Quarterly MDS Forum

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Terms

- ARD: Assessment reference date; the last day of the observation or look back period
- BIMS: Brief interview for mental status
- CAA: Care area assessment
- CAT: Care area trigger
- CP: Care plan(ing)
- DCRA: Discharge return anticipated
- IPA: Interim payment assessment
- iQIES: Internet quality improvement and evaluation system

Terms

- NC: Comprehensive item set
- ND: Discharge item set
- NP: Part A PPS item set
- NPE: Part A PPS discharge item set
- NQ: Quarterly item set
- OBRA: Omnibus Budget Reconciliation Act
- PHQ: Patient health questionnaire
- PPS: Prospective payment system

Terms

- PTSD: Post traumatic stress disorder
- RAI: Resident assessment instrument
- SCQA: Significant correction to prior quarterly
- Observation period: Time period over which the resident's condition or status is captured by the MDS
- SCSA: Significant change in status
- SCPA: Significant correction to prior comprehensive
- SNF: Skilled nursing facility

New MDS – Section A

- Ethnicity, Race, language and transportation are all interviews and must be conducted during the 7-day look back
- Responses can be coded directly on the assessment

New MDS – Section D

PHQ-2 to 9

- Assessor will complete the staff assessment **only** when D0100 = 0, No (resident is rarely/never understood). Do no complete based on resident performance during the resident mood interview. Skip to D0500, staff assessment
  - o If standalone PPS Part A discharge, skip to D0700

New MDS – Section D

Unwillingness or refusal to participate would result in D0100 = 1, Yes, and code 9, No response being entered in column 1, leave column 2 blank
- Enter a dash in column 1 if not assessed

New MDS – Section D

	Symptom Presence (1)	Symptom Frequency (2)	Then
A	9 OR	0,1	End interview
B	9 OR	0,1	End interview
A	9	Blank	End interview, D0160 is blank, skip to D0700
B	9	Blank	End interview, D0160 is blank, skip to D0700
A	1	0,1	End interview, enter score in D0160
B	1	0,1	End interview, enter score in D0160

New MDS – Section GG

- Coding determination is not required within the three-day assessment window
- Interdisciplinary team (IDT)
- Interview resident and staff
- Review medical record
- Dashes would have a negative impact on the quality measures

New MDS – Section GG

- Shower/bath not offered during three-day window – code (-) as activity did not occur
- Shower/bath not done because the resident did not attempt the activity and a helper did not complete the activity during assessment period, code activity not attempted (07, 09, 10, or 88)

Section GG – Quality Reporting Program (QRP)

Beginning October 1, 2023, at least one GG0130, Self-care, or GG0170, Mobility, discharge goal item is **not** required to be coded to fulfill requirements of the SNF QRP. CMS plans to remove the Self-Care Discharge Goals (that is, GG0130, Column 2) and Mobility Discharge Goals (that is, GG0170, Column 2) with the next release of the MDS.

New MDS – Section J

Restorative programs do not count for J0520, pain interference with therapy activities
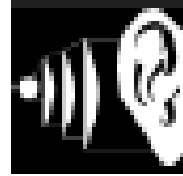
New MDS – Section N

- Aspirin of any form can be coded as an antiplatelet
- Indication for use (column 2)
  - Review definition in RAI manual
  - Documentation doesn't have to be any place specific
- Do not code over-the counter supplements (herbal and alternative medicines)
- Code based of their pharmacological class not how it is used

New MDS – Section O

- Look-back is since admission/readmission
- Therapy (O0400)– Required for all assessment types (NC, NQ, PPS 5-day, and SP PPS 5-day)
- O0400D – Respiratory therapy minutes/days, removed language indicating if state required it

MDS Interviews

Interviews:

- Look for symbol within manual indicating resident interview
- Completed during the look-back period of the ARD
- New ones within section A (Race, Ethnicity, Transportation)

Updates to New MDS

Assessments for other payor sources (Medicare Advantage Plans) –

- Do not code as PPS assessment in A0310B and A0310H
- Do not submit into iQIES

Updates to New MDS v5

Completion language changes for NPE (August 2023)

- B1300 – Removed to complete only if A0310G = 1
- D0100 – Removed if A0130G=2 skip to D0700
- D0700 – Removed to complete only if A0310G = 1
- GG0130, Column 3, Removed and A2105 is not = 04
- GG0170, Column 3, Removed and A2105 is not = 04

Updates to New MDS v5

Completion language changes for ND (August 2023)

- D0700 – Added to complete only if A0310G = 01

Updates to New MDS v6

- Completion language changes for NC, NQ, NP, and SP (Oct. 2023)
  - o O0400 – Removed to complete when A0310B = 1 (complete O0420D2 when required by state)
- Completion language changes for NC, NP, and NQ (Oct. 2023)
  - o O0420 – Removed to complete only when A0310B = 1

Cue Cards

- BIMS
- PHQ-2 to 9
- Pain assessment
- Interview for daily and activity preferences

CMS Forms Update

- CMS 672 – Resident Census and Conditions of Residents
  - Obsolete as of October 23, 2023
- CMS 671 – Long-Term Care Facility Application for Medicare and Medicaid
  - Added from CMS-672 – *Payer source*, ombudsman fields, and medication error rate

CMS Forms Update

CMS 802 - Matrix
- Removed #6 – Worsened pressure ulcer(s) at any stage
- Added #20 – PTSD/Trauma
  - Provided to the surveyors within four hours of entrance

MATRIX FOR PROVIDERS

Resident Name	Resident Room Number	Date of Admission if Admitted within the Past 30 Days	Alzheimer's / Dementia	MD, ID or RC & No PASRR Level II	Medications: Insulin II), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), Respiratory (RESP)	Pressure Ulcer(s) (highest stage I, II, III, IV, U, S) not present on admission	Excessive Weight Loss	Tube Feeding: Enteral (E) or Parenteral (P)	Dehydration	Physical Restraints	Fall (F), Fall with Injury (FI), Fall w/Major Injury (FMI)	Indwelling Catheter	Dialysis: Peritoneal (P), Hemo (H), in facility (F)	Hospice	End of Life Care / Comfort Care / Palliative Care	Tracheostomy	Ventilator	Transmission-Based Precautions	Intravenous therapy	Infections (M, W) P, TB, VH, C, UTI, SEP, SCA, GI, COVID, O - describe)	PTSD/Trauma
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

jRAVEN Software

- October 1, 2023
- No longer current and will not be updated
- iQIES user interface – free, internet based
  - Code and upload one record at a time
  - If modification is needed, must be done in iQIES
  - Doesn't interact with vendor software

iQIES Updates

- New user guide error codes
- Final validation report – warning error message - 3935a
- Reports revised –
  - Roster report
  - Admission/Re-entry
  - Facility characteristics
  - Quality measure

Quality Measures (QMs)

CMS will freeze the staffing level measures for three months during the transition effective with the April 2024 refresh.

Quality Measures (QMs)

- Percent of residents who made improvement in function (SS)
- Percent of residents whose need for help with ADL's has increased (LS) **
- Percent of residents whose ability to move independently worsened (LS)**
- Percent of high-risk residents with pressure ulcers (LS)**

** Frozen from April 2024 till January 2025

Quality Measures (QMs)

Percent of residents who made improvement in function (SS) frozen April 2024

→

October 2024, will be replaced with the Discharge function score (LS)

Influenza Quality Measure

- Short stay measure (four of them)
- Long stay measure (four of them)
- Numerator = O0250 = 1, or O0250C = 2, or O0250C = 2, 3 or 4
- Denominator = Target date on or between October 1 and June 30 (minus exclusions related to residents age)

Influenza Quality Measure

- Flu season – Includes 12 months (July 1 of a given year and ends of June 30 of the subsequent year)
- Reports data for residents who were in the facility for *at least one day during the target period* of October 1 through March 31

Influenza QRP

- Influenza vaccination coverage among healthcare personnel
- Data submission began October 1, 2022
- Numerator = All healthcare personnel in denominator and who received in facility, external facility, contraindicated, declined, or status unknown from when it first became available till March 31 of subsequent year

Influenza QRP

- Denominator (3) = Healthcare personnel (employee, licensed individual practitioners, and students/trainees/volunteers) that were physically present in the facility at least one day between October 1 and March 31, of subsequent year
- Submitted through National Healthcare Safety Network (NHSN)

Influenza QRP

- Required to submit one report covering the entire influenza season
- Deadline to submit annual summary through the NHSN healthcare personnel component (HPS) is May 15, 2024
- Publicly reported
- iQIES QM reports are updated annually

New COVID-19 QRP

- Percent of residents who are up to date with COVID-19 - CMIT measure ID #01699
- Starting FY2026
- Data collected with discharges on or after October 1, 2024, from Medicare Part A
- Deadline for submission is May 15, 2025
- Will be obtained through MDS data
  - New question with FY24 release of data set

New COVID-19 QRP

- Numerator: The total number of Medicare Part A covered SNF stays in the denominator in which residents are up to date with COVID-19 vaccine (Q1=[1]) during the target period.
- Denominator: The total number of Medicare Part A covered SNF stays discharged during the target period.

COVID-19 QRP

COVID-19 Vaccination Coverage among Healthcare Personnel ([up to date](#)) CMIT measure ID#00121

- New definition of up to date on September 25, 2023
- September 25, 2023, through December 31, 2023

Received a 2023-2024 Updated COVID-19 Vaccine

or

(Received bivalent* COVID-19 vaccine within the last 2 months)

COVID-19 QRP

Numerator = Cumulative number of HCP in the denominator population who are considered up to date with recommended COVID-19 vaccines.

- Four categories: Completed series, medical contraindication, offered but declined, or unknown

COVID-19 QRP

Denominator = Number of HCP eligible to work in the healthcare facility for at least one day during the reporting period, excluding persons with contraindications to COVID-19 vaccination.

- Four categories: Employees, licensed independent practitioners, , students/trainees/volunteers, and other contract personnel

COVID-19 QRP

- CDC NHSN measure
  - Report data for at least one week (Monday through Sunday) per month
- Quarterly CDC will calculate a single rate by taking the average of data from the three weekly rates submitted by the facility for that quarter
- Publicly reported

Reports

- Covid-19
  - Provider threshold report - Quarterly after Feb. 15, May 15, August 15, and Nov. 15
  - Quality measure facility level - Updated quarterly
- Influenza
  - Provider threshold report – Two times per year
  - Quality measure facility level report – Annually in October

Quality Reporting Program (QRP)

Annual payment
- o Data submitted October 1, through December 31, 2023 – 80% threshold
- o **Data collected starting October 1, 2023, through December 2024 – 90% threshold**
- o **100% of quality measure data collected and submitted using the CDC NHSN**

Quality Reporting Program (QRP)

- Ethnicity
- Race
- Discharge status
- Reconciled meds/route

Sign Up

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- CMS program letters
- DQA memos
- Pharmacy news capsule
- Public health bulletins

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https://www.dhs.wisconsin.gov/regulations/nh/rai-mds.htm

References

- [SNF QRP FY2026 APU table](#)
- [CMS Que cards](#)
- [CMS-671](#)
- [Influenza QRP](#)
- [NHSN 2023 Covid-19 vaccination protocol](#)
- [Up to date Covid-19 vaccination](#) or quick reference [guide](#)
- [Quality Measure User's Manual v16](#)