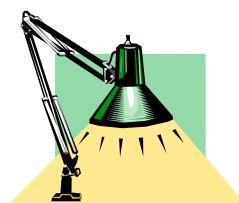


RAI Spotlight



CMS: Draft MDS 3.0 Item Sets Version 1.19.1

The Centers for Medicare & Medicaid Services (CMS) recently posted the draft Minimum Data Set (MDS) 3.0 Item Sets, version (v)1.19.1 and Item Matrix in the Downloads section on the Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual page. The draft item sets are scheduled to become effective Oct. 1, 2024, and contain the following major changes.



- Add the pharmacological classification of anticonvulsants to N0415, High-risk drug classes: Use and Indication
- Remove the discharge goals (column 2) from section GG, Functional abilities
- Ask if the resident's COVID vaccination is up to date in section O

The draft Minimum Data Set (MDS) 3.0 Item Sets version (v) 1.19.1 and Item Matrix are now available in the Downloads section on the [Minimum Data Set \(MDS\) 3.0 Resident](#)

Kiera Price
RAI Coordinator
1-717-787-1816
qa-mds@pa.gov

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Questions:

- **RAI**, Manual including MDS coding?
qa-mds@pa.gov
- **State Medicaid**, including Section S, CMI reports and Field Office information? Myers and Stauffer Helpdesk at (717) 541-5809 or pahelpdesk@mslc.com
- **CMS SNF QRP Public Reporting?**
SNFORPPRquestions@cms.hhs.gov
- **Medicare Part A Billing and Eligibility questions** - Contact your MAC - Novitas at 1-877-235-8073
- **MDS technical issues-** (contact the MDS Automation Coordinator, Ruth Anne Barnard at rbarnard@pa.gov)

Next Teleconference: Section M - Skin Conditions

Date: April 17, 2024
Time: 1:30 - 2:30 pm EDT (Dial-in 10 minutes earlier)
Topic: Section M - Skin Conditions

Handouts: Presentation materials will be emailed to all participants prior to the start of the training.

Registration Link: <https://mslc.webex.com/weblink/register/r4c094cb375e63a4b1188287ebc452aea>

Presenter: Lynn Snider, BSN, RN, RAC-CT
Myers and Stauffer

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

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MDS Section A Teleconference Q & A

On January 12, 2024 a training teleconference was provided on MDS Section A. The following questions were received:



Q. If a resident passes away or is an unplanned transfer to the hospital, is the appropriate response “unable to respond” along with information given by the family/significant other and/or legal guardian. Or is “unable to respond” the only response checked?

A. The question lacks specificity regarding which MDS Item in Section A is being questioned; however, we offer the following - Regarding Race, Transportation, and other interview items, the directive given in the MDS is: In the cases where the resident is unable to respond and the response is determined via family, significant other, or legally authorized representative input or medical records, check all boxes that apply, including X. Resident unable to respond.

Q. Can you differentiate between unable and decline? If a resident can do the BIMs/PHQ9 but declines to answer race is that unable due to dementia or decline?

A. The question indicates that it is resident choice to decline to answer. In this case, per the RAI Manual page A-21, “If the resident declines to respond, do not code based on other resources (family, significant other, or legally authorized representative or medical records).”

(Continued on Pg. 3)

Baseline Review 2023 Results

Field Operations have visited every MA-participating nursing facility to perform a 2023 Baseline Review. This involves selecting twenty records that appeared on the February 1, 2023 CMI Report.

The resident’s record is reviewed to assure that:

- the responses that appear on the MDS in the facility as 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
C10000	Decision Making Staff	1,279	176	13.76%
O0500B	Range of Motion (active)	15,15	188	12.41%
O0700	Physician Orders (14)	10,376	1,268	12.22%
O0500G	Dressing/Grooming Training	1,113	125	11.50%
B0700	Makes Self Understood	3,360	374	11.13%

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 4.13%, an increase from the 2022 error rate of 3.97%.

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.

January Teleconference Q and A

Q. On page 33 of slides under section A0410 Unit certification or licensure designation for Code 03 it says .. regardless of payor source .. facility is required to submit MDS records OBRA and SNF PPS -- can you please clarify because we don't submit other insurance payor for skilled time (and SNF PPS is skilled MDS)?

A. Per the RAI Manual, page A-12: Code 3, Unit is Medicare and/or Medicaid certified: if the resident is on a Medicare and/or Medicaid certified unit, regardless of payer source (i.e., even if the resident is private pay or has their stay covered under Medicare Advantage, Medicare HMO, private insurance, etc.), the facility is required to submit MDS records (OBRA and SNF PPS only) to iQIES for these residents. Consult Chapter 5, page 5-1 of this Manual for a discussion of what types of records should be submitted to iQIES.

Q. Do we complete the new interview/resident self-report items such as Health Literacy, Transportation, and Social Isolation before or after the ARD?

A. The ARD refers to the specific endpoint for the observation (or "look-back") periods in the MDS assessment process. MDS 3.0 items have a 7-day look-back period unless otherwise noted. Therefore, providers are to conduct the interviews during the 7-day look-back period based on the ARD.

Q. Once we've interviewed the resident for ethnicity and race on their first assessment, do we have to ask them on every assessment?

A. Yes, the assessor must follow the Steps for Assessment for A1005. Ethnicity and A1010. Race on each assessment, starting with asking the resident.

MDS Related Questions

The QA-MDS@pa.gov mailbox receives and responds to questions such as what can be coded in an MDS item, Assessment timing, Care Area Assessments (CAAs) and Survey and Certification questions regarding MDS 3.0.

For all other questions...

MDS technical issues: (e.g., questions regarding using CMS data systems) contact the MDS Automation Coordinator, Ruth Anne Barnard at rbarnard@pa.gov.

State Medicaid issues, including Section S, the OSA (Optional State Assessment), the Nursing Facility Report Portal system, and Case Mix/CMI reports contact the Meyers & Stauffer helpdesk at pahelpdesk@mslc.com or by telephone 717-541-5809 or, the State Medicaid Agency - Department of Human Services (DHS) at 1-800-932-0939. This department provides answers to questions concerning MA Case-Mix Reimbursement rates, MA billing and extensions for Picture Date deadlines.

Field Operations Review is a function of the state Medicaid agency, which is the Department of Human Services. Questions regarding Field Operations Reviews should be directed to your assigned Field Operations Office listed in the Pennsylvania Medicaid Case Mix Resident Data Reporting Manual (<http://www.dhs.pa.gov/>).

For questions pertaining to CMS SNF QRP Public Reporting, contact the CMS QRP helpdesk at SNFQRPPRquestions@cms.hhs.gov.

Questions regarding billing to Medicare Part A should be directed to the facility's Medicare Administrative Contractor (MAC). The MAC for Pennsylvania is Novitas Solutions 1-877-235-8073 or <http://www.novitas-solutions.com/>.

Manuals with Recent Updates:

MDS 3.0 QM User's Manual v16.0

<https://www.cms.gov/files/document/mds-30-qm-users-manual-v160pdf.pdf>

