

# Quarterly MDS Forum

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WISCONSIN DEPARTMENT  
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# Welcome



# Acronyms

- ARD – Assessment reference date
- BIMS – Brief interview for mental status
- CDC – Center for Disease Control and Prevention
- CAA – Care area assessment
- HIPPS – Health insurance prospective payment system
- MDS – Minimum data set
- NHSN – National Healthcare Safety Network
- OBRA – Omnibus Budget Reconciliation Act
- PPS – Prospective Payment System

# Resident Assessment Instrument (RAI) Changes

## Chapter 2 changes

- Other payors may require a HIPPS code or other data for billing, however, they are not to be coded as a PPS assessment
- Part A PPS discharge and OBRA discharge MUST be combined
- Revised wording for identifying a significant change in ADL physical functioning

# Resident Assessment Instrument (RAI) Changes

## Chapter 3 changes

- Revised coding tip referring to when a person is on leave of absence and data captured

# Minimum Data Set (MDS) Changes

## New social determinants of health items

- ◆ Section A
  - Ethnicity
  - Race
  - Language
  - Transportation
- ◆ Section B
  - Health literacy
- ◆ Section D
  - Social isolation



# Minimum Data Set (MDS) Changes

## Section A

- Entered from
- Discharge status
- Reconciled med list to provider/resident and route



# Minimum Data Set (MDS) Changes

- Section C

Coding update to  
C0200 and C0500

- Section D

Patient Health  
Questionnaire (PHQ)  
2 to 9





# Minimum Data Set (MDS) Changes

- Section G removed
- Section GG revised
  - ◆ Column 1
    - Five-day PPS, OBRA stand alone, combined OBRA/PPS
    - First three days of the stay (Part A or new admit)
  - ◆ Column 3
    - OBRA discharge, PPS discharge, combined OBRA/PPS discharge
    - Discharge date/end date of Part A stay and two previous calendar days



# Minimum Data Set (MDS) Changes

- ◆ Column 5
  - Interim payment assessment or standalone OBRA other than admission
  - Assessment reference date plus two previous calendar days

# Minimum Data Set (MDS) Changes

## Section J

- Pain frequency – revised
- Pain effect on sleep, pain interference with therapy activities, and pain interference with day-to-day activities – new



# Minimum Data Set (MDS) Changes

## Section K

- Column 1 – on admission, first three days of prospective payment system (PPS) stay
- Column 2 – while NOT a resident, last seven days
- Column 3 – while a resident, within the last seven days (after admission/entry or reentry)
- Column 4 – at discharge, last three days of PPS stay

# Minimum Data Set (MDS) Changes

## Section M

- Skin changes at end of life (Kennedy ulcers) are not coded
- No reverse staging
- If pressure injury heals and re-opens on the same spot, code staging as it was when healed



# Minimum Data Set (MDS) Changes

## Section N

- New definition of indication
- High risk drug classes: Use and indication
  - ◆ All routes by drug class
  - ◆ In any setting in the last seven days
  - ◆ If any item in column one is checked, complete column two
  - ◆ Added antiplatelet and hypoglycemic (including insulin)

# Minimum Data Set (MDS) Changes

## Section O

- Column A (on admission) – Days one through three of PPS stay
- Column B (while a resident) – Last 14 days of stay
- Column C (at discharge) – Last three days of PPS stay

# Minimum Data Set (MDS) Changes

## Section Q

New and revised items





# Resident Assessment Instrument (RAI) Changes

## Chapter 4 care area assessment manual changes

- ADL functional/rehabilitation potential – Added  
GG0130X1 = 01-05 and GG0170X1 = 01-05
- Urinary incontinence - GG0130C1 = 01–05  
OR GG0130C5 = 01–05 OR GG0170F1 =  
01–05 OR GG0170F5 = 01–05

# Resident Assessment Instrument (RAI) Changes

- Pressure ulcer/injury - GG0170A1 does not = 06 OR GG0170A5 does not = 06 OR GG0170B1 does not = 06 OR GG0170B5 does not = 06 OR GG0170C1 does not = 06 OR GG0170C5 does not = 06
- Return to community – Revised Q0500B = 1 or 9

# Cross-Over Rule

Providers may not submit a modification to change a target date on an assessment completed prior to October 1, 2023 to a target date on or after October 1, 2023, nor can they submit a modification to change a target date on an assessment completed on or after October 1, 2023 to a target date prior to October 1, 2023.

# Discharge

If the end date of the most recent Medicare stay (A2400C) occurs on the day of or one day before the discharge date (A2000), the OBRA discharge assessment and Part A PPS discharge assessment are both required and **must** be combined.

When the OBRA and Part A PPS discharge assessments are combined, the ARD (A2300) must be **equal** to the discharge date (A2000).

# Discharge

The Part A PPS discharge assessment may be combined with most OBRA-required assessments when requirements for all assessments are met (please see Section 2.10 combining PPS and OBRA assessments).

# Final Quality Reporting Program (QRP) Rule Changes

## Addition

- Discharge function score
- Covid-19 vaccine: Percent of patients/residents who are up to date

# Rule Changes

## Removal

Application of percent of long-term care hospital (LTCH) patients with an admission and discharge functional assessment and a care plan that addresses function

# Rule Changes

Application of the Inpatient Rehab Facility (IRF) functional outcome measures: Change in self-care score for medical rehabilitation patients measure and change in mobility score for medical rehabilitation patients measure



# Rule Changes

Modify

Covid-19 vaccination coverage among  
healthcare personnel (HCP)



# Public Reporting

- Transfer of health information to the provider-  
Post Acute Care (PAC) measure
- Transfer of health information to the patient-  
PAC measure

# Other Changes

Data completion increase from 80% to 90% of the required MDS data!



# Final Value Based Purchasing (VBP) Program Rule Changes

## Addition

- Nursing staff turnover measure
- Discharge function score measure
- Long stay hospitalization measure
- Percent of residents experiencing one or more falls with major injury

# Rule Changes

## Replacement

SNF 30-day all cause readmission measure  
with SNF within stay potentially preventable  
readmissions (SNF WS PPR)



# ICD-10 Code Mapping Changes

Several changes to the PDPM ICD-10 code mappings

[Guidelines for coding and reporting  
2024 code tables, tabular and index \(zip\)](#)

# Civil Money Penalties (CMPs)

Thirty-five percent penalty reduction



# Prospective Payment System (PPS) Final Rule for FY 2024

TABLE 3—FY 2024 UNADJUSTED FEDERAL RATE PER DIEM—URBAN

Rate component	PT	OT	SLP	Nursing	NTA	Non-case-mix
Per Diem Amount .....	\$70.27	\$65.41	\$26.23	\$122.48	\$92.41	\$109.69

TABLE 4—FY 2024 UNADJUSTED FEDERAL RATE PER DIEM—RURAL

Rate component	PT	OT	SLP	Nursing	NTA	Non-case-mix
Per Diem Amount .....	\$80.10	\$73.56	\$33.05	\$117.03	\$88.29	\$111.72



# Quality Reporting Program

Effective October 1, 2023

- ◆ Calendar year Q4 2023 (October-December 2023) data collection reporting period
- ◆ MDS 3.0 Version 1.18.11
- ◆ All items are used for calculations on the OBRA
- ◆ Select items are used on the PPS 5-day and the Part A PPS discharge
- ◆ Dashes are not allowed in the following data elements

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[Nursing Homes: RAI/MDS 3.0 Information](#)

# References

- [RAI Manual 1.18.11](#)
- Manual Draft [Changes](#)
- Data Sets [v1.18.11v5](#)
- Manual [1.18.11R](#) Errata
- [CMS-1779-F](#) Wage Index Tables for FY24
- FY24 PDPM Case-Mix Adjusted [Federal Rates](#)
- FY24 PDPM ICD-10 [Mappings](#)
- SNF VBP Performance Score [Report Guide](#)
- SNF QRP FY25 [APU](#) Determination
- Discharge Function [Score](#)
- CDC [Up to Date](#) Guidance
- Section GG [Training](#) Resources