

HHI MDS Boot Camp Level 1 Week 2

Minimum Data Set (MDS) Scheduling Basics Coding Section A: Identification Information

5.12.2021

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Harmony Healthcare International (HHI)
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About Kris

Kris Mastrangelo OTR/L, LNHA, MBA
President and CEO

Owns and operates
Harmony Healthcare International (HHI) a
Nationally recognized, premier Healthcare
Consulting firm specializing in **C.A.R.E.S.**
There are no nonfinancial disclosures to
share.

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About Joyce

Joyce Sadewicz PT, RAC-CT

Senior VP Field Operations

Employed by Harmony Healthcare International (HHI) for over 10 years, managing a diversified team of HHI Specialists with extensive knowledge in the areas of MDS 3.0, PDPM, Compliance, Documentation, Therapy Program development, as well as expertise in Medicare and Medicaid Reimbursement and Documentation. There are no nonfinancial disclosures to share.

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Educational Activity Completion

Requirements for Successful Completion

1 contact hour will be awarded for this continuing nursing education activity. **Criteria for successful completion includes:**

Attendance for 100% of the 1-day course or individual, 3-hour module (2- and 3-day trainings requires at least 80% attendance). Contact hours will be awarded for time

Must complete **post course exam within 1 week** of the course and course/teacher evaluation.

Clearly demonstrate the learning outcome of the program.

Participants will receive a **certificate of completion** immediately following completing the above requirements.

CEU Disclosure

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Speaker and Planning Committee Disclosure

- **Disclosures:** The planners and presenters of this educational activity have no relationship with commercial entities or conflicts of interest to disclose. Please visit <https://www.harmony-healthcare.com/hhi-team> for all speaker's financial and nonfinancial disclosures
- **Planners:**
 - Kris Mastrangelo, OTR/L, LNHA, MBA
 - Joyce Sadewicz, PT, RAC-CT
 - Pamela Duchene, PhD, APRN-BC, NEA, FACHE
- **Presenter:**
 - Kris Mastrangelo, OTR/L, LNHA, MBA
 - Joyce Sadewicz, PT, RAC-CT
 - Cheryl DuBois, RN

Learning Objectives

1. Summarize coding instructions for **Section A: Identification Information**.
2. Articulate the **intent** of each MDS 3.0 section, and **correct coding strategies** for each item.

ARD Selection, MDS Completion, MDS Transmission Timeframes

MDS	Timeframe
ARD Selection	Within Assessment Window
MDS Completion	14 Days form the ARD
MDS Transmission	14 Days from the MDS Completion

ARD Selection Timeframes

- **ARD (Assessment Reference Date) Selection**
 - Per the RAI User's Manual, each Medicare Assessment requires the **selection of the ARD within the ARD Window**
 - This applies to both **scheduled** and **unscheduled assessments**
 - The facility is required to **set the ARD** on the **MDS form** itself or **in the facility software within the appropriate timeframe** of the assessment
 - Timeliness is defined by selecting an ARD within the prescribed ARD Window
- **Defined Days** within which the ARD must be set
 - **Timeliness** of the PPS assessment is defined by selecting an ARD within the prescribed ARD window
 - The facility is required to **set the ARD** on the MDS form itself or **in the facility software within the appropriate timeframe** of the assessment type being completed

MDS Completion Timeframes

- **MDS Completion**

- The timelines for **OBRA Assessment** completion include the following highlights:
 - The requirement for **Quarterly Assessments** is that they be completed within **92 days of the ARD** of the previous OBRA assessment
 - **Annual Assessments** must be completed within **92 days** of the previous assessment and **within 366 days** of the **last comprehensive** assessment, either an annual assessment or a significant change in status assessment

MDS Completion Timeframes

- MDS Transmission (Submission)
 - **Transmitting Data:** Per the RAI User's Manual, submission files are transmitted to the **QIES ASAP** system using the CMS wide area network
 - Providers must transmit **all sections** of the MDS 3.0 required for their State-specific instrument, including the **Care Area Assessment (CAA) Summary (Section V)** and **all tracking or correction** information

MDS Completion Timeframes

- **MDS Transmission (Submission)**
 - **Assessment Transmission:** Comprehensive assessments must be transmitted electronically **within 14 days** of the **Care Plan Completion Date** (V0200C2 + 14 days)
 - **All other MDS assessments** must be submitted **within 14 days** of the **MDS Completion Date** (Z0500B + 14 days)
 - **Tracking Information Transmission:** For **Entry** and **Death in Facility** tracking records, information must be **transmitted within 14 days** of the **Event Date** (A1600 + 14 days for Entry records and A2000 + 14 days for Death in Facility records)

MDS Completion Timeframes

- MDS Transmission (Submission)
 - Transmission requirements apply to **all MDS 3.0 records** used to meet both **federal** and **state requirements**
 - **Care plans** are **not** required to be transmitted

MDS Completion Timeframes

Submission Time Frame for MDS Records Type of Assessment/Tracking	Primary Reason (A0310A)	Secondary Reason (A0310B)	Entry/Discharge Reporting (A0310F)	Final Completion or Event Date	Submit By
Admission Assessment	01	All values	10, 11, 99	V0200C2	V0200C2 + 14
Annual Assessment	03	All values	10, 11, 99	V0200C2	V0200C2 + 14
Significant Change in Status Assessment	04	All values	10, 11, 99	V0200C2	V0200C2 + 14
Significant Correction to Prior Comprehensive Assessment	05	All values	10, 11, 99	V0200C2	V0200C2 + 14

MDS Completion Timeframes

Submission Time Frame for MDS Records (continued) Type of Assessment/Tracking	Primary Reason (A0310A)	Secondary Reason (A0310B)	Entry/Discharge Reporting (A0310F)	Final Completion or Event Date	Submit By
Quarterly Review Assessment	02	All values	10, 11, 99	Z0500B	Z0500B + 14
Significant Correction Prior Quarterly Assessment	06	All values	10, 11, 99	Z0500B	Z0500B + 14
PPS Assessment	99	01 or 08	10, 11, 99	Z0500B	Z0500B + 14
Discharge Assessment	All values	All values	10 or 11	Z0500B	Z0500B + 14
Death in Facility Tracking	99	99	12	A2000	A2000 + 14
Entry Tracking	99	99	01	A1600	A1600 + 14
Correction Request (Modification or Inactivation)	N/A	N/A	N/A	X1100E	X1100E + 14

Coding Conventions

- Look-back period **7 days** unless otherwise stated
- When determining the response to items that have a look-back period to the **Admission/Entry, Reentry, or Prior OBRA or scheduled PPS assessment**, whichever is most recent, consider **only assessments** that are required to be **submitted to the QIES ASAP** system
- **PPS Assessments** completed for private insurance and Medicare Advantage Plans should **not be submitted** to the QIES ASAP system and **not be considered when determining the “prior assessment”**

Section A

Identification Information



Section A

Identification Information

- The intent of this section is to obtain key information to:
 - **Uniquely identify** each resident,
 - **The home** in which he or she resides, and
 - The **reasons for assessment**

A0410: Unit Certification or Licensure Designation (Previously “Submission Requirement”)

- **A0410: Unit Certification or Licensure Designation (Previously “Submission Requirement”)**

A0410. Unit Certification or Licensure Designation

Enter Code

1. **Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State**
2. **Unit is neither Medicare nor Medicaid certified but MDS data is required by the State**
3. **Unit is Medicare and/or Medicaid certified**

- **Payor source is not the determinant by which this item is coded**
- This item is coded solely **according to the authority CMS** must collect MDS data for residents who are on a **Medicare and/or Medicaid certified unit** and the authority that **the state** may have to **collect MDS data** under licensure

Section A

A0410: Unit Certification or Licensure Designation Code 1

- Code 1: Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State:
 - If the MDS record is for a resident **on a unit** that is **neither Medicare nor Medicaid certified**, and the state does not have authority to collect MDS information for residents on this unit, the facility may **not submit** MDS records to QIES ASAP. If any records are submitted under this certification designation, they **will be rejected** by the QIES ASAP system.

Section A

A0410: Unit Certification or Licensure Designation Code 2

- Code 2: Unit is neither Medicare nor Medicaid certified but MDS data is required by the State:
 - If the nursing home resident is **on a unit** that is **neither Medicare nor Medicaid certified**, but the **state has authority** under state licensure to collect MDS information for residents on such units, the facility should **submit** the resident's MDS records per the state's requirement to QIES ASAP **or directly to the state**
 - Note that this certification designation does **not apply to swing-bed** facilities. Assessments for swing-bed residents on which A0410 is coded "2" will be rejected by the QIES ASAP system.

Section A

A0410: Unit Certification or Licensure Designation Code 3

- **Code 3: Unit is Medicare and/or Medicaid certified:**
 - If the resident **is on** a Medicare and/or Medicaid certified unit, **regardless of payor source** (i.e., even if the resident is private pay or has his/her stay covered under e.g., Medicare Advantage, Medicare HMO, private insurance, etc.), the facility is **required to submit** these MDS records to QIES ASAP. Consult **Chapter 5, page 5-1** of this Manual for a discussion of what types of records should be submitted to the QIES ASAP system.

Section A

Other Payors: Med Advantage, HMO, etc.

- **PPS MDS Assessments** completed for Non-Traditional Medicare should **not be transmitted** to QIES ASAP
- The facility must submit **OBRA MDS regardless** of payor source, per federal regulations

Section A

A0310E: Type of Assessment, First Assessment

Enter Code <input type="checkbox"/>	E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry? 0. No 1. Yes
--	--

- **Code 1, yes:** If this assessment is the **first of these assessments** since the most recent admission/entry or reentry:
 - Coding Yes **applies only** to assessments that are **submitted to the QIES** database

Section A

A0310E: Type of Assessment, First Assessment

- **Code 0, No:** In the following situations:
 - Entry or Death in Facility tracking records (A0310F= 01 or 12)
 - A standalone Part A PPS Discharge assessment (A0310A = 99, A0310B = 99, A0310F = 99, and A0310H = 1)
 - A standalone unscheduled PPS assessment (A0310A = 99, A0310B = 07, and A0310F = 99)

Section A

A0500: Legal Name of Resident

A0500. Legal Name of Resident	
A. First name: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B. Middle initial: <input type="text"/>
C. Last name: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D. Suffix: <input type="text"/> <input type="text"/> <input type="text"/>

- Definition - **Legal Name:**
 - Resident's name as it appears on the **Medicare card**. If the resident is not enrolled in the Medicare program, use the resident's name as it appears on a **government – issued document** (i.e., driver's license, birth certificate, social security card).
 - If patient's name is incorrect on the Medicare card, use the incorrect name on the MDS

Section A

A0800: Gender

A0800. Gender	
Enter Code <input type="checkbox"/>	<ol style="list-style-type: none">1. Male2. Female

- Code 1: Male
- Code 2: Female
- A dash (-) is not acceptable
- The gender coded on the MDS must match the gender in the Social Security system

Section A

A1110: Language

A1110. Language	
Enter Code <input type="checkbox"/>	A. What is your preferred language? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	B. Do you need or want an interpreter to communicate with a doctor or health care staff? 0. No 1. Yes 9. Unable to determine

- **Coding Instructions:**
 - **Code 0, no:**
 - **Code 1, yes:** If the resident/family indicate that he or she needs or wants an interpreter to communicate with a doctor or health care staff
 - Specify preferred language. Proceed to 1100B and enter the resident's preferred language.

Section A

A1110: Language

- RAI Coding Tips:
 - American Sign Language (ASL) should be reported as the preferred language if the resident communicates with this language

Section A

A1700: Type of Entry

A1700. Type of Entry	
Enter Code <input type="checkbox"/>	<ol style="list-style-type: none">1. Admission2. Reentry

- **Code 1, Admission:** When one of the following occurs:
 - Resident has **never been admitted** to this facility before **or**
 - Resident has been in this facility previously and was **discharged return not anticipated or**
 - Resident has been in this facility previously and was discharged return anticipated and **did not return within 30 days** of discharge

Section A

A1700: Type of Entry

- Code 2, Reentry: When all 3 of the following occurred prior to this entry, the resident was:
 - Admitted to this nursing home (i.e., OBRA admission assessment was completed) **and**
 - Discharged return anticipated **and**
 - Returned to facility within 30 days of discharge

Section A

A1805: Entered From

A1805. Entered From

Enter Code

<input type="text"/>	<input type="text"/>
----------------------	----------------------

01. **Home/Community** (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements)
02. **Nursing Home** (long-term care facility)
03. **Skilled Nursing Facility** (SNF, swing beds)
04. **Short-Term General Hospital** (acute hospital, IPPS)
05. **Long-Term Care Hospital** (LTCH)
06. **Inpatient Rehabilitation Facility** (IRF, free standing facility or unit)
07. **Inpatient Psychiatric Facility** (psychiatric hospital or unit)
08. **Intermediate Care Facility** (ID/DD facility)
09. **Hospice** (home/non-institutional)
10. **Hospice** (institutional facility)
11. **Critical Access Hospital** (CAH)
12. **Home under care of organized home health service organization**
99. **Not listed**

Section A

A1805: Entered From

- Appears on Entry Record
- RAI Coding Tips:
 - If an individual was enrolled in a home-based hospice program, enter **07, Hospice**, instead of **01, Community**

Section A

A1900: Admission Date

A1900. Admission Date (Date this episode of care in this facility began)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

- If A1700: Type of Entry is coded as (1) admission entry, then the date of entry in A1600 should be equal to the date coded in A1900
- If A1700: Type of Entry is coded as (2) reentry, then the date coded in A1900 will be greater than the date coded in A1600

Section A

A1900: Admission Date

- The **admission date will** remain the **same for all assessments** in an episode of care, even when interrupted by temporary discharges from the facility (**discharge status return anticipated**)
- If a resident returns after a **discharge return not anticipated** or a gap of more than 30 days a **new admission date** would be entered

Section A

A2000: Discharge Date

A2000. Discharge Date

Complete only if A0310F = 10, 11, or 12

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

- Appears on Discharge Assessment and Death in Facility Records only
- **Coding Instructions:**
 - Enter the date the resident of discharge (whether return is anticipated)
 - Do not include leave of absence or hospital observational stays of less than 24 hours unless admitted to the hospital

Section A

A2105: Discharge Status

A2105. Discharge Status

Complete only if A0310F = 10, 11, or 12

Enter Code

<input type="text"/>	<input type="text"/>
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01. **Home/Community** (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements)
02. **Nursing Home** (long-term care facility)
03. **Skilled Nursing Facility** (SNF, swing beds)
04. **Short-Term General Hospital** (acute hospital, IPPS)
05. **Long-Term Care Hospital** (LTCH)
06. **Inpatient Rehabilitation Facility** (IRF, free standing facility or unit)
07. **Inpatient Psychiatric Facility** (psychiatric hospital or unit)
08. **Intermediate Care Facility** (ID/DD facility)
09. **Hospice** (home/non-institutional)
10. **Hospice** (institutional facility)
11. **Critical Access Hospital** (CAH)
12. **Home under care of organized home health service organization**
13. **Deceased**
99. **Not listed**

Section A

A2105: Discharge Status

- Appears on Discharge Assessment and Death in Facility Records only
- Note: Hospice includes community-based (e.g., home) or inpatient hospice programs

Section A

Assessment Reference Date



Section A

Assessment Reference Date

- **Assessment Reference Date** (ARD) refers to the last day of the observation (or “lookback”) period that the assessment covers for the resident
- Since a day begins at 12:00 a.m. and ends at 11:59 p.m., the ARD must also cover this time period

Section A

Assessment Reference Date

- The facility is required to set the ARD **on the MDS Item Set or in the facility software within the appropriate time frame** of the assessment type being completed
- This concept of setting the ARD is used for all assessment types and varies by assessment type and facility determination

Section A

Assessment Reference Date

- Most MDS Sections have a 7-day look-back period
- Some sections have longer or shorter look-back periods
- When completing the MDS, only those occurrences during the look-back period will be included
- If it did not occur during the look-back period it is not coded on the MDS

Section A

A2400: Medicare Stay

A2400. Medicare Stay	
Enter Code <input type="checkbox"/>	A. Has the resident had a Medicare-covered stay since the most recent entry? 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay
	B. Start date of most recent Medicare stay: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
	C. End date of most recent Medicare stay - Enter dashes if stay is ongoing: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year

- **Medicare-Covered Stay:** Skilled Nursing Facility stays billable to Medicare Part A
- Does **not include** stays billable to Medicare Advantage, HMO, or other insurance plans

Section A

A2400: Medicare Stay

- **Definitions:**
 - **Most Recent Medicare Stay:** This is a Medicare Part A covered stay that has started on or after the most recent entry (admission or reentry) to the nursing home
 - **Current Medicare Stay:**
 - **New Admission:** Day 1 of Medicare Part A stay
 - **Readmission:** Day 1 of Medicare Part A coverage after readmission following a discharge

Section A

A2400C: End Date of Medicare Stay

- Coding Instructions:
 - Code the date of **last day** of this **Medicare stay** if A2400A is coded 1, yes
 - If stay is **ongoing**, there will be **no end date** to report
 - Enter **dashes** to indicate that the stay is **ongoing**
 - Refer to **Medicare Stay End Date Algorithm** in your additional handouts

Section A

A2400C: End Date of Medicare Stay

The **End of Medicare** date is **whichever occurs first**:

- Date SNF **benefit exhausts** (i.e., the 100th day of the benefit); or
- Date of **last day covered** as recorded on the Advance Beneficiary Notice of Non-coverage (**ABN**); or
- Date the resident's **payor source changes** from Medicare Part A to another payor; or
- Date the resident was **discharged** from the facility

Section A

A0050: Type of Record

A0050. Type of Record

Enter Code

1. **Add new record** → Continue to A0100, Facility Provider Numbers
2. **Modify existing record** → Continue to A0100, Facility Provider Numbers
3. **Inactivate existing record** → Skip to X0150, Type of Provider

Section A

A0100: Facility Provider Numbers

A0100. Facility Provider Numbers

A. National Provider Identifier (NPI):

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B. CMS Certification Number (CCN):

--	--	--	--	--	--	--	--	--	--	--	--	--	--

C. State Provider Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Section A

A0200: Type of Provider

A0200. Type of Provider	
Enter Code <input type="checkbox"/>	Type of provider <ol style="list-style-type: none">1. Nursing home (SNF/NF)2. Swing Bed

Section A

A0300: Optional State Assessment

A0300. Optional State Assessment	
Complete only if A0200 = 1	
Enter Code <input type="checkbox"/>	A. Is this assessment for state payment purposes only? 0. No → Skip to and complete A0310, Type of Assessment 1. Yes
Enter Code <input type="checkbox"/>	B. Assessment type 1. Start of therapy assessment 2. End of therapy assessment 3. Both Start and End of therapy assessment 4. Change of therapy assessment 5. Other payment assessment

Section A

A0310: Type of Assessment

A0310. Type of Assessment	
Enter Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<p>A. Federal OBRA Reason for Assessment</p> <ul style="list-style-type: none"> 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above
Enter Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<p>B. PPS Assessment</p> <p><u>PPS Scheduled Assessment for a Medicare Part A Stay</u></p> <ul style="list-style-type: none"> 01. 5-day scheduled assessment <p><u>PPS Unscheduled Assessment for a Medicare Part A Stay</u></p> <ul style="list-style-type: none"> 08. IPA - Interim Payment Assessment <p><u>Not PPS Assessment</u></p> <ul style="list-style-type: none"> 99. None of the above

Section A

A0310: Type of Assessment (continued)

A0310. Type of Assessment - Continued	
Enter Code <input type="checkbox"/>	E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry? 0. No 1. Yes
Enter Code <input type="checkbox"/> <input type="checkbox"/>	F. Entry/discharge reporting 01. Entry tracking record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility tracking record 99. None of the above
Enter Code <input type="checkbox"/>	G. Type of discharge - Complete only if A0310F = 10 or 11 1. Planned 2. Unplanned
Enter Code <input type="checkbox"/>	G1. Is this a SNF Part A Interrupted Stay? 0. No 1. Yes
Enter Code <input type="checkbox"/>	H. Is this a SNF Part A PPS Discharge Assessment? 0. No 1. Yes

Section A

A0410: Unit Certification or Licensure Designation

A0410. Unit Certification or Licensure Designation

Enter Code

1. Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State
2. Unit is neither Medicare nor Medicaid certified but MDS data is required by the State
3. Unit is Medicare and/or Medicaid certified

Section A

A0500: Legal Name of Resident

A0500. Legal Name of Resident	
A. First name: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B. Middle initial: <input type="text"/>
C. Last name: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D. Suffix: <input type="text"/> <input type="text"/> <input type="text"/>

Section A

A0600: Social Security and Medicare Numbers

A0600. Social Security and Medicare Numbers

A. Social Security Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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B. Medicare number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section A

A0700: Medical Number Enter “+” if pending, “N” if not Medicaid Recipient

A0700. Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient

	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section A

A0800: Gender

A0800. Gender	
Enter Code <input type="checkbox"/>	<ol style="list-style-type: none">1. Male2. Female

Section A

A0900: Birth Date

A0900. Birth Date									

Month Day Year

Section A

A1005: Ethnicity

A1005. Ethnicity	
Are you of Hispanic, Latino/a, or Spanish origin?	
↓ Check all that apply	
<input type="checkbox"/>	A. No, not of Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	B. Yes, Mexican, Mexican American, Chicano/a
<input type="checkbox"/>	C. Yes, Puerto Rican
<input type="checkbox"/>	D. Yes, Cuban
<input type="checkbox"/>	E. Yes, another Hispanic, Latino, or Spanish origin
<input type="checkbox"/>	X. Resident unable to respond

Section A

A1010: Race

A1010. Race	
What is your race?	
↓ Check all that apply	
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Resident unable to respond

Section A

A1110: Language

A1110. Language

A. What is your preferred language?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Enter Code

B. Do you need or want an interpreter to communicate with a doctor or health care staff?

- 0. No
- 1. Yes
- 9. Unable to determine

Section A

A1200: Marital Status

A1200. Marital Status	
Enter Code <input type="text"/>	<ol style="list-style-type: none">1. Never married2. Married3. Widowed4. Separated5. Divorced

Section A

A1250: Transportation

A1250. Transportation

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?
Complete only if A0310B = 01

↓ Check all that apply

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A. Yes, it has kept me from medical appointments or from getting my medications |
| <input type="checkbox"/> | B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need |
| <input type="checkbox"/> | C. No |
| <input type="checkbox"/> | X. Resident unable to respond |

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Section A

A1270: Transportation (Discharge)

A1270. Transportation (Discharge)

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

Complete only if A0310H = 1

↓ **Check all that apply**

A. Yes, it has kept me from medical appointments or from getting my medications

B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need

C. No

X. Resident unable to respond

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Section A

A1300: Optional Resident Items

A1300. Optional Resident Items																															
A. Medical record number:																															
<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																															
B. Room number:																															
<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																															
C. Name by which resident prefers to be addressed:																															
<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																															
D. Lifetime occupation(s) - put "/" between two occupations:																															
<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																															

Section A

A1500: Preadmission Screening and Resident Review (PASRR)

A1500. Preadmission Screening and Resident Review (PASRR)	
Complete only if A0310A = 01, 03, 04, or 05	
Enter Code <input type="text"/>	Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition? 0. No → Skip to A1550, Conditions Related to ID/DD Status 1. Yes → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions 9. Not a Medicaid-certified unit → Skip to A1550, Conditions Related to ID/DD Status

Section A

A1510: Level II Preadmission Screening and Resident Review (PASRR) Conditions

A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions	
Complete only if A0310A = 01, 03, 04, or 05	
↓ Check all that apply	
<input type="checkbox"/>	A. Serious mental illness
<input type="checkbox"/>	B. Intellectual Disability
<input type="checkbox"/>	C. Other related conditions

Section A

A1550: Conditions Related to ID/DD Status

A1550. Conditions Related to ID/DD Status	
If the resident is 22 years of age or older, complete only if A0310A = 01	
If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05	
↓ Check all conditions that are related to ID/DD status that were manifested before age 22, and are likely to continue indefinitely	
	ID/DD With Organic Condition
<input type="checkbox"/>	A. Down syndrome
<input type="checkbox"/>	B. Autism
<input type="checkbox"/>	C. Epilepsy
<input type="checkbox"/>	D. Other organic condition related to ID/DD
	ID/DD Without Organic Condition
<input type="checkbox"/>	E. ID/DD with no organic condition
	No ID/DD
<input type="checkbox"/>	Z. None of the above

Section A

A1600: Entry Date

Most Recent Admission/Entry or Reentry into this Facility								
A1600. Entry Date								
	<input type="text"/>	–	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month		Day		Year			

Section A

A1700: Type of Entry

A1700. Type of Entry	
Enter Code <input type="text"/>	<ol style="list-style-type: none">1. Admission2. Reentry

Section A

A1805: Entered From

A1805. Entered From	
Enter Code <input type="text"/> <input type="text"/>	<ul style="list-style-type: none">01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements)02. Nursing Home (long-term care facility)03. Skilled Nursing Facility (SNF, swing beds)04. Short-Term General Hospital (acute hospital, IPPS)05. Long-Term Care Hospital (LTCH)06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit)07. Inpatient Psychiatric Facility (psychiatric hospital or unit)08. Intermediate Care Facility (ID/DD facility)09. Hospice (home/non-institutional)10. Hospice (institutional facility)11. Critical Access Hospital (CAH)12. Home under care of organized home health service organization99. Not listed

Section A

A1900: Admission Date

A1900. Admission Date (Date this episode of care in this facility began)									

Month

Day

Year

Section A

A2000: Discharge Date

A2000. Discharge Date

Complete only if A0310F = 10, 11, or 12

<input type="text"/>	–	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year			

Section A

A2105: Discharge Status

A2105. Discharge Status

Complete only if A0310F = 10, 11, or 12

Enter Code

--	--

01. **Home/Community** (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements)
02. **Nursing Home** (long-term care facility)
03. **Skilled Nursing Facility** (SNF, swing beds)
04. **Short-Term General Hospital** (acute hospital, IPPS)
05. **Long-Term Care Hospital** (LTCH)
06. **Inpatient Rehabilitation Facility** (IRF, free standing facility or unit)
07. **Inpatient Psychiatric Facility** (psychiatric hospital or unit)
08. **Intermediate Care Facility** (ID/DD facility)
09. **Hospice** (home/non-institutional)
10. **Hospice** (institutional facility)
11. **Critical Access Hospital** (CAH)
12. **Home under care of organized home health service organization**
13. **Deceased**
99. **Not listed**

Section A

A2121: Type of Entry

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge Complete only if A0310H = 1	
Enter Code <input type="text"/>	<p>At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider?</p> <p>0. No - Current reconciled medication list not provided to the subsequent provider → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge</p> <p>1. Yes - Current reconciled medication list provided to the subsequent provider</p>

Section A

A2122: Route of Current Reconciled Medication List Transmission to Subsequent Provider

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider	
Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.	
Check all that apply ↓	Route of Transmission
<input type="checkbox"/>	A. Electronic Health Record
<input type="checkbox"/>	B. Health Information Exchange Organization
<input type="checkbox"/>	C. Verbal (e.g., in-person, telephone, video conferencing)
<input type="checkbox"/>	D. Paper-based (e.g., fax, copies, printouts)
<input type="checkbox"/>	E. Other methods (e.g., texting, email, CDs)

Section A

A2123: Provision of Current Reconciled medication List to Resident at Discharge

A2123. Provision of Current Reconciled Medication List to Resident at Discharge

Complete only if A0310H = 1

Enter Code

At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver?

0. **No** - Current reconciled medication list not provided to the resident, family and/or caregiver → Skip to A2200, Previous Assessment
Reference Date for Significant Correction
1. **Yes** - Current reconciled medication list provided to the resident, family and/or caregiver

Section A

A2124: Route of Current Reconciled Medication List Transmission to Resident

A2124. Route of Current Reconciled Medication List Transmission to Resident	
Indicate the route(s) of transmission of the current reconciled medication list to the resident/family/caregiver.	
Check all that apply ↓	Route of Transmission
<input type="checkbox"/>	A. Electronic Health Record (e.g., electronic access to patient portal)
<input type="checkbox"/>	B. Health Information Exchange Organization
<input type="checkbox"/>	C. Verbal (e.g., in-person, telephone, video conferencing)
<input type="checkbox"/>	D. Paper-based (e.g., fax, copies, printouts)
<input type="checkbox"/>	E. Other methods (e.g., texting, email, CDs)

Section A

A2200: Previous Assessment Reference Date for Significant Correction

A2200. Previous Assessment Reference Date for Significant Correction

Complete only if A0310A = 05 or 06

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

Section A

A2300: Assessment Reference Date

A2300. Assessment Reference Date

Observation end date:

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year		

Section A

A2400: Medicare Stay

A2400. Medicare Stay	
Enter Code <input type="checkbox"/>	A. Has the resident had a Medicare-covered stay since the most recent entry? 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay
	B. Start date of most recent Medicare stay: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
	C. End date of most recent Medicare stay - Enter dashes if stay is ongoing: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year

Homework



1. On average how **many admission assessments** can one do in a month?
2. How **long** does each **admission assessment** take to complete each assessment?
3. On average how many **OBRA assessments** can one do in a month?
4. How **long** does each **OBRA assessments** take to complete?

Questions?



BUT WAIT! There's More...

Coming Next Week

- Minimum Data Set (MDS) Coding Sections B through F
 - Section B – Hearing, Speech, and Vision
 - Section C – Cognitive Patterns
 - Section D - Mood
 - Section E - Behavior
 - Section F – Preferences for Customary Routine and Activities

Thank You!

 **Kris B Harmony**
Knowledge | Inspiration | Motivation



Connect With Kris

kmastrangelo@harmony-healthcare.com

617.595.6032



@KrisMastrangelo



@KrisBharmony



@KrisBharmony



@Krismastrangelo



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Our Process

- Prescribed **medical record review process** that encompasses HHI's core business
- HHI Specialists provide expertise through teaching and training and an extensive chart audit process in order to ensure:
 - MDS Accuracy
 - MDS Supporting Documentation
 - Billing Accuracy
 - Nursing Documentation
 - Therapy Documentation
 - Clinically Appropriate Care

HHI Services and Plans

Gold C.A.R.E.S.
2 Year Service Plan

Platinum C.A.R.E.S.
3 Year Service Plan

PDPM Training and Audits | Medicare | Compliance | Rehab Program Development | Seminars | MMQ Audits | Mock RAC Audits | Rehab Certification | Mock Health Inspection Survey | MDS Competency | Talent Management | Denials Management | Compliance Certification | Clinically Appropriate Stay | QAPI | QIS | Medicare Part B Program | MDSC Mentor Program | Case Mix Consulting | Professional Development | Leadership Trainings | Regulatory and Survey Assistance | Five Star | PBJ | Quality Measures | Analysis | Staff Training | Infection Control and More!

Silver C.A.R.E.S.
1 Year Service Plan

A La C.A.R.E.S.
Customized Service Plan

List of HHI Services



Our Senior HHI Specialists

- Founded in 2001
- Privately owned and operated
- Ranked among Inc. Magazine's top 5,000 fastest growing private companies in America three years in a row
- Active monthly contracts in 24 states
- Over 1,000 Skilled Nursing Facilities serviced
- Over 3,000 Clinicians Certified on the MDS



<https://www.harmony-healthcare.com/harmonyhelp>

Live **Support** Available
8:00 a.m. – 5:00 p.m. EST

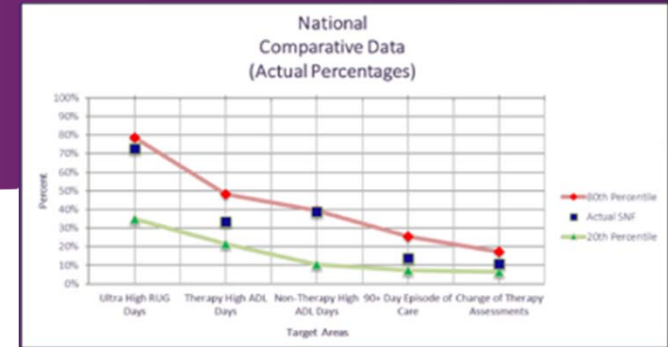
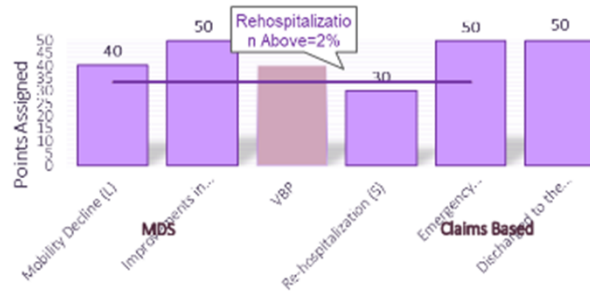
HarmonyHelp

With **HarmonyHelp**, Harmony Healthcare International (HHI) provides an invaluable resource for the entire interdisciplinary team. Imagine having questions answered by a HHI Specialist within minutes of the inquiry. Fill out the form on the right to learn more about HarmonyHelp and our various Service Plans.

The Knowledge Center is loaded with **information** that will assist with your daily responsibilities at your facility. This self-help site is broken up into **5 Sections**:

**Manuals | Tools | C.A.R.E.S. Community | Hot Topics
| FAQ (Frequently Asked Questions)**

Month	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17
Total Part A Revenue	\$189,711.70	\$202,597.35	\$228,482.48	\$176,144.00	\$192,332.99	\$148,861.18
Rehab Revenue	\$181,514.58	\$201,631.41	\$227,975.42	\$175,546.71	\$190,248.65	\$146,559.14
Therapy Portion	\$80,465.58	\$83,667.77	\$100,444.39	\$79,055.93	\$86,172.60	\$67,534.29
% Therapy Portion	42.4%	41.3%	44.0%	44.9%	44.8%	45.4%
% Therapy of Total Revenue	95.7%	99.5%	99.8%	99.7%	98.9%	98.5%
% Therapy RUG Days (P)	93.9%	99.4%	99.6%	99.5%	98.6%	97.5%
Part A Rate	\$442.22	\$434.76	\$464.40	\$465.99	\$453.62	\$462.30
% of Max Rate	61.9%	60.9%	65.0%	65.3%	63.5%	64.8%
ADC	14.30	15.03	15.87	13.50	13.68	10.73



Complimentary HHI Offerings

- PDPM Revenue and Risk Analysis
- Medicare Part A Revenue and Risk Analysis
- Five-Star Quality Measure Points Analysis
- PEPPER Analysis

Harmony Healthcare International (HHI)

C.A.R.E.S.TM

HHI C.A.R.E.S. About Care

**Compliance | Analysis | Audit | Regulatory | Rehabilitation
Reimbursement | Education | Efficiency | Survey**

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long-term post-acute care symposium

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Savannah James
Co-Founder & CEO
978.998.1335
savannah.lee@hopforce.com



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Tom Mack
Director of Business Development
860.614.2626
Tom.Mack@TrinityRehabServices.com

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Clint Maun
Maun-Lemke Speaking & Consulting, LLC
402.391.5540
maunlemke.com



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PHARMSCRIPT

Jamie Billings
Field Marketing Specialist
717.645.1172
jbillings@pharmscript.com



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ACHCA

American College of
Health Care Administrators

Bill McGinley
President
800.561.3148
CEO@achca.org



Silver
Sponsor



Joseph Smith
CEO
800.847.0745
jsmith@O2safe.com



Bronze
Sponsor



Camargo Chauffeur, LLC.

Marcos Camargo

Owner

781.799.5488

camargo.chauffeurservicellc@gmail.com



Bronze
Sponsor



Joe Lino
Owner
913.207.5146
linoselux@yahoo.com



Bronze
Sponsor

LTC Matters, LLC

Stephanie Tymula
Managing Partner
978.770.7105
stephanie@ltc-matters.org



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