

MDS Alert

MDS 3.0: Get Answers To Your Burning Questions About October MDS Changes

Pressure ulcer QM doesn't change your coding of items M0300 and M0800.

October is here, which means that all those RAI Manual changes are becoming a reality. Thankfully, the **Centers for Medicare & Medicaid Services** (CMS) has released a collection of clarifications to FAQs that it's collected throughout various trainings. You have a lot of details to keep straight, so pay attention to these key points:

Don't Try to Combine These Assessments

Question 1: Can you combine the Part A PPS Discharge assessment with other assessments?

CMS Answer: You may combine the Part A PPS Discharge with Omnibus Reconciliation Act (OBRA) and scheduled Prospective Payment System (PPS) assessments. You must follow the combination rules in Chapter 2 of the RAI Manual and the instructions for completing the MDS items on the combined assessment in Chapter 3. Although you can combine the Part A PPS Discharge with OBRA and scheduled PPS assessments, you cannot use it in place of them.

Mistake: You cannot combine the Part A PPS Discharge with unscheduled PPS assessments (OMRAs). CMS determined that the volume of cases where these combinations might exist was so low that it didn't warrant the creation of the additional item sets and submission specifications.

So when a Part A PPS Discharge is required and an OMRA (unscheduled PPS assessment) is also required, you must complete the two separately.

When to Complete Section GG Discharge Items

Question 2: When must you complete the items in Section GG □ Functional Abilities and Goals?

CMS Answer: The Section GG items are required on both admission and discharge to the skilled nursing facility (SNF) when the resident is covered under a Medicare Part A stay.

On admission, you must complete these items only when A0310B □ PPS Assessment is 01 □ Admission assessment (required by day 14). The assessment period on admission for Section GG is the first three days of the Part A stay starting with the date in A2400B □ Start date of most recent Medicare stay.

On discharge, you must complete these items only if:

- A0310G □ Type of discharge is not 2 □ Unplanned, AND
- A0310H □ Is this a SNF Part A PPS Discharge Assessment? is 1 □ Yes, AND
- A2400C □ End date of most recent Medicare stay minus A2400B is greater than 2, AND
- A2100 □ Discharge Status is not 03 □ Acute hospital.

The assessment period for the Section GG Discharge items is the last three days of the Part A stay ending with the date in A2400C.

Remember: You must complete the Section GG Discharge items when a resident's Part A stay ends, meaning the resident is "discharged" from Part A. You don't need to complete these items when the resident is being physically discharged from the facility and the discharge is:

- An unplanned discharge;
- A Part A stay that was less than three days; or
- A discharge to an acute hospital.

Keep in mind that if you're completing the MDS items using computer software (in which the vendor has incorporated the CMS data submission specifications or is using jRAVEN software), any non-active items will be invisible to you. This means that, based on the submission specs and how you code certain items, the software will either display the Section GG Discharge items or not. But if you're using paper, you'll need to carefully follow all skip patterns and instructions.

Similarly, when you're completing a standalone Part A Discharge, you must complete the Section GG items when the Medicare Part A stay ends and the resident is remaining in the facility.

If the resident is being physically discharged on the day of or one day after the end date of the most recent Medicare stay, you must complete both the Part A PPS Discharge and the OBRA Discharge, and you may combine these. When this occurs, the submission specifications will allow you to complete the Section GG Discharge items.

Clear Up Your Confusion Over Section M Changes

Question 3: Has anything changed for the Section M items M0300 and M0800?

CMS Answer: Despite noted changes in Section M related to the SNF Quality Reporting Program (QRP) Pressure Ulcer quality measure (QM), nothing has changed in how you must complete items M0300 □ Current Number of Unhealed Pressure Ulcers at Each Stage and M0800 □ Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or scheduled PPS) or Last Admission/Entry or Reentry. The RAI Manual changes are simply in how CMS calculates the measures for the different quality programs.

For the Nursing Home Quality Initiative (NHQI), the Pressure Ulcer Short Stay QM is calculated using M0800. For the SNF QRP, the Pressure Ulcer QM is calculated using M0300.

When Does the SNF QRP Kick In?

Question 4: When should you start using the new version of the MDS 3.0?

CMS Answer: Look to the Assessment Reference Date (ARD) coded in item A2300 □ Assessment Reference Date to determine the MDS 3.0 version that you should complete and submit to CMS. If the ARD is on or after Oct. 1, 2016, you should use MDS 3.0 version 1.14.1 □ this is the newest version that contains all the items required for submission for the SNF QRP, including the new Section GG.

CMS will begin calculating the QMs used in the SNF QRP using records submitted with an actual admission date on or after Oct. 1, 2016.

How CMS Will Calculate Your Pay

Question 5: How will the Annual Payment Update (APU) threshold for FY 2018 work?

CMS Answer: CMS won't base the APU for FY 2018 on the final calculation of a QM, nor complete stays. Instead, CMS will base the APU on determining the completion of the items necessary to calculate the QM, which includes the risk adjustment items. This means that the threshold is based on the completion of items on a record, regardless of whether

the stay has been completed.

Example: If a resident is admitted on Dec. 20, and you've completed all items on the resident's five-day PPS assessment used to calculate the SNF QRP measures, then CMS would consider this record to be compliant. A provider must have 100 percent of all the items necessary to calculate the QM on at least 80 percent of the records submitted that CMS would use to calculate (and risk adjust) the QM.

Note: According to CMS, the calculation of the SNF QRP measures are stay-based and are therefore calculated using the five-day PPS assessment for the admission and either the Part A PPS Discharge or the OBRA Discharge, depending on which the SNF submits to CMS.

Resources: To access more information and training on the SNF QRP, go to www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html.