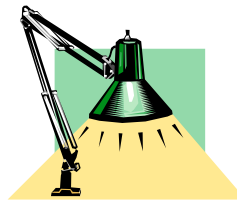


RAI Spotlight



Fiscal Year 2021 Proposed Medicare Payment and Policy Changes for Skilled Nursing Facilities

On April 10, 2020, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule [CMS-1737-P] for Fiscal Year (FY) 2021 that updates the Medicare payment rates and the quality programs for skilled nursing facilities (SNFs). CMS recognizes that the entire healthcare system is focused on responding to the COVID-19 public health emergency. As a result, the proposed rule includes proposals required by statute and that affect Medicare payment to SNFs, as well as proposals that reduce provider burden and may help providers in the COVID-19 response.

new SNF benefit period without the typical 60-day "wellness" period.

Strengthening Medicare: CMS projects aggregate payments to SNFs will increase by \$784 million, or 2.3 percent, for FY 2021 compared to FY 2020. This estimated increase is attributable to a 2.7 percent market basket increase factor with a 0.4 percentage point reduction for multifactor productivity adjustment.

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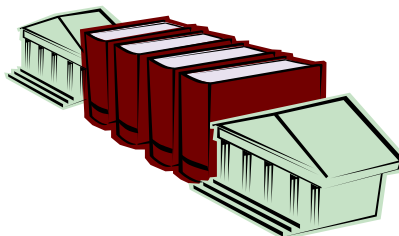
Volume 14, Issue 4
May 2020

Questions about the RAI?

Please submit them to
qa-mds@pa.gov

2019 Coronavirus (COVID-19) Outbreak:

CMS issued an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to the COVID-19 pandemic, including waiving the SNF benefit's 3-day qualifying inpatient hospital stay requirement (pursuant to section 1812(f) of the Social Security Act), which allows SNF patients to be admitted without the typically required 3-day inpatient hospital stay and additional flexibility in relation to how beneficiaries may access a



Teleconference: MDS Updates - Navigating the Changes

Date: July 9, 2020
Time: 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)
Topic: MDS Updates 2020-Navigating the Changes
Handouts: Power Point slides will be available about July 8 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: 8377347

Company Name: Myers and Stauffer Presenter: Kerry Weaver

A recording of this conference will be available following the presentation.

Additional questions: qa-mds@pa.gov

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Teleconference Q & A



On April 9, 2020, a training teleconference was provided on the Medications and Related MDS Coding Items. The following questions were received.

Q: Are antibiotic eye or ear drops coded in Section N on the MDS?

A: Yes. The RAI states "Include medications given to the resident by any route..." This would include not only antibiotic eye and ear drops, but topical ointments as well.

Q: Are nutritional supplements considered when completing the drug regimen review?

A: Yes. All medications including: over the counter

(OTC), nutritional supplements, herbal products, Total Parenteral Nutrition (TPN) and oxygen are considered when completing the drug regimen review.

Q. How is a Gradual Dose Reduction (GDR) coded when a resident returns from a discharge return anticipated, when a GDR was in progress at the time of their discharge?

A: If the resident returns with the GDR still in place (Same dose and schedule as was the plan of the GDR) as documented prior to the discharge then GDR would be coded on the MDS. If the resident returns on the antipsychotic medication that was a schedule or dosage not in accordance with prior documented GDR, then GDR would not be coded on the MDS.

MDS Baseline Reviews

This year the Field Operations MDS Baseline reviews will be done electronically as much as possible. Your Field Operations Representative will be reaching out to each nursing facility in the next several months regarding the details of your annual MDS Baseline review.

Quality Measure and 5-Star News

The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, CMS has taken several actions to help control and prevent the spread of the virus.

Health Inspections:

On March 23, CMS announced a new, targeted inspection plan designed to help keep nursing home residents safe in the face of the COVID-19 pandemic. The plan called for focused inspections on urgent patient safety threats (called "immediate jeopardy") and infection control. These targeted inspections allow CMS to focus inspections on the most urgent situations, so the agency can get the information it needs to ensure safety, while not getting in the way of patient care.

Due to this action, there is a great shift in the number of nursing homes inspected, and how the inspections are conducted. Without action, this would disrupt the inspection domain of the Five Star Quality Rating System because many nursing homes that would normally be inspected, will not, thereby over-weighting and impacting the ratings of those facilities that are inspected. This could then potentially mislead con-

sumers. Therefore, CMS will temporarily maintain and hold constant the health inspection domain of the rating system. Specifically, health inspections conducted on or after March 4, 2020, will be posted publicly, but not be used to calculate a nursing home's health inspection star ratings. This action stated with the scheduled update to the Nursing Home Compare website on April 29, 2020. The surveys will be posted through a link on the front page of the Nursing Home Compare website in the upcoming months (as the survey data is finalized and uploaded).

Staffing and Quality Measure Rating:

On April 29, 2020, the staffing and quality measure domains will be updated as expected because the underlying data for these domains are based on time periods that occurred prior to the COVID-19 crisis. CMS does not yet know the full impact the COVID-19 pandemic will have on these domains and the rating system, but we are prepared to make changes when warranted. We are monitoring the situation closely and will communicate with the stakeholders as soon as possible.

(Continued on Page 4)



Fiscal Year 2021 Proposed Medicare Payment and Policy Changes for Skilled Nursing Facilities

(Continued from Page 1)

Changes in SNF PPS Wage Index: CMS proposed to adopt revised geographic delineations provided by the Office of Management and Budget, which are used to identify a provider's status as an urban or rural facility and to calculate the wage index and apply a 5 percent cap to wage index decreases.

Updates to PDPM Clinical Diagnosis Mappings: CMS' Patient Driven Payment Model (PDPM) is an innovative and historic change in how we pay for care that is more focused on patient characteristics, rather than volume, under the SNF PPS and is used for classifying patients in a covered Medicare Part A SNF stay into case-mix groups. In this proposed rule, we are proposing changes to the ICD-10 code mappings that would be effective beginning in FY 2021, in response to these stakeholder recommendations.

SNF Value-Based Purchasing (VBP) Program: The SNF VBP Program scores SNFs on a single all-cause

claims-based measure of hospital readmissions and adjusts Medicare Part A fee-for-service (FFS) payments under the SNF Prospective Payment System (PPS). The law requires that CMS reduce SNFs' Medicare Part A FFS payments by 2 percent, then redistribute between 50 to 70 percent of that reduction to SNFs as incentive payments.

CMS is proposing to align the SNF VBP Program regulation text at 42 CFR § 413.338 with previously finalized policies, to apply the 30-day Phase One Review and Correction deadline to the baseline period quality measure quarterly report, and to establish performance periods and performance standards for upcoming program years. CMS is not proposing to make any changes to the measures, SNF VBP scoring policies, or payment policies.

CMS encourages comments on this proposed rule and will accept comments until June 9, 2020. The proposed rule [CMS-1737-P] can be downloaded from the *Federal Register* at: <https://www.federalregister.gov/public-inspection>.

Updated MDS 3.0 Item Sets v1.17.2 and Technical Data Specifications

CMS has updated the MDS 3.0 item sets (version 1.17.2) and related technical data specifications. These changes will support the calculation of PDPM payment codes on OBRA assessments when not combined with the 5-day SNF PPS assessment, specifically the OBRA comprehensive (NC) and OBRA quarterly (NQ) assessment item sets, which was not possible with item set version 1.17.1. This will allow State Medicaid Agencies to collect and compare RUG-III/IV payment codes to PDPM ones and thereby inform their future payment models.

The changes to the technical data specifications that support these modifications are contained in the Errata v3.00.4 which can be accessed in the file: MDS 3.0 data specs errata (v3.00.4) Final 04-30-2020 in the Downloads section of the [MDS 3.0 Technical Information page](#). Supporting materials including the 1.17.2 Item Change History report and the revised 1.17.2 Item Sets can be accessed in the file: MDS 3.0 Final Item Sets v1.17.2 for October 1 2020 zip also posted in the Downloads section of the [MDS 3.0 Technical Information page](#).

SNF-QRP Updates

Publication of FY 2022 SNF Annual Payment Update (APU) Overview Table:

CMS published the FY 2022 SNF Annual Payment Update (APU) table. This table indicates the data elements CMS will use for FY 2022 SNF QRP APU determinations. The SNF APU table is available in the document titled FY-2022-SNF-QRP-APU-Table-for-Reporting-Assessment-Based-Measures-and-SPADEs-Finalized.pdf in the Downloads section of the SNF Quality Reporting Program Measures and Technical Information [webpage](#).

Delayed: Release of Updated Versions of SNF Assessment Instrument (and Supporting Training):

CMS is delaying the release of the updated versions of the Minimum Data Set (MDS) needed to support the Transfer of Health (TOH) Information Quality Measures and new or revised Standardized Patient Assessment Data Elements (SPADEs) in order to provide maximum flexibilities for providers of Skilled Nursing Facilities (SNFs) to respond to the COVID-19 Public Health Emergency (PHE).

The release of updated versions of the MDS will be delayed until October 1st of the year that is at least 2 full fiscal years after the end of the COVID-19 PHE. For example, if the COVID-19 PHE ends on September, 20, 2020, SNFs will be required to begin collecting data using the updated versions of the item sets beginning with patients discharged on October 1, 2022.

Quality Measure and 5-Star News

(Continued from Pg. 2)

PBJ Submission Deadline of May 15, 2020:

Due to the COVID-19 pandemic, CMS has waived the requirement for PBJ data to be submitted by May 15, 2020. If providers would still like to submit PBJ staffing data for the period of January 1, 2020 - March 31, 2020 by the May 15, 2020 deadline, they may still do so, but it is not required. CMS will communicate how this will impact what is reported on the Nursing Home Compare website and Five-Star Quality Rating System as soon as possible.

Staffing Case-Mix Hours:

The staffing rating uses the distribution of resident days by RUG-IV group to determine each nursing home's case-mix hours for calculating adjusted staffing levels and staffing ratings. For the Nursing Home

Compare refreshes in April, May, and June 2020, staffing ratings will be based on the reported PBJ staffing hours submitted for October 1 - December 31, 2019 and the case-mix hours for July 1 - September 30, 2019. The case-mix hours typically come from the same quarter as the PBJ data; however, the RUG-IV data for October 1 - December 31, 2019 were not available at the time the ratings were calculated; thus, RUG-IV data from the prior quarter will be used.

Quality Measure Recalibration:

The quality measure (QM) cut-point recalibration that was scheduled for April 2020 has been delayed. Please watch for future communication from CMS about when the QM cut-point recalibration will occur.



New QIES Helpdesk Information

The QIES Helpdesk has updated their system to provide you with an improved user experience. As part of these changes, QIES will no longer manage emails sent to help@qtso.com. Direct all questions to the new email address: qies@cms.hhs.gov.

What you can expect:

An automated ticket will be created for you upon receipt of your email.

A confirmation email from CMS Quality Support (cmsqualitysupport@midatl.service-now.com) will be sent to you with your ticket number and a description of your request.

Your case will be assigned to a support agent who will work immediately to resolve your inquiry.

HELP DESK



Please Note: When submitting your initial Help Desk request, please include your first and last name, phone number, and CCN or Facility ID. If CCN or Facility ID is unknown, please include Facility/Agency name and zip code. Please only use one method of communication (either phone or email) to avoid the creation of duplicated tickets.

Manuals with Recent Updates

Five-Star Technical User's Guide Plus Claims-Based Measures Appendix (4/20)

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

CASPER Reporting User's Guide for MDS Provide (3/20)

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

MDS 3.0 RAI Manual, Appendix B (4/20)

<https://www.cms.gov/files/document/appendix-b-04302020.pdf>

