

# *2016 MDS 3.0 Updates*

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# *Objectives*

- Identify major changes in the MDS 3.0.
- Identify the purpose of *Improving Medicare Post-Acute Care Transformation* (IMPACT) Act of 2014 in relation to the 2016 MDS 3.0 update.

# *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**.

# *Reason for IMPACT Act*

- 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.

# *SNF Quality Reporting Program (QRP)*

- 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.

# *SNF QRP & Quality Measure*

- 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.



# *Quality Measures*

- 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 **OR** Item B, C or D = 2

**AND**

Item B = 1 or 2

**And either**

Item C = 1 or 2 **OR** 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.



# *Functional Abilities and Goals*

- 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.

# *Functional Abilities and Goals*

## *(continued)*

- 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