPS Assessments**

<table>
<thead>
<tr>
<th>1 Admission</th>
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**Strategies**

- When the ARD of the Scheduled Assessment is on or before Day 7 of the COT checkpoint and therapy has changed:
Therapy Decreased

- If therapy has decreased to a lower paying RUG, substitute the scheduled assessment for the COT by setting the ARD of the scheduled assessment for a date on or before Day 7 of the COT checkpoint.
- Also open that COT ARD in the software in case it is required! (More about this later).
- Lower payment postponed until later!

Strategies

- If therapy has INCREASED to a higher paying RUG, combine the COT with the scheduled assessment in order to obtain the higher paying RUG retroactively to Day 1 of the COT observation period. (Must use day 7 of COT window as ARD)
- Higher Therapy RUG = More Money sooner!

“Used for payment” pitfall
RAI Manual “Used for Payment”

- If a new PPS assessment used for payment occurs with an ARD set for on or prior to the last day of a COT observation period, then a Change of Therapy OMRA is not required for that observation period.

Relevance of “Used for Payment”

- If an assessment has an ARD set for on or prior to Day 7 of the COT observation period, but this assessment is not used for payment, then completing this assessment does not impact on the COT ARD calendar.

“Used for Payment”

- Assessment is “used for payment” in that it either controls the payment for a given period or, in the case of scheduled assessments, may merely set the basis for payment for a given period.

- In other words, the resident requires a scheduled assessment for this payment window.

- Example: resident remains in the facility at least through day 31 in order to require the 30-day PPS assessment to be “used for payment.”
*PPS Windows*

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<tr>
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*Missed COT Assessment: Provider Liability*

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**Explaination:** If the resident discharges before the scheduled assessment is “used for payment” and the required COT was not coded prior to submission of the MDS, then the facility cannot receive payment from day 1 of the COT window through discharge.

*Prevent Provider Liability*

- Open COTs in addition to scheduled assessments when in scheduled window.
- Do not transmit PPS assessment until resident has remained in the facility into the second day of payment window.
- Delete (strike through) unnecessary COTs.
- Wait to transmit assessments until resident safely into the payment window.
What have you learned?

Poll #4

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### Poll #6 ARD day 14 RUB

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7-day look-back

**COT required????**

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### Poll #7: 14-day RVB

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7-DAY TOTAL MINUTE S

**COT REQUIRED????**

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### First COT Observation Window

- COT observations cannot begin until a PPS assessment completed with resident receiving enough therapy to qualify for a Rehab RUG (whether the Rehab RUG is the payer or not).
Example

- Day 8 ARD for 5-day.
  - Resident received 3 days of therapy for 120 minutes. No Restorative nursing services were provided during the 7-day observation window. Paying RUG obtained was HE2.
- Day 15 ARD for 14-day.
  - Resident receives 5 days of PT, 5 days of OT with total minutes of 725.
  - Can 14-day be combined with COT?

COT when EOT-R Completed

- In cases where the last PPS Assessment was an EOT-R, the end of the first COT observation period is the 7th day with count beginning on the Resumption of Therapy date (O0450B) on the EOT-R, rather than the ARD.
  - Example:
    - If the ARD for an EOT-R is set for day 35 and the resumption date is the equivalent of day 37, then the COT observation period ends on day 43.

COT and End of Therapy

- Last day of COT observation is on May 4th.
- And ARD for EOT OMRA is set for May 4th, the SNF may choose not to complete the COT OMRA.
- If the ARD for the EOT OMRA were set for May 9th, regardless of when therapy ended, then a COT OMRA would be required with an ARD of May 4th.
COT with Therapy End

• Last Therapy treatment day = May 2nd
• EOT ARD can be set for May 3rd, 4th, or 5th.
• COT Checkpoint May 4th.
• What effect does ARD of EOT have?

Reason Explained

• It is the EOT ARD that affects the COT calendar—NOT the actual last day of therapy!

COT and Discharge Assessment

• In cases where a resident is discharged from the SNF on or prior to Day 7 of the COT observation period, then no COT OMRA is required. More precisely, in cases where the date coded for Item A2000 is on or prior to Day 7 of the COT observation period, then no COT OMRA is required. If a SNF chooses to complete the COT OMRA in this situation, they may combine the COT OMRA with the discharge assessment.
Flexibility Period and Discharge

- Flexibility period exists even if resident discharges.
- Facility can set the ARD for OMRAs during the flexibility period even if the resident has been discharged as long as no more than 2 days have passed since day 7 of the COT checkpoint.

Flexibility and Discharge

- ARD for the Change of Therapy OMRA must be set within 2 days of Day 7 of the COT Observation window—not within 2 days of the discharge.
- Example, Day 7 of COT (therapy changed)=Day 27 (30-day opened instead of COT).
- Resident discharges to hospital on Day 30—too late to open COT.
- Missed Assessment.

Updated RAI Manual Instructions

- When the most recent assessment used for PPS, excluding an End of Therapy OMRA, has a sufficient level of rehabilitation therapy to qualify for an Ultra High, Very High, High, Medium, or Low Rehabilitation category (even if the final classification index maximizes to a group below Rehabilitation), then a change in the provision of therapy services is evaluated in successive 7-day Change of Therapy observation periods until a new assessment used for PPS occurs.
Implications of New Language

- COT observations end when the resident has one (1) 7-day window when he/she did not receive enough therapy to qualify for a Rehab RUG (not due to index maximization).
- COT observations cannot begin again until there has been a PPS assessment completed where the resident has received enough therapy to qualify for a Rehab RUG.

Example

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7-day look-back

30-day ARD day 27—RUG
Day 34 COT checkpoint: Nursing RUG Therapy required for this resident. Nursing RUG will pay days 28-60. COT checkpoints ended on day 34.

COT Observations End

- 1. End of Therapy ARD set.
- 3. Resident did not receive enough therapy in the 7-day assessment window to qualify for a Rehab RUG.
Early ARD Compliance

• If the ARD for a COT OMRA is set for prior to Day 7 of the COT observation period, the facility must bill the default rate the total number of days the assessment is out of compliance (the number of days by which the assessment is early).

Early ARD for OMRA

• The default rate is effective from Day 1 of the COT observation period and is billed for the number of days that the assessment is out of compliance.

• Facility may then bill the RUG from the early COT OMRA for the remainder of the COT observation period until the next scheduled or unscheduled assessment used for payment.

Example

• 30-day ARD= Day 30

• Day 7 of COT observation period= Day 37

• COT ARD set for Day 35 accidentally

• Facility would bill default rate for Days 29 and 30 due to 2 days ARD out of compliance.

• Facility would bill RUG from COT OMRA beginning Day 31 until next scheduled or unscheduled assessment used for payment.

• *Next COT OMRA check would occur on Day 42. Early COT ARD resets the COT calendar.*
Late OMRA ARD Policy

If the SNF fails to set the ARD for an unscheduled PPS assessment within the defined ARD for that assessment, and the resident being assessed is still on Part A, the ARD cannot be set for any earlier than the day the omission is identified.

The total number of days the assessment is out of compliance including the ARD, must be billed at the default rate beginning on the day that the assessment would have controlled payment.

Late Unscheduled Assessment Policy

The total number of days the assessment is out of compliance, including the late ARD, must be billed at default beginning on the day that the assessment would have controlled the payment.

Default Scenarios

Unscheduled Assessments includes the ARD

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<th>WED</th>
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Explanations:
- COT Needed: The RUG will Drop

Note: The next COT check date would be day 47.
Missed Assessment Policy

• If the SNF fails to set the ARD for an unscheduled PPS assessment within the defined ARD window for that assessment, and the resident has been discharged from Part A, the assessment cannot be completed.

• All days which would have been paid by the missed assessment, had it been completed timely, are considered provider liable and may not be billed.

Example

• 30-day ARD= Day 30
• Day 7 of COT= Day 37
• COT not completed but necessary
• Resident discharged from Part A on Day 40
• Omission identified 2 weeks after Part A discharge.
• Facility provider liable any days between Day 31 and Day 40.

Missed COT

• “Failure to submit a required COT while continuing to bill for services that would be covered by a COT when not completed, would subject the claim to denial.”
Danger, Danger Will Robinson!

Danger Zones

- Mistaken minutes on the MDS
- Missed days not made up immediately
- Scheduled assessment done instead of COT but resident discharges prior to payment period for scheduled assessment
- Less than 5 calendar days of therapy provided during the 7-day look-back window.
- Refusals
- Staffing issues
- Holidays

Recent Clarifications

Leave of Absence (LOA) Policy Clarification

- Unscheduled PPS Assessments
  - Days during which a resident experiences an LOA must be counted toward the ARD for a given unscheduled assessment.

- COT OMRA Example: If the ARD for a resident’s 30-day assessment were set for November 1st and the resident went to the emergency room at 11:00pm on November 9th, returning at 2:00pm on November 10th. Day 7 of the COT observation period would remain November 14th.
Recent Clarifications

Leave of Absence (LOA) Policy Clarification

- Unscheduled PPS Assessments
  - Days during which a resident experiences an LOA must be counted toward the ARD for a given unscheduled assessment.

- COT OMRA Example: If the ARD for a resident’s 30-day assessment were set for November 7th and the resident went to the emergency room at 11:00pm on November 9th, returning at 2:00pm on November 10th. Day 7 of the COT observation period would remain November 14th.

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Leave of Absence

<table>
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<tr>
<th>Sunday</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Friday</th>
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<td>5</td>
<td>6</td>
<td>7</td>
<td>8 ARD RUB</td>
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<td>12</td>
<td>13ARD RVC</td>
<td>14</td>
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<td>18</td>
<td>19</td>
<td>20 RVB</td>
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<td>Out over Midnight</td>
<td>26 Therapy Changed RHB</td>
<td>27</td>
<td>28</td>
<td>29</td>
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Poll #8

- Resident’s 100th day is day 7 of COT assessment window.
- Therapy continues through day 100.
- Therapy decreased enough to change paying RUG in 7-days ending on day 100.
- COT required? 
Special Assessment Indicators

- D - Change of Therapy OMRA; whether or not combined with unscheduled OBRA assessment and whether or not combined with Swing Bed CCA.
- Use the unscheduled assessment Medicare RUG (Z0100A) from the first day of the Change of Therapy OMRA observation period through the end of the standard payment period.
- Note that a Change in Therapy OMRA cannot be combined with a 5-day or readmission/return assessment.

How can you manage all of this?

- Conduct meeting where the Rehab Software can be seen by both the Rehab Manager and the MDS Coordinator.
- Review all residents in assessment window.
- MDS coordinator bring binder of 100 day tools of Medicare A residents.
- Set ARDS—review every resident on 7-day rolling COT assessment windows.
- Review each resident to determine when resident has received payment window so transmission can be safely done.
- Report any resident refusals.
- Give MDS coordinator PPS minutes/days the day after the ARD.
- Discuss when therapy disciplines begin or end services.
- Discuss possible discharge dates/plans.

Daily PPS meeting
Documentation

- Fiscal Intermediaries/MACs may require documentation of the informal COT observation windows.
- Documentation required may include:
  - Therapy Days and minutes for each therapy discipline.
  - RUG expected.
  - Signatures/initials of staff members completing the COT observations.
- This documentation may be requested with ADRs.

Example

<table>
<thead>
<tr>
<th>Date</th>
<th>PT days</th>
<th>PT minutes</th>
<th>OT days</th>
<th>OT minutes</th>
<th>SLP Days</th>
<th>SLP Minutes</th>
<th>COT needed?</th>
<th>Initials of MDS and Rehab Manager</th>
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<td>300</td>
<td>5</td>
<td>300</td>
<td>3</td>
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<td>NA</td>
<td>CAM LLL</td>
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<td>3</td>
<td>120</td>
<td>No</td>
<td>CAM LLL</td>
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<td>200</td>
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Leave of Absence (LOA) Policy Clarification

- Scenario: A resident leaves the SNF for the emergency room on Monday at 9:00pm and returns on Tuesday at 11:00am. A COT evaluation is done on Thursday. If therapy was provided early Monday morning, can this therapy be coded on the MDS?
- Solution: Yes; therapy provided by the SNF on the day the resident experiences the LOA may be counted toward the COT evaluation.
- November 3, 2011 34 SNF National Provider Call
Questions?
I’m sure you’ve got them!!!

cmaher@hhc-cpa.com
## COT Observation Tool

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MDS Coordinator: Initials _____ Signature_________________ Print name____________________

Rehab Manager: Initials _____ Signature_________________ Print name__________________