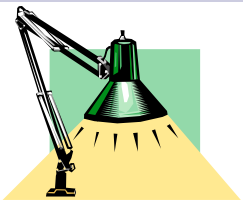
RAI Spotlight



pennsylvania
DEPARTMENT OF HEALTH

Updates to Nursing Home Compare and the Five Star Quality Rating System

In October 2019, several changes were made to the Nursing Home Compare website and the Five-Star Quality Rating System. These changes affected the health inspection and quality measure domains.

Health Inspection Domain

CMS updated the Nursing Home Compare website to make it easier for consumers to identify facilities with instances of non-compliance related to abuse. Ratings changes for facilities that receive the abuse icon:

Starting in October 2019, CMS added an icon to highlight facilities that meet either of the following criteria:

- Harm-level abuse citation in the most recent survey cycle: Facilities cited for abuse where residents were found to be harmed (Scope/Severity of G or higher) on the most recent standard survey or on a complaint survey within the past 12 months.
- Repeat abuse citations: Facilities cited for abuse where residents were found to be potentially harmed (Scope/Severity of D or higher) on the most recent standard survey or on a complaint survey within the past 12 months and on the previous (i.e., second most recent) standard survey or on a complaint survey in the prior 12 months (i.e., from 13 to 24 months ago).

(Continued on Page 4)

FAQs and Q&As Teleconference

Date: January 9, 2020
Time: 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)
Topic: FAQs and Q&As
Handouts: Power Point slides will be available about January 8, 2020 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: 7981998
Company Name: Myers and Stauffer
Presenter: Kerry Weaver
A recording of this conference will be available; directions for accessing this will be posted on the DOH Message Board.

Please submit any questions you would like to have answered during the teleconference to kweaver@mslc.com by January 2, 2020.

Kiera Price
RAI Coordinator
1-717-547-3118
qa-mds@pa.gov

Volume 14, Issue 2
November 2019

Questions about the RAI?

Please submit them to

qa-mds@pa.gov

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Teleconference Q&A:

On October 10, 2019 a training teleconference was provided on the MDS Section G and GG. The following questions were received:

Q. When a resident is admitted to the facility from the hospital and uses a wheelchair as their primary mode of transportation until they are back to ambulating, how do I code the wheelchair items? For example a resident with a hip replacement who at the time of admission uses a wheelchair for all locomotion outside of therapy.

A. If the resident walks and is not learning how to mobilize in a wheelchair, and only uses a wheelchair for transport between locations within the facility or for staff convenience (e.g., because the resident walks slowly), code the wheelchair gateway items at admission and/or discharge—GG0170Q1 and/or GG0170Q3, Does the resident use a wheelchair/scooter?—as 0, No, and skip all remaining wheelchair questions. The intent of the wheelchair mobility items is to assess the ability of residents who are learning how to self-mobilize using a wheelchair or who used a wheelchair prior to admission. Use clinical judgment to determine whether a resident's use of a wheelchair is for self-mobilization as a result of the resident's medical condition or safety.

Q. **If a Medicare A resident is not receiving therapy, who documents and assesses Section GG items?**

A. *Assess the resident's self-care performance based on direct observation, incorporating resident self-reports and reports from qualified clinicians, care staff, or family documented in the resident's medical record during the three-day assessment period. CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident.*

Beneficiary Notices Initiative (BNI) Mailbox Portal

CMS has launched a new Beneficiary Notices Initiative (BNI) mailbox portal for beneficiary notices and related policy questions. Please note this mailbox portal replaces the BNI mailbox, BNImailbox@cms.hhs.gov. **The purpose of this new BNI mailbox portal is to provide a more efficient method for responding to provider, industry, and stakeholder questions.**
The new BNI mailbox portal provides links to a variety of resources and links to other CMS mailboxes and e-mail addresses. CMS encourages you to review the available resources before submitting a question to ensure that we have not already provided information on the specific topic in question. Please also refer to the list of other CMS mailboxes and e-mail addresses to ensure that you direct your question to the most appropriate area of expertise.
Please access the new BNI mailbox via the following link: https://appeals.lmi.org

SNF QRP Nursing Home Compare Refresh

The October 2019 Nursing Home Compare Refresh is now available. For this refresh SNF QRP assessment-based measures performance scores will be based upon data submitted to CMS between **Q1 2018 – Q4 2018** (1/01/18 – 12/31/18); claims-based measures performance scores will be based upon SNF Prospective Payment System (PPS) claims dated between **Q4 2016 and Q3 2018** (10/01/16 – 9/30/18).

CMS will no longer refresh the measure Percentage of Residents/Patients with Pressure Ulcers that are New or Worsened (NQF #0678), under the SNF QRP. The October refresh, as well as all subsequent refreshes of this quality measure data will be solely related to the CMS Nursing Home 5-Star Ratings.

CMS implemented the annual refresh of the SNF QRP claims-based measures during the October 2019 refresh of NH Compare. The annual refresh will include updates to the Medicare Spending per Beneficiary (MSPB) and Discharge to Community (DTC) measures. As previously announced, CMS has updated the methodology used to assign provider performance categories to the DTC measure. Additionally, this refresh includes the inaugural posting of provider performance scores for the Potentially Preventable Readmissions (PPR) measure, which were previously suppressed.

For additional information on the update to the DTC methodology, view the associated Fact Sheet and/or FAQ.

For additional information on the Potentially Preventable Readmission measure, please view the associated Fact Sheet and/or FAQ.

For more information visit https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Public-Reporting.html

CHC Provider Training and FAQs:

Community HealthChoices (CHC) is Pennsylvania's mandatory managed care program for individuals who are 21 years of age or older and have both Medicare and Medicaid or receive long-term services and supports through Medicaid.

CHC is now live in the Southwest and Southeast. CHC will launch in the remainder of the state on January 1, 2020.

Make sure you and your coworkers have the information you need about CHC.

Provider 30-minute online training is available at http://www.healthchoices.pa.gov/providers/about/community/index.htm.

If you have any questions about CHC, view our comprehensive question and answer document online at http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_274784.pdf.

If you have any other questions, email RA-PWCHC@pa.gov.

A listserv has been established for ongoing updates on the CHC program. It is titled OLTL-COMMUNITY-HEALTHCHOICES, please visit the ListServ Archives page at http://listserv.dpw.state.pa.us to update or register your email address.

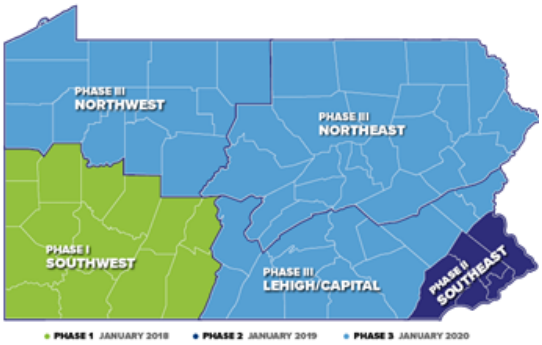
Community HealthChoices (CHC) Participant Online Courses

Informational Courses are available to CHC participants:

The Office of Long-Term Living (OLTL) announced that the latest CHC training modules are available on the Community HealthChoices website.

The following CHC Participant Online Courses are now available:

- Participants Dually Eligible for Medicare & Medicaid
- Participants Residing in a Nursing Facility
- Participants Receiving Services through a Waiver



To access the online training modules, go to http://www.healthchoices.pa.gov/info/about/community/commpart/index.htm.

Community HealthChoices Resource Information

CHC Listserve//Stay Informed: http://listserv.dpw.state.pa.us/oltl-community-healthchoices.html

Community HealthChoices Website: www.healthchoices.pa.gov

MLTSS SUBMAAC Website: www.dhs.pa.gov.communitypartners/informationforadvocatesandstakeholders/mltss

Email Comments to: RA-PWCHC@pa.gov

OLTL Provider Line: 1-800-932-0939
OLTL Participant Line: 1-800-757-5042

Community HealthChoices

Updates to the Nursing Home Compare and Five Star

(Continued From Page 1)

Nursing homes that receive the abuse icon have their health inspection rating capped at a maximum of two stars. Due to the methodology used to calculate the overall rating, the best overall quality rating a facility that receives the abuse icon can have is four stars.

Quality Measure Domain

Removal of quality measures related to pain: CMS removed two quality measures (QMs) from the Nursing Home Compare website and the Five-Star Quality Rating System in October 2019.

These measures are:

- Percentage of short-stay residents who report moderate to severe pain.
- Percentage of long-stay residents who report moderate to severe pain.

As a result of dropping these two measures, the cut-points for the long-stay, short-stay, and overall QM ratings changed. These changes were made to maintain, as close as possible, the same distribution of short-stay and long-stay QM ratings as were posted on Nursing Home Compare in July 2019.

CMS is also advising providers they will be updating the thresholds for quality measure ratings, in which the thresholds will be updated every six months. The first update will take place April 2020.

The Survey and Certification notifications below detail these changes.

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-20-01-NH.pdf

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-20-02-NH.pdf

Manuals with Recent Revisions

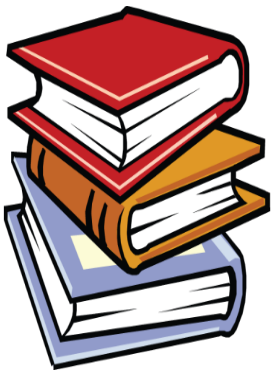
Resident Assessment Instrument (RAI) Manual V1.17.1 (Updated October 2019)

https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf

MDS 3.0 QM User's Manual V12.1 (Updated October 2019)

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html

MDS 3.0 Provider Users Guide



Section 5 - Error Messages (v1.05 posted 09/2019)
Section 6 - MDS 3.0 Nursing Home Provider Reports (v1.05 posted 09/2019)
Section 7 - MDS 3.0 Nursing Home Final Validation Report (v1.03 posted 09/2019)
Section 8 - MDS 3.0 Swing Bed Provider Reports (v1.02 posted 09/2019)
Section 9 - MDS 3.0 Swing Bed Final Validation Report (v1.02 posted 09/2019)
Section 10 - MDS 3.0 Submitter Validation Report (v1.02 posted 09/2019)
Section 13 - SNF Quality Reporting Program (v1.06 posted 09/2019
Appendix A - Quick Reference (v1.03 posted 09/2019)

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

Medicare Benefit Policy Manual (Updated October 2019)

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html

Medicare Claims Processing Manual (Updated October 2019)

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html

Nursing Home Compare Five-Star Quality Rating System: Technical Users' Guide

(Updated October 2019)
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/usersguide.pdf