



**Minimum Data Set (MDS) 3.0
Instructor Guide**

Section Z Assessment Administration

Objectives

- State the intent of Section Z Assessment Administration.
- List the billing information required to complete Section Z.
- Describe the signatures and dates required to complete Section Z.
- Code Section Z Assessment Administration correctly and accurately.

Methodology

This lesson uses lecture.

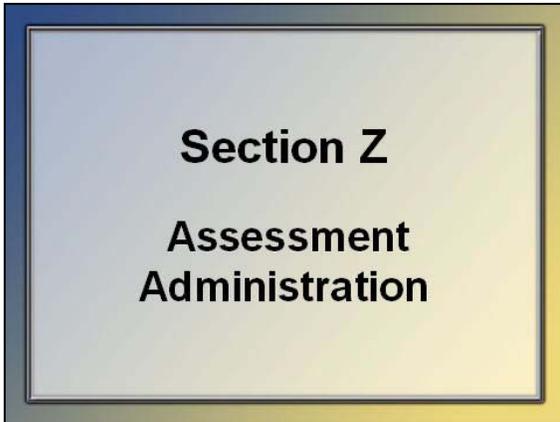
Training Resources

- Instructor Guide
- Slides 1 to 31

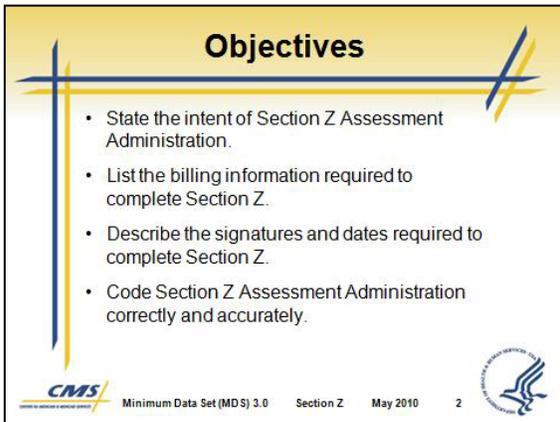
Instructor Preparation

- Review the Instructor Guide for this lesson.
- Review learning objectives for the lesson.
- Rehearse with slide presentation.

SLIDES	INSTRUCTIONAL GUIDANCE
Instructor Notes Direct participants to turn to Section Z in the MDS 3.0 instrument.	Instructor Notes



Slide 1



Slide 2

I. Introduction/ Objectives

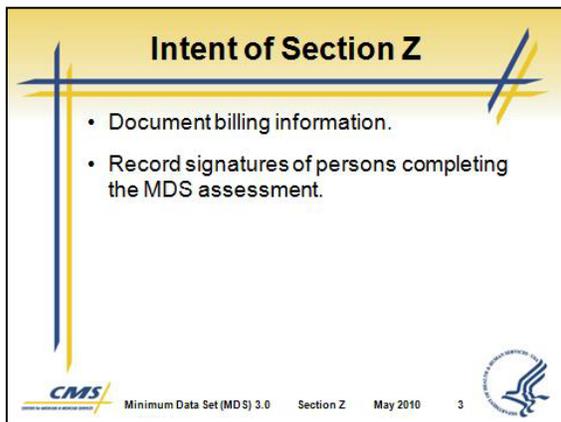
- A. Section Z finishes the MDS by documenting billing data and recording signatures of staff who participated in the MDS assessment and dates when the assessment was completed.

B. Objectives

- State the intent of Section Z Assessment Administration.
- List the billing information required to complete Section Z.
- Describe the signatures and dates required to complete Section Z.
- Code Section Z Assessment Administration correctly and accurately.

SLIDES

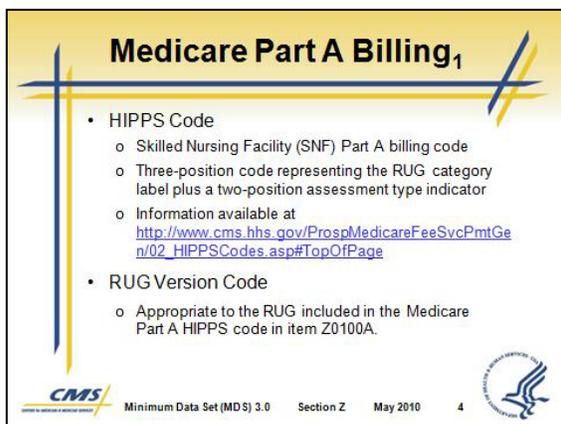
INSTRUCTIONAL GUIDANCE



Slide 3

C. Intent of Section Z

1. Section Z documents billing information and signatures of persons completing the MDS assessment.



Slide 4

D. Medicare Part A Billing

1. Section Z documents data required for Medicare Part A billing.
2. HIPPS Code
 - a. Skilled Nursing Facility (SNF) Part A billing code
 - b. Three-position code representing the RUG group code, plus a two-position assessment type indicator
 - c. Information about HIPPS is available at http://www.cms.hhs.gov/PropMedicareFeeSvcPmtGen/02_HIPPSCodes.asp#TopOfPage
3. RUG Version Code
 - a. Appropriate to the RUG included in the Medicare Part A HIPPS code in item Z0100A.

Instructor Notes

Notes

Medicare-Covered Stay

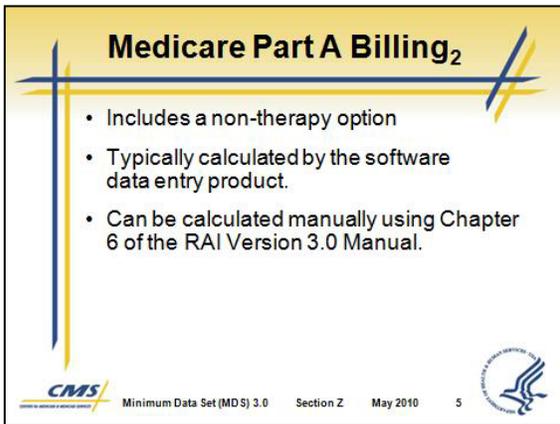
Skilled Nursing Facility stays billable to Medicare Part A. Does not include stays billable to Medicare Advantage HMO plans.

Notes

Instructor Notes

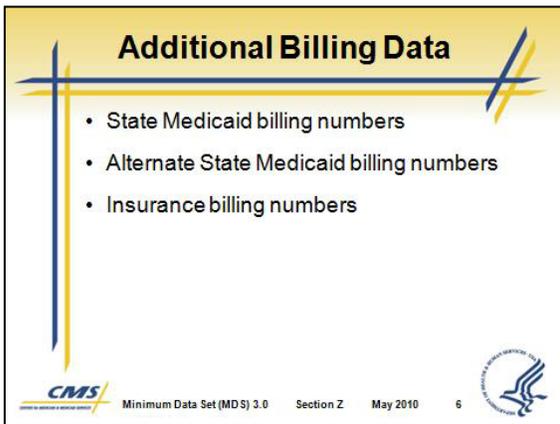
SLIDES	INSTRUCTIONAL GUIDANCE
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	Instructor Notes	
Notes	<p>HIPPS CODE</p> <p>Health Insurance Prospective Payment System code. Code is comprised of the RUG category calculated by the assessment followed by an indicator to indicate which assessment was completed.</p>	Notes
	Instructor Notes	



Slide 5

3. Medicare billing data includes a non-therapy option.
4. HIPPS and RUG codes are typically calculated by the software data entry product.
5. These values can be calculated manually using Chapter 6 of the RAI Version 3.0 Manual.
 - a. A step-by-step worksheet helps to determine the RUG-IV group.
 - b. A table is provided that defines the assessment type indicator.

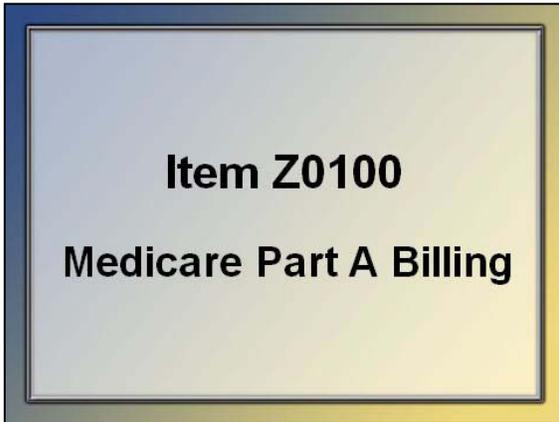


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- E. Additional Billing Data
1. Section Z documents additional billing data as well.
 - a. State Medicaid billing numbers
 - b. Alternate State Medicaid billing numbers
 - c. Insurance billing numbers

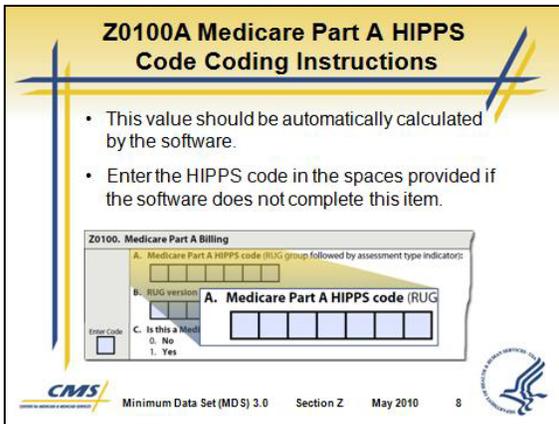
SLIDES

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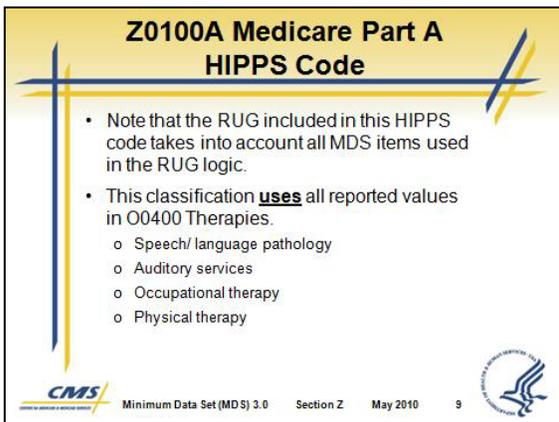
II. Item Z0100 Medicare Part A Billing



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A. Z0100A Medicare Part A HIPPS Code Coding Instructions

- Remember that this value should be automatically calculated by the software.
- Enter the HIPPS code in the spaces provided if the software does not complete this item.
- Left-justify the 5-character HIPPS code (start with the left-most space).
- The extra two spaces are supplied for future use if necessary.



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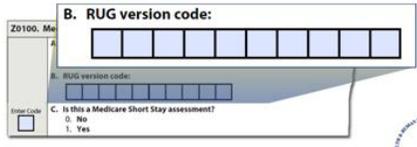
B. Z0100A Medicare Part A HIPPS Code

- Note that the RUG included in this HIPPS code takes into account all MDS items used in the RUG logic.
- This classification **uses** all reported values in O0400 Therapies.
 - Speech/ language pathology
 - Auditory services
 - Occupational therapy
 - Physical therapy

SLIDES

Z0100B RUG Version Code Coding Instructions

- This value should be automatically calculated by the software.
- Enter the RUG version code in the spaces provided if the software does not complete this item.



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Z0100B RUG Version Code

- This is the version code appropriate to the RUG included in the Medicare Part A HIPPS code in Item Z0100A.



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Z0100C Is This a Medicare Short Stay Assessment

- CMS standard RUG-IV grouper automatically determines whether or not this is a Medicare Short Stay Assessment.
- Software typically makes this determination automatically.
- Use the definition in Chapter 6 to determine the correct response if this value is not automatically calculated by the software data entry product.



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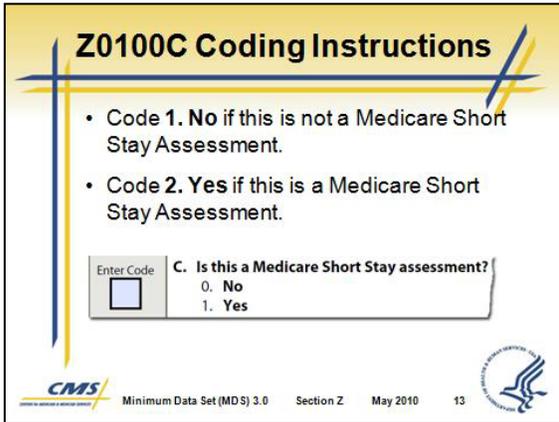
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INSTRUCTIONAL GUIDANCE

- C. Z0100B RUG Version Code Coding Instructions
- Remember that this value should be automatically calculated by the software.
 - Enter the RUG version code in the spaces provided if the software does not complete this item.
- D. Z0100B RUG Version Code
- This is the version code appropriate to the RUG included in the Medicare Part A HIPPS code in Item Z0100A.
- E. Z0100C Is This a Medicare Short Stay Assessment
- CMS standard RUG-IV grouper automatically determines whether or not this is a Medicare Short Stay Assessment.
 - Software typically makes this determination automatically.
 - Use the definition in Chapter 6 to determine the correct response if this value is not automatically calculated by the software data entry product.

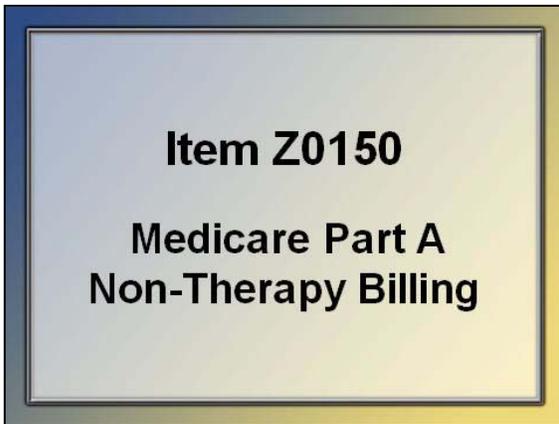
SLIDES

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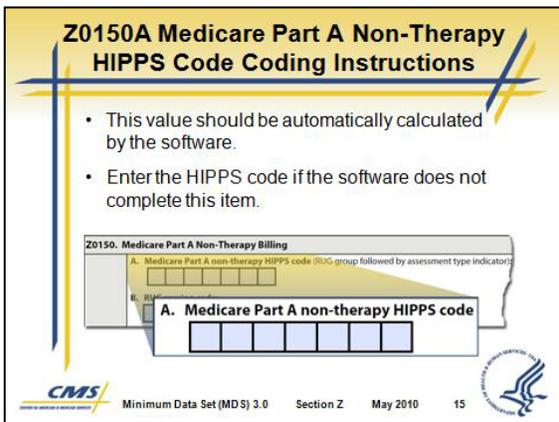
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- F. Z0100C Coding Instructions
- **Code 1. No** if this not a Medicare Short Stay Assessment.
 - **Code 2. Yes** if this is a Medicare Short Stay Assessment.



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III. Item Z0150 Medicare Part A Non-Therapy Billing



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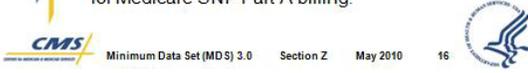
- A. Z0150A Medicare Part A Non-Therapy HIPPS Code Coding Instructions
1. Remember that this value should be automatically calculated by the software.
 2. Enter the HIPPS code in the spaces provided if the software does not complete this item.
 3. Left-justify the 5-character HIPPS code (start with the leftmost space).
 4. The two extra spaces are supplied for future use if necessary

SLIDES

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Z0150A Medicare Part A Non-Therapy HIPPS Code

- Note that the RUG included in this HIPPS code is the “non-therapy” group.
- This classification **ignores** all reported values in O0400 Therapies.
 - Speech/ language pathology
 - Auditory services
 - Occupational therapy
 - Physical therapy
- This non-therapy HIPPS code may be required for Medicare SNF Part A billing.



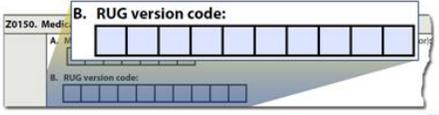
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- B. Z0150A Medicare Part A Non-Therapy HIPPS Code
1. Note that the RUG included in this HIPPS code is the “non-therapy” group and classification ignores the rehabilitation therapy received.
 2. This classification **ignores** all reported values in O0400 Therapies.
 - a. Speech/ language pathology
 - b. Auditory services
 - c. Occupational therapy
 - d. Physical therapy

Z0150B RUG Version Code Coding Instructions

- This value should be automatically calculated by the software.
- Enter the RUG version code if the software does not complete this item.




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- C. Z0150B RUG Version Code Coding Instructions
1. Remember that this value should be automatically calculated by the software.
 2. Enter the RUG version code in the spaces provided if the software does not complete this item.

Z0150B RUG Version Code

- This is the version code appropriate to the RUG included in the Medicare Part A non-therapy HIPPS code in Item Z0150A.

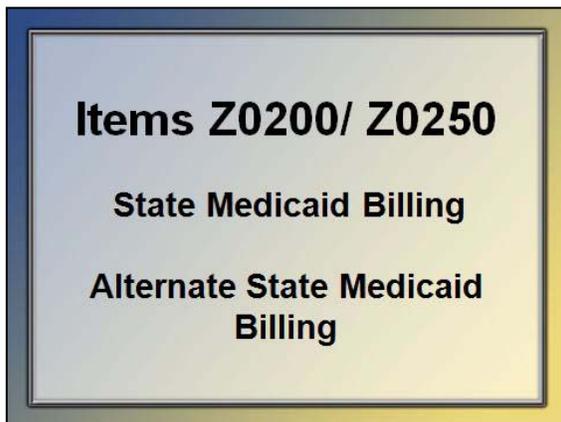


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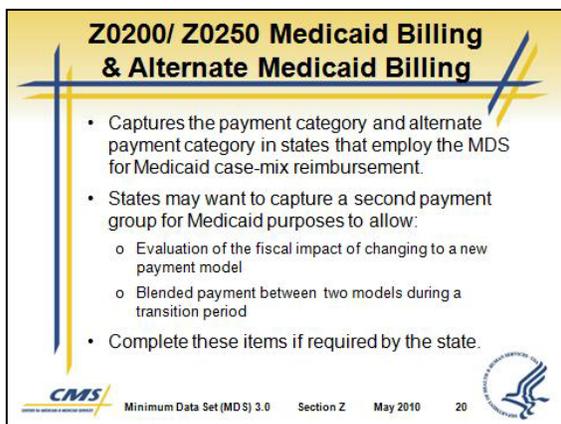
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- D. Z0150B RUG Version Code
1. This is the version code appropriate to the RUG included in the Medicare Part A non-therapy HIPPS code in Item Z0150A.

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IV. Items Z0200/ Z0250 State Medicaid Billing/ Alternate State Medicaid Billing

A. Z0200/ Z0250 Medicaid Billing & Alternate Medicaid Billing

1. These items are used to capture the payment code and alternate payment group in states that employ the MDS for Medicaid case-mix reimbursement.
2. States may want to capture a second payment group (an alternate group) for Medicaid purposes to allow:
 - a. Evaluation of the fiscal impact of changing to a new payment model
 - b. Blended payment between two models during a transition period
3. Complete these items if required by the state.

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Z0300 Insurance Billing

- Allows providers and vendors to capture case-mix groupings required by other payers.
 - Private insurance
 - Department of Veterans Affairs

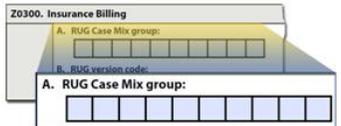


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- A. Z0300 Insurance Billing
- This item allows providers and vendors to capture case-mix groupings required by other payers.
 - For example
 - Private insurance
 - Department of Veterans Affairs

Z0300A RUG Case Mix Group Coding Instructions

- Usually populated automatically by the software data entry product if the other payer has selected a standard RUG model.
- Otherwise, enter the case-mix code.
- This code is for use by other payment systems.

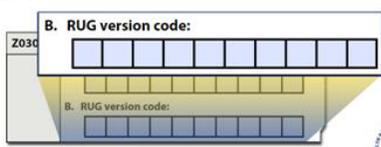



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- B. Z0300A RUG Case Mix Group Coding Instructions
- Usually populated automatically by the software data entry product if the other payer has selected a standard RUG model.
 - Otherwise, enter the case-mix code.
 - This code is for use by other payment systems.

Z0300B RUG Version Code Coding Instructions

- Usually populated automatically by the software data entry product if the other payor has selected a standard RUG model.
- Otherwise, enter an appropriate version code.
- This version code is appropriate to the case-mix category in Z0300A.



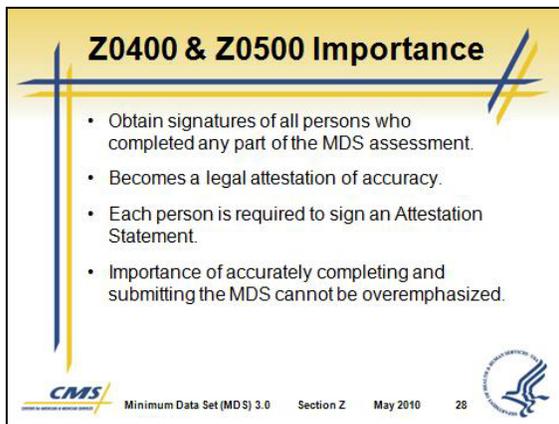

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- C. Z0300B RUG Version Code Coding Instructions
- Usually populated automatically by the software data entry product if the other payor has selected a standard RUG model.
 - Otherwise, enter an appropriate version code.
 - This version code is appropriate to the case-mix category in Z0300A.

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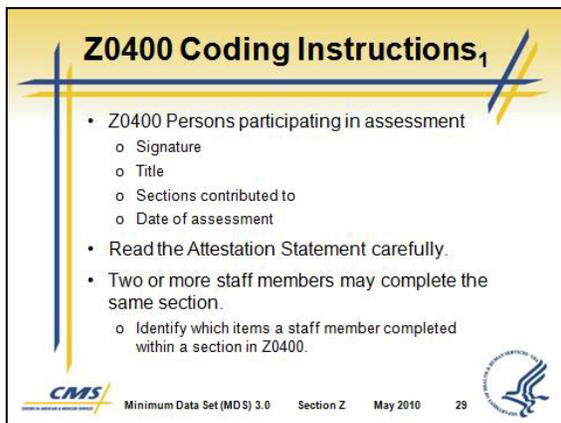
VI. Items Z0400/ Z0500 Signatures

A. Z0400 and Z0500 Signatures

1. Obtain signatures of all persons who completed any part of the MDS.
2. Legally, it is an attestation of accuracy with the primary responsibility for its accuracy with the person selecting the MDS item response.
3. Each person completing a section or portion of a section of the MDS is required to sign an Attestation Statement.
4. **The importance of accurately completing and submitting the MDS cannot be overemphasized.**
5. MDS is the basis for the development of:
 - a. An individualized care plan
 - b. The Medicare Prospective Payment System
 - c. Medicaid reimbursement programs
 - d. Quality monitoring activities, such as the quality indicator/ quality measure reports

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- e. Data-driven survey and certification process
- f. Quality measures used for public reporting
- g. Research and policy development

6. Z0400 Coding Instructions

- a. All staff who completed any part of the MDS must enter:
 - Signatures
 - Titles
 - Sections or portion(s) of section(s) they completed
 - Date they completed those sections
- b. If cannot sign the day that he or she completed a section, use the date the item was originally completed.
- c. Read the Attestation Statement carefully.
 - You are certifying that the information you entered on the MDS, to the best of your knowledge, most accurately reflects the resident's status.
 - Penalties may be applied for submitting false information.
- d. Two or more staff members can complete items within the same section of the MDS.

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Z0400 Coding Instructions₂

- Nursing homes may use electronic signatures:
 - o Permitted by state and local law
 - o Authorized by nursing home policy
- Whenever copies of the MDS are printed and dates are automatically encoded, be sure to note that it is a “copy” document and not the original.

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Z0500 Signature of RN Assessment Coordinator

- Federal law requires RN assessment coordinator to sign and certify the MDS is **complete**.
- Not certifying accuracy of all portions.
- Verify that all sections are complete.
- Verify that Z0400 contains attestation for all MDS sections.

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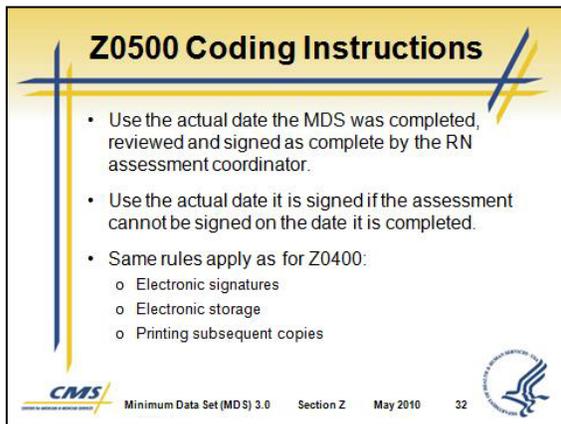
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- e. When filling in the information for Z0400, any staff member who has completed a sub-set of items within a section should identify which item(s) he or she completed within that section.
- f. Nursing homes may use electronic signatures for medical record documentation, including the MDS.
 - When permitted to do so by state and local law
 - When authorized by the nursing home’s policy
- g. Most facilities have the option to maintain a resident’s record by computer rather than hard copy.
- h. Whenever copies of the MDS are printed and dates are automatically encoded, be sure to note that it is a “copy” document and not the original.

7. Z0500 Signature of RN Assessment Coordinator Verifying Assessment Completion
 - a. Federal regulation requires the RN assessment coordinator to sign and thereby certify that the assessment is **complete**.
 - b. The RN assessment coordinator is not certifying the accuracy of portions of the assessment that were completed by other health professionals.

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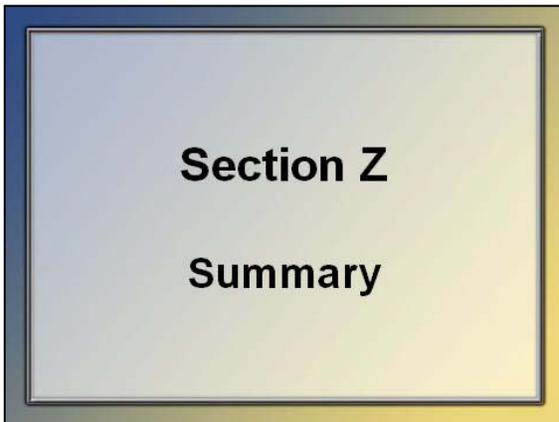


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- c. Z0500 Conduct the Assessment
 - Verify that all items on this assessment or tracking record are complete.
 - Verify that Item Z0400 (Signature of Persons Completing the Assessment) contains attestation for all MDS sections.
- d. Z0500 Coding Instructions
 - For Z0500B, use the actual date that the MDS was completed, reviewed, and signed as complete by the RN assessment coordinator.
 - If for some reason the MDS cannot be signed by the RN assessment coordinator on the date it is completed, the RN assessment coordinator should use the actual date that it is signed.
 - Same rules apply to electronic signatures, electronic storage, and printing subsequent copies.

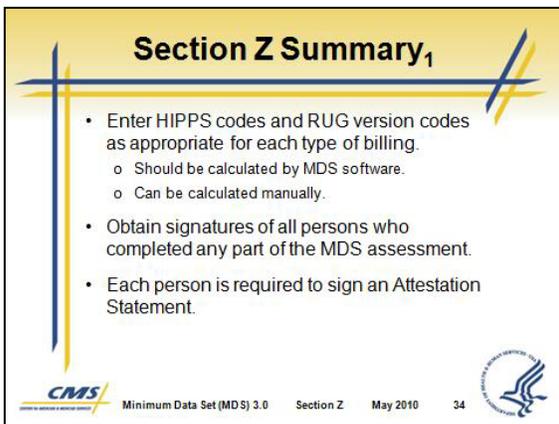
SLIDES

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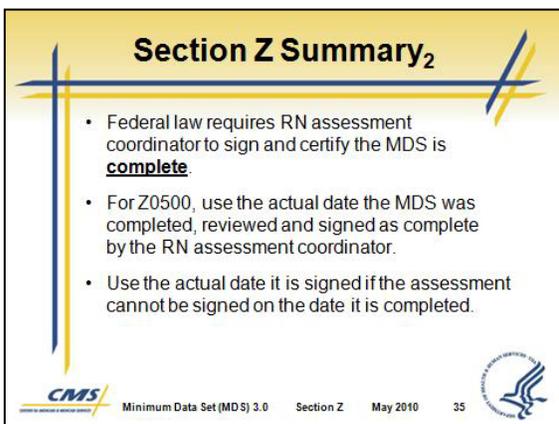
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VII. Section Z Summary



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- A. Enter HIPPS codes and RUG version codes as appropriate for each type of billing.
 1. Should be calculated by MDS software.
 2. Can be calculated manually.
- B. Obtain signatures of all persons who completed any part of the MDS assessment.
- C. Each person is required to sign an Attestation Statement.
- D. Federal law requires RN assessment coordinator to sign and certify the MDS is **complete**.
- E. For Z0500, use the actual date the MDS was completed, reviewed and signed as complete by the RN assessment coordinator.
- F. Use the actual date it is signed if the assessment cannot be signed on the date it is completed.



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