

## Case Mix Review Frequently Asked Questions

This document includes answers to frequently asked questions about how to complete the Minimum Data Set (MDS) 3.0, the Optional State Assessment (OSA), Section S of the Omnibus Budget Reconciliation Act (OBRA) assessment, and other requirements.

Providers are encouraged to use the information provided in the [Minnesota Case Mix Review Manual \(PDF\)](#) and the answers below to complete their coding. If you have questions or need additional assistance, please contact Case Mix Review staff at [Health.MDS@state.mn.us](mailto:Health.MDS@state.mn.us).

### Reconsiderations

**Should the resident, or their representative, complete and submit the Request for Reconsideration form, or are facilities expected to complete this form and submit the reconsideration?**

The facility staff should complete and submit the Request for Reconsideration form to the Case Mix Review Program on behalf of the resident or their representative. For more information, please see the section titled *Request for Reconsideration of a Resident's Case Mix Classification* and the *Request for Reconsideration Form* in the [Minnesota Case Mix Review Manual](#).

### Admission Assessment Requirements

**For facilities that elect to complete an Admission Assessment for all admissions regardless of payer source and length of stay, does completion of the OSA eliminate the need for an Admission Assessment for all residents who stay in the facility for 14 days or less?**

No. If the facility elected to complete an Admission Assessment for all admissions regardless of payer source and length of stay, the Admission Assessment and a corresponding Optional State Assessment (OSA) with the same Assessment Reference Date (ARD) ~~is~~ **are** required.

**If the facility elected to complete an Admission Assessment for all admissions and a resident is admitted on July 16, and discharged on July 17, but they were in the facility for less than 24 hours, is the Admission Assessment still required?**

Yes. For MDS coding purposes this would be considered two days. The Admission Assessment is not required when the admission and discharge occur on the same calendar day.

**If the facility elected the Short Stay option, do we have to complete an Admission Assessment for all admissions?**

No, facilities that have elected to accept the short stay rate for all admissions who stay 14 days or less do not have to complete an Admission Assessment until the resident remains in the facility for more than 14 days.

**Do the Admission Assessment requirements include respite stays?**

If the resident is in a Medicare or Medicaid certified bed and the facility elected to complete an Admission Assessment for all admissions, an Admission Assessment is required ~~even~~ for respite stays of 14 days or less, except when the resident is admitted and discharged on the same day.

## General Questions about the OSA

### Is the OSA required for all individuals across all payment and coverage types?

The OSA is required for most admissions to nursing facilities that are Medicare and Medicaid certified regardless of who the payer is. The OSA is required:

- Each time an OBRA comprehensive, quarterly, or Significant Correction to prior Quarterly Assessment (SCQA) assessment is completed, and
- When all therapy and isolation services end, if the most recent assessment OSA, with an ARD prior to therapy or isolation ending, resulted in a rehabilitation RUG-IV classification in Z0200A or isolation was coded on the assessment.

The OSA is NOT required when completing a stand-alone Discharge or Prospective Payment System (PPS) Assessment or Tracking Record.

The following facilities are NOT required to complete the OSA:

- Facilities that do not accept Medicaid
- Swing beds
- VA facilities
- Any facility that has elected the Short Stay option AND the resident's stay is 14 days or less.

If the resident's stay is more than 14 days, the admission assessment and OSA are required.

### Will Case Mix staff audit just the OSA?

No, Case Mix staff will be auditing specific MDS items found in both the OSA and OBRA assessments.

### Do we have a timeframe for how long we will be required to complete the OSA? At what point will Minnesota convert to the Patient Driven Payment Model (PDPM) or some other billing method?

CMS plans to retire the OSA on September 30, 2025. Minnesota Case Mix will be using the Nursing Component of the PDPM classification system beginning on 10/1/2025.

### Why can't the OSA be combined with the Federal assessments?

CMS does not allow the OSA to be combined with any other assessment type. The OSA is a stand-alone assessment for State payment purposes only.

### Can the OSA data elements be copied from a completed OBRA assessment?

Yes, the OSA data elements can be copied from an OBRA assessment with the same ARD. Both, the OSA and OBRA, assessments should be submitted to the Centers for Medicare and Medicaid Services (CMS) preferably on the same day.

**Will managed care providers still require a separate 5d assessment or will the OSA cover this?**

The managed care provider determines what assessment(s) the facility is required to complete. You would need to contact the managed care provider for this information.

**Does the OSA replace the 5-day assessment required by private insurance, HMOs, Medicare Advantage Programs?**

A facility would need to contact the payer to determine what assessments they will require the facility to complete for payment purposes.

**I completed an annual assessment. I understand I must also complete an OSA. Does the OSA have to have the same ARD as the Annual?**

Yes, anytime one of the Federally required OBRA assessments listed in A0310A on the MDS is completed, a OSA with the same ARD, must also be completed. The OSA does not replace the Federal assessment. Both assessments must be completed. The ARDs of the Federal assessment and OSA must match.

**Will there be a penalty associated with a missed or late OSA?**

Yes, the penalty rate (AAA) is in effect from the time the assessment was due until the first of the month, following submission and acceptance of the assessment into the Internet Quality Improvement Evaluation System (iQIES).

**Is the OSA required for both Medicare Part A and Part B therapies?**

Yes, the resident's payer source is not a factor in determining whether the OSA is required. The requirement for an OSA applies to all facilities that participate in the State Medicaid Program, regardless of the resident's payer source.

If the facility does not participate in the Medicaid program e.g., Veterans Administration facilities, this requirement does not apply.

## Completing the OSA

**Where can I find the instructions to complete the OSA Assessment?**

Several items necessary to calculate a RUG-IV classification were removed from the OBRA assessments and RAI Manual but remain on the OSA. These items are: A0300, D0200, D0300, G0110, K0510, O0100, O0450, O0600, O0700, and X0570. Instructions for completing these items are included in the OSA Manual.

The OSA Manual can be downloaded from the [Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual](#) website. Scroll down to the Download section.

Instructions for completing the remaining items on the OSA can be found in the respective sections of Chapter 3 of the RAI Manual. The guidance in the OSA Manual should only be applied when completing an OSA.

**Are there any data elements on the OSA that can be dashed?**

Yes, O0600, and O0700 can be dashed as these items are not needed to determine a RUG-IV classification.

**Can I complete an OSA using *Option 1: Start of Therapy Assessment* when therapy starts to capture a rehab RUG Level?**

No. In Minnesota, we do not use the following OSA options:

- Start of Therapy,
- End of Therapy,
- Both Start and End of Therapy, or
- Change of Therapy.

When completing OSA item A0300B, Assessment Type, option "5" Other Payment Assessment must be selected

**Do I have to complete section GG on the Federal OBRA assessments and section G on the OSA? I thought section G was retiring. Can one of these be dashed?**

The Federal OBRA assessments use section GG to calculate the PDPM classification for Medicare beneficiaries. The OSA uses the late loss Activities of Daily Living (ADLs) in section G to calculate the RUG-IV classification used for all private pay and Medicaid stays in Minnesota. Both, Section G and GG must be completed.

**Do I have to complete the entire PHQ-9 Resident Mood Interview with each OSA or can the interview be stopped after question #2, when appropriate?**

On the OSA, the entire PHQ-9 Resident Mood Interview must be completed, during the look back period of the assessment. Follow the instructions in the OSA Manual when completing the PHQ-9 interview. The instructions for completing the PHQ-2 to 9 Resident Mood Interview in the Minimum Data Set (MDS) Resident Assessment Instrument (RAI) 3.0 User's Manual are not applicable to the PHQ-9 Resident Mood Interview.

## OSA When Therapy Services End

**Do I have to do an OSA for everyone that ends therapy services?**

No, the OSA is only required when all therapy services end if the resident has a Rehab RUG-IV classification (RAA, RAB, RAC, RAD, or RAE) in item Z0200A, State Medicaid Billing, on their most recent OSA with an ARD prior to therapy ending.

**If therapy completes an evaluation only and no therapy treatment was provided, is the OSA required?**

No, if therapy treatment was not provided, the OSA is not required.

**Is an OSA required if only one therapy discipline is providing services?**

Yes, an OSA is required, regardless of the number of disciplines providing service. If the State Medicaid RUG-IV classification in item Z0200A on the most recent OSA, with an ARD prior to therapy ending is a Rehab RUG-IV classification, the OSA is required.

**Is the OSA required for residents that leave the facility for their therapy services?**

Yes, if the resident is receiving “skilled” therapy services outside of the facility during the look-back period of an assessment, the therapy services would be coded on the Minimum Data Set (MDS). If the resident received enough therapy to qualify for a Rehab RUG-IV classification on their most recent OSA, with an ARD prior to therapy ending, the OSA is required when therapy services end, regardless of where the services were provided.

**When therapy services end and the resident is put on a Restorative Nursing Program (RNP) do I have to complete the OSA when therapy ends, or do I wait until the RNP ends?**

If the resident has a Rehab RUG-IV classification (RAA, RAB, RAC, RAD, RAE) in item Z0200A, State Medicaid Billing, the OSA is required when all therapy services end. Starting or continuing a RNP is not a consideration when determining if the OSA is required.

**If the resident discharges or dies prior to day eight after all therapy services end, is the OSA still required?**

If the resident dies or is Discharged Return Not Anticipated (DRNA) on or prior to day eight after therapy ends, the OSA is not required. If the resident is Discharged Return Anticipated (DRA) prior to day eight and returns within 30 days of their discharge date, **and** their most recent OSA, with ARD prior to the end of therapy, resulted in a State Medicaid Billing, Z0200A, Rehab RUG-IV classification (RAA, RAB, RAC, RAD, RA), the OSA is required upon reentry. The Assessment Reference Date (ARD) of the OSA must be set on day eight after reentry to the facility. The day of reentry to the facility is considered day one when determining the ARD of the OSA.

**Is an OSA required when therapy ends if the therapy services resume prior to day eight?**

If the resident will continue to qualify for a State Medicaid Rehab RUG-IV classification by day 8 after therapy ended, the OSA is not required until all therapy services have ended. However, if therapy services resume prior to day 8 and the therapy services change to such a degree that the resident will no longer qualify for a State Medicaid Rehab RUG-IV classification by day 8, the OSA is required.

**Is the OSA required when all therapy services end if the resident will be discharged in the next eight to 14 days?**

If the resident remains in the facility on or after day eight after all therapy services have ended, the End of Therapy OSA is required.

**If a resident currently has a Rehab RUG but, not MED A, and they are now dropping from five down to three times per week, does the OSA need to be completed, as they will more than likely be out of that RUG rate?**

The resident’s payer source is not considered when determining whether an OSA must be completed. A change in payer source does not require an OSA. If there is no break in therapy services when the resident’s payer source changes, the OSA is not required until all therapy

services have ended. If all therapy services are discontinued and then resume prior to day eight and the resident continues to qualify for a State Medicaid Rehab RUG-IV classification, the OSA is not required until all therapies are again discontinued. However, if therapy resumes prior to day eight and the resident will no longer qualify for a State Medicaid Rehab classification by day eight, the OSA is required.

**Do I have to use a specific ARD when completing the OSA when all therapy services end?**

Yes, the ARD of this assessment must be set on day eight after all therapy services end. The last day therapy treatment was provided is considered day (zero) 0, the first day with no therapy is day (one) 1 when determining the ARD of the End of Therapy OSA. Assessments with late ARDs will be penalized. The penalty will be in effect from the time the assessment was due until the first of the month following submission and acceptance of the assessment into the iQIES system.

## **OSA When Isolation Services End**

**Do I still need to complete an OSA when isolation services end if isolation was not coded on the most recent assessment submitted?**

No, if isolation was not coded on the most recent OSA, with an ARD prior to isolation ending, the OSA is not required. If the State Medicaid (Z0200A) classification is an ES1, isolation was coded on the MDS. There are times when isolation is coded on the MDS and the classification is not an ES1. If the resident had an ADL Score of 0-1 and isolation was coded on the MDS, the classification assigned will be either a CA1 or CA2, not a ES1.

**If the resident discharges or dies prior to the 15th day after isolation services end, is the OSA still required?**

If the resident dies or is Discharged Return Not Anticipated prior to or on day 15, the OSA is not required.

However, if the resident is Discharged Return Anticipated prior to day 15, and they return within 30 days of their discharge date, and isolation was coded on their most recent OSA, with an ARD prior to isolation ending, the OSA is required when isolation services end. The ARD of the OSA must be set on day 15 after reentry to the facility. The day of reentry is considered day one when determining the ARD.

**Do I have to use a specific ARD when completing the OSA when isolation services end?**

Yes, the ARD of the OSA must be set on day 15 after all isolation services have ended. The last day the resident was in isolation is considered day (zero) 0, the first day out of isolation is considered day (one) 1 when determining the ARD of the End of Isolation OSA. Assessments with late ARDs will be penalized. The penalty will be in effect from the time the assessment was due until the first of the month following submission and acceptance of the assessment into the iQIES system.

## Completing Section S on the OBRA Assessments

### Where can I find the instructions for completing Section S?

The instructions for completing Section S are found in Appendix D of the [Minnesota Case Mix Review Manual \(PDF\)](#).

### Does Section S eliminate the need for an assessment when isolation services end, or do we still need to complete an assessment?

The addition of Section S on the Federal OBRA assessments does not eliminate the need to complete an assessment when all isolation services end.

## Troubleshooting

### I was not able to submit the OBRA assessment and the OSA in the same batch? What should I do, and will I be penalized for this?

We ask that the OSA and OBRA assessments be submitted in the same batch to minimize validation errors and prevent assessment processing delays. Submitting these assessments on the same day would also prevent these issues. We recognize that one of the assessments may be rejected which may prevent submitting the assessments on the same day. In this situation, the rejected assessment should be corrected and submitted as soon as possible. We do not apply a penalty if the OSA and OBRA assessments are not submitted in the same batch or on the same day. Submitting the OBRA assessment and OSA on different days will result in processing delays.

### I submitted the OBRA assessment and the OSA in the same batch and I received a warning indicating that one or both of the assessments were late. Neither of the assessments were late. What should I do?

There is nothing further you need to do. Sometimes when the OSA and OBRA assessments are submitted in the same submission batch you may get a warning that it is late. The warning is caused by the order in which the assessments were processed by CMS. This is just a warning, the assessment was accepted, and you can ignore the warning. CMS is working on resolving this warning issue.

### I coded A0300B a “2”, but my software is telling me that I must enter the Start and End Dates of the Medicare Stay in A2400B/C. This resident did not have a Medicare Part A stay. I cannot lock and submit the assessment. What should I do?

While the data specs for A2400B/C do allow one to skip these items, the data specs for A0300B indicate if the item is coded a “2” the Start and End Dates of the Medicare stay cannot be dashed or blank. A0300B, Assessment Type, should be coded a “5” on all OSAs. This will prevent submission problems and eliminate the need to look up the Start and End dates of the Medicare Part A stay when the assessment is completed.

### Why doesn't the RUG classification in my software/OBRA assessment match the classification on the OSA?

## CASE MIX REVIEW FREQUENTLY ASKED QUESTIONS

Most often this occurs when there are discrepancies between what is coded on the OBRA assessment and the OSA. When the OBRA assessment and OSA have the same ARD, if an item appears on both the OBRA assessment and the OSA, the responses must match. Double-check the entries on both assessment and make the necessary corrections.

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05/29/25

*To obtain this information in a different format, call: 651-201-4200.*