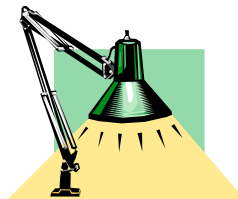# *RAI Spotlight*

Pennsylvania OBRA Changes: Effective July 1, 2021

As of October 1, 2020, the Centers for Medicare & Medicaid Services (CMS) updated the Minimum Data Set Version 3.0 (MDS 3.0) item sets (version 1.17.2) and related technical data specifications. The changes support the calculation of Patient Driven Payment Model (PDPM) payment codes on Omnibus Budget Reconciliation Act (OBRA) assessments when not combined with a 5-day Prospective Payment System (PPS) assessment, specifically the Nursing Home Comprehensive (NC) and Nursing Home Quarterly (NQ) assessment item sets. This change allows State Medicaid Agencies to collect PDPM payment codes and compare the data to Resource Utilization Group (RUG) III/IV and, thereby, determine any effects on future payment models. Pennsylvania will require the completion and submission of specific MDS item set fields associated with PDPM on all OBRA NC and NQ MDS assessment submissions beginning July 1, 2021. These additional fields are located in Sections GG, I and J. This data collection is a necessary step to begin evaluating the PDPM classification system and its viability as an alternative for the RUG classification system that is used today as the basis for the case mix reimbursement system. Pennsylvania will provide a training on April 8, 2021 as part of the Department of Health quarterly teleconference to review this change for nursing facility staff.

PLEASE SEE BELOW FOR TELECONFERENCE DETAILS.

Questions regarding this notification can be emailed to Ruth Anne Barnard, Office of Long-Term Living, at rbarnard@pa.gov.

> *Questions about the RAI?*
>
> Please submit them to
>
> qa-mds@pa.gov

OBRA Changes Teleconference

Date: April 8, 2021
Time: 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)
Topic: PA-OBRA Assessment Changes-Effective July 1, 2021
Handouts: Power Point slides will be available about April 7 on the DOH Message Board at:
https://sais.health.pa.gov/commonpoc/Login/Login.aspx

Call in number: 1-888-694-4728 or 1-973-582-2745
Conference ID Number: 4784357
Company Name: Myers and Stauffer
Presenter: Kerry Weaver

A recording of this conference will be available following the presentation at: https://nfrp.panfsubmit.com/

Section M: Teleconference Questions

On January 8, 2021 a training was provided on MDS Section M. There were no questions submitted.

2020 Baseline Review Results

Field Operations has completed a remote 2020 Baseline Review for every MA-participating nursing facility. This involves selecting twenty records that appeared on the February 1, 2020 CMI Report.

The resident's record is reviewed to assure that:

- The responses that appear on the MDS in the facility are the same as those that appear in the CMS MDS 3.0 Data Collection System,

- There is sufficient documentation in the resident's record to support the MDS response that was coded and transmitted, and

- The CMI Report accurately reflects the resident population and MA for MA Case-Mix status on the Picture Date.

MDS Item	Description	Times Reviewed	Times Unsupported	Error Percentage
C1000	Decision Making-Staff	1,447	147	10.16
O0500B	ROM (Active)	2,085	258	12.37
O0500F	Walking Training	1,379	148	10.73
O0500G	Dressing/Grooming training	1,508	156	10.34

Only the items used in the RUG classification system which were positive in the submitted assessment are reviewed. The statewide RUG element error rate this year was 3.81%, a slight decrease from the 2019 error rate of 3.86%.
The table shows the top RUG items that were most frequently found to be unsupported by documentation. Each element was reviewed at least 1,000 times and had an error rate of 10% or more. Documentation Guidelines can be found in Chapter 6 of the Resident Data Reporting Manual (https://nfrp.panfsubmit.com/) outlining the information Field Operations will expect to find to support each item response.

COVID-19 Resources

From **PA DOH-** Top 11 List: Strategies for Effective COVID-19 Outbreak Containment in Long- Term Care Facilities https://sais.health.pa.gov/commonpoc/content/FacilityWeb/attachment.asp?messageid=4124&filename=Top+11+LTCF+Most+Effective+COVID+Strategies%2Epdf&attachmentnumber=1

The **Department of Human Services (DHS)** has posted a helpful COVID-19 Vaccine FAQ document on the COVID-19 Vaccine page of the DHS website. The document is meant to be a resource for answering some common questions you may have about the COVID-19 Vaccine. The Office of Long-Term Living is sharing the document here for your convenience.

CMS has a regularly updated COVID-19 Website for comprehensive COVID-19 Resources https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/COVID-19-Resources/COVID-19-Resources-For-Health-Care-Professionals

Novitas is a resource for assistance regarding COVID-19 Medicare coverage and billing https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00224506

Quality Measure: Five - Star Updates

Health Inspection Rating Changes:

Beginning with the January 2021 refresh, CMS resumed calculating the health inspection rating domain and began to use results from surveys that occurred after March 3, 2020. Additionally, focused infection control surveys are included in the rating calculation, with citations from these surveys counting towards the total weighted health inspection score (similar to how complaint survey citations are counted).

These changes resulted in updates to the Special Focus Facility (SFF) program, including updates to SFF candidates, and facilities' status for receiving an icon for noncompliance related to abuse. Specifically, updates to the health inspection data due to the incorporation of surveys occurring after March 3, 2020 and the updating of the complaint periods means that the abuse icon will be removed for facilities that no longer meet the abuse icon criteria based on more recent survey findings. Once facilities no longer meet criteria for the abuse icon, their health inspection rating will no longer be capped at two stars. More information on the abuse icon is found in the Health Inspection section of this document.

Staffing Rating Changes:

Beginning with the January 2021 refresh, facilities that did not report staffing for the November 14, 2020 deadline or that reported four or more days in the quarter with no registered nurse will have their staffing ratings suppressed. Their staffing ratings will show "Not Available" with the January,

February, and March refreshes. Starting with the April 2021 refresh of Care Compare, when staffing data submitted by the February 14, 2021 deadline will be reported and used for the five-star ratings, nursing homes that do not report staffing data for October – December 2020 or that report four or more days in the quarter with no registered nurse will have their staffing ratings reduced to one star.

Quality Measure Rating Changes:

Quarterly updates of most of the quality measures (QMs) posted on Care Compare and used in the FiveStar Quality Rating System resumed with the January 2021 refresh. For the January 2021 update, CMS used data for July 2019-June 2020 for all of the measures that were updated. The two QMs that are part of the Skilled Nursing Facility Quality Reporting Program (Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened and Rate of successful return to home and community from a SNF) will not be updated in January 2021.

Additionally, the Nursing Home Compare website has been retired. It has been replaced by the new Care Compare website. Care Compare can be accessed at: (https://www.medicare.gov/care-compare/). The Provider Data Catalog (PDC) located at https://data.cms.gov/provider-data/ allows users to search and download the publicly reported data. While this Technical Users' Guide has been revised to refer to Care Compare, there may be previously published materials or documents that refer to Nursing Home Compare and all prior references to Nursing Home Compare will now apply to Care Compare. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/FSQRS.html

5-Star Preview Reports:

Five Star Preview Reports are typically available via CASPER reporting approximately the 15th of each month. These Preview Reports should be reviewed prior to the 4th Wednesday of the month when this information is typically publicly reported by CMS on Care Compare. To access these Preview reports, select the CASPER Reporting link located on the CMS QIES Systems for Providers page. Once in the CASPER Reporting system, select the 'Folders' button and access the Five Star Report in your 'st

LTC facid' folder, where 'st' is the 2-character postal code of the state in which your facility is located and 'facid' is the state-assigned Facility ID of your facility.

Important Note: The 5 Star Help Line (800-839-9290) availability will be listed on the Preview Report. Please direct your inquiries to BetterCare@cms.hhs.gov if the Help Line is not available.

CMS Web-Based Training Opportunities:

Section M: Skin Conditions - Assessment and Coding of Pressure Ulcers/Injuries (1/21)

The Centers for Medicare & Medicaid Services (CMS) is offering a web-based training course that provides an overview of the assessment and coding of pressure ulcers/injuries. This 90-minute course is intended for providers in Home Health Agencies (HHAs), Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), and Skilled Nursing Facilities (SNFs), and is designed to be used on demand anywhere you can access a browser.
https://pac.training/courses/Section_M/#/

Cross-Setting QRP Data Elements and Quality Measures (1/21)

The Centers for Medicare & Medicaid Services (CMS) is offering a web-based training course that provides a high-level overview of how data elements within CMS patient/resident assessment instruments are used to construct quality measures (QMs) across post-acute care (PAC) settings. The PAC settings included are those covered under the Centers for Medicare & Medicaid Services (CMS) Quality Reporting Programs (QRPs) for Home Health Agencies (HHAs), Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs) and Skilled Nursing Facilities (SNFs). Information covered will include a short review of the QRPs' cross-setting quality measures (QM), how data elements feed into these cross-setting QMs, how QMs are calculated and appear on QM reports and how to access and use this data for quality improvement.
https://pac.training/courses/Data_Elements_to_QMs/#/

Section N: Medications – Drug Regimen Review Web-Based Training

This training provides an overview of the assessment and coding of the Drug Regimen Review standardized patient assessment data elements (SPADEs) found in the Medications Section of the guidance manuals.
https://pac.training/courses/Section_N/#/

Manuals with Recent Updates:

Five-Star Users' Guide January 2021 2020- Updated 1/15/2021 (PDF)

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/
CertificationandComplianc/Downloads/usersguide.pdf

APPENDIX - New Claims-based Measures Technical Specifications -

Updated January 2020 (PDF)

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/
CertificationandComplianc/Downloads/APPENDIX-New-Claims-based-Measures-Technical-
Specifications-January-2020.pdf

MDS 3.0 Provider User's Guide Updated, Including Validation

Report Error Messages (1/21)

https://qtso.cms.gov/reference-and-manuals/mds-30-provider-users-guide