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**Mutual of Omaha - Medicare  
National Small Provider Teleconference Minutes  
"SNF Assessment Process"  
January 25, 2007  
Chairperson: Janice Tait**

The National Small Provider Teleconference was called to order at 11:00 AM Eastern Time by the facilitator, Janice Tait, Medicare Field Representative on the Clearwater, Florida Field Office.

This teleconference began with an introduction of the Mutual of Omaha Medicare participants on the call, including Home Office personnel and the Field Representatives from other Field Offices.

After the introductory comments, the facilitator moved directly into the presentation that had been emailed in advance of the call to the registered teleconference participants.

Following the review of the PowerPoint presentation, the facilitator answered the questions that had been submitted in advance. These questions are as follows:

**Q1. Past training has indicated that when the ADR and an OMRA falls during the regularly scheduled assessment, that assessment is coded as both the regular assessment and the OMRA. How is this done?**

A1). The modifiers for the OMRA assessment do indicate which regularly scheduled assessment they replace. Please refer to Page 35 in our January 1, 2007 Newsletter and the MDS Payment Scheduler that was sent out prior to this teleconference. "AI" stands for "Assessment Indicator" which is the same as "Modifier".

**Q2. A patient disenrolled from an HMO. When he/she was in the hospital during their qualifying hospital stay, has he/she met the 3-day qualifying hospital stay?**

A2. Yes, if the beneficiary was an inpatient for 3 nights, they have met the requirements for the qualifying stay. The patient becomes eligible for "original" Medicare on the first day of the month following the disenrollment from the HMO. The HMO is responsible for payment for the days until Medicare goes into effect. Make sure to check CWF/HIQA for the HMO disenrollment date and the Medicare effective date before billing your claim to Medicare.

**Q3. How should the MDS be scheduled if the MDS Coordinator isn't there due to illness, vacation etc.?**

A3. If the MDS Coordinator is out of the facility and an assessment is due, another nurse will have to complete and sign it in order for it to be on time. Grace days can be used as necessary if you want to wait until the MDS Coordinator returns to the facility. If the ADR is outside of the window of the grace days, then the facility will have to bill at the default rate.

**Q4. When Medicare is secondary and then becomes primary, what affect does this have on the assessment schedule?**

A4. The assessment schedule begins on the first day that Medicare becomes primary.

The teleconference was then opened for participants to ask questions. The questions and answers are as follows:

**Q1. I have a question about Medicare HMO enrollment. A lot of the HMOs we work with require us to follow the PPS Assessment Schedule in order to be paid. If the patient disenrolls, do we start the schedule over again with the 5-day assessment?**

A1. Yes, you would begin the schedule with the 5-day assessment.

**Q2. Is there anything new about the MDS 3.0 coming out?**

A2. The MDS 3.0 is still in the developmental stage. CMS has asked for comments and feedback but there is no date yet.

**Q3. Don't grace days shift the assessment period rather than allow a longer assessment period?**

A3. The grace days delay the assessment reference date. However, it does not change the amount of days defined by the MDS to look back for the relevant assessment period.

**Q4. I attended a seminar given by an accounting firm. Regarding the 5 day assessment and grace days, the person leading the seminar said "So how do you decide which of these dates to use the as the ADR? Wait until day 10 and then pick the one that gives you the best RUG category." But in my mind, that goes beyond the time frame for setting the ADR and you should be at the default payment rate if you do that.**

A4. If you wait until day 10 to set the ARD then you are beyond the allowable days and grace days to set the ARD. Therefore, you would have to bill at default for the first 10 days. Each of the Medicare scheduled assessments has defined days when the Assessment Reference Date may be set. For example, the Medicare 5-Day assessment, days one through five have been defined as the optimal days for setting the Assessment Reference Date However, there may be situations when an assessment might be delayed and CMS has allowed for these situations by defining a number of grace days for each Medicare assessment. The Medicare 5-Day Assessment Reference Date can be extended one to three grace days allowing you 8 days to set the Assessment Reference Date The use of grace days allows clinical flexibility in setting ADRs and should be used sparingly.

The facilitator, Janice Tait, gave out her email address, Janice.Tait@mutualofomaha.com and phone number, (727) 772-2557 X225. She reminded the participants about the 2 workshops in Alabama in March. She asked that all providers check our website [www.mutualmedicare.com](http://www.mutualmedicare.com) for upcoming workshops in their area and teleconferences in which providers can participate regardless of their geographic location.

Since there were no more questions, the teleconference ended at 11:45 AM Eastern Time.

The references included in this presentation are for informational purposes only. The current Medicare regulations will prevail.

There were 44 participants in the teleconference.

Submitted by: Janice Tait - Medicare Field Representative - Clearwater Office