Preparing for Payment and Data Requirement Changes - 2018

By: Leah Klusch, RN, BSN, FACHCA
The Alliance Training Center
330-821-7616
leahklusch@tatci.com

Importance of the Data Base
Quality and Accuracy

- Regulatory requirements for the facility data base formulation
- MDS data forms the primary data base and is utilized to evaluate patterns of care, services, and outcomes
- All MDS data must be comprehensive, accurate, standardized and reproducible.
- Now data is being combined with claims data from all Medicare providers tracking the elders services, place of service and total cost of care.
- The number of uses for the data is growing with the regulators and users outside the industry.
Current Status of MDS Database Accuracy

- Observations of an auditor
- High percentage of ADL Scores are underscored or if they are adequate scores the substantiating data is not reproducible
- Accuracy includes the use of the clinical and procedural guidance in the current RAI Manual
- The person selecting the item response on the MDS is responsible for the accuracy of the coding and must sign for accuracy on Section Z 400 with the date the item or section was completed
- Facilities must track the data set items that formulate the Quality Measures for all three QM data bases so indicators are accurate

Current State of MDS Data Accuracy

- Accuracy is assumed - regulatory Tag and an elaborate set of directions for collecting and reporting the assessment codes.
- Accuracy is the responsibility of the facility management and the individual selecting the codes on the MDS data set.
- Currently the accuracy of the data in the MDS data base is poor. - Facilities that use Analytical software have much higher levels of accuracy, lower regulatory risk and a more secure payment profile.
- Many MDS nurses or members of the Interdisciplinary team coding the MDS do not have current manuals, adequate up dated training, efficient hardware and software which has a significant impact on data accuracy and operational success.
So How Does this Connect to Payment?

► The MDS formulates the payment RUG - which is used to determine the Part A payment and in Case Mix states the calculation of the Medicaid rate.
► Regulators use the MDS data base as the primary source of data to direct the survey process and guide case review.
► Rehospitalization rates are calculated using the covariates documented on the MDS - which are utilized to identify if Part A funds need to be returned at the end of the year.
► Quality Measures are utilized in public and facility specific data reports to indicate outcomes and care issues which impact occupancy rates and oversight audit activity.
► All of these issues relate to payment levels, payment risk and occupancy.

Case Example - Impact on Payment - ADLs

► 100 bed skilled facility with 40 beds of short and moderate length of stay post surgical elders.
► Doing active rehab with 40 elders per day - most of those on Part A Medicare payment.
► Under coded ADLs at the time of admission produced 15 RUA-RUGs on 5 day assessments which were mostly errors.
► The difference between an RUA and RUB-RUC is $80.00 per day.
► That is a total of $1200.00 per day loss X 30 days -$36,000.00 per month up to $432,000.00 per year.
► Are you monitoring your facility data base for RUA's on 5 day admission assessments? Watch ADL coding the first 72 hours when most post surgical elders need more assistance with Bed Mobility, Transfer and Toilet Use.
- This is a good facility - just missed this one detail - had a change in personnel - very costly.
- ADLs are very important - some of the most important data you currently collect and will be more important in the future.
- Low ADL scores with ultra high or very high rehab utilization could signal improper admission or over utilization of skilled services - especially at the time of admission.
- CMS monitors this - How does your facility rate with data accuracy in this area?
- Careful coding of ADL assistance at the time of admission is very important - management of documentation is of utmost importance.

**Impact of Accurate Data on Quality Measures**

- First, let's look at the three sets of Quality statistics that the MDS data base reports.
- Gone are the days of CASPER Quality Measures - only viewed by the facility - state agencies and federal agencies.
- Now we have Quality Measures reported:
  - CASPER Quality Measures
  - Quality Measures reported in and calculating 5-Star rankings for all facilities
  - Quality Measures reported on the Nursing Home Compare Website
  - MDS data is also combined with Claims Data to impact Readmission calculations
  - New Quality Measures that reflect functional improvement or decline are also being calculated and reported
Your Team Must Understand the Data that Creates the Quality Measures

- #1 recommendation - Use the color coded MDS documents for training and discussion.
- These tools show the flow of the data to the Quality Measures and identify which Quality Measures are triggered.
- Who is coding the items? - Who is gathering the data? - Professionals with training - direct care staff with oversight - Do you have current manual instructions?
- Manual instructions change every year - How do you update your team with resources, training and policy development? This requires operational oversight and regular communication between the MDS office and administration.

Example

- October 2017 CMS added new items to the MDS data set and they also sent out a lengthy set of updated manual instructions for many sections of the data set.
- In that update there were 20 pages of updates and new instructions for Section GG alone. Coding guidance and many definitional clarifications.
- The Q-300 interview about the elder's goals has many new instructions and clarifications. This is very important as the New Long Term Care Survey is focused on Person Centered Care and elder empowerment.
- Gradual Dose Reductions for Antipsychotic are now documented on the MDS recording the physicians actions and dates of notes. Your Medical Director needs to be aware of these items and the manual instructions.
- New coding instructions for documenting UTIs with facility responsibility for clinical resources and decision making protocols are in the October and December Track Changes - these changes could stimulate policy changes and clinical documentation guidelines.
January 2018 CMS Released New MDS 3.0

- October 2018 Implementation
- High # of new items for Section GG
- New items GG100 - Prior functioning Everyday Activities - Prior Devices used
- Self Care - added 4 new items bathing dressing
- New items Mobility - including Steps and flexibility

October 2018 Section GG Admission

- New 4 pages long on the MDS assessment
- Some format - Admission Performance & Discharge Goals
- Prior functioning and Device use
- New coding definitions for prior functioning
Section GG Discharge - October 2018

- 3 pages long
- All new functional items included
- Only Performance is documented
- Manual instructions yet to come
- Documentation of the 3 day usual performance must be in the record

October 2018 - New Section I Items

- Documentation of primary medical condition as reason for admission
- March RCS-1 - diagnostics categories
- Includes “Other medical condition” item
Other New Items October 2018

- Section J - 2000 - Prior Surgery
- Section N - Drug Regimen Review - Medication Follow-up - Medication Intervention

The Data Base and Survey and Financial Risk

- The regulatory tags require that you have the updated RAI Manual as a reference for all coding.
- If the data base is wrong - not using current definitions or documentation guidance - the assessment must be corrected.
- Negative survey results impact your civil money penalties.
- Negative survey results can lower your 5 Star ranking for an extended period of time - impacting occupancy and participation with ACO's etc.
- Simple mistakes - human error - this very complicated assessment can create great risk - analytics can screen for mistakes and identify them before the transmission and lower your risk. Clinical analytics identify inadequate or miscoded data
- Analytical systems that compare the MDS data base with the Universal Bills can improve the integrity of your entire process and lower oversight.
- Electronic review of the MDS data base and the Universal Bills produces a quality triple check.
Changes in the Payment System

- RCS-1 is the proposed payment system scheduled for October 2018 - the new payment levels will rely on more MDS data to establish the payment rates - Diagnostic codes - Cognitive performance data - therapy treatment - functional performance scoring for ADL's and section GG items.
- October 2018 will introduce multiple new functional scoring items in Section GG.
- RUGs will still be calculated for case mix payment programs.
- Additional data from the MDS Data Base will be utilized to calculate the RCS-1 - Very Important!

How does RCS-1 Determine the Therapy Case Mix?

- RCS-1 groups cases into 10 Primary classifications that include four case mix indexed components:
  - 1. Physical and Occupational therapy
  - 2. Speech-language pathology
  - 3. Non therapy ancillary
  - 4. Nursing

All of these classifications will be created from the MDS data set with more emphasis on diagnosis codes, treatment codes, cognitive performance documentation, functional performance scoring, ADL scoring, swallowing disorders and SLP related comorbidities. Nursing treatments, interventions, medications.
Data Base Issues

- More focus on the accuracy and comprehensive data on the 5 day admission assessment. It creates the foundation for payment.
- Accurate diagnostic coding with quality data from the acute care stay, and careful coding in Section I with ICD-10 coding on the data set and the medical record.
- Cognitive scoring - BIMS and related assessment data to report cognitive status and changes in cognition - the Cognitive Performance Score
- Data items related to Speech and language therapy, diagnosis, interventions to support treatment.
- Nursing Categories with all the qualifiers.
- Mood interview scoring impacts the nursing categories.
- The resources at the end of the PowerPoint for this program has an RCS-1 calculator reference.

Section GG issues

- Please pay attention to Section GG coding.
- The Track Changes in October of 2017 and December of 2017 had many updates, coding instructions and additional definitions.
- Section GG is to report the functional status of the elder during the first three days of the stay - Do not just use a therapy evaluation to complete the section. Tracking data to support Section GG coding is very important - remember all data on the MDS needs to be reproducible in the medical record. That is GG on admission and at discharge. The data from section GG will have increased importance with the new payment system.
- Administrators - what does your Section GG data report from admission to discharge? - outcomes will be evaluated from this data. Discussion between therapy and nursing is necessary. Read the directions carefully.
Claims Based Quality Measures

- Claims based quality measures are calculated using your facility readmission and emergency department statistics.
- Those statistics are impacted by the covariates listed in the federal documents.
- Focus on the accuracy of the covariates now. Use the color coded MDS documents to identify the large number of covariates that can have a positive impact on complex cases that need acute care periodically.
- Covariates are important to impact the rehospitalization rates.

What do we need to do now?

- Identify the process for data collection and assessment formulation.
- Write it down - use the RAI Manual instructions as a guide.
- Make sure all persons coding data on the MDS understand the manual definitions and instructions for coding.
- Include the MDS process in orientation and in-service programs - All staff need to know that we do assessments and the importance of the MDS system.
- Identify that all staff who handle admission issues and processes understand the coverage definitions and requirements so the data base is correct at the beginning of the stay.
- Operations needs to be aware of what is in the facility data base and the implications of inaccurate or missing data to overall operational success.
- What does senior management know about the functions and policies of the MDS office as well as the knowledge and preparation of the MDS nurses and members of the IDT that code data.
- Review the RCS-1 calculator documents to identify the MDS items that will be utilized for the payment categories. Establish policies and procedures to review accuracy of coding and substantiating data in the medical record.
DATA BASE ACCURACY IS REQUIRED AND IS ESSENTIAL FOR PROPER PAYMENT UNDER THE RUGs IV SYSTEM AS WELL AS THE PROSPECTIVE RCS-1 SYSTEM. PAYMENT IS IMPACTED BY THE ACCURACY OF THE QUALITY MEASURES, OCCUPANCY AND PUBLIC DATA BASES - 5-STAR - NURSING HOME COMPARE. STAFF THAT CODE DATA MUST HAVE RESOURCES, TRAINING AND LEADERSHIP THAT MEETS THE REGULATORY STANDARDS. WITHOUT ACCURACY OF DATA PAYMENT OUTCOMES CAN BE CAUSTIC!

Resources

- Errata updates released December 15, 2017

- RCS-1 Model Calculation Worksheet for SHFs
  - www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/RCS_1_Loic-508_Final.pdf

- Five-Star Quality Rating System: Technical Users' Guide
  - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/PSQRS.html


- Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual

- Chapter 2 - Medicare Claims-Based Measures
To order the color-coded MDS 3.0 Documents please contact MED-PASS

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800-438-8884
LEAH KLUSCH
RN, BSN, FACHCA

NURSE/EDUCATOR/CONSULTANT/SPEAKER

ABOUT LEAH KLUSCH
Leah Klusch's education and consulting to healthcare professionals is defined by her dynamic style, sense of humor, no-nonsense advice and innovative ideas. Her ability to focus on learning rather than teaching makes her a welcomed and applauded industry speaker, educator, and nurse leader.
She’s the founder and director of The Alliance Training Center, an educational foundation focused on geriatric care issues in Alliance, Ohio and the author of numerous published articles in industry journals, periodicals, trade publications, books, video trainings, and lectures nationally on current industry topics. Leah is passionate about her work and her energy is contagious when helping clients and industry members manage:
- Care Delivery & Clinical Competency
- Wellness & Restorative Care Giving
- Compliance & Risk Management
- Leadership
- Re-engineering & Facility Planning
- Nursing Home Management
- Payment & Reimbursement
- Assessment and Assessment Documentation
- Regulatory Compliance

THOUGHT LEADERSHIP
As a healthcare industry consultant with a penchant for bridging clinical, financial and compliance needs in an easy-to-understand, fun way, Leah’s insights are captured and read throughout the industry, online as well as offline.

- Highly-Sought Speaker and Trainer
Leah can be found on the speaker and trainer lists of the industry’s most well-respected association conferences including AHCA, ACHCA, LeadingAge, ASCP, ALFA and International Council for Active Aging, as well as many state and local professional associations and ownership groups. Her expertise has attracted packed sessions on hot topics like the recent MDS changes, understanding care area assessments and Compliance rules with Part A Medicare and Auditing Therapy Services. She has authored and co-authored videos for the Briggs Corporation and written forms and formats for MedPass, and recently launched a series of MDS web-learning sessions for skilled nursing, rehab, specialty, hospice and home health.
LEAH KLUSCH
RN, BSN, FACHCA
NURSE/EDUCATOR/CONSULTANT/SPEAKER

- Widely Published Author
  Covering the industry’s biggest topics, Leah’s work has been featured in Long Term Living, McKnight’s Long Term Care News, Provider Magazine, and The Director. She was first published in 1968 in the American Journal of Nursing and has authored more than 25 published articles. In addition, she has authored two books on restorative care giving and Understanding the Care Planning Process.

- Consultant
  Individual facilities and nursing home management groups and owners from across the country rely on Leah’s ability to assess and advise them on operational and clinical issues. She also works with industry-vendors to supply applicable solutions to the industry, like RediLearning, MDS Achieve, Med Pass, eHealth Data Solutions, Direct Supply, Encore Rehab, AccuNurse, and McKnights.

- Research
  Currently participating in a research investigation with The University of Pennsylvania focused on sleep hygiene and elders with nocturnal incontinence. Diane K. Newman, DNP FAAN BCB-PMD is co-investigator. Domtar Personal Care is supporting the investigation with an unrestricted grant.

PROFESSIONAL BACKGROUND
Leah received her Bachelor of Science in nursing from Capital University and continued graduate studies in Curriculum and Education at Ohio State University. In 2009, she completed the Fellowship program with the American College of Healthcare Administrators (ACHCA). The ACHCA awarded Leah with their Education Award in 2011. In 1989, Leah launched The Alliance Training Center, an educational foundation focused on issues related to the care of the frail elderly.

ABOUT THE ALLIANCE TRAINING CENTER
The Alliance Training Center is located in Alliance, Ohio and is home to many accredited training classes for Ohio nurses, aides and activity professionals. Leah Klusch launched the Center in 1989 to help her facilitate and educate care practitioners on helping to care for the frail elderly.

In addition, the Center serves as headquarters for many services offered to the professionals in long-term care including: educational services, management consultation, facility consultation, and development of specialized and custom training programs.

The Alliance Training Center is an approved provider of continuing education accredits by the State of Ohio Counselor/Social Worker Board #RSX019103, Board of Nursing Home Administrators, NAB and NCCAP.
# LEAH KLUSCH

RN, BSN, FACHCA  
NURSE/EDUCATOR/CONSULTANT/SPEAKER  

10/3/2016

## PUBLISHED ARTICLES

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- Medicare Operational Compliance Strategies for Skilled Care  
- Four Challenges that Can Ruin Your Next Survey  
- Highlight Upcoming MDS Changes and Ways Providers Can Prepare  
- 2012 Regulatory Update: The Least You Need to Know  
- 2012 MDS 3.0: The Least You Need to Know  
- Risk & Payment Issues with the MDS 3.0  
- Quality Care In Challenging Times  
- MDS 3.0 Data Coding and Assessment Process Update  
- Making the Most of the New MDS 3.0  
- P.E.P.P.E.R. Reports: Why not paying attention can be costly  
- Managing the Fiscal & Operational Challenges of the Implementation of the MDS 3.0 Data Set  
- Payment: “MDS 3.0 Update: New rules on the horizon”  
- MDS 3.0 Update - 2015 New Info and Oversight  
- Managing Sleep Deprivation and Nocturnal Incontinence  
- MDS 3.0 Update: Get ready for more changes  

OTHER WEBINARS  

- Managing Change in your Assessment Process: An Overview of the April, 2012, Changes to the RAI Manual (Long Term Living/MDI Achieve)  
- SCA MDS and Compliance Training (Long Term Care Living and SCA Tena)  
- Getting It Right: Elevating Outcomes and Reducing Risk with Your Incontinence Documentation and Assessment Process (Long Term Living)  
- Critical Issues of MDS 3.0: Updates, Landmine and Opportunities (Long Term Living/MDI Achieve)  
- MDS 3.0 Update Compliance & Payment Issues (MDS Achieve)  
- Ensuring Compliance with your Utilization Review Process (ACHCA)  
- MDS 3.0 Structure and Implementation (MDS Achieve)  
- Managing Change in Your Assessment Process – An Overview of the April 2012 Changes to the RAI Manual (MDI Achieve)