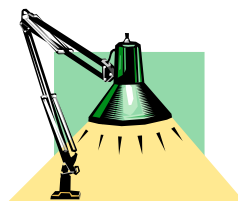


RAI Spotlight



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PA - CMI Reports November 1, 2023 Picture Date

PA initial CMI Reports for the November 1, 2023 picture date were posted to the facility Nursing Facility Report Portal (NFRP) on November 20, 2023. Facilities should review CMI reports carefully for all non-valid resident assessments. As a reminder, one reason an assessment may be identified as non-valid (on the roster report) is a missing Optional State Assessment (OSA) with a corresponding Assessment Reference Date (ARD) of a submitted federally required assessment.

Facilities should make necessary corrections as soon as possible to

allow sufficient time for submitting MDS assessment corrections to the Internet Quality Improvement & Evaluation System (iQIES).

When completing a review of the CMI report, facilities should ensure all needed error corrections have been completed prior to the correction submission cut-off date of December 20, 2023.

Please contact the Myers and Stauffer help desk at (717) 541-5809 or pahelpdesk@mslc.com if unable to reconcile the facility CMI report or for any questions.

Questions:

- **RAI, Manual including MDS coding?** qa-mds@pa.gov
- **State Medicaid**, including Section S, OSA CMI reports and Field Office information? Myers and Stauffer Help-desk at (717) 541-5809 or pahelpdesk@mslc.com
- **CMS SNF QRP Public Reporting?** SNFQRPquestions@cms.hhs.gov
- **Medicare Part A Billing and Eligibility questions** - Contact your MAC - Novitas at 1-877-235-8073
- **MDS Technical Issues?** Ruth Anne Barnard, MDS Automation Coordinator, (717) 214-3736 or rbarnard@pa.gov

Next Teleconference: MDS 3.0 Section A



Date: January 11, 2024

Time: 1:30 - 2:30 pm EDT (Dial-in 10 minutes earlier)

Topic: MDS 3.0 Section A

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

Registration Link: <https://mslc.webex.com/weblink/register/r623dc1f72022c1008e14930662a49f5c>

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 Item Set Update Training - October 2023

Questions and Answers



On October 12, 2023 a training teleconference was provided on MDS Item Set Updates. The following questions were received:

Q. The questions for race, ethnicity and language are showing on all MDS assessments: Admission, annual, significant change, and quarterly in PCC. Is this a software issue or should these questions be answered from a previous interview?

A. *These questions are required by CMS on all the above-mentioned item sets. Please see Appendix F of the RAI Manual for a complete listing of MDS items required to be completed for each item set.*

Q. For O0110, can an IV medication given on day 1, admission day, prior to arrival be included?

A. *For MDS Item O0110H1, "While a Resident" this may only be coded if it was received while a resident of this facility AND within the last 14 days (RAI Manual Page O-1). Therefore, the answer would be no, because it was not given while a resident of the facility.*

Q. Do we just do an OSA (and not submit) to replace 14D and 30D (for insurance purposes)? 14D and 30D will not lock, it gives an error. Is this a PCC error or is it an error from the 10/1 changes?

A. *For question related to MDS assessments completed for insurance payment, facilities should contact the insurance company requiring these assessments for guidance. These types of assessments are not submitted to iQIES and therefore no OSA is required for Medicaid payment purposes.*

Q. Can an OSA and corresponding OBRA and/or PPS MDS assessment be submitted in different batches?

A. *Yes. The OSA may be submitted in a different batch from the corresponding OBRA or PPS assessment.*

Q. Is there guidance for documentation that would support G on the OSA if a facility updates their CNA tasks to the GG verbiage?

A. *Please see the PA-Resident Data Reporting Manual and the OSA Manual for guidance on MDS coding of Section G. Requirements for the documentation to support the coding of Section G of the MDS have not changed with the initiation of the OSA. Section GG documentation would not support Section G MDS item coding.*

Q. Are Medicare 5-day assessments still required?

A. *Yes. Requirements have not changed for federally-required Medicare assessments with the implementation of the OSA.*

Q. If a resident can answer D0150 A, B, C, D, E, F, G, H, or I in column 1 with an answer but are not able to tell you a frequency, is it left blank or should something different be coded?

A. *Start by asking the resident the number of days that they were bothered by the symptom and read and show cue card with frequency categories/descriptions (0-1 days—never; 2-6 days—several days; 7-11 days—half or more of the days; or 12-14 days—nearly every day). Explore why the resident can answer the symptom presence, but is having difficulty with the frequency. Use the cue card. Ensure they have visual and hearing aids if needed. Do they need an interpreter, etc...?*

Q. If an OBRA or PPS assessment needs to be modified or inactivated does the corresponding OSA need to be modified/inactivated?

A. *If the MDS item being modified is on both the federally-required assessment and the OSA then both assessments need to be modified. If the MDS item requiring modification is only on the federally-required assessment then only the federally-required assessment needs to be modified. If an assessment is inactivated, the corresponding OSA should be inactivated as well.*

Public Reporting Timeline for Quality Measures Impacted by the MDS 3.0 G-GG Transition

Effective October 1, 2023, MDS Section G: Functional Status was replaced with Section GG: *Functional Abilities and Goals*. This transition will significantly impact the specifications of the following Nursing Home Quality Initiative (NHQI) quality measures (QMs):

- Percentage of Residents Who Made Improvements in Function (Short Stay)
- Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)
- Percent of Residents Whose Ability to Move Independently Worsened (Long Stay)
- Percent of High-Risk Residents with Pressure Ulcers (Long Stay)
- Percent of Low-Risk Residents Who Lose Control of Their Bowel and Bladder (Long Stay)

To address the impact of this Section G to GG transition on the 2024 Nursing Home Care Compare public reporting schedule, CMS will freeze (hold constant) the aforementioned QMs on Nursing Home Care Compare in April 2024. In October 2024, CMS will replace the Percentage of Residents Who Made Improvements in Function (Short Stay) measure with the new Discharge Function Score measure which was finalized in the [FY2024 SNF PPS Final Rule](#) for use in the SNF Quality Reporting Program (QRP) and the SNF Value Based Purchasing (VBP) program. The remaining four measures will continue to be frozen until January 2025 while the data for the equivalent measures are collected.

Care Compare October Release of SNF QRP Data Now Available

The October 2023 release of the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) data is now available on [Care Compare](#) and [Provider Data Catalog \(PDC\)](#).

The data are based on quality assessment data submitted by SNFs to Centers for Medicare & Medicaid Services (CMS) from **Quarter 1, 2022 through Quarter 4, 2022**. Additionally, the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure reflects data from **Quarter 4, 2022**. The data for the claims-based measures will display data from **Quarter 4, 2020 through Quarter 3, 2022**, and for the SNF Healthcare-

Associated Infections (HAI) Requiring Hospitalization measure, **Quarter 4, 2021 through Quarter 3, 2022**.

Lastly, the October 2023 release includes the initial public reporting of the CDC measure, Influenza Vaccination Coverage among Healthcare Personnel. This measure reflects data submitted from **Quarter 4, 2022 through Quarter 1, 2023**.

Please visit [Care Compare](#) and [PDC](#) to view the updated quality data. **For questions about SNF QRP Public Reporting, please email SNFORPPRQuestions@cms.hhs.gov.**

MDS 3.0 RAI Manual v1.18.11R.Errata.v2.October.20.2023

The PDF file labeled “MDS3.0 RAI Manual v1.18.11R.Errata.v2.October.20.2023” is now available in the Downloads section on the [Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual](#) page. The errata document contains revisions to the MDS 3.0 RAI Manual version (v)1.18.11R to provide clarity and additional guidance in Section D and Chapter 6 to support item D0100, Should Resident Mood Interview be Conducted? serving as a gateway item for the Resident Mood Interview (PHQ-2 to 9©) and D0500, Staff Assessment of Resident Mood (PHQ-9-OV©). Minor revisions also included are corrections to language in Section Q to provide proper guidance on Care Area Assessment (CAA) requirements, corrections to language in Chapter 2 to provide proper guidance on combining Omnibus Budget Reconciliation Act (OBRA) discharge assessments, an updated Internet Quality Improvement & Evaluation System (iQIES) warning error message in Chapter 5, updated screenshots in Section A and Section O, and an updated MDS Item Matrix. The errata document also includes all issues from previous MDS 3.0 RAI Manual v1.18.11R errata releases.

Changed manual pages are marked with the footer “October 2023 (R).”

The errata document begins with a table that lists all identified revisions and the pages to which they have been applied. Following the table are the actual corrected replacement pages for insertion into the printed manual.

MDS 3.0 QM User's Manual Version 16.0 Now Available

The Minimum Data Set (MDS) 3.0 Quality Measures (QM) User's Manual V16.0 is now available. The MDS 3.0 QM User's Manual V16.0 contains detailed specifications for the MDS 3.0 quality measures and includes a Notable Changes section that summarizes the major changes from MDS 3.0 QM User's Manual V15.0.

Major changes to the manual involve the re-specification and replacement of QMs that use items impacted by the MDS transition from version 1.17.2 to version 1.18.11, effective October 1, 2023 (i.e., Section G items are replaced by Section GG items).

The MDS 3.0 QM User's Manual V16.0 can be found in the Downloads section of the CMS webpage and the MDS 3.0 QM User's Manual V15.0 has been moved to the [Quality Measures Archive](#) webpage.

One file related to the MDS 3.0 QM User's Manual has been posted:

MDS-3.0-QM-USER'S-MANUAL-v16.0.pdf contains detailed specifications for the MDS 3.0 quality measures, as well as the Quality Measure Reporting Module Table that documents CMS quality measures calculated using MDS 3.0 data and reported in a CMS reporting module.

Quality measure specifications are available in the QM Users' Manual download file, which can be found under the **Downloads** section on the CMS webpage. A sub-group of quality measures are incorporated into the Five-Star Quality Rating System and used to determine scoring for the quality measures domain on Nursing Home Compare.

Manuals with Recent Updates:

MDS 3.0 QM User's Manual Version 16.0 -

<https://www.cms.gov/medicare/quality/nursing-home-improvement/quality-measures>

MDS3.0RAI Manual v1.18.11R.Errata.v2.October.20.2023 -

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>

CMS iQIES Reports User Manual v2.5: MDS Reports -

https://qtso.cms.gov/system/files/qtso/iQIES%20Reports%20User%20Manual%20v2.5%20FINAL%2010.04.23_0.pdf

Resident Data Reporting Manual -

https://www.dhs.pa.gov/providers/Documents/Long_Term_Nursing_Facilities/Resident%20Data%20Reporting%20Manual_10.01.2023.pdf

