2016 MDS 3.0 Updates

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Objectives

- Identify major changes in the MDS 3.0.
IMPACT Act

- Bipartisan bill of IMPACT Act of 2014 passed on September 18, 2014 and signed into law by President on October 6, 2014.
- This Act requires the submission of standardized Patient/resident Assessment Data, Across all Post-Acute Care (PAC) settings.
- The data must be submitted on admission and discharge for each resident, or more frequently as required.
Purpose of IMPACT Act

- Purposes of the IMPACT Act are:
  - Improvement of Medicare beneficiary outcomes.
  - Provider access to longitudinal information to facilitate coordinated care.
  - Enable comparable data and quality across PAC settings.
  - Improve hospital discharge planning.
  - Research to enable payment models based on patient characteristics.
Standardized resident/patient assessment data across PAC settings will enable:
- Quality care and improved outcomes.
- Data element uniformity.
- Comparison of quality and data across PAC settings.
- Improved, person-centered, goal-driven discharge planning.
- Exchangeability of data.
- Coordinate care.
In response to the reporting requirements under the IMPACT Act, CMS established the SNF QRP and its quality reporting requirements in the fiscal year 2016 SNF PPS.

Per the statute, SNFs that do not submit the required quality measures data may receive a two percentage point reduction to their Annual Payment Update (APU) for the applicable payment year.
SNF QRP & payment determination

- Data Collection timelines and requirements for the Fiscal Year (FY) 2018 payment determination and subsequent years will be based on one quarter of data from 10/1/2016 to 12/31/2016.

- CMS will collect data on residents who are admitting to the SNF on and after October 1, 2016, and discharged from the SNF up to, and including, December 31, 2016.
CMS has adopted three *Quality measures* (QMs) for the QRP.

These three QMs will be collected beginning on October 1, 2016 for FY 2018 and subsequent annual payment determinations.

All three of these quality measures use assessment data from the MDS.
The Three QMs adopted in the FY 2016 are:

1) Percentage of residents experiencing one or More Falls with Major Injury.
2) Percentage of residents with pressure ulcers that are New or Worsened.
3) Percentage of the Long-Term Care Hospital (LTCH) patients with an Admission and Discharge Functional Assessment and a care plan that addresses Function.
Main changes on RAI/MDS 3.0 as of October 2016

- Item set wording changes.
- Addition of the Part A PPS Discharge assessment.
- Addition of section GG (Functional Abilities and Goals).
- Delirium assessment update.
- Modifying injuries related to falls.
- Determining whether Pressure ulcer (PU) is considered “Present on Admission” or not.
- Simplified posting of the RAI manual and MDS forms.
MDS submission

- The October 1, 2016 implementation of the SNF QRP will **Not** change the process of MDS 3.0 data submission through QIES ASAP system.
- However there are two major changes to the MDS 3.0 effective October 1, 2016:
  - Additional MDS submission- the **Part A PPS Discharge Assessment**.
  - Addition of **Section GG**.
Discharge Assessments

- **A0310F:**
  1) OBRA discharge Return anticipated
  2) OBRA Discharge Return Not Anticipated

- **A0310H:**
  3) Part A PPS Discharge assessment.
Part A Discharge Assessment

- The Part A PPS Discharge assessment is developed to inform current and future:
  - SNF QRP measures, and
  - Calculation of these measures.
- The Part A PPS Discharge assessment consistent of:
  - Demographic items.
  - Administrative items.
  - Clinical items.
Part A Discharge Assessment (continued)

The Part A PPS discharge assessment is completed when:

- A resident’s Medicare Part A stay ends, **But**
- The resident remains in the facility.
- The End Date of the Most Recent Medicare Stay (A2400C) earlier than the actual Discharge Date (A2000) from the facility.
Part A Discharge Assessment
(continued)

- If a resident is physically discharged on the same day or within one day of the end of the Medicare Part A stay the following discharge assessments must be completed:
  1) OBRA Discharge assessment, and
  2) Part A PPS discharge assessment.
Part A Discharge Assessment (continued)

- The Part A PPS discharge assessment is **not** completed when:
  - The discharge is unplanned.
  - If the End Date of Most Recent Medicare Stay (A2400C) **occurs on the same day** that the resident dies.
Delirium assessment (C1310)

CAM Assessment Scoring Methodology
The indication of delirium by the CAM requires the presence of:

- Item A = 1 \text{ OR } \text{ Item B, C or D = 2}
- \text{ AND}
- Item B = 1 \text{ or 2}
  \text{ And either}
- Item C = 1 \text{ or 2} \text{ OR } \text{ Item D = 1 or 2}
Quality reporting related to fall with major injury

- QM related to the Percentage of residents experiencing one or More Falls with injury is intended for the cross-setting measure to meet the requirements on the IMPACT Act of 2014 across PAC settings.
- This QM reports the percentage of Medicare Part A residents who are:
  - Experiencing one or more falls with major injury that occurred during the SNF stay.
Fall(s) with Major Injury (J1900)

- Gathering accurate information beyond the ARD related to the fall that occurred during the look back period.
- Modification of the MDS assessment for resident who was experiencing one or more falls with major injury.
Quality reporting related to the Skin Integrity

- QM related to Percentage of residents/patients with pressure ulcers that are new or worsened.
- This QM is adapted as a cross-setting measure to meet the requirements of the IMPACT Act of 2014.
- This QM addressing the domain of skin integrity and changes in skin integrity.
QRP related to the Skin Integrity (continued)

- This measure is intended to encourage PAC providers:
  - To prevent pressure ulcer development or worsening,
  - To closely monitor the resident’s pressure ulcers, and
  - Appropriately treat existing pressure ulcers.
Skin Assessment

- For each pressure ulcer determine:
  - The deepest anatomical stage.
  - The current and historical levels of tissue involvement.
  - Current number of unhealed pressure ulcer at each stage.
  - Identify unstageable pressure ulcers.
  - Determine “Present on Admission.”

★ Do Not reverse or back stage.
Determining present on admission

- Pressure ulcer “Present on admission” means it was **NOT** acquired in the facility.
Quality measure related to Functional Abilities and Goals

- QM related to Application of present of Long-Term Care Hospital patients with an Admission and Discharge Functional Assessment and a care plan that address Function.
CMS adapted this measure to satisfy the IMPACT Act requirements.

This QM requires PAC providers report standardized data regarding:

- Functional status,
- Cognitive function, and
- Changes in function and cognitive function.
This QM reports:
- The percent of resident with an admission and discharge functional assessment, and
- At least one goal that addresses function.

Items in section GG are used to calculate this quality measure for PAC settings.
Section GG: Functional Abilities and Goals

- Items in section GG focus on resident’s self-care and mobility:
  - Admission performance,
  - Discharge goals, and
  - Discharge performance.

- Section GG assess the need for assistance with, and establish goals for:
  - Self-care (GG0130).
  - Mobility activities (GG0170).
Section GG (continued)

- Code the resident’s:
  - Usual performance at the Start of the SNF PPS stay (Admission) for each activity.
  - End of the SNF PPS stay (Discharge) goals.

- Complete only if:
  - A0310B=1 (PPS 5-day assessment),
  - A0310G=1 (Planned discharge),
  - A0310H=1 (Part A PPS Discharge).
Questions
Glossary - MDS 3.0 coding items used in this presentation

- A310: Type of Assessment
- A310B: PPS assessment
- A310B1: 5-day scheduled PPS assessment
- A310F10: OBRA discharge return not anticipated
- A310F11: OBRA discharge return anticipated
- A310G: Type of Discharge
- A310G1: Planned Discharge
- A310G2: Unplanned discharge
- A310H1: Part APPS discharge assessment
- A2000: Discharge Date
- A2400: Medicare Stay
- A2400B: Start date of most recent Medicare stay
- A2400C: End date of most recent Medicare stay
Glossary (continued)

- C1310: Signs and Symptoms of Delirium (from CAM ©)
- C1310A: Acute onset mental status change (0=No, 1=yes)
- C1310B: Inattention
- C1310C: Disorganized thinking
- C1310D: Altered level of consciousness
- Coding scale for C1310:
  - 0: Behavior not present
  - 1: Behavior continuously present, not fluctuate
  - 2: Behavior present, fluctuate
- GG0130: Self-Care
- GG0170: Mobility
- J1900: Number of falls since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS), whichever is more recent
Acronym used in this presentation

- APU: Annual Payment Update
- ARD: Assessment Reference Date
- CAM: Confusion Assessment Method
- FY: Fiscal Year
- IMPACT Act: Improving Medicare Post-Acute Care Transformation Act
- LTCH: Long-Term Care Hospital
- MDS: Minimum Data Set
- OASIS: Outcome and Assessment Information Set
- OBRA: Omnibus Budget Reconciliation Act
Acronym used in this presentation (continued)

- PAC: Post-Acute Care
- PPS: Prospective Payment System
- PU: Pressure Ulcer
- QIES ASAP: Quality Improvement and Evaluation System Assessment Submission and Processing
- QM: Quality Measure
- QRP: Quality Reporting Program
- RAI: Resident Assessment Instrument
- SNF: Skilled Nursing facility