

**Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Resource Utilization
Group-Version 4 (RUG-IV)
National Provider Call with Question & Answer Session**

Errata Sheet

The Centers for Medicare & Medicaid Services (CMS) Provider Communications Group hosted a national provider conference call on the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Resource Utilization Group-Version 4 (RUG-IV). on Tuesday, August 24, 2010.

This errata sheet is being prepared in order to clarify and/or correct what was presented on the call.

On page 3- Please note speaker added hhs to URL and left out forward slash between gov and SNF.

The correct URL is http://www.cms.hhs.gov/SNFPPS/02_spotlight.asp

On page 5- please note the speaker stated the following:

For example, if the resident is discharged during the first eight days of the stay, the provider does not need to complete the SNF PPS assessment, but to bill the default. In addition if an assessment is late, you can bill the default based – up to the ARD of that assessment.

The correct response should be:

For example, if the resident is discharged during the first eight days of the stay, the provider does not need to complete the SNF PPS assessment to bill the default. In addition if an assessment is late, you must bill the default based – up to the ARD of that assessment.

On page 6- Please note the speaker stated the following:

There are a few ADR rules with any of the options. For Option 1, the No Substitution, the MDS 2.0, the earliest ARD date allowed is the date that's allowed in today's world. The latest ARD date for the MDS 2.0 is the date that is allowed for that window or 9/30, whichever is first. Remember you can't complete an MDS 2.0 with an ARD of 10/1 or later. It will be rejected.

The correct response should be:

There are a few ARD rules with any of the options. For Option 1, the No Substitution, the MDS 2.0, the earliest ARD date allowed is the date that's allowed in today's world. The latest ARD

date for the MDS 2.0 is the date that is allowed for that window or 9/30, whichever is first. Remember you can't complete an MDS 2.0 with an ARD of 10/1 or later. It will be rejected.

On page 10-Please note the speaker stated the following:

The Day 15 column for the 5-day is important because that's when the 14-day assessment begins its payment. So, as long as the resident is still covered in a Part A stay for day 15, then that resident would need a 5-day and a 14-day.

The correct response should be:

The Day 15 column for the 5-day is important because that's when the 14-day assessment begins its payment. So, as long as the resident is still covered in a Part A stay for day 15, then that resident would need a 5-day and a 14-day assessment.

On page 19-Please note the speaker stated the following:

We'll double check with our claims department. If there are any other changes yes they will be coming out soon. But I believe that the most significant changes starting October 1 will be the new RUG groups which are the new AI codes.

I don't think there're a tremendous number of additional changes but we'll double check.

The correct response should be:

We'll double check with our claims department. If there are any other changes yes they will be coming out soon. But I believe that the most significant changes starting October 1 will be the new RUG groups with the new AI codes.

I don't think there're a tremendous number of additional changes but we'll double check.

On page 20-Please note the speaker stated the following:

When we switched from RUG-44 to RUG-53 we provided two RUGS at that time when they submitted their assessment. It's -the same thing will be occurring.

The correct response should be:

When we switched from RUG-44 to RUG-53 we provided two RUGS at that time when they submitted their assessment. It's the same thing that will be occurring.

On page 22-Please note the speaker stated the following:

[www.cms.gov/snf S-N-F pps](http://www.cms.gov/snfS-N-Fpps). On the left hand side go to the spotlight and click that and then you just scroll down and you'll find it in Downloads.

The correct response should be:

www.cms.gov/snfpps. On the left hand side go to the spotlight and click that and then you just scroll down and you'll find it in Downloads.

On page 26-Please note the speaker stated the following:

Yes, if you're – when you're completing the MDS 2.0. Keep in mind that for MDS 2.0, Section T is client.

The correct response should be:

Yes, if you're – when you're completing the MDS 2.0. Keep in mind that for MDS 2.0, Section T is active.

On page 32-Please note the speaker stated the following:

No, you'll have to use your AI codes for MDS RUG-III.

The correct response should be:

No, you'll have to use your AI codes for RUG-III.

**Centers for Medicare & Medicaid Services
Skilled Nursing Facility Prospective Payment System
Resource Utilization Group Version IV National Provider Call
Moderator: Geanelle Griffith
August 24, 2010
1:30 p.m. ET**

Contents

Welcome	5
Program Updates.....	6
Slides 1-15	7
Slides 16-25	11
Slides 26-40	14
Slides 41-55	18
Question and Answer Session.....	21
Question and Answer Session continued.....	27

Operator: Welcome to the Skilled Nursing Facility Prospective Payment System Resource Utilization Group Version IV National Provider call. All lines will remain in a listen-only mode until the question and answer session.

Today's conference call is being recorded and transcribed. If anyone has any objections you may disconnect at this time. CMS greatly appreciates that many of you minimize the government's teleconference expense by listening to these calls together in your office using only one line.

Today we would like to obtain an estimate of the number of participants in attendance to better document how many members of the provider community are receiving this valuable information. At this time please use your telephone keypad and enter the number of participants that are currently listening in.

If you are the only person in the room enter one; if there are between two and eight of you listening in enter the corresponding number between two and eight. If there are nine or more of you in the room enter nine.

Thank you for participating in today's call. I will now turn the conference over to Ms. Geanelle Griffith. You may now begin.

Welcome

Geanelle Griffith: Thank you, Mason. Hello everyone and welcome to the Skilled Nursing Facility Prospective Payment System Resource Utilization Group Version IV National Provider Call.

My name is Geanelle Griffith and I will serve as your moderator. This call is one in a series of calls designed to provide information on key aspects of the RUG-IV SNF PPS Case Mix system which will be put into place on an interim basis effective October 1.

In June we held a call that discussed the coding procedures with emphasis on the appropriate look back period to be used when coding the minimum data set, MDS 3.0. and how facility staff should separately report individual, concurrent, and group therapy for accurate payment along with the changes to

the ADL coding requirements and their impact on the assignment of MDS 3.0 records to a RUG-IV group.

As a continuation of the series, today subject matter experts will discuss such topics such as the transition from a RUG-III to a RUG-IV, start of therapy and end of therapy of the medical – other Medicare required assessments, and the SNF short-stay policy.

If you haven't done so already the PowerPoint presentation for today's call is posted to the SNF PPS web page which is located at http://www.cms.hhs.gov/SNF_PPS/02_spotlight.asp#topofpage on the CMS website.

Many of you took the time to submit your questions on the SNF PPS RUG-IV through the registration site. It is our hope that today's formal presentations will answer many of those questions.

With us today is Sheila Lambowitz, the director of CCPG's Division of Institutional Post Acute Care.

I will now turn the call over to Miss Lambowitz who will give a few brief remarks, as well as introduce today's presenter Miss Ellen Berry. Miss Lambowitz?

Program Updates

Sheila Lambowitz: Thank you very much and welcome everybody. Thank you for coming. I wanted to cover just a few points. One, we are working on providing answers not only to the questions you sent for this conference, but the questions that your raised in the Las Vegas meeting and we're going to try to get those answers out to you as quickly as possible.

I'm sure, though, that you know you don't have to worry about the lack of questions. I know that you'll have some after this presentation too. We'll do our best to keep working on the answers and make sure you have all the information you need.

I wanted to let you know that we're having a third call next Wednesday. Please be aware that the time is slightly different. Instead of starting at 1:30, it will start at 1:00 and go to 2:30, excuse me, so make sure you're aware of that change.

The registration materials for that program will be out either late this afternoon or tomorrow morning. You will be able to register and we'll try to get materials on the web as soon as possible. The purpose of today's talk is to really look at the transition that will occur on October 1st when we switch from the MDS 2.0 to the MDS 3.0, and the RUG-III to, at least on an interim basis, RUG-IV.

Most of you are aware that if we followed our existing policies what that would mean is that everyone would have to do an MDS 3.0 assessment for every patient on October 1. Probably that's one of the reasons there are so many of you on this call because that's not really an attractive option.

We are going to be presenting some real options for you today that will allow you to combine assessments and minimize the number of extra assessments you need to do for transition. And, of course, when Ellen explains these to you, she'll also let you know some things to pay attention to because it's not only that the assessment is different, but some of the classification rules are different under RUG-IV compared to RUG-III and those could affect your reimbursements and the choice of the options that you'll be making.

So, with that, again I want to thank you for being here and for making the effort you're making to be prepared for October 1st and I'll turn it over to Ellen Berry.

Slides 1-15

Ellen Berry: Thank you, Sheila. Welcome to our second SNF PPS audio conference. As Sheila mentioned we will be reviewing the transition from RUG-III to RUG-IV. Hopefully you were able to download the presentation from the website and there was also another file there that consisted of spreadsheets.

If you don't have the spreadsheets in front of you, that's fine but you will need them for the transition because we provide in that spreadsheet the options that are available based on the Medicare start date and the allowed ARD through each of the assessments. If you have it today, it will be helpful later on.

Today we'll talk about a brief introduction, key concepts, what the options are for the transition from RUG-III to RUG-IV and the SNF PPS assessments, SNF PPS policies, and then a few reminders.

This transition applies only to SNF PPS assessments, which means a resident who is in a Part A stay, whether it's in a Skilled Nursing Facility or a hospital with a swing bed provider agreement that is a non-critical access hospital.

This transition does not apply to the OBRA assessments. You must complete OBRA assessments as required according to the OBRA schedule. On slide five we mention the presumption of coverage. It remains in effect for RUG-IV. It will remain in effect for the transition period.

In a snapshot, up to day eight of the SNF stay or the ARD of the 5-day assessment whichever occurs first, is for how long the presumption of coverage will be for a particular resident. That is when the resident is directly admitted to the SNF after a qualifying hospital stay and is correctly assigned into one of the upper 52 groups. That individual is then considered to have met the SNF level of care requirement.

Another policy that remains in effect will be the default payment exceptions and they will be allowed for certain circumstances as they are today.

For example, if the resident is discharged during the first eight days of the stay, the provider does not need to complete the SNF PPS assessment to bill the default. In addition if an assessment is late, you must bill the default based – up to the ARD of that assessment.

The transition applies only to those residents who have covered Part A days in September and October of this year. I will actually take it a little step further

and it's when one SNF PPS assessment covers the days in September and October.

So, for example, a person with a Medicare Part A start date of September 28th, and remains in the facility October 1 through the 5th, that person could have the transition apply to him or her. The 5-day assessment normally would cover all those days, but you're since you're not able to obtain a RUG-IV from the MDS 2.0 we need to figure out how you'll be paid for October.

If a payment period ends on September 30th, then the transition does not apply to that resident.

RUG-III can be calculated from MDS 2.0 and MDS 3.0. However, RUG-IV cannot be calculated from MDS 2.0. Therefore, you will require an MDS 3.0 at some point for residents that are covered in this transition period.

Keep in mind, as pointed out on slide seven, assessments will be rejected when you try to complete an MDS 2.0 with an ARD of October 1 or later. In addition, if you complete an MDS 3.0 of an ARD of September 30th or sooner, that will also be rejected.

Since RUG-IV can't be calculated from an MDS 2.0, as I stated earlier, you must have an MDS 3.0 to bill for those days in October. As Shelia stated earlier, we are not requiring that for every resident whose stay is covered September 30th and also October 1st that new assessments be completed with an ARD of October 1. That would be probably quite burdensome and we don't want to do that.

Therefore, we are providing some options. You must determine which option is best for each individual resident. You can choose Option 1 for some of your residents, Option 2 for others, and Option 3 for the remaining. It will be individually based - keep that in mind.

On slide nine, a brief overview of what the options are. The first option: you may opt for the default payment under specific circumstances in addition to current policy. You may choose to complete an MDS 2.0 and 3.0 of the same

type. The MDS 2.0 would be in September and the MDS 3.0 would obviously be in October.

If a resident was admitted September 28th, you would complete MDS 2.0 5-day and an MDS 3.0 5-day for that option. The second option you may opt to substitute MDS 3.0 for a previous type MDS 3.0.

The third option, you might substitute the MDS 3.0 for the same type MDS 2.0. We will go over all of these in detail in a little bit. As stated earlier, the transition only applies to those residents whose SNF stay begins 9/30 of this year or earlier and the person remains covered under Part A on October 1 and/or later. And the assessment that covers payment for September 30th and October 1st is the same PPS assessment.

On slide eleven, we list particular Medicare start dates that the transition does not apply to. These dates are due to the fact that the payment for a particular assessment ends on September 30th. The next assessment type would cover October 1. So, for these four dates, the transition does not apply. In order to be paid for September days and October days you would need an MDS 2.0 for the September days and an MDS 3.0 for the October days. We also outline these dates in the spreadsheet.

Key concepts, again, as I just stated the transition does not apply to residents whose last Part A day is 9/30 or earlier, you would need an MDS 2.0 and a RUG-III for reimbursement. Or for residents whose Medicare start date is October 1 and later you will need an MDS 3.0 and a RUG-IV.

That applies to assessments that end with a covered payday of September 30th while a new assessment begins October 1 as demonstrated on an earlier slide. You must pay attention to what your RUG reimbursement rate is for each resident and make your decisions based on that to optimize your reimbursement.

You can choose, again as I stated earlier, any of the options for any of the residents where this transition applies. The rates have been published in the

Federal Register, July 22nd of this year, 75 Federal Register 42886. You can also find it on our website with the Federal Regulations page.

Slide 15, when MDS substitution is an option, the decision should be made case-by-case based on your RUG-IV and your RUG-III payment differential. The ARD that you select impacts the assigned RUG as it does today as well as SNF policies may impact your decision.

For example, Section T does not exist in MDS 3.0. It does exist for MDS 2.0. However, the short stay policy, which may place a resident into a higher rehab category, does exist with MDS 3.0 but does not with 2.0.

Slides 16-25

Again, slide 16, transition decisions apply. When the last stay for the Medicare Part A is 10/1 through 10/4, you will need to decide whether or not you will complete an assessment. Also, as long as paid days are in September and October based on the same assessment, you will need to make that decision of which option you will choose.

The default option, this is addition to our current policies for the default exception. When a resident Part A stay ends October 1st through October 4th, you may opt not to complete the applicable PPS assessment. When you do this, you will receive the default payment.

However, based on MDS 3.0 OBRA requirements, you will have to complete a discharge assessment when that person leaves your facility. Therefore, we expect that this default options will not be used that often since you all already have to complete an assessment. You can combine the discharge assessment with that particular PPS assessment, but it is available.

Option 1, known as the No Substitution. The provider will not substitute the MDS 3.0 for an MDS 2.0 or MDS 3.0. You will complete an MDS 2.0 and an MDS 3.0 for the same payment period that is split between September and October.

For example, a resident with a Medicare start date of September 29th will have two days paid under RUG-III, September 29th and September 30th. And the remaining of the five-day in October for RUG-IV, to be properly reimbursed you need a RUG-III and a RUG-IV. With this option, Option 1, the RUG-III will be from the MDS 2.0 5-day, and the RUG-IV will be from the MDS 3.0 5-day.

And then if the person remains skilled, you will complete the MDS 3.0 14-day. On slide 20 we depict these as MDS 2.0(x) for the 5-day, MDS 3.0(x), X again, being 5-day, MDS 3.0(y) for the 14-day.

If you have in front of you the spreadsheet, please pull out the spreadsheet for the 5-day and the 14-day as I'll refer to them to familiarize yourself with the spreadsheets and how to use them when you're choosing a different option for each of the residents and their different Medicare start dates.

There are a few ADR rules with any of the options. For Option 1, the No Substitution, the MDS 2.0, the earliest ARD date allowed is the date that's allowed in today's world. The latest ARD date for the MDS 2.0 is the date that is allowed for that window or 9/30, whichever is first. Remember you can't complete an MDS 2.0 with an ARD of 10/1 or later. It will be rejected.

For MDS 3.0 with this option, the earliest date is 10/1 and as stated earlier, which I'm sure you're aware of, if you attempt to complete an MDS 3.0 with an ARD of 9/30 or earlier it will be rejected.

The latest allowed ARD will vary depending on the Medicare start date. However, on the spreadsheet we provide all this information for pretty much every Medicare start date that this transition applies to. I shouldn't say pretty much, it applies for every date.

Let's take a look at spreadsheet for the 5-day. There are a few columns that are always present in the different spreadsheets. The first, which is the far most left column, is the Medicare start date.

The last four columns on the right, which are- must complete an MDS 2.0 and a 3.0 column an Option 1 No Substitution column, Option 2 MDS 3.0 for MDS 3.0, and an Option 3 MDS 3.0 for MDS 2.0.

The columns in between the Medicare start date and the other four do vary slightly depending on the assessment type. On the 5-day you have an OBRA Admission Due date, the 5-day latest ARD, the 14-day earliest ARD, Day 15, and then the 14-day latest ARD.

We use those dates to determine what the allowed ARDs are for a particular Medicare start date. The 5-day does not have the 5-day earliest ARD since that is basically their Medicare start date we did not repeat that column.

The Day 15 column for the 5-day is important because that's when the 14-day assessment begins its payment. So, as long as the resident is still covered in a Part A stay for day 15, then that resident would need a 5-day and a 14-day.

If you look at the Medicare start date of 9/22, you will see that for Option 1 we provide what MDS 2.0 5-day allowed ARDs are, and that is 9/22 through the 29th. So column three 5-day latest ARD is 9/29. That matches.

For the allowed 3.0 5-day assessment, it would be 10/1 to 10/3. And then if the resident continues to require skilled services, the allowed window would be 10/2 to 10/10. In this example, the MDS 2.0 5-day and the MDS 3.0 5-day allowed ARDs do not overlap at all.

Excuse me, the allowed ARDs for the MDS 3.0 and 5.0, I'm sorry I'm reading it wrong, let me start over. On slide 22, if you choose Option 1, the allowed ARD for the MDS 3.0, the earliest it can be is 10/2 or the actual allowed ARD when it is 10/3 or later.

The reason the MDS 3.0(y) cannot have an ARD of 10/1 is because the MDS 3.0(x) may have – has to have an ARD of 10/1 or possibly later. The ARDs cannot overlap between assessments; they cannot be the same. The 14-day must follow the 5-day.

So, now let's go to the spreadsheet. For a resident with a Medicare start date of 9/22, the allowed 5-day 3.0 MDS ARD is 10/1 to 10/3 and the allowed ARD for MDS 3.0 14-day is 10/2 to 10/10. Those ARDs overlap.

If you were to complete at MDS 3.0 5-day with an ARD of 10/3, your ARD for your 14-day must be October 4th to October 10th. It could not be October 2nd, or October 3rd. The 14-day cannot occur before the 5-day and it cannot occur on the same day. So when choosing this option you must pay attention to that.

Let's take an example now for Option 1. If you refer to your spreadsheet and look towards the Medicare start date of September 27th, we break it down. Normally the SNF's 5-day PPS assessment covers September 27th through October 10th, a span of 14 days. You will need a RUG-III for September 27th to September 30th and a RUG-IV for October 1st through October 10th.

Should that person remain skilled, you would need a MDS 3.0 14-day which would cover October 11th through the 26th. So, for Option 1 for a resident with a Medicare start date of 9/27, when you look at the spreadsheet under Option 1 across from 9/27, you have the ARDs that are allowed for the MDS 2.0 5-day. They are 9/27 to 9/30. That assessment will pay for those four days, the 27th through the 30th. In order to be paid for October, you would complete an MDS 3.0 5-day, with an ARD of October 1st through the 5th.

And this would pay the remaining 10 days of the 5-day payment period. Again you only need to complete the MDS 3.0 14-day if that person remains skilled on October 11th. We provide you with the allowed ARDs in the spreadsheet to simplify matters for you. In this instance for a resident with a Medicare start date of September 27th, the allowed ARDs would be October 7 through 14.

Slides 26-40

Now take a look at the spreadsheet for the 14-day for a Medicare start date of 9/12. In this instance, the person's 5-day payment period is completely in September so you would need to complete a MDS 2.0 5-day. However the 14-day assessment is split between September and October. Therefore, you need a RUG-III for the payment days 9/27 to 9/30, and a RUG-IV from October 1

to October 11th. On slide 26, we provide you with the ARDs for that particular Medicare start date, September 12th.

On the spreadsheet for Option 1, the allowed ARD window for the 14-day is 9/22 to 9/30. The allowed ARD window for the MDS 3.0 14-day is October 1 through the 3rd. In this example, the MDS 2.0 would pay for five days of that 14-day period – payment period- 14-day assessment payment period which is 16 total days. And the MDS 3.0 14-day would pay the remaining 11 days. In this example you complete a MDS 3.0 30-day if that person remains skilled October 12th and on.

Considerations that you must think about. Under Option 1 you will be completing two assessments for one payment period, one for the September days, one for the October days, when that resident remains skilled after that payment period you would then complete the next MDS 3.0 as required according to the schedule. This is the least risky option; all covered days will have a RUG assigned based on an assessment. Therefore you are not risking having a late assessment or not having one at all. However, you do have to complete two assessments.

Option 2, this is where you substitute a MDS 3.0 for the normally first required MDS 3.0. It is similar to Option 1 in that you would complete a MDS 2.0. It is unlike Option 1 in that instead of completing the same type MDS 3.0, you complete the next or substitute – subsequent one.

So, on slide 29 you would complete MDS 2.0(x). That RUG-III will cover the applicable payment days in September. The next assessment will be your MDS 3.0(y). The RUG-IV from that would cover the applicable payment days for that assessment as well as the previous October days.

For example, a resident with a Medicare start date of September 29th, you would complete the MDS 2.0 5-day with an ARD of 9/29 or 9/30. You would not complete an MDS 3.0 5-day, but rather an MDS 3.0 14-day with an ARD as allowed on the spreadsheet.

One thing you don't have to worry about is that the ARDs for this option can't overlap. The 2.0 will have a September or earlier ARD, where as the MDS 3.0 would have an October. If you attempt to complete the MDS 2.0 with an October ARD it will be rejected and vice-versa, an MDS 3.0 with a September date will be rejected.

The ARD rule for the MDS 2.0 for Option 2, the earliest date is the day allowed for that assessment window based on the Medicare start date. The latest date is the day that is allowed for that assessment window or September 30th, whichever is first.

For the MDS 3.0(y), the earliest date is 10/1 when allowed, if it falls within the window of 10/1 or earlier, or it is actual allowed ARD 10/2 or later. The latest allowed ARD is what is allowed for that assessment window. The spreadsheet provides all the allowed ARDs. Please don't think that you have to memorize any of this; it is out there for your use, and we want you to refer to the spreadsheet.

Let's take an example, let's go back to the 5-day spreadsheet, use the same Medicare start date of September 27th. Again, this is not new news; the 5-day usually covers 14 days of payment, for this example, 9/27 to 10/10. Again, you need a RUG-III for the September days and a RUG-IV for the October days. With Option 2, though, you would be completing the next required SNF PPS assessment, which in this example would be the 14-day.

And normally the 14-day covers a total of 16 days, or in this example October 11th through the 26th. However, when you look at slide 33, the 5-day with an ARD between 9/27 and 9/30 would cover those four payment days.

When choosing this option, you would then complete an MDS 3.0 14-day with an ARD of 10/7 to 10/15. But this assessment would cover the remaining days from the 5-day, which is 10, plus the 16 normal days for the 14-day, so a total of 26 days, October 1 through October 26th.

Example two, the 14-day spreadsheet, Medicare start date of September 12th. This resident would require a 14-day MDS 2.0 assessment and it will require

an MDS 3.0 for the October days. Normally the 14-day covers 16 days, which would be September 26th through October 11th. However, that would need to be split. The September days would have a RUG-III and the October days, October 1 through 11th, would need a RUG-IV. Normally, a 30-day would cover October 12th to 11/10, 30 days, and you would need a RUG-IV.

On slide 34, we show you, using the spreadsheet, what your options are if you use Option 2, the second to last column on the right. The MDS 2.0 14-day ARD can be September 22nd through September 30th. And the three day MDS 3.0 would be October 2nd, that is the earliest that's allowed for that window, through the 15th, which is the latest that's allowed for that window.

However, the MDS 2.0 14-day would only pay for five days. The remaining 11 days would come from the MDS 3.0 and if you could fix your slide that should say 30-day not 14-day on slide 35, for a total of 41 days, presuming that resident remains skilled for the entire time.

Slide 36, as with Option 1, you are completing two assessments. The MDS 2.0 is for the September days. The MDS 3.0 is for the "early October days" that are remaining from the 2.0 window and the October and possibly November days for that associated assessment. There is a potential payment risk. If the resident is discharged after October 1 and before the allowed ARD of the MDS 3.0, under 3.0 rules you would be completing a discharge assessment. So, therefore, you could combine it with an early MDS 3.0, and the early default payment rule would go into place.

So, for example, the resident that it admitted September 27th on the 5-day sheet, the earliest allowed ARD for the 30-day, for the 14-day MDS 3.0, is October 7th through the 15th. That resident is discharged on October 6th; you would be completing an early 14-day assessment, and that may be a risk you are willing to take and may be appropriate payment-wise.

The last option is substituting the MDS 3.0 for the MDS 2.0. With this option you're not completing an MDS 2.0. However, you are completing the required MDS 3.0 for that payment period. The MDS 3.0(x) will cover the days of

September based on the RUG-III and the applicable October days with the RUG-IV. If the resident remains skilled, you would then complete the subsequent MDS 3.0(y) and that would cover the remaining days of October.

The ARD rules for the MDS 3.0, the earliest ARD for the 3.0 is October 1. The latest allowed ARD is dependent on the Medicare start date, and you would refer to the spreadsheet for the latest allowed ARD.

For the MDS 3.0(y), again, if the resident remains skilled you would be completing this assessment. You need to pay attention similar to Option 1, the allowed ARD for the second MDS 3.0 assessment may overlap the MDS 3.0(x). Again, maintaining the rule, the ARD for the second MDS 3.0 may not be before or the same as the earlier MDS 3.0. The latest ARD for the second MDS 3.0 is the day that's allowed according to its assessment window.

Slides 41-55

Example one, slide 41, 5-day spreadsheet, September 27th, the 5-day covers, in this particular case, September 27th to 10/10, 14 days. Again, you need a RUG-III for September a RUG-IV for October. The 14-day would cover October 11th to the 26th, and that would only be required if that person can remain skilled October 11th and on.

For Option 3 on slide 42, you would not be completing an MDS 2.0. You would be completing an MDS 3.0 with an ARD of 10/1 through 10/5 with a Medicare start date of September 27th. And this will cover 14 days, four days in September, 10 days in October. You will have a RUG-III from this assessment covering 9/27 to 9/30 and a RUG-IV from October 1 through October 10th. Again, the next assessment is only completed if the resident remains skilled for that payment period.

Based on time we will skip the second example, which is a 14-day of September 12. It is the same logic of how you would complete the assessment and how you would bill both days. Slide 45, considerations. Option 3, you are only completing one assessment per one payment period. The MDS 3.0 covers September as well as October. However, there is a risk. All covered dates may not have a RUG. If the resident is discharged before October 1 and

after the allowed ARD for the MDS 2.0, the discharge date would become the ARD for the late MDS 2.0 assessment and you would receive the default payment. For example, on the 14-day spreadsheet, if a resident has a Medicare start date of September 2nd, this option would not apply. Option 3 does not apply to all the Medicare start dates, so you need to pay attention to that.

Next, SNF PPS policies. Slide 47, the short stay policy, this is effective with Medicare end dates. On MDS 3.0 it is item A2400C of 10-1-10 and later. You must meet all the criteria that apply for this policy in order for that to be effective. Next week we will be reviewing that policy. You may refer to chapter six of the RAI Manual in the meanwhile.

End of therapy, slide 48. When the last date that therapy is provided is in September, the following rules apply. If it is September 20th and earlier you must complete a MDS 2.0 OMRA. You also must complete the MDS 3.0 as „opted“, Option 1, 2 or 3, whatever you’re applying for that resident based on his or her Medicare start date. If therapy’s last day is the 21st or 22nd of September, you have the option of completing the MDS 2.0 OMRA or the MDS 3.0 End of Therapy OMRA. You must also complete the MDS 3.0 scheduled assessment as „opted“. You may combine the MDS 3.0 end of therapy OMRA with the MDS 3.0 scheduled assessment.

Slide 49. When therapy ends September 23rd to the 28th, you must complete a MDS 3.0 end of therapy OMRA with an ARD of 10-1-10. You also must complete the scheduled MDS 3.0 as „opted“. Those assessments may be combined. The non-therapy RUG would go in effect 10-1. If therapy ends on September 29th, you must complete an MDS 3.0 end of therapy OMRA with an ARD of 10-1 or 10-2. You must also complete the scheduled MDS 3.0 as „opted“ and it could be combined with the end of therapy OMRA.

If the last day of therapy is September 30th, you must complete an MDS 3.0 end of therapy OMRA with an ARD of 10-1 to 10-3. Again, like with the 29th you can combine that assessment with the opted and the MDS 3.0 should the rules apply.

Start of therapy OMRA. When the earliest therapy start date is between September 25th through the 30th and the resident is not assigned into a rehabilitation category, you may complete the optional start of therapy OMRA. The ARD must be 10-1 or later as per requirements. Payment will begin for that therapy RUG on October 1. Since both of those OMRA's requirements are based on when therapy started or the day after the last day of therapy, the policies are not effective until October 1 and that is why the payment will not change until October 1. You will keep the previous payment accordingly in September.

Reminders, the transition only applies to SNF PPS assessments. It only applies to those residents who have covered Part A days in September and October when the RUG assignment from one SNF PPS assessment covers days in September and October. The simplest way is September 30th and October 1. Substituting an assessment with the MDS 3.0 PPS assessment is optional. Option 1, you're not substituting; you can do that, that is the least risky from a payment standpoint.

Slide 54 you must adhere to MDS 3.0 coding instructions when completing the MDS 3.0. Therefore, when you're looking back into September for data to complete the MDS 3.0, you must apply those rules. Therefore, prior to October 1, therapy should be recording the different modes of therapy, individual, concurrent, and group if they are not all ready doing so now. You will want them to become accustomed to doing that probably mid-September. Also section O, column two is for when that service was provided while a resident was in that facility. So you must complete that column based on the MDS 3.0 coding requirements.

Lastly, with the presumption of coverage, it is day eight of the SNF's stay or the ARD of the 5-day assessment, whichever occurs first. Exercising one of the options to substitute an assessment will not extend the presumption of coverage.

Question and Answer Session

Geanelle Griffith: Thanks, Miss Berry. Mason, we will now open the call for questions. But before we begin the question and answer session, I would like to remind everyone that this call is being recorded and transcribed. So please state your name and your organization with whom you represent. In an effort to get to as many questions answered as possible, we ask that you limit your number of questions to just one. Mason, at this time you may open the call for questions.

Operator: We will now open the lines for a question and answer session. To ask a question, please press star followed by the number 1 on your touch tone phone. To remove yourself from the queue, please press the pound key. Please state your name and organization prior to asking a question and pick up your handset before asking your question to assure clarity. Please note your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference.

We will now pause for a brief moment to compile the Q&A roster. And your first question comes from the line of Deborah Phillips. Your line is now open.

Chuck Haywood: Yes, my name is Chuck Haywood, Polaris group. We have a question in regards to, it's kind of off the topic of the presentation today, but as far as the RUG-IV interim payments are concerned and then when you do have the hybrid payments coming back into play, maybe in January or February when you have that implemented. How will CMS be recouping that money and if there is an overpayment will it be in a lump sum or will it be over the course of a several month payback?

Can you describe how that payback would be since the RUG-IV rate seems significantly higher than the hybrid payment rates?

Sheila Lambowitz: We are working on all of the details of the conversion and the payment change if we have to go back to the hybrid RUG-III system. We don't have details yet. We'll get them to you as soon as we can. But it probably will be several months.

Chuck Haywood: Several months in the answer or several months in the payback?

Sheila Lambowitz: Several months to get an answer.

Chuck Haywood: OK.

Sheila Lambowitz: We basically are going to be implementing the process of developing the HR3 Grouper and the recovery program after we get the MDS 3.0 and the RUG-IV installed October 1st because our resources are all working fulltime on the major system.

So, we won't really be able to get deeply into the analysis until November. And then we'll try to get you answers on exactly how the recoupment of overpayments will work.

Chuck Haywood: OK, and then is there going to be further UB-04 announcements on changes as well? That seems to be a little – we haven't got a lot of detail in regards to UB- UB-04 4 changes. We have heard about the assessment indicators and the code 50 changes for the occurrence code. But that's all that's really come out on the UB-04s and we're going to be you know doing this billing in October. Is there going to further UB-04 billing instructions coming out very soon?

Ellen Berry: We'll double check with our claims department. If there are any other changes yes they will be coming out soon. But I believe that the most significant changes starting October 1 will be the new RUG groups which are the new AI codes.

I don't think there're a tremendous number of additional changes but we'll double check.

Chuck Haywood: All right, thank you very much.

Ellen Berry: Sure.

Operator: And your next question comes from the line of Peter Arborsnot. Your line is now open.

Peter Arborsnot: Yes I have a question about Option 3. It's mentioned that the RUG-III would be available under Option 3 and I'm wondering where would the facility get a RUG-III?

Ellen Berry: When we switched from RUG-44 to RUG-53 we provided two RUGS at that time when they submitted their assessment. It's -the same thing will be occurring.

Peter Arborsnot: OK, it will be on the submission report, the validation?

Ellen Berry: Yes. I believe it's on the report, yes.

Peter Arborsnot: Thank you.

Operator: Your next question comes from the line of Jennifer Hilbert. Your line is now open.

Jennifer Hilbert: I have a question about the grids for the options. I don't know if anybody else has this problem but the dates are not – the dates are blocked out. You can't-like Option 1, you can't see the dates.

I don't know if that's being fixed on the website or whatever?

Ellen Berry: There are two versions up there. There's the 508 compliant version and then there's the larger spreadsheet. The 508 version, when I looked this morning, you just have to widen the column to that.

Jennifer Hilbert: Ok. I'll try that.

Ellen Berry: For the other version which is all the assessment types in one spreadsheet, I did not have issues with that but you just might have to widen the columns.

Jennifer Hilbert: OK, thank you.

Ellen Berry: Yes.

Operator: Your next question comes from the line of Jane Dollar. Your line is now open.

Jamie Johnson: Yes this is Jamie Johnson with Kindred Healthcare. On slide 53 you said that the transition applies only to the SNF PPS reimbursement. What transition process will apply for our Medicare Advantage and Medicare replacement plans that pay on the same Medicare PPS schedule?

Sheila Lambowitz: Well I'm not sure if their payments are changing.

Jamie Johnson: They follow exactly what you follow for MDSs for the replacement plans.

Sheila Lambowitz: Well, they do follow the MDS instructions but to our knowledge almost all of the other stakeholders who use the RUG system are continuing to use RUG-III rather than RUG-IV.

Jamie Johnson: We're actually hearing from all of our Medicare replacement contracts and actually the contracts are written that way that they will follow with CMS.

Sheila lambowitz: Well we'll try to check. They actually haven't told us that. But we'll find out and we'll get back to you.

Jamie Johnson: Thank you.

Operator: And your next question comes from the line of Brian Dimit. Your line is now open.

Brian Dimit: Yes, this is Brian Dimit with Point Click Care. Under Option 3 you mentioned that providers will have the option of using a RUG-III calculation based off the MDS 3.0 assessment in addition to the RUG-IV this is calculated from the October 1 and later date.

Some of our provider clients are asking us to actually do those calculations, but given that section T is no longer valid how are you calculating a RUG-III group off of an MDS 3.0 assessment and if you have that logic, is that going to be posted and shared with the vendor community?

Ellen Berry: Well that's one of the considerations when you're determining the options for the resident. As of October 1, section T is no longer in place whether it's, you know, with MDS 3.0. So that would be the short stay policy that would apply.

So the provider needs to determine whether or not, for that particular resident, whether they should complete a 2.0 or not. If they do Option 3, there is no section T so it's just based on what was actually provided from a therapy standpoint.

Brian Dimit: So, in other words, that if our system is going to calculate a RUG-III 53 group under Option 3 using an MDS 3.0, then the logic would exclude any reference to the section T minutes and only reference the actual provided minutes?

Ellen Berry: Correct, section O.

Brian Dimit: Thank you.

Ellen Berry: You're welcome.

Operator: And your next question comes from the line of Marilyn Schneider. Your line is now open.

Marilyn Schneider: Hello. I cannot find the spreadsheet. Is it on the CMS website and how do I search for it?

Sheila Lambowitz: www.cms.gov/snfS-N-Fpps. On the left hand side go to the spotlight and click that and then you just scroll down and you'll find it in Downloads.

Marilyn Schneider: OK, thank you.

Operator: And your next question comes from the line of Susan Banks. Your line is open.

Susan Banks: I was unable to get the slides and I wondered what to go through to find them?

Sheila Lambowitz: If you go to that same website, www.cms.gov/snfpps. On the left hand side there will be the spotlight, click that and then scroll down in Downloads,

I believe it's the second download. The first download, I believe, are the spreadsheets.

Susan Banks: Thank you very much.

Ellen Berry: You're welcome.

Operator: Your next question comes from the line of Bud Westdrive. Your line is open.

Bud Westdrive: Yes, hi, thank you. Just want to review what was spoken about on slide 36. If you're going to – the case when you have a discharge date – in other words there is a discharge after 10-1 and before the allowed ARD of the MDS, you could still go back and use a 10-1 date or 10-2 or 10-3 date and use the earlier option. Is that correct?

Ellen Berry: Yes.

Bud Westdrive: So it's only when you're in a case where you're kind of like in limbo. It might be after the end date of the first option and then before the ARD date of the second option?

Ellen Berry: Correct. And you know for the October 1 through 4, if they're discharged then, you know you can also opt for the default payment. Whatever ...

Bud Westdrive: Right that I understand. But, in order to avoid the – I'm just trying to work out a scenario where you can still avoid the default payment.

Ellen Berry: Yes, you can probably figure it out for the most part. But not in every – not with every Medicare start date.

Bud Westdrive: I understand.

Ellen Berry: Yes.

Bud Westdrive: Thank you.

Ellen Berry: Yes.

Operator: Your next question comes from the line of Rosemary Moran. Your line is now open.

Rosemary Moran: Yes, from a billing standpoint – I was wondering if this was going to be an actual change in the RUG scores at all?

Sheila Lambowitz: I'm not sure we understand the question? What do you mean actual change in the RUG score?

Rosemary Moran: Well, from a billing point of view, when they pull over to the UB-O4 form, we're used to seeing certain categories. Will any of those categories change?

Sheila Lambowitz: Yes, and on the last call we semi-reviewed those and in the Federal Register they are listed. But there are definite changes.

Rosemary Moran: OK. I'm sorry, I wasn't present for the last call.

Sheila Lambowitz: No, no. That's OK. So – oh – yes, the rates are on the rule and if you go to www.cms.gov/snfpps on the left hand side box, if you click Federal Regulations, the first link – first listed Federal Register is the 2011 rates. So, if you go there you'll find them there, probably somewhere else too, but.

Rosemary Moran: OK. I've been looking for them on my FI website, they weren't – they're haven't – they're not there yet. Thank you very much.

Question and Answer Session continued

Operator: And your next question comes from the line of Doug Taggart. Your line is now open.

Doug Taggart: Yes, my question was already answered. Thanks.

Operator: Your next question comes from the line of Sara Groot. Your line is open.

Sara Groot: Yes, Sara Groot from Winosheek Medical Center. My question is from a therapy perspective. Will – after October 1, will grace days be able to be used?

Ellen Berry: Oh, yes.

Sara Groot: So ...

Ellen Berry: But not during this transition, the ARDs are as stated on the spreadsheet. But, after the transition, let's say December – when your – when somebody's admitted in December and starts Medicare in December, then you still have those grace days. The grace days are applied with these options, actually. They're incorporated in there.

Sara Groot: And you'll be able to estimate minutes then – on that first day's ...

Ellen Berry: No. No. Section T does not exist with MDS 3.0 – we have the short stay policy.

Sara Groot: But they'll be able to use – we can pick the five days out of the eight days?

Ellen Berry: Yes. Yes. You'll still have day one through eight.

Sara Groot: OK. Thank you.

Ellen Berry: You're welcome.

Operator: And your next question comes from the line of Billie Lee. Your line is open.

Billie Lee: My question is on the UB-04, when we calculate units – units to come over for therapy – do we use the RUGs for grouping for those October days where we actually take into account half of concurrent in that? Or do you calculate units on total minutes, like we send it over for the MDS?

Ellen Berry: Jason happens to be out this week and he and I did to touch base Friday before the weekend, so I will be getting with him next week and we'll be able to respond at that point.

Billie Lee: How will you respond to that? Will it be on the website? Will it be on the next conference – you know the next call?

Sheila Lambowitz: We're probably going to use a variety of methods. If we can, we'll do it on the next call. We always post these on our website and, since most of the

material for these training seminars are on the listserv, we can post it there as well. So we'll try to make use of every method to communicate.

Billie Lee: I would think that this one is a fairly important one for any software companies or anyone who's having to design a system to complete the UB-04, so the sooner the better, I think, for us.

Sheila Lambowitz: Yes, we'll try to get you an answer as quickly as possible. The – we tend to use a subject matter expert in our claims department who, unfortunately, has the nerve to take a vacation this week. So – oh, actually, I'm sorry – he's having a baby and couldn't be here. So as soon as he recovers from fatherhood, we'll get to him and ask the question.

Operator: And your next question comes from the line of Natasha Galise. Your line is open.

Gail Anslinger: My name is Gail Anslinger and I'm from Health Park Care and Rehab in Fort Meyers, Florida. My question regards the 5-day spreadsheet on transition from RUG-III to IV, with a Medicare start date of 9/27. Is it true that our RUG is solely based, if we use option one on the 27th through the 30th, which would only be a period of four days?

Ellen Berry: Yes, if you're – when you're completing the MDS 2.0. Keep in mind that for MDS 2.0, Section T is client.

Gail Anslinger: OK. So for the 3.0, the 5-day available period, 10/1 through 10/5, again, that's only a 5-day period with no Section T.

Ellen Berry: Correct, but you have a 7-day look back for the therapy item.

Gail Anslinger: Ok. All right, thank you.

Ellen Berry: Which is why you need to start tracking your modes of therapy in September.

Gail Anslinger: Yes. Thank you.

Ellen Berry: You're welcome.

Operator: Your next question comes from the line of Richard Travegg. Your line is open.

Richard Travegg: If a resident stay meets the short stay assessment 8 criteria, is it optional to complete it?

Ellen Berry: Yes, because the short stay is a Start of Therapy OMRA and the Start of Therapy OMRA is optional.

Richard Travegg: Thank you.

Operator: Your next question comes from the line of Sandra McKuen. Your line is open.

Sandra McKuen: This is Sandra McKuen from the Pennsylvania Physical Therapy Association. Relative to therapy minutes, where do the minutes for supervised modalities fall – into which category?

Ellen Berry: It needs to be individual, concurrent, or group and so, when you're speaking supervised modalities, you're speaking CPT language?

Sandra McKuen: Yes, for instance, electrical stimulation, which is just generally a setup on a patient at delivery time, but during that delivery time, the therapist is not with the patient?

Ellen Berry: That time is not counted.

Sandra McKuen: So there is no minute credit if the therapist or the qual – the assistant is not with the patient?

Ellen Berry: The skilled treatment time and the setup time is what is counted on the MDS.

Sandra McKuen: If the patient on the e-stim was within line of sight of the therapist or the assistant, who was delivering care to a second patient, would those be concurrent minutes?

Ellen Berry: The treatment time must be skilled treatment which means requires the judgment of and knowledge of a therapist and expertise. So, for example,

someone who receives a hot pack or a cold pack, in some instances, some of that time is skilled time and, in some instances, none of it may be skilled time. So you will need to determine that on an individual basis.

Sandra McKuen: OK. Thanks.

Ellen Berry: Yes.

Operator: And your next question comes from the line of Christiana Dehave. Your line is open.

Christiana Dehave: The question has already been answered. Thank you.

Operator: Your next question comes from the line of Debra Brown. Your line is open.

Debra Brown: Hi Ellen, nice to hear from you again. We were cut off for about 25 slides. There were a number of us that were talking to each other and CMS wasn't part of our conversation anymore.

Ellen Berry: I'm sorry.

Debra Brown: Is this call being recorded?

Ellen Berry: Yes and there'll be a transcript available also.

Debra Brown: And when that will be, do you have any idea?

Geanelle Griffith: Well, the audio file – this is Geanelle Griffith. The audio file should be posted at least within the next week or two. The transcript may take a little bit of time, because we tend to review that to make sure that it does capture what we said on the call. So, the audio file should be available within a week and the transcript will be thereafter.

Debra Brown: Thank you. I just have one quick question regarding group therapy. Has the Grouper been set up that group therapy is divided by four at all times?

Ellen Berry: No, no when you're completely your MDS 3.0 you'll enter all the group time. The Grouper will look to see if the 25 percent cap is met or not, and if it does

then they'll apply the rule. If it's not then all the group minutes count. Because we don't know if that group is two, three, or four people, so we're not going to divide it by anything.

Debra Brown: OK, so when the 25 percent cap is there, then nothing counts?

Ellen Berry: No, up to the 25 percent.

Debra Brown: OK, all right thank you so much Ellen.

Ellen Berry: Yes.

Operator: And your next question comes from the line of Joel VanEaton. Your line is open.

JoelVanEaton: Yes this is Joel VanEaton with Care Center's Management and Consulting in Johnson City, Tennessee. I wanted to just quickly clarify on slide 53, it seems to me the last bullet point on substituting and assessment with MDS referring to Options 2 and 3. It seemed to me that Ellen mentioned that it was – that was the – those are the options that carry with them the least risk and I didn't seem to see that reading through the slides, seeing that we could either do an earlier and a or a late assessment of those two options and end up with default dates.

Can you clarify that for me please?

Ellen Berry: Sure, the Option 2 and 3 are actually the ones that carry the financial risk.

Joel VanEaton: OK, that's what I thought.

Ellen Berry: Option 1 does not.

Joel VanEaton: OK.

Ellen Berry: OK.

Joel VanEaton: OK. Thank you.

Ellen Berry: Welcome.

Operator: And your next question comes from the line of Misty Hulbert. Your line is now open. Misty Hulbert your line is open. Your next question comes from the line of Laura Smith. Your line is open. And Laura Smith your line is open.

Vicky: Yes, this is Vicky from Moberly Regional in Moberly, Missouri. I'm kind of confused as you're saying I have to do the MDS 2.0 on the 30th and then turn right around and then the next day be ready to go with the 3.0. How are the software companies going to make that switch over?

Ellen Berry: This is Ellen. If I understand your question, the software company – it's two softwares, you have a MDS 2.0 software and a MDS 3.0 software. So for your MDS 2.0 assessment, when you submit them, you'll submit them to the link that says MDS 2.0.

And for your MDS 3.0 they'll be submitted to the MDS 3.0 link. But they – to the best of my knowledge, they're two separate softwares, there's two languages, computer languages being used.

Vicky: All right thank you.

Ellen Berry: Yes.

Operator: And your next question comes from the line of Deb Sheppard. Your line is open.

Deb Sheppard: Thank you our question's been answered.

Operator: And your next question comes from the line of Sophia Clemining. Your line is open.

Sophia Clemining: Hi, well part of the questions were answered, but back to – somebody was asking about the RUG-IV and the hybrid, so anyway I'm looking at the Federal Register. So I guess, what he was talking about is the money – there's two different rates that it'll – there's one rate that is in effect on October 1st and then later on another rate? Is that correct?

Sheila Lambowitz: Yes, on an interim basis we're going to pay claims using the RUG-IV rate because that's the Grouper that was closest to full development. But according to the amendment that was included in the ACA, we should be paying everything effective 10-1-10 using the hybrid RUG system, which has not been finalized yet.

We do have the rates for that system in the rule, so we have both the hybrid RUG-III and the RUG-IV rates. We're just going to have to go back and reprocess the MDSs and the claims if we have to implement the hybrid RUG-III system as is presently required by statute.

Sophia Clemining: So all these rates are the same across the board for all – everybody in the whole nation? Is that what you're saying?

Sheila Lambowitz: Well the – in the regulations, we do have the base rates and that includes base rate for each of the RUG groups, but those are modified by the area wage index. So each provider has a slight variance on, you know, the payment rates depending on their location. But we don't publish that – that's something that your fiscal people do after they get the base rates from us.

Sophia Clemining: OK. All right, well thank you.

Sheila Lambowitz: Sure.

Geanelle Griffith: Mason, we have time for one more question.

Operator: All right your final question comes from the line of Bonnie Nutter. Your line is open. And Bonnie Nutter your line is open.

Bonnie Nutter: Yes, I have a question about AI codes. Going back to slide 18, if using the default for those early stage, 10 -1 to 10-4, what AI code would be used?

Ellen Berry: Zero zero.

Bonnie Nutter: And on using the substitute MDS 3.0 for the 2.0, would we use the MDS 3.0 AI codes for billing these September days as well?

Ellen Berry: No, you'll have to use your AI codes for MDS RUG-III.

Bonnie Nutter: So, for billing the September days, we would use the MDS 2.0 codes that were effect back then?

Ellen Berry: The AI codes for then yes, so those are already in the internet online manual.

Bonnie Nutter: So...

Ellen Berry: And they're in chapter six of the MDS 2.0 manual.

Bonnie Nutter: So then the billing beginning 10-1 would have a separate AI code for the same assessment that we may be billing from in September?

Ellen Berry: Right. With MDS 3.0 we actually give you the HIPPS code. So it's the RUG plus the AI.

Sheila Lambowitz But when you get your reports if you are looking – you'll find a code showing this is what your RUG would have been under the RUG-III system.

Bonnie Nutter: OK.

Sheila Lambowitz: And that will give the RUG-III group and you would apply the RUG-III AI code to that when billing.

Bonnie Nutter: Thank you.

Ellen Berry: Sure.

Geanelle Griffith: Thank you Sheila. Thank you Ellen. CMS would like to thank everyone for joining us here today and for your participation with the question and answer section. As I stated before, a transcript and an MP3 audio file of today's call will be made shortly after today's call. You can find that at <http://www.cms.gov/snfpps> and on the spotlight page on the CMS website. Thank you everyone and have a great day.

Operator: And this concludes today's conference call, you may now disconnect.

END