

RAI Spotlight



Inaugural SNF-QRP Reporting on Nursing Home Compare

In accordance with Section 1899B(g) (1) of the Social Security Act, which requires CMS to provide for the public reporting of SNF provider performance on the quality measures, CMS has produced the inaugural release of the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) quality data on Nursing Home (NH) Compare. A fact sheet is available.

<https://www.cms.gov/newsroom/fact-sheets/skilled-nursing-facility-snf-quality-reporting-program-qrp-data-nursing-home-compare>

NH Compare allows you to find and compare SNFs that are certified by Medicare and nursing homes that are certified by Medicaid. This website

contains quality of resident care and staffing information for more than 15,000 nursing homes around the country, and will now additionally include SNF-QRP quality data that can be used to compare SNF providers by their performance on important indicators of quality, such as the percentage of patients with new or worsening pressure ulcers, or the percentage of patients that experienced a fall and sustained a major injury.

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Updates for A Rapidly Changing MDS World Teleconference

Date: January 10, 2019
Time: 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)
Topic: Updates for A Rapidly Changing MDS World
Handouts: Power Point slides will be available about January 9 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: 3397149

Company Name: Myers and Stauffer Moderator: Kerry Weaver
A recording of this conference will be available; directions for requesting this will be posted on the DOH Message Board.

Additional questions: qa-mds@pa.gov

RAI Coordinator
1-717-547-3118
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Questions about the RAI?

Please submit them to
qa-mds@pa.gov

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2018 MDS Updates Teleconference Q and As

On October 11, 2018 a training teleconference was provided on 2018 MDS Updates. The following questions were received:

Q: Please also clarify for when a DRR isn't completed. Resident admits and the nurse didn't complete our DRR form we created and there isn't any note stating there were or were not issues. Would a dash be required in N2001 and N2003?

A: *A dash value indicates that an item was not assessed, therefore, it is the accurate response if no review was documented in the clinical record. These items are included in the SNF-QRP measures and could negatively affect the facility APU (Annual Payment Update).*

Q: N2005. Medication Intervention - Complete only if A0310H = 1. Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

We have many residents that have resided in our facility for years since their admission or readmission. If they discharge to hospital or other place now, it will takes hours or days to review this group of residents' medical record in order to answer this question correctly.

A: *The observation period for item N2005 is from the start of SNF PPS stay through Part A PPS discharge.*

Q: Are we required to care plan the Section GG discharge goals?

A: *Yes. A care plan should be initiated at the time of ad-*



mission, and should include discussions with the resident and family, professional judgment, and the professional's standard of practice. Goals should be established as part of the resident's care plan.

Q: Must a DRR be completed when a resident is picked back up on Medicare with a 30 day window?

A: *Yes. The DRR at N2001 is required for MDS assessments coded as 5 day PPS assessment, A0310B = 01.*

Q: Is more than one goal required in Section GG upon discharge to meet QRP requirements?

A: *No. A minimum of one self-care or mobility discharge goal coded in GG0170 meets the requirement for the SNF-QRP measures and this assessment will not negatively affect the facility APU.*

In addition to these questions received after the 2018 MDS Updates teleconference, CMS has provided further guidance in a Q & A document to answer frequently asked questions from their SNF-QRP training that may be helpful with the 2018 MDS changes. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/July_August_2018_SNF_QRP_Provider_Training_Q_and_A-1.pdf

ICD10 Coding– Training Modules Available

Accurate IDC10 coding is becoming increasingly crucial in the Skilled Nursing Facility (SNF) setting. IDC10 codes currently affect SNF-Quality Measures and QRP measures as inclusion/exclusion factors and/or covariates. Additionally, beginning October 1, 2019 ICD10 codes will have a significant impact on reimbursement in the Patient Driven Payment Model (PDPM). Updated CMS guidelines for IDC10 coding can be found here. <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2019-ICD10-Coding-Guidelines-.pdf> In addition to these guidelines, CMS offers an online training course that also offers Continuing Education Credit. The revised Diagnosis Coding: Using the ICD-10-CM Web-Based Training course is available through the [Learning](#)



[Management System - Opens in a new window](#) . In this course, learn about ICD10 coding tips, information, and resources; ICD10 structure, format and features; and how to find correct ICD-10 codes.

Community Health Choices is Coming to Southeast Region

Community HealthChoices (CHC) is the commonwealth's program for older Pennsylvanians and individuals with physical disabilities to use health plans to provide coordinated physical health care and long-term services and supports. The goals of CHC are to improve quality of services and the health care experience, serving more people in their communities rather than in facilities, giving them the opportunity to work, spend more time with their families, and experience an overall better quality of life. Under CHC, managed care organizations (MCOs) coordinate physical health care and long-term services and supports (LTSS) for older people, people with physical disabilities, and people who are eligible for both Medicare and Medicaid. http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_237795.pdf



Phase 2 will begin on January 1, 2019.

Phase 3 will begin on January 1, 2020.

In addition, the Office of Long-Term Living has clarified that the Fee-for-Service rate setting methodology will continue with CHC. Facilities must continue to submit all required MDS data, verify the accuracy of the CMI Report and submit the signed Certification Page.

Resident Data Reporting Manual

The latest revision of the Resident Data Reporting Manual dated 10/01/2018 has been posted on the PA-DHS Long Term Care Case Mix Information site. Changes were made to align the manual with recent changes in MDS 3.0 as well as to correct minor typographical errors. In addition, the section on RUG Item Documentation Guidelines was updated to reflect RAI Manual revisions. <http://www.dhs.pa.gov/provider/longtermcarecasemixinformation/index.htm>

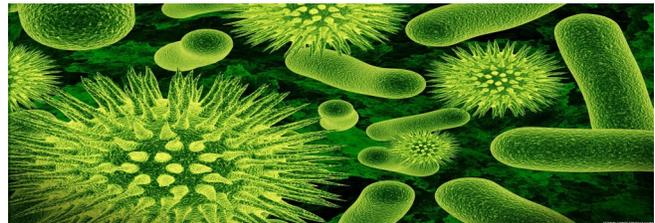
Infection Control and Prevention Training

All Four Sections of CDC's Antibiotic Stewardship Training Courses Now Available

Sections three and four have been added to CDC's FREE online antibiotic stewardship training course! The entire four-section course is now available on CDC Train and offers up to eight hours of continuing education (CE) credit. The following topics are covered in the course:

- Section 1: Antibiotic Resistance and the benefits of antibiotic stewardship.
- Section 2: Antibiotic stewardship in outpatient settings.
- Section 3 (**NEW**): Antibiotic stewardship considerations for the management of common outpatient conditions and dentistry.
- Section 4 (**NEW**): Antibiotic stewardship in emergency departments, hospitals, and nursing homes.

While this course is primarily for clinicians who prescribe antibiotics, CDC recognizes that everyone plays an important role in improving antibiotic use. This course is open to physicians, nurse practitioners, physician assistants, certified health education specialists, nurses, pharmacists, and



public health practitioners with a master's degree in public health, and they are eligible to receive up to eight hours of free continuing education credit.

Create an account and register for this course directly on [CDC Train](#).

This course fulfills Improvement Activities (IA) Patient Safety and Practice Assessment (PSPA)_23 and PSPA_24 under the Centers for Medicare & Medicaid Services (CMS) Merit-Based Incentive Programs, or MIPS.

To learn more about this course, as well as other continuing education opportunities, visit the [CDC Antibiotic Use Continuing Education page](#).

Inaugural SNF-QRP Reporting Continued

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Specifically, the following five SNF QRP measures are now being displayed on the NH Compare site:

Assessment-based measures:

1. Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short Stay) (National Quality Forum #0678)
2. Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
3. Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674)

Claims-based measures:

1. Medicare Spending Per Beneficiary-PAC SNF QRP Discharge to Community-PAC SNF QRP
2. Rate of Successful return to home or community from a SNF.

CMS has decided not to publish a 6th quality measure, Potentially Preventable 30-Day Post-Discharge Readmissions,

at this time. Additional time would allow for more testing to determine if there are modifications that may be needed both to the measure and to the method for displaying the measure. This additional testing will ensure that the future publicly reported measure is thoroughly evaluated so that NH Compare users can depend upon an accurate picture of provider quality. While we conduct this additional testing, CMS will not post reportable data for this measure, including each SNF's performance, as well as the national rate. Visit <https://www.medicare.gov/nursinghomecompare/search.html> to view the new SNF QRP quality data.

For more information, visit the [CMS SNF Quality Public Reporting webpage](#) and the [CMS Newsroom](#).



Skilled Nursing Facility- Quality Reporting Program Resources

The IMPACT Act of 2014 mandated the establishment of the SNF-QRP. As finalized in the Fiscal Year (FY) 2016 SNF PPS final rule, beginning with FY 2018 and each subsequent FY, the Secretary shall reduce the market basket update (also known as the Annual Payment Update, or APU) by 2 percentage points for any SNF that does not comply with the quality data submission requirements with respect to that FY.

SNFs utilize the Minimum Data Set (MDS) 3.0 via the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system to collect patient assessment data. The implementation of the SNF-QRP will not change requirements related to the submission of MDS 3.0 data through CMS' QIES ASAP system.

The FY 2020 reporting year is based on four quarters of data from 01/01/2018 – 12/31/2018. This means that FY 2020 compliance determination will be based on data sub-

mitted for admissions to the SNF on and after January 1, 2018 and discharged from the SNF up to and including December 31, 2018. A Quick Reference Guide can be found here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PAC-SNF-Quick-Reference-Guide-FY2020-v1-0.pdf>

SNF Quality Reporting Program Data Submission Deadlines and the list of measures required for this deadline can be found on the CMS QRP website: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Data-Submission-Deadlines.html>

It is recommended that providers run applicable validation/analysis reports prior to each quarterly reporting deadline, in order to ensure that all required data has been submitted.

Manuals with Recent Revisions

CASPER Reporting User's Guide for MDS Providers (v1.07 posted 9/2018)

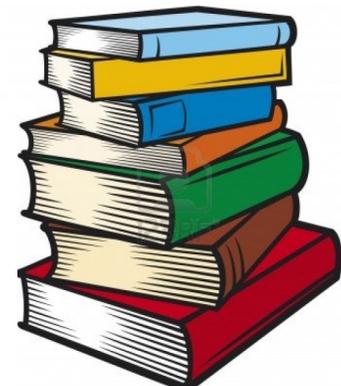
<https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals>

- Section 8- MDS 3.0 Swing Bed Providers Report
- Section 13- SNF Quality Reporting Program

MDS 3.0 Provider Users Guide (v1.04 posted 9/2018)

<https://qtso.cms.gov/reference-and-manuals/mds-30-provider-users-guide>

- Section 5- Error Messages

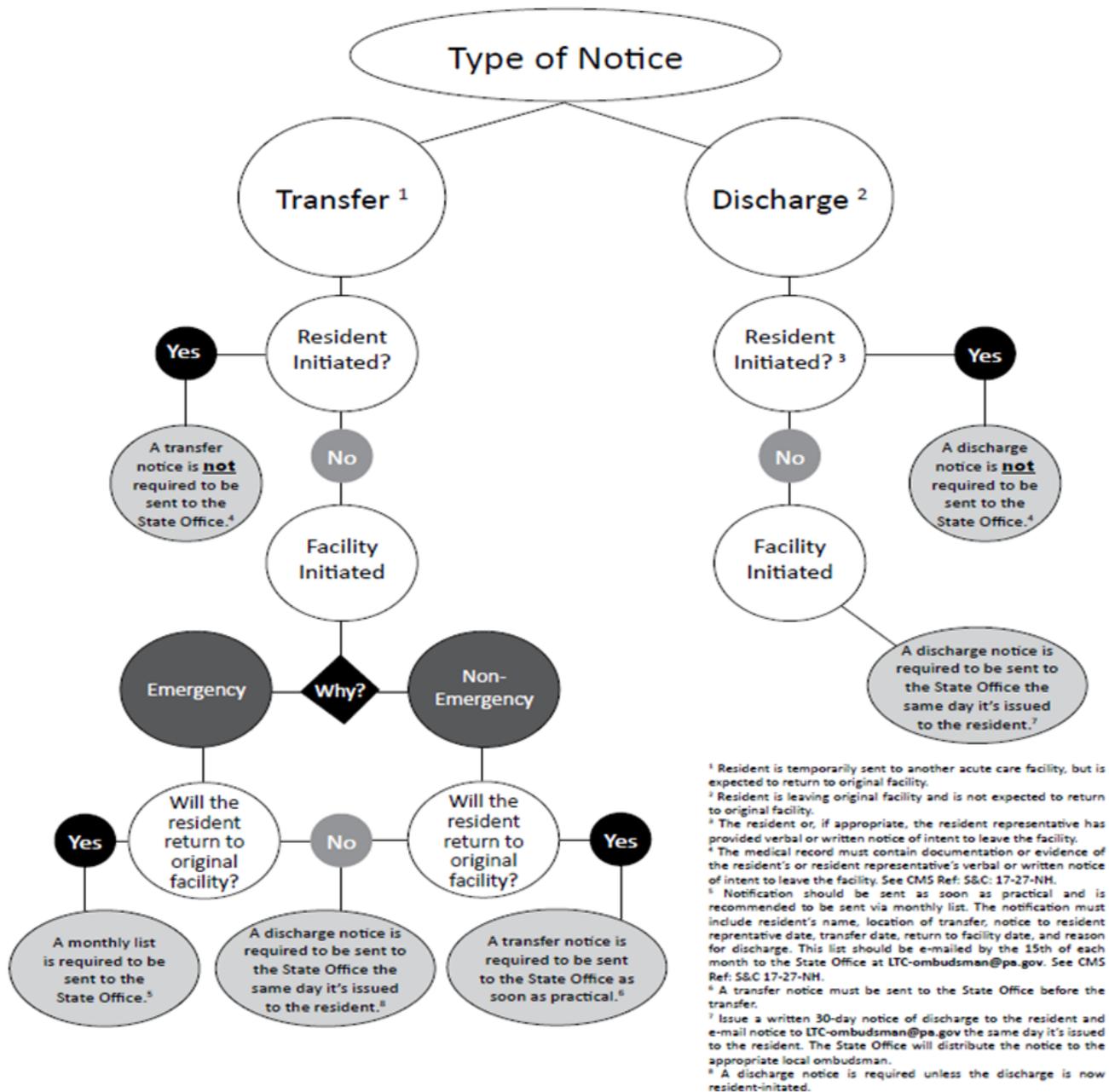


Involuntary Discharge Protocol: F-Tag 623

Notification of the state ombudsman in certain resident transfers and discharges is mandatory. Guidance on compliance with resident transfer and discharge notices has been issued by the Office of the Long-Term Care Ombudsman in the form of a chart for use in determining need for their notification. All notifications must be directed to the State Office at LTC-Ombudsman@pa.gov, not the local ombudsman programs.

Involuntary Discharge and Transfer Notices

When and what to send to the PA Long-Term Care Ombudsman Office (State Office)



The guidelines for §483.15 Appendix PP of State Operations Manual, Admission Transfer and Discharge Rights, specifically §483.15(c)(3) Notice Before Discharge, can be found here https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
 All LTC Survey Pathways are found here. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>