## RAI OBRA-required Assessment Summary

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>MDS Assessment Code (A0310A or A6310F)</th>
<th>Assessment Reference Date (ARD) (Item A2300) No Later Than</th>
<th>7-day Observation Period (Look Back) Consists Of</th>
<th>14-day Observation Period (Look Back) Consists Of</th>
<th>MDS Completion Date (Item Z0500B) No Later Than</th>
<th>CAA(s) Completion Date (Item V0200B2) No Later Than</th>
<th>Care Plan Completion Date (Item V0200C2) No Later Than</th>
<th>Transmission Date No Later Than</th>
<th>Regulatory Requirement</th>
<th>Assessment Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission (Comprehensive)</td>
<td>A0310A= 01</td>
<td>14th calendar day of the resident's admission (admission date + 13 calendar days)</td>
<td>ARD + 6 previous calendar days</td>
<td>ARD + 13 previous calendar days</td>
<td>14th calendar day of the resident's admission (admission date + 13 calendar days)</td>
<td>Same as MDS Completion Date</td>
<td>CAA(s) Completion Date + 7 calendar days</td>
<td>Care Plan Completion Date + 14 calendar days</td>
<td>42 CFR 483.20 (Initial)</td>
<td>May be combined with another assessment</td>
</tr>
<tr>
<td>Annual (Comprehensive)</td>
<td>A0310A= 03</td>
<td>ARD of previous OBRA comprehensive assessment + 366 calendar days</td>
<td>ARD + 6 previous calendar days</td>
<td>ARD + 13 previous calendar days</td>
<td>ARD + 14 calendar days</td>
<td>Same as MDS Completion Date</td>
<td>CAA(s) Completion Date + 7 calendar days</td>
<td>Care Plan Completion Date + 14 calendar days</td>
<td>42 CFR 483.20 (b)(2)(ii) (every 12 months)</td>
<td>May be combined with another assessment</td>
</tr>
<tr>
<td>Significant Change in Status (SCSA) (Comprehensive)</td>
<td>A0310A= 04</td>
<td>14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)</td>
<td>ARD + 6 previous calendar days</td>
<td>ARD + 13 previous calendar days</td>
<td>14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)</td>
<td>Same as MDS Completion Date</td>
<td>CAA(s) Completion Date + 7 calendar days</td>
<td>Care Plan Completion Date + 14 calendar days</td>
<td>42 CFR 483.20 (b)(2)(i) (within 14 days)</td>
<td>May be combined with another assessment</td>
</tr>
<tr>
<td>Significant Correction to Prior Comprehensive (SCPA) (Comprehensive)</td>
<td>A0310A= 05</td>
<td>14th calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days)</td>
<td>ARD + 6 previous calendar days</td>
<td>ARD + 13 previous calendar days</td>
<td>14th calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days)</td>
<td>Same as MDS Completion Date</td>
<td>CAA(s) Completion Date + 7 calendar days</td>
<td>Care Plan Completion Date + 14 calendar days</td>
<td>42 CFR 483.20 (3)(iv)</td>
<td>May be combined with another assessment</td>
</tr>
</tbody>
</table>

(continued)
<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>MDS Assessment Code (A0310A or A0310F)</th>
<th>Assessment Reference Date (ARD) (Item A2300) No Later Than</th>
<th>7-day Observation Period (Look Back) Consists Of</th>
<th>14-day Observation Period (Look Back) Consists Of</th>
<th>MDS Completion Date (Item Z0500B) No Later Than</th>
<th>CAA(6) Completion Date (Item V0200B2) No Later Than</th>
<th>Care Plan Completion Date (Item V0200C2) No Later Than</th>
<th>Transmission Date No Later Than</th>
<th>Regulatory Requirement</th>
<th>Assessment Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly (Non-Comprehensive)</td>
<td>A0310A= 02</td>
<td>ARD of previous OBRA assessment of any type + 92 calendar days</td>
<td>ARD + 6 previous calendar days</td>
<td>ARD + 13 previous calendar days</td>
<td>ARD + 14 calendar days</td>
<td>N/A</td>
<td>N/A</td>
<td>MDS Completion Date + 14 calendar days</td>
<td>42 CFR 483.20(c) (every 3 months)</td>
<td>May be combined with another assessment</td>
</tr>
<tr>
<td>Significant Correction to Prior Quarterly (SCQA) (Non-Comprehensive)</td>
<td>A0310A= 06</td>
<td>14th day after determination that significant error in prior quarterly assessment occurred (determination date + 14 calendar days)</td>
<td>ARD + 6 previous calendar days</td>
<td>ARD + 13 previous calendar days</td>
<td>14th day after determination that significant error in prior quarterly assessment occurred (determination date + 14 calendar days)</td>
<td>N/A</td>
<td>N/A</td>
<td>MDS Completion Date + 14 calendar days</td>
<td>42 CFR 483.20(f) (3)(v)</td>
<td>May be combined with another assessment</td>
</tr>
<tr>
<td>Entry tracking record</td>
<td>A0310F= 01</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Entry Date + 7 calendar days</td>
<td>N/A</td>
</tr>
<tr>
<td>Discharge Assessment -- return not anticipated (Non-Comprehensive)</td>
<td>A0310F= 10</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Discharge Date + 14 calendar days</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>MDS Completion Date + 14 calendar days</td>
<td>May not be combined with another assessment</td>
</tr>
<tr>
<td>Discharge Assessment -- return anticipated (Non-Comprehensive)</td>
<td>A0310F= 11</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Discharge Date + 14 calendar days</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>MDS Completion Date + 14 calendar days</td>
<td>May be combined with another assessment</td>
</tr>
<tr>
<td>Death in facility tracking record</td>
<td>A0310F= 12</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Discharge (death) Date + 7 calendar days</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Discharge (death) Date +14 calendar days</td>
<td>May not be combined with another assessment</td>
</tr>
</tbody>
</table>
Entry, Discharge, and Reentry Algorithms

Entry Tracking Record\(^1\)
A1700 = 1 (Admission)

OBRA Admission\(^2\)
Establishes OBRA schedule
A0310A = 01  A0310F = 99

Returns 30 days or less
D/C RA\(^3\)
A0310F = 11

Does not return
D/C RNA\(^3\)
A0310F = 10

Resident returns

Entry Tracking Record\(^1\)
A1700 = 2 (Reentry)

Did Res Have Sig Change?

Y

Significant Change Assessment\(^4\)
A0310A = 04

N

Continue w/ established OBRA Schedule\(^4\)
A0310A = appropriate code

Returns 31 days or more

Entry Tracking Record\(^1\)
A1700 = 1 (Admission)

No action required under Federal regulations

OBRA Admission\(^4\)
A0310A = 01

\(^1\)A0310A = 99  A0310B = 99  A0310C = 0  A0310D = 0 or blank  A0310E = 0  A0310F = 01

\(^2\)A0310B = E = appropriate code  \(^3\)A0310C = E = appropriate code  \(^4\)A0310D = F = appropriate code

When A1700 = 1, the first OBRA assessment should be an admission assessment unless D/C prior to completion.

D/C Discharge
RA Return Anticipated
RNA Return Not Anticipated
Entry, Discharge, and Reentry Algorithms

**Entry Tracking Record**
A1700 = 1 (Admission)

- **D/C RA + OBRA ADM**
  - A0310A = 01
  - A0310F = 11
  - Does not return
  - No action required under Federal regulations

- **D/C RA**
  - A0310A = 99
  - A0310F = 11
  - Does not return
  - Resident returns
  - **Entry Tracking Record**
    - A1700 = 2 (Reentry)
  - **Did Res Have Sig Change?**
    - **Y**
      - Significant Change Assessment
        - A0310A = 04
        - Continue w/ established OBRA Schedule
          - A0310A = appropriate code
    - **N**
      - Resident returns

- **D/C RNA**
  - A0310A = 99
  - A0310F = 10
  - Does not return
  - Resident returns
  - **Entry Tracking Record**
    - A1700 = 1 (Admission)

- **D/C RNA + OBRA ADM**
  - A0310A = 01
  - A0310F = 10
  - Does not return
  - Resident returns

**Adm** Admission
**D/C** Discharge
**RA** Return Anticipated
**RNA** Return Not Anticipated

When A1700 = 1, the first OBRA assessment should be an admission assessment unless D/C prior to completion.
Entry and Discharge Reporting

Entry and discharge reporting are required on all residents in the SNF and swing bed facilities. These MDS assessments and tracking records include a select number of items on the MDS used to track residents and gather important quality data at transition points, such as when they enter or leave a nursing home. Entry/Discharge reporting MDSs include Entry tracking record, Discharge assessment return not anticipated, Discharge assessment return anticipated, and Death in facility tracking record. Tracking records and discharge assessments do not impact payment.

The following chart summarizes the Medicare-required scheduled and unscheduled assessments and entry and discharge reporting:

<table>
<thead>
<tr>
<th>Codes for Assessments Required for Medicare</th>
<th>Assessment Reference Date (ARD) Can be Set on Any of Following Days</th>
<th>Grace Days ARD Can Also be Set on These Days</th>
<th>Allowed ARD Window</th>
<th>Billing Cycle Used by the Business Office</th>
<th>Special Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-day A0310B = 01 and Readmission/return</td>
<td>Days 1-5</td>
<td>Days 6-8</td>
<td>Days 1-8</td>
<td>Sets payment rate for days 1-14</td>
<td>See Section 2.12 for instructions involving beneficiaries who transfer or expire day 8 or earlier.</td>
</tr>
<tr>
<td>14-day A0310B = 02</td>
<td>Days 11-14</td>
<td>Days 11-19</td>
<td>Sets payment rate for days 15-30</td>
<td>CAAs must be completed only if the Medicare 14-day scheduled assessment is duly coded as an OBRA Admission or Annual assessment, SCSA or SCPA.</td>
<td></td>
</tr>
<tr>
<td>30-day A0310B = 03</td>
<td>Days 21-29</td>
<td>Days 21-34</td>
<td>Sets payment rate for days 31-60</td>
<td>CAAs must be completed only if the 14-day assessment is duly coded as an OBRA Admission or Annual assessment, SCSA or SCPA.</td>
<td></td>
</tr>
<tr>
<td>60-day A0310B = 04</td>
<td>Days 50-59</td>
<td>Days 50-64</td>
<td>Sets payment rate for days 61-90</td>
<td>Grace days do not apply when the 14-day scheduled assessment is duly coded as an OBRA Admission.</td>
<td></td>
</tr>
<tr>
<td>90-day A0310B = 05</td>
<td>Days 80-89</td>
<td>Days 80-94</td>
<td>Sets payment rate for days 91-100</td>
<td>If combined with the OBRA Quarterly assessment the completion date requirements for the OBRA Quarterly assessment must also be met.</td>
<td></td>
</tr>
</tbody>
</table>

(continued)
### Medicare Scheduled and Unscheduled MDS Assessment Schedule for SNFs (cont.)

<table>
<thead>
<tr>
<th>Codes for Assessments Required for Medicare</th>
<th>Assessment Reference Date (ARD) Can be Set on Any of Following Days</th>
<th>Grace Days ARD Can Also be Set on These Days</th>
<th>Allowed ARD Window</th>
<th>Billing Cycle Used by the Business Office</th>
<th>Special Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start of Therapy Other Medicare-required Assessment (OMRA) A0310B = 01-07 and A0310C = 1 or 3</td>
<td>5-7 days after the start of therapy</td>
<td>N/A</td>
<td>N/A</td>
<td>Modifies payment rate starting on the date of the first therapy evaluation</td>
<td>Voluntary assessment used to establish a Rehabilitation Plus Extensive Services or Rehabilitation RUG.</td>
</tr>
<tr>
<td>End of Therapy OMRA A0310B = 01-07 and A0310C = 2 or 3</td>
<td>1-3 days after all therapy (PT, OT, SLP) services are discontinued and resident continues to require skilled care.</td>
<td>N/A</td>
<td>N/A</td>
<td>Modifies payment rate starting on the day after the latest therapy end date</td>
<td>Not required if the resident has been determined to no longer meet Medicare skilled level of care. Establishes a new non-therapy RUG Classification. Not required if not in a Rehabilitation Plus Extensive Services or Rehabilitation RUG on most recent PPS assessment.</td>
</tr>
<tr>
<td>Significant Change in Status Assessment (SCSA) A0310A = 04</td>
<td>Completed by the end of the 14th calendar day after determination that a significant change has occurred.</td>
<td>N/A</td>
<td>N/A</td>
<td>Modifies payment rate effective with the ARD when not combined with another assessment*</td>
<td>May establish a new RUG Classification.</td>
</tr>
<tr>
<td>Swing Bed Clinical Change Assessment (CCA) A0310B = 01-07 and A0310D = 1</td>
<td>Completed by the end of the 14th calendar day after determination that a clinical change has occurred.</td>
<td>N/A</td>
<td>N/A</td>
<td>Modifies payment rate effective with the ARD when not combined with another assessment*</td>
<td>May establish a new RUG Classification.</td>
</tr>
<tr>
<td>Significant Correction to Prior Comprehensive Assessment (SCPA) A0310A = 05</td>
<td>Completed by the end of the 14th calendar day after identification of a significant, uncorrected error in prior comprehensive assessment.</td>
<td>N/A</td>
<td>N/A</td>
<td>Modifies payment rate effective with the ARD when not combined with another assessment*</td>
<td>May establish a new RUG Classification.</td>
</tr>
</tbody>
</table>

(continued)
assessment with an ARD of day 32 would be paid at the default rate for days 15 through 30. A late assessment cannot be used to replace the next regularly scheduled Medicare-required assessment. The SNF would then need to complete the 30-day Medicare-required assessment which covers days 31 through 60 as long as the beneficiary has SNF days remaining and is eligible for SNF Part A services.

**Missed PPS Assessment**

If the SNF fails to set the ARD prior to the end of the last day of the ARD window, including grace days, and the resident was already discharged from Medicare Part A when this is discovered, the provider cannot complete an assessment for SNF PPS purposes and the days cannot be billed to Part A. An existing OBRA assessment (except a stand-alone discharge assessment) in the QIES ASAP system when specific circumstances are met may be used to bill for some Part A days. See chapter 6, Section 6.8 for greater detail.

**Errors on a Medicare Assessment**

To correct an error on an MDS that has been submitted to the QIES ASAP system, the nursing facility must follow the normal MDS correction procedures (see Chapter 5).

*These requirements/policies also apply to swing bed providers.

### 2.14 Expected Order of MDS Records

The MDS records for a nursing home resident are expected to occur in a specific order. For example, the first record for a resident is expected to be an Entry record with entry type (Item A1700) indicating admission, and the next record is expected to be an admission assessment, a 5-day PPS assessment, a discharge, or death in facility. The QIES ASAP system will issue a warning when an unexpected record is submitted. Examples include, an assessment record after a discharge (an entry is expected) or any record after a death in facility record.

The target date, rather than the submission date, is used to determine the order of records. The target date is the assessment reference date (Item A2300) for assessment records, the entry date (Item A1600) for entry records, and the discharge date (Item A2000) for discharge or death in facility records. In the following table, the prior record is represented in the columns and the next (subsequent) record is represented in the rows. A “no” has been placed in a cell when the next record is not expected to follow the prior record; the QIES ASAP system will issue a record order warning for record combinations that contain a “no”. A blank cell indicates that the next record is expected to follow the prior record; a record order warning will *not* be issued for these combinations.

For the first MDS 3.0 record with event date on or after October 1, 2010, the last MDS 2.0 record (if available) should be used to determine if the record order is expected. The QIES ASAP system will find the last MDS 2.0 record and issue a warning if the order of these two records is unexpected.

Note that there are not any QIES ASAP record order warnings produced for Swing Bed MDS records.