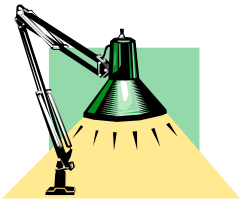
RAI Spotlight



pennsylvania
DEPARTMENT OF HEALTH

MDS 3.0 RAI Manualv1.17R.Errata.v2

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

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On July 18, 2022 CMS published an errata document, MDS 3.0 RAI Manual v1.17R.Errata.v2, that clarifies the need for a detailed evaluation and appropriate diagnostic information to support a diagnosis, such as for a mental disorder, prior to coding the diagnosis on the MDS, and the steps that may be necessary when a resident has potentially been misdiagnosed. An example of when a diagnosis should not be coded in Section I due to lack of a detailed evaluation and appropriate diagnostic information to support the diagnosis has also been added to this section.

The following is the updated language.

On page I-12:

In situations where practitioners have potentially misdiagnosed residents with a condition for which there is a lack of appropriate diagnostic information in the medical record, such as for a mental disorder, the corresponding diagnosis in Section I should not be coded, and a referral by the facility and/or the survey team to the State Medical Boards or Boards of Nursing may be necessary.

On page I-16

Example.: The resident was admitted without a diagnosis of schizophrenia. After admission, the resident is prescribed an antipsychotic medication for schizophrenia by the primary care physician. However, the resident's medical record includes no documentation of a detailed evaluation by an appropriate practitioner of the resident's mental, physical, psychosocial, and functional status (§483.45(e)) and persistent behaviors for six months prior to the start of the antipsychotic medication in accordance with professional standards.

Coding: Schizophrenia item (I6000), would not be checked.

Rationale: Although the resident has a physician diagnosis of schizophrenia and is receiving antipsychotic medications, coding the schizophrenia diagnosis would not be appropriate because of the lack of documentation of a detailed evaluation, in accordance with professional standards (§483.21(b)(3)(i)), of the resident's mental, physical, psychosocial, and functional status (§483.45(e)) and persistent behaviors for the time period required.

The full document can be found here:

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

Questions about the RAI?

Please submit them to.

qa-mds@pa.gov

Inside this issue:

Teleconference: MDS Updates

Date: October 13, 2022
Time: 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)
Topic: MDS Updates
Handouts: Power Point slides will be emailed to all registered participants prior to the presentation.

Registration Link :
https://mslc.webex.com/mslc/j.php?RGID=r6eb1a7b43e9200bfe269ae137f08ac2b

Company Name: Myers and Stauffer
Presenter: Kerry Weaver/Lynn Snider
A recording of this conference will be available following the presentation at:
https://nfrp.panfsubmit.com/
Additional questions: qa-mds@pa.gov

Teleconference: MDS Resources - Q&A

On July 14, 2022 a training teleconference was provided on MDS Resources. The following questions were received:

Q. Where can this presentation and PowerPoints be found?

A. After each quarterly teleconference concludes, a recording of the presentation and accompanying PowerPoints is posted to the NFRP homepage under the "MDS Resources" tab. The recorded presentation and training material is usually available within 48 hours after completion of the training. Web address for the NFRP homepage: https://nfrp.panfsubmit.com/

Q. Where can I get help if I have questions about my facility Quality Measures and recent 5-Star rating changes?

A. The best way to reach out to CMS regarding question related to Quality Measures is to contact them via email at BetterCare@cms.hhs.gov .

SNF-PPS Final Rule FY 2023

On July 29, 2022, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that updates Medicare payment policies and rates for skilled nursing facilities under the Skilled Nursing Facility Prospective Payment System (SNF PPS) for fiscal year (FY) 2023. Below are a few highlights of this Final Rule.

FY 2023 Updates to the SNF Payment Rates

CMS estimates that the aggregate impact of the payment policies in this final rule would result in an increase of 2.7%, or approximately $904 million, in Medicare Part A payments to SNFs in FY 2023 compared to FY 2022. This estimate reflects a $1.7 billion increase resulting from the 5.1% update to the payment rates, which is based on a 3.9% SNF market basket increase plus a 1.5 percentage point market basket forecast error adjustment and less a 0.3 percentage point productivity adjustment, as well as a negative 2.3% in the FY 2023 SNF PPS rates as a result of the recalibrated parity adjustment.

Recalibration of the Patient Driven Payment Model Parity Adjustment

On October 1, 2019, CMS implemented a new case-mix classification model, called the Patient Driven Payment Model (PDPM), under the SNF Prospective Payment System (PPS). When finalizing PDPM, CMS also finalized that this new case-mix classification model would be implemented in a budget neutral manner. Since PDPM implementation in FY 2020, CMS' initial data analysis showed an unintended increase in payments of approximately 5% or $1.7 billion per year. As with past case-mix classification model transitions, CMS conducted the data analysis to recalibrate the parity adjustment in order to achieve budget neutrality under PDPM.

CMS also acknowledges that the COVID-19 public health emergency (PHE) could have affected the data used to perform these analyses. To balance mitigating the financial impact on providers of recalibrating the PDPM parity adjustment with ensuring accurate Medicare Part A SNF payments, CMS is finalizing the recalibration of the PDPM parity adjustment factor of 4.6% with a two-year phase-in period that would reduce SNF spending by 2.3%, or approximately $780 million, in FY 2023 and 2.3% in FY 2024.

Permanent Cap on Wage Index Decreases

To mitigate instability in SNF PPS payments due to significant wage index decreases that may affect providers in any given year, CMS is finalizing a permanent 5% cap on annual wage index decreases to smooth year-to-year changes in providers' wage index payments.

Changes in PDPM ICD-10 Code Mappings

PDPM utilizes International Classification of Diseases, Version 10 (ICD-10) codes in several ways, including to assign patients to clinical categories used for categorization under several PDPM components, specifically the Physical Therapy, Occupational Therapy, Speech Language Pathology and Non-Therapy Ancillary components. In order to improve consistency between the ICD-10 code mappings and current ICD-10 coding guidelines, CMS is finalizing several changes to the PDPM ICD-10 code mappings.

Skilled Nursing Facility Quality Reporting Program (SNF QRP)

CMS is finalizing the adoption of a new process measure, the Influenza Vaccination Coverage among Healthcare Personnel (HCP) measure for the SNF QRP, beginning with the FY 2024 SNF QRP.

The Influenza Vaccination Coverage among HCP process measure is intended to track influenza vaccination coverage among HCP in facilities such as SNFs. The measure reports on the percentage of HCP who receive an influenza vaccine

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SNF-PPS Final Rule FY 2023

(Continued from page 2)

any time from when it first became available through March 31 of the following year. SNFs will submit the measure data through the CDC National Healthcare Safety Network with an initial data submission period from October 1, 2022 through March 31, 2023.

Revised Compliance Date for Certain SNF QRP Requirements

CMS is revising the compliance date for certain SNF QRP reporting requirements, including the Transfer of Health Information measures and certain standardized patient assessment data elements (including race, ethnicity, preferred language, health literacy, social isolation), to October 1, 2023. The interim rule released on May 8, 2020, delayed the compliance date for these items from October 1, 2020 to October 1st of the year that is at least two full fiscal years after the end of the COVID-19 PHE. CMS also delayed the adoption of the updated version of the Minimum Data Set (MDS), which is the assessment instrument providers would have used to collect the data. This delay was intended to provide relief to SNFs during the COVID-19 PHE. However, based upon the advancement of information available about COVID-19 vaccination, treatments available, and the importance of the data in the SNF QRP, CMS believes that it is appropriate to modify the compliance date finalized in IFC-2.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

The SNF VBP Program rewards SNFs with incentive payments based on the quality of care they provide to Medicare beneficiaries, as measured by performance on a single measure of hospital readmissions. All SNFs paid under Medicare's SNF PPS are included in the SNF VBP Program.

Measure Suppression and Scoring Policies for the FY 2023 SNF VBP Program

The rule finalizes a proposal to suppress (not apply) the Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) as part of the performance scoring for the FY 2023 SNF VBP Program Year. While performance on this measure will be reported publicly, it will not affect payment. CMS is finalizing this proposal because circumstances caused by the COVID-19 PHE have significantly affected the measure and the ability to make fair, national comparisons of SNFs' performance scores. CMS will reduce the otherwise applicable federal per diem rate for each SNF by 2% and award SNFs 60% of that withhold, resulting in a 1.2% payback to those SNFs. Any SNFs that do not meet the finalized case minimum for FY 2023 will be excluded from the Program for FY 2023.

CMS -SNF VBP Program Expansion

CMS is finalizing the adoption of three new measure into the SNF VBP Program – 2 two claims-based measures and one payroll-based journal staffing measure .

• **FY 2026 program year**: Adoption of the Skilled Nursing Facility Healthcare Associated Infections Requiring Hospitalization (SNF HAI) and Total Nursing Hours per Resident Day measures. SNF HAI is an outcome measure that assesses SNF performance on infection prevention and management. The Total Nursing Hours per Resident Day is a structural measure that uses auditable electronic data to calculate total nursing hours per resident day.

• **FY 2027 program year:** Adoption of the Discharge to Community - Post Acute Care Measure for SNFs (DTC). The DTC is an outcome measure that assesses the rate of successful discharges to community from a SNF setting.

Request for Information (RFI) for Revising the Requirements for Long-Term Care (LTC) Facilities to Establish Mandatory Minimum Staffing Levels

The proposed rule included an RFI seeking input on establishing minimum staffing requirements for long-term care (LTC) facilities. CMS will continue to review the comments which the agency anticipates will be used to help inform future rulemaking within one year on minimum staffing requirements for long-term care facilities.

Updates to Requirements for Participation for Long-Term Care (LTC) Facilities

Changes to the Qualification Requirements for the Director of Food and Nutrition Services in Long-Term Care (LTC) Facilities

CMS is revising the required qualifications for a Director of Food and Nutrition Services to provide that those with several years of experience performing this specific role in a facility may continue to do so. Specifically, CMS added to the current requirements that individuals with two or more years of experience in the position of a Director of Food and Nutrition Services and who have also completed a minimum course of study in food safety that includes topics integral to managing dietary operations can continue to qualify for this position.

For more information:

CMS Final Rule: https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2023-skilled-nursing-facility-prospective-payment-system-final-rule-cms-1765-f

2023 Release of ICD-10 Updates:

The FY2023 ICD-10-CM codes are to be used from October 1, 2022 through September 30, 2023. This replaces the FY 2022 – April 1, release. These files listed below represent the ICD-10-CM FY2023 October 1, release. The October 1, FY2023 ICD-10-CM is available in both PDF (Adobe) and XML file formats. Most files are provided in compressed zip format for ease in downloading.

Any questions regarding typographical or other errors noted on this release may be reported to nchsicd10cm@cdc.gov.

https://www.cms.gov/medicare/icd-10/2023-icd-10-cm

Downloads available on the link above:
2023 POA Exempt Codes (ZIP)

2023 Conversion Table (ZIP)

2023 Code Descriptions in Tabular Order (ZIP)

2023 Addendum (ZIP)

2023 Code Tables, Tabular and Index (ZIP)

FY 2023 ICD-10-CM Coding Guidelines (PDF)

Manuals with Recent Updates

MDS3.0 RAI Manualv1.17R.Errata.v2 (July/18/2022)
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual

Five Star Quality Rating System: Technical Users' Guide (7/22)
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/usersguide.pdf

Payroll-Based Journal Policy Manual (6/1/22)
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ

CASPER Reporting Guide (5/17/22)
https://qtso.cms.gov/reference-and-manuals/casper-reporting-users-guide-mds-providers