simple. QRM [Webinar] Top 10 for 10/1: The Top 10 CMS changes scheduled for implementation on 10/1/2023

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Questions & Answers

MDS Scheduling

Q: Can we do the prescheduling or do we need to wait till after 10-1?

A: Please ask your EMR provider when the most current version of the MDS will be available within your system and open MDSs according to their direction.

Q: How should we set ARDs past 10/1?

A: Please ask your EMR provider when the most current version of the MDS will be available within your system and open MDSs according to their direction.

Payment

Q: What is dual eligibility?

A: The term "dual eligibility" is generally used to indicate that a resident has Medicare and Medicaid coverage.

Dashes/Information Collection

Q: Can you clarify whether the dashing of Goals in section GG impacts the threshold. Are you allowed to dash in the Goal of section GG without impact?

A: The current requirement to set at least one self-care and one mobility goal in Section GG has not changed. Once you have met the minimum requirement, the other goal fields may be dashed without penalty.

Q: Is it still okay in GG to have one goal and the rest dashed?

A: The current requirement to set at least one self-care and one mobility goal in Section GG has not changed. Once you have met the minimum requirement, the other goal fields may be dashed without penalty.

Q: For any resident that was in the facility less than 12 hrs. and decided to discharge for whatever reason, how do we gather incomplete information such as bathing, eating if none of that occurred without applying a dash?

A: Unfortunately, if information was not collected during the resident's stay, dashes may be required.

Questions & Answers

Q: There are times a resident admits one day and is sent out to the hospital prior most interviews being completed- how do we avoid using dashes then?

A: Unfortunately, if information was not collected during the resident's stay, dashes may be required.

Q: If someone is hospice or palliative care and does not get weighed, is there any option not to dash?

A: Unfortunately, if information was not collected during the resident's stay, dashes may be required.

Q: What about dashing weights when a resident refuses to be weighed?

A: If a resident refuses to be weighed, and there is not another weight collected within the lookback window, a dash would be appropriate.

Q: What happens when they refuse the weight?

A: If a resident refuses to be weighed, and there is not another weight collected within the lookback window, a dash would be appropriate.

Q: With the new resident-only directed questions, what suggestions do you have to complete those questions for a resident that is deaf, blind, mute, or has severe intellectual disabilities? Will the dash be allowed?

A: CMS expects that the facility will make all the necessary accommodations. However, once those accommodations have been made and a resident is still unable to respond there is generally a box that indicates that the resident is unable to respond. A dash would not be appropriate in this scenario.

Q: If a resident is admitted on Friday evening & DC's to the hospital on Monday morning, dashes maybe used?

A: If information is not collected within the look-back period, a dash would be appropriate but may affect the SNF QRP Threshold.

Q: Right now, if the resident's family wishes, they can refuse height and weight measurements. Will we get penalized for this?

A: If a resident refuses to be weighed, and there is not another weight collected within the lookback window, a dash would be appropriate but may affect the SNF QRP Threshold.

Questions & Answers

Q: When an MDS nurse comes back to work after a few days off and a resident was admitted to the hospital a few days before that, on the discharge MDS there have to be dashes on sections for BIMS, pain, etc. since you can't ask them. Will that count against the facility? Also when doing significant change MDS for residents needing special isolation, at times the MDS nurse is not able to enter due to their own health issues and risk e.g. can't wear N95. So can't ask the resident questions.

A: Anytime dashes are used in the fields required for the SNF QRP those dashes will be counted in the calculation. CMS expects the facility to have adequate coverage to meet the resident's needs, including holidays, weekends, and staff-paid time off. In cases of isolation, CMS expects that all necessary services are available. In such cases, the facility should have a process that includes a backup team member who is able to interview the resident.

Q: Can we document the height/weight from day of discharge from the hospital if the resident refuses weight?

A: The RAI User Manual is very clear that height must be "since the most recent admission/entry or reentry." (Page K-2) Weight may be taken from records over the past 30 days "in accordance with facility policy and procedure." While the RAI User Manual does not specifically prohibit the use of hospital records, it is questionable that facility policies and procedures are used outside of the facility.

Q: What if we have a physician's order instructing us not to weight the patient?

A: If a resident has physician orders that prohibit weighing, the "standard no-information code (-)" would be used.

Q: Our facility typically does not weigh hospice patients and the dietician dashes those weights. Should we be weighing those patients?

A: If a resident has physician orders that prohibit weighing, the "standard no-information code (-)" would be used.

Q: Under hospice care we do not weigh residents. If this is the policy, how do you not dash the weight?

A: If a resident has physician orders that prohibit weighing, the "standard no-information code (-)" would be used.

Q: If a resident leaves AMA and is not assessed, can we dash? What do we do?

A: Dashes should be used for any fields where information is not available.

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Questions & Answers

Q: Will MDS still be required to enter a discharge goal on the MDS?

A: At least one self-care and one mobility discharge goal are currently required to avoid penalty.

Q: Is comfort care an exclusion for weight dashes?

A: The SNF QRP APU Table for Reporting Measures and Data states, "that while the coding of a "dash" is an optional response value for many of the data elements listed in this table, its use does not count toward meeting the APU minimum data completion threshold." There are no exclusions to the data element reporting on qualifying assessments.

RAI/CMS

Q: Are they issuing a new RAI manual? or new sections to the RAI manual? Where can we get that?

A: The new RAI User Manual has been released and can be found at:
https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual

Q: Can you tell me WHERE on the CMS website I can find the section GG pocket cards?

A: The Pocket Guides for coding self-care and mobility items can be found at
https://www.cms.gov/medicare/quality/snf-quality-reporting-program/training

Q: Do you have the link to the complete list of MDS data elements?

A: The MDS data elements impacting the SNF QRP can be found in the downloads section at the link below.
https://www.cms.gov/medicare/quality/snf-quality-reporting-program/measures-and-technical-information

Sections G & GG

Q: Is Section G going away?

A: Section G has been eliminated from the MDS. Section G information can be collected on the Optional State Assessment (OSA), which is scheduled to continue until 10/1/25.

Questions & Answers

Q: How can section GG information that the CNAs document pull to the MDS? I have been interviewing staff for GG completion since it was added.

A: Most EMRs have tools and collection sheets that allow a variety of caregivers to collect Section GG information. Please contact your EMR provider for details and options available to you and your team.

Q: Are there any good GG webinars out there?

A: QRM has recorded several webinars that include Section GG. These can be accessed by going to the QRM website (www.qrmhealth.com) and clicking on the "Events" tab, and then clicking on the maroon banner that says" Looking for a past webinar?" CMS also has many training videos that can be accessed on YouTube, including Section GG training.

Q: Can the GG discharge goal be the one that rehab is assigning based on their initial evaluation if resident is on rehab?

A: Selection of an appropriate discharge goal is an IDT function, but may include information gathered by therapy and used on a therapy plan of care.

Q: Can you describe an ideal documentation scenario from a qualified clinician (and date it should be in the record) if using input from all disciplines and not using just the therapy initial evaluation? We have seen claim reviews that disallowed section GG based on a note written by the MDS coordinator referring to the first 3 days (but documented later).

A: An ideal documentation scenario would include adequate documentation of a resident's performance levels within the assessment period (in this case, the first 3 days of the resident's stay), including (at least) nursing, CNA, and therapy documentation. We also recommend a note by a qualified clinician that clearly describes the IDT discussion and explains how the Section GG level determination was made.

Q: How will we know what the expected discharge function score is?

A: CMS will be calculating the expected discharge scores using risk adjustment. SimpleLTC is currently developing a tool that will use the same algorithm as CMS and will project the expected outcome. This SimpleLTC tool will provide clinicians with real-time feedback for achieving goals and meeting CMS expectations.

Q: Does the expected discharge score factor in the length PPS of stay?

A: The new Discharge Function Score is not currently related to a projected length of stay.

Questions & Answers

Q: What are they thinking? This is horrible. Why on earth are they changing the PHQ-9?

A: According to CMS, the new PHQ-2 to 9 is a reliable tool for identifying signs and symptoms of depression.

Q: **How will PHQ-2 to 9 affect PDPM end splits?**

A: It is likely that fewer residents will score high enough to qualify for the depression end-split when using the new PHQ-2 to 9.

Q: Will the states that are staying with RUGs still have to do the PHQ-9 since it drives some of the case-mix group calculations?

A: Calculation of case-mix groups under RUGs requires the full PHQ-9, which is included on the Optional State Assessment (OSA).

Medicaid & OSA

Q: Our SNF in Louisiana only takes traditional Medicare, Medicare Replacements, and private insurances. We do not take Medicaid. Is the OSA only required if a facility is billing Medicaid?

A: Louisiana, like many other states, has information listed on its Medicaid webpage. Information is also available on the QRM interactive map, which can be accessed by going to the QRM website (www.qrmhealth.com).

Q: So NC will require an OSA for payor sources other than Med A? What if I work for Federal Tribal facility, we don't get paid via case-mix, it is a flat rate we get paid.

A: Please seek clarification from your specific payer.

Q: For Texas, where will I find in writing what the state is doing for Medicaid payment along with documentation requirements.

A: Texas, like many other states, has information listed on its Medicaid webpage. Information is also available on the QRM interactive map, which can be accessed by going to the QRM website (www.qrmhealth.com).

Q: What about Alabama?

A: Please refer to the QRM interactive map for information for your state (www.qrmhealth.com).

Questions & Answers

Q: If I understand correctly, the OSA is only for Medicaid residents. Managed Care and Med A will NOT need an OSA correct?

A: An OSA is not used for PDPM payers. Some states that are currently continuing to use a RUG payment system for Medicaid reimbursement will use the OSA as part of that payment calculation process. Please contact your State Medicaid office for details.

Q: For Connecticut OSAs, I heard we only have to do one each quarter?

A: Please refer to the QRM interactive map (www.qrmhealth.com) or your state Medicaid offices for the latest information for your state.

Q: Is there any crosswalk from Ohio or West Virginia RUG systems to PDPM as we know it today?

A: Please refer to the QRM interactive map (www.qrmhealth.com) or your state Medicaid offices for the latest information for your state.

Q: Is the OSA only for Medicaid?

A: The OSA is being used by select states to calculate Medicaid reimbursement.

Q: Nothing on Florida yet?

A: Please refer to the QRM interactive map (www.qrmhealth.com) or your state Medicaid offices for the latest information for your state.

Q: New York?

A: Please refer to the QRM interactive map (www.qrmhealth.com) or your state Medicaid offices for the latest information for your state.

Q: Will Texas require it on the VA patients?

A: Please seek clarification from your specific payer.

Questions & Answers

Resident Interviews

Q: When I read through the RAI manual on new questions, I noticed there is no specific 'look back period' that race and ethnicity should be asked. They only used admission questions as examples, not prior to every assessment the question is on. So we should only have to ask those on admission and carry it over correct?

A: Resident interview items, including ethnicity and race, should be completed for each assessment.

Q: Who should ask the race, ethnicity, and social determinants of health questions - social services or MDS?

A: The RAI User Manual does not assign tasks. Each item should be assigned to a member of the IDT who is trained and capable of accurately completing the item. You should also refer to your specific state practice acts to ensure compliance.

Q: Do you know if Section A interview on Entry tracking must be done on the day of entry? Can hospital documentation be used?

A: The RAI User Manual instructs us to only use medical record documentation to code A1005-Ethnicity, and A1010-Race "if the resident is unable to respond and no family member, significant other, and/or guardian/legally authorized representative provides a response for this item".

Staffing

Q: Why is CMS fixated on RN coverage? Most nurses in long term care are LPNs and w/the exception of some IV services they do the same job.

A: CMS has been very clear that they believe that higher staffing ratios, including additional RN hours, contribute to better resident care and outcomes.

Q: Is agency considered in staffing and how will that affect the staffing rating?

A: When reported correctly, agency RN and LVN hours are used in PBJ staffing calculations.

Q: For 24 hr. RN coverage, would DON, ADON and MDS be counted?

A: Yes

Questions & Answers

Q: Does nursing turnover include agency nurses?

A: The Five-Star Technical User's Guide states that "both regular employees and agency staff are included in the turnover measure if they work sufficient hours to be eligible for the denominator". See page 17 of the document linked below. https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/downloads/usersguide.pdf

Q: Are the SNF's required to collect the new SNS measure for CMS and or HEDIS?

A: CMS contracts with NCQA to collect Healthcare Effectiveness Data and Information Set (HEDIS®) measures from Medicare Special Need Plans (SNPs).

Miscellaneous

Q: While one person does not = process, what do you recommend to skeleton IDT's where there are 3 people covering many roles?

A: This is an unfortunate and common concern in the SNF industry. While each facility assigns roles differently, our recommendation is to assign each role to the most appropriate team member and to have a backup.

Q: Do we ask the interview questions with all assessments?

A: Yes. Patient interviews are to be complete with each assessment.

Q: If patient goes home with services, who is the subsequent provider, the homecare agency?

A: "Home under care of organized home health service organization" is a coding option at item A2105 (Discharge Status), making the home health organization the subsequent provider.

Q: I read that they're talking about including all payer sources in the SNF QRP not just Med A. Any thoughts?

A: CMS held a SNF QRP Listening Session regarding expansions of MDS data submission to all SNF patients regardless of payer on September 1, 2023 and accepted feedback through September 28, 2023. The discussion topics are accessible in the downloads section at the link below.
https://www.cms.gov/medicare/quality/snf-quality-reporting-program/measures-and-technical-information

Questions & Answers

Q: Where do we get QRP reports?

A: Your facility SNF QRP results can be accessed through the CMS iQIES system. Simple also offers a product that accesses and provides these (and other) reports to the SNF.

Q: Will they ever reconsider not holding SNFs accountable for a fall w/major injury while LOA?

A: The current CMS trend is to place additional responsibility on the SNF for the Quality Measure Falls with Major Injury.

Q: When does the 1000 days start for that Long Stay Measure Hospitalization? Is it after the 100th day of Short Stay?

A: Residents will be included in this new measure after they have resided in the facility >100 days.

Q: Families/authorized representatives often influence "send to ER" decisions. What approach have you found that assists in educating families/AR regarding the "treat in place" philosophy that can be in the best interests of the patient and continued care?

A: While we believe there are conditions and events that require hospitalization, the best time to begin the patient/family/caregiver education process is at time of admission and during the initial family meetings. It is also helpful to extend this education to the attending physicians. A good "track record" often gives credibility to the facility's clinical strength and ability to treat residents "in-place".

Q: Regarding RTA's, does that apply to ER visits or just residents who are admitted to the hospital?

A: The methodology depends on whether you're looking at the short-stay or long-stay quality measure. See the link below for technical specifications on the claims-based quality measures. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/Nursing-Home-Compare-Claims-based-Measures-Technical-Specifications-April-2019.pdf

Q: Do we have access to a QAPI form that will help us guide through this change?

A: CMS has a comprehensive QAPI tool that can be accessed at: https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/processtoolframework.pdf