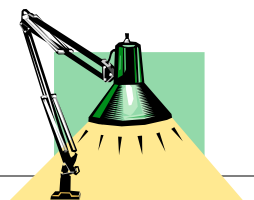# RAI Spotlight

DRAFT-MDS Item Sets

A DRAFT version (v1.18.0) of the 2020 MDS item sets has been posted by CMS. This version is scheduled to become effective October 1, 2020. Please note that Section G has been removed from all Federal item sets. The following is a summary of the major additions, revisions and deletions that are proposed.

Section A
Additional Items:
A1005 Ethnicity
A1250/A1270 Transportation (NPE)
A2121 Provision of Current Reconciled Medication List to Subsequent Provider (NPE)
A2122 Route of Current Reconciled Medication List Transmission
A2123 Provision of Current Reconciled Medication List to Resident (NPE)
A2124 Route of Current Reconciled Medication List Transmission

Revised Items:
A1010 Race –Additional Options
A1805 Entered from –Additional Options
A2105 Discharge Status –Additional Options

Section B
Additional Items:
B1300 Health Literacy (NP)
B1320 Health Literacy (NPE)

Section D
Additional Item:
D0700/D0720 Social Isolation

Revised Items:
PHQ-2 and PHQ-9
(PHQ-9 Completed based on PHQ-2 responses.)

Section G
Retired Items:
Section G retired– Some items moved to Section GG (See Below)

Section GG
Additional Items:
GG0115 – Functional Limitation in Range of Motion (From Section G)
GG0120 – Mobility Devices (From Section G)

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Questions about the RAI?

Please submit them to

qa-mds@pa.gov

Inside this issue:

Section N: Teleconference

Date: April 9, 2020
Time: 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)
Topic: **Medications and MDS Related Coding Items**
Handouts: Power Point slides will be available about April 8, 2020 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: 2480609

Company Name: Myers and Stauffer
Presenter: Kerry Weaver

A recording of this teleconference will be available at:
http://nfrp.panfsubmit.com/

FAQ Teleconference Follow-up Questions

On January 9, 2020 a training was provided on FAQs and Answers. The following questions were received:

Q: If a resident, covered under Medicare A, is discharged to home return not anticipated and then returns to facility the next day, which assessments are required?

A: The OBRA schedule would need to be followed, an Entry and OBRA Admission Assessment would be required. A PPS 5-day is not needed as this is considered an interrupted stay. An optional IPA could be completed if appropriate.

Q: If a 5-day PPS assessment ARD was set on 12/12 for a newly admitted resident and the resident was readmitted to hospital on 12/9 (day 3) before the 5-day assessment was completed and returned to facility on 12/11, can the 5-day assessment ARD still be 12/12 or does it have to be changed to 12/9 (D/C date)?

A: No, the ARD of the PPS 5-day assessment could remain 12/12. In the case of an Interrupted Stay you may use any billable Medicare day 1 through 8 as the ARD for the 5-day assessment. Make certain to take a close look at each section when you code the 5-day because many items do not look beyond the most recent entry date at A1600, since this is updated upon reentry. The RAI rules must be followed and MDS coded accordingly.

Q: Our facility is new to CHC and some of our residents do not have ID cards/numbers to code on Section "S", we have been coding "No" to the CHC Participant, is this correct?

A: No. Each Medicaid eligible resident, as of January 1, 2020 in the newly enrolled counties, is a participant of CHC. You would need to verify the eligibility in the EVS system. Further information on CHC participant verification is available at: www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_281178.pdf .

Q: Now that Section "G" is removed from the MDS as of October 1, 2020, what will the state be using to calculate CMI?

*A: CMS has released the proposed MDS item sets to become effective October 1, 2020. As CMS releases more details on the final MDS changes and RAI manual, decisions will be made. Details of changes will be made available when finalized. Education to providers will be conducted prior to the initiation of any changes. Routine monitoring of the DOH Message board (*https://sais.health.pa.gov/commonpoc/Login/Login.aspx *) is suggested for notifications of pertinent information.*

Nursing Home Compare April Refresh

CMS is advising providers they will be updating the thresholds for quality measure ratings, according to the plan introduced in CMS Memorandum QSO-19-08-NH (https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-19-08-NH.pdf,) in which the thresholds will be updated every six months. The first update will take place April 2020. This action seeks to drive continuous quality improvement by raising the standards for all facilities to achieve certain ratings. It also helps prevent larger threshold adjustments on an unscheduled basis. Therefore, in April 2020, CMS will begin increasing quality measure (QM) thresholds by 50% of the average rate of improvement in QM score, and will do so every six months. For example, if there is an average rate of improvement of 2%, the QM threshold would be raised 1%. In addition to incentivizing continuous quality improvement, this action reduces the need to have larger adjustments to the thresholds in the future.

As CMS changes the QM thresholds, some nursing homes will see a decline in their rating in these areas until they make further improvements. Also, because the QM ratings are also used as part of the overall rating, some nursing homes will see a decline in their overall Five Star rating. CMS notes that a decline in a nursing home's Five Star rating, absent any new inspection information, does not necessarily represent a sudden decline in quality. In these cases, the change in rating would represent a change in the methodology for calculating certain measures. CMS believes these changes help consumers distinguish performance differences among nursing homes and communicate the expectation that nursing homes should continuously improve.

Lastly, CMS recognizes that each individual has their own specific needs and goals. The *Nursing Home Compare* website and *Five Star Quality Rating System* are one source of information about nursing homes, but consumers should seek other sources as well.

Baseline Review 2019 Results

Field Operations have visited every MA-participating nursing facility to perform a 2019 Baseline Review. This involves selecting twenty records that appeared on the February 1, 2019 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	1,544	256	16.58
C0700	Short-Term Memory -Staff	1,448	192	13.26
O0500B	ROM (Active)	1,950	233	11.95
O0500F	Walking Training	1,458	168	11.52
B0700	Makes Self Understood	3,570	376	10.53
O0500G	Dressing/Grooming training	1,367	144	10.53
O0700	Physician Orders (14)	10,594	1,087	10.26

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 3.86%, an increase from the 2018 error rate of 3.71%.

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 (http://nfrp.panfsubmit.com/) outlining the information Field Operations will expect to find to support each item response.

Infection Control Guidance

The November 2019 State Survey Agency Directors Memorandum (https://www.cms.gov/files/document/qso -20-03-nh) includes infection control information and basic practices to improve resident safety and quality in nursing homes. Read the memo and log in to the Quality, Safety & Education Portal (https://qsep.cms.gov/welcome.aspx) which replaced the Integrated Surveyor Training website, to find these resources:

- Updated Nursing Home Infection Control Worksheet: Self-assessment tool includes requirements and best practices to improve infection control programs, including new questions about facility water management to reduce the risks to residents of Legionella infections.

- Technical resources, especially when new organisms appear or there is an outbreak in your area.

- Antibiotic Stewardship Program for Nursing Home Providers: Training and resources on requirements to improve appropriate antibiotic usage.
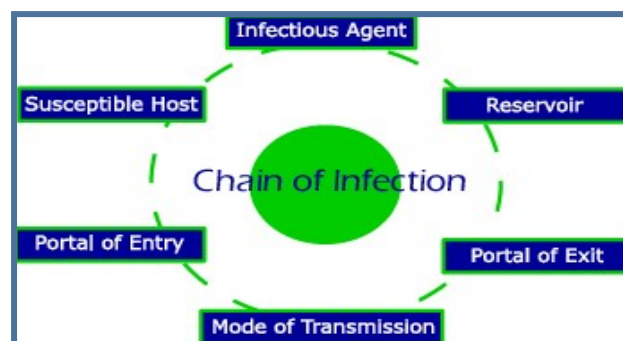
Note: CMS encourages use of alcohol-based hand rub, instead of soap and water, in all clinical situations except when hands are visibly soiled (e.g., blood, body fluids) or after caring for a resident with known or suspected C. difficile or norovirus infection during an outbreak; in these circumstances, use soap and water.

DRAFT-MDS Item Sets Continued

(Continued from page 1)

Section J
Retired Item:
J0500 Pain Effect on Function

Additional Items:
J0510 Pain Effect on Sleep
J0520 Pain Interference with Therapy Activities
J0530 Pain Interference with Day-to-Day Activities

Section K
Revised Item:
K0520 Nutritional approaches – (Expanded Columns)

Section N
Additional Item:
N0415/N0425 High-Risk Drug Classes: Use and Indication

Section O
Revised Items:
O0110 Additional Options
A1 Chemotherapy (IV, Oral, Other)
C1 Oxygen (Continuous, Intermittent, High Concentration)
D1 Suction (Scheduled and As needed)
G1 Non-invasive Mechanical Ventilator (BiPAP, CPAP)

H1 IV Medications (Vasoactive medications, Antibiotics, Anticoagulant, Other)
J1 Dialysis (Hemodialysis, Peritoneal Dialysis)

Additional Item:
O1 IV Access (Peripheral, Midline, Central)

Retired Items:
O0600 Physician Examinations
O0700 Physician Orders

The complete DRAFT MDS 3.0 Item Sets and Change History for October 2020 proposed changes are posted in the Downloads section of the CMS MDS 3.0 Technical Specifications webpage (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation).

**MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING**

Manuals with Recent Updates

CASPER Reporting User's Guide for MDS Providers:

https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals

   Cover (v1.12 posted 12/2019)\

   Section 6 - MDS 3.0 Nursing Home Provider Reports (v1.06 posted 12/2019)

   Section 11 - MDS 3.0 Quality Measure (QM) Reports (v1.04 posted 12/2019)

   Section 13 - SNF Quality Reporting Program (v1.07 posted 12/2019)

MDS 3.0 Provider User's Guide:

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

   Section 5 - Error Messages (v1.06 posted 12/2019)
       NOTE: Section 5 is key to understanding the Final Validation Report.

MDS 3.0 Quality Measures (QM) User's Manual V13.0 (2/20):

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures

Skilled Nursing Facility Prospective Payment System Booklet:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/snfprospaymtfctsht.pdf

   This booklet provides education and resources related to the Skilled Nursing Facility Prospective Payment System-PDPM (Patient Driven Payment Model).

Medicaid/CHC Identification Number MDS Coding Instructions

As a reminder regarding the MDS coding of Medicare, MA Recipient and CHC Member ID numbers, the instructions from the Resident Data Reporting Manual are provided below.

A0700. Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient

A0700 Medicaid Number (Chapter 3, Section A)	~Demographic	• Record this number if the resident is a Medicaid recipient • For a PA Medicaid recipient, enter the resident's 10-digit MA number from the PA ACCESS card • Enter the out-of-state MA number for residents being served in PA NFs under contract with other states' MA agencies • Enter the MA number even if the resident is currently in a MC Part A stay • Enter a "+" in the leftmost box if the number is pending • If not applicable because the resident is not a Medicaid recipient, enter "N" in the leftmost box • It is not necessary to process an MDS correction to add the Medicaid number on a prior assessment; just include it on the next assessment

S9080. Source of Payment

C. Recipient Number from PA ACCESS Card Must be completed if S9080A = 1

C. Recipient Number from PA ACCESS Card (if applicable)

Definitions
• The Pennsylvania ACCESS card is a permanent plastic identification card issued to all recipients eligible for public assistance benefits. The ten-digit MA recipient number is found on this card and may be used by MA providers to verify an MA consumer's eligibility for MA services through the Eligibility Verification System.

Coding Instructions
• Enter the 10-digit MA recipient number found on the PA ACCESS card, if available.
• If the resident does not have an MA recipient number, skip this item (enter caret [^] marks).
• Complete with record types NC – Comprehensive; NQ – Quarterly; NP – PPS; NT – Tracking; and ND – Discharge.

S9085. CHC Enrollment Details

D. CHC Member ID Must be completed if S9085A = 1

D. CHC Member ID
Definitions
• Each CHC participant is assigned a member ID which may be found on the member card.

Coding Instructions
• Enter the member ID found on the CHC member card without spaces or dashes.
• Complete this item when CHC services begin in the nursing facility's county.
• Complete with record types NC – Comprehensive; NQ – Quarterly; NP – PPS; NT – Tracking; ND – Discharge.
• This item must be completed on all listed record types if S9085A = 1. If the resident is not enrolled in a CHC plan, skip this item (enter caret [^] marks).

Resident Data Reporting Manual: Pages 9-6, 2-11, 2-13 http://nfrp.panfsubmit.com/