

WHAT IS THE REAL AND ONGOING IMPACT OF THE MDS FOR YOUR FACILITY

Maggie Turner RN RAC-CT

Kara Schilling RN RAC-CT

Lisa Gourley RN RAC-CT



Complete HealthCare Resources EASTERN, INC.
STRATEGIC SOLUTIONS FOR SENIOR CARE PROVIDERS

200 Dryden Road, Suite 3100; Dresher, PA 19025-1069

p: 215.441.7700 | f: 215.441.4255 | CompleteHealthCareResources.com

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OBJECTIVES

- This program is intended to provide an overview of the ongoing importance of the MDS to your facility.

- We will discuss the impact of the MDS on :
 - Department Of Health Survey Process
 - Quality Reporting Program
 - Value Based Purchasing
 - Quality Measures/Five Star
 - Payroll Based Journal

DISCLAIMER

- ⦿ The information presented is current as of today and is accurate as to the information available at this time.

MDS: JUST LIKE CARS WE HAVE REALLY CHANGED



A FEW DETAILS

○ MDS at the beginning

- Care Planning focus
- Quality Measures- not very many
- CMI for payment
- 3 Quarterlies per page on a 8” by 11” sheet of paper

Paper and Pen completion

○ MDS now

- Care Planning focus
- Quality Measures-split short and long term, impact:
- Five Star
- CMI, Medicare, Medicare Advantage for payment
- PPS assessments-expanded to include COT, SOT, EOT and End of Medicare Stay
- QRP
- Value Based Purchasing
- DOH Focus

- Where will we go from here?????

Electronic Completion

MDS-TIMING

- Federal Regulation 483.20 Resident Assessments:
 - Scheduling and Completion: just a few items
 - Admission comprehensive by day 14 of the stay
 - Quarterly Review no greater than 92 days from previous assessment
 - Annual comprehensive no greater than 366 days from last annual and no greater than 92 days from previous assessment,
 - Significant Change in Status no greater than 14 days from identification of the change,
 - PPS assessments with specific time frames allowed for Assessment Reference Date, all types of assessments
 - Discharge Assessments -date of discharge plus 14 days, Entry Trackers-7 days from entry,
 - Death in Facility tracker-7 days from the death date,
 - Part A PPS Discharge Assessment-Assessment Reference date must be set for the last day of Medicare Coverage (traditional Medicare only)

MDS ACCURACY

- All MDS items must have documentation to support the MDS coding
- Documentation can be found anywhere in the resident record for support-MAR, TAR, Nursing Notes, MD note, orders, C.N.A. documentation, etc.
- Each MDS item has a specific time frame for the look back-7 days, 30 days, 60 days, 180 days are just a few examples
- If Supporting documentation is not present to support MDS coding the following areas can be impacted:
 - DOH Survey
 - Quality Measures
 - Five Star
 - Care Planning

MDS: SUBMISSION

- All OBRA and Traditional Medicare A PPS assessments must be submitted to the QIES ASAP system within specific time frames after completion
- Data from the submission is utilized to calculate:
 - RUG payments
 - CMI
 - Quality Measures
 - QRP
 - Value Based Purchasing
- And not mentioned before but also included Field Operations (UMR) MDS audits

MDS- DOH SURVEY RESIDENT ASSESSMENT CRITICAL ELEMENT PATHWAY

- **Record Review: MDS Accuracy Concerns:**
- Does information in the MDS correspond with information obtained during observations and interviews with the resident, facility staff, and resident's family or representative;
- Have appropriate health professionals assessed the resident? For example, has the resident's nutritional status been assessed by someone who is knowledgeable in nutrition and capable of assessing the resident;
- Based on your total review of the resident, is each portion of the assessment accurate;
- Is there any evidence that an individual willfully and knowingly coded MDS assessment information inaccurately or falsely;
- Is the quarterly review of the resident's condition consistent with information in the progress notes, plan of care, and your resident observations and interviews; and
- Based on the facility documentation, did the facility adhere to the guidelines for conducting a Resident Assessment (e.g., Significant Change in Status Assessment)?
- (Note: Facility documentation is defined as information obtained from the facility that includes resident care and issues that are tracked such as an incident/accident report, clinical record, wound log, transfer log, and ANY other type of documentation that contains evidence of resident issues.)

MDS- DOH SURVEY RESIDENT ASSESSMENT CRITICAL ELEMENT PATHWAY

- ◉ Completion and Submission Concerns:
- ◉ Compare the alphabetical list of residents provided by the facility against the resident listing in the software. Residents on the alphabetical list and not in the software should be new admissions (admitted in the last 30 days). If they are not new admissions, there may be MDS submission issues (and that's why they are not in the software listing);
- ◉ Are the appropriate certifications in place, including the RN Coordinator's certification/signature of completion of an assessment or Correction Request and the certification of individual assessors of the accuracy and completion of portion(s) of the assessment or tracking record completed or corrected;
- ◉ Was the assessment completed and submitted timely? If not, why not; and
- ◉ What is the assessment type that wasn't completed or submitted timely?

MDS-DOH SURVEY CRITICAL ELEMENT PATHWAY

- ◉ **Critical Element Decisions:**
- ◉ 1) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths, and areas of decline accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)? If No, cite F641 NA, assessments accurately reflected the resident's status.
- ◉ 2) Did the facility complete a comprehensive assessment, using the CMS-specified Resident Assessment Instrument (RAI) process, within the regulatory timeframes (i.e., within 14 days after admission and at least annually) for each resident? If No, cite F636 NA, the annual assessment or admission assessment was completed timely.
- ◉ 3) Did the facility assess residents, using the CMS-specified quarterly review assessment, no less than once every three months, between comprehensive assessments? If No, cite F638 NA, the quarterly assessment was completed timely.
- ◉ 4) Did the facility transmit the assessment within 14 days after completion? If No, cite F640 NA, assessments were transmitted timely.
- ◉ 5) Did the facility ensure no one willfully and knowingly coded MDS assessment information inaccurately or falsely? If No, cite F642
- ◉ 6) Did staff who completed portions of the MDS sign the assessment or tracking record certifying the accuracy and completion of the sections they completed, including the RN Coordinator's certification of completion of an MDS assessment or Correction Request? If No, cite F642

**NO WONDER THIS IS WHAT YOUR RNAC
LOOKS LIKE AND WE HAVEN'T EVEN
TOUCHED THE SURFACE YET**



MDS AND QUALITY MEASURES

- ⦿ MDS Data is utilized to determine the quality measures
- ⦿ Short Stay measures =stay less than 100 days
- ⦿ Long Stay measures stay =101 days and greater

MDS AND QUALITY MEASURES

- Assessments utilized for short stay calculation include:
 - Initial Comprehensive
 - Annual
 - Significant Change in Status
- Significant Correction of Prior Assessment Comprehensive or Quarterly
 - Quarterly
 - All PPS assessments
- Discharge-return anticipated and return not anticipated

MDS AND QUALITY MEASURES

- ◉ Short Stay Record Selection:
 - ◉ Earliest assessment that meets the following:
 - ◉ Contained within the resident episode
 - ◉ Qualifying Reason for Assessment -assessment type
 - ◉ ARD-is greater than the entry date that began the episode
 - ◉ No more than 130 days prior to the target period
- ◉ Episode is the time span from the admission to a discharge return not anticipated, discharge return anticipated but out over 30 days, death or end of target period -whichever comes first

MDS AND QUALITY MEASURES

- Assessments utilized for calculation of Long Stay include:
 - All of the same as Short Stay

MDS AND QUALITY MEASURES

- ◉ Long Stay Record Selection:
 - ◉ Target Assessment and qualifying earlier assessments
 - ◉ ARD is contained within the episode
 - ◉ Target date is on or before the qualifying episode
 - ◉ However:
- ◉ Look back scan includes all assessments that occurred during the current episode

MDS AND QUALITY MEASURES

- So to put this all in a simple form
- Any assessment completed at any time can impact your Quality Measures
- **AND**
- Impact your Five Star Rating

MDS AND QUALITY MEASURES

- ◉ Let's look at Long Stay QM for falls:
 - ◉ Long Stay Measure resident with 1 or more falls with major injury (this measure is used in your Five Star Rating)
 - ◉ Includes all residents with 1 or more assessments in the look back scan
 - ◉ Exclusion: fall is dashed on the MDS or fall is indicated but major injury is dashed

MDS AND QUALITY MEASURES

- Long Stay Measure Fall with Major Injury:
 - On the assessment the RNAC indicated resident had a fall with a major injury
 - During record review when the Quality Measure is noted the following is found:
- Nursing Documentation reflects: resident fell out of bed and complained of pain in right hand. X-Ray ordered but had not been completed prior to MDS completion.

MDS AND QUALITY MEASURES

- Long Stay Measure Fall with Major Injury:
 - RNAC completes the MDS and indicates:
 - Fall-correct
 - Major Injury-not correct. In MDS language pain is a minor injury. Since there was not documentation to support- major injury (x-rays not yet completed to show a fracture) should not have been coded.
- When discussed RNAC noted she thought it was fractured so she indicated major injury on the MDS in order to not have to complete a modification

MDS AND QUALITY MEASURES

- ◉ Now lets look at a Short Stay Measure:
 - ◉ Percentage of Residents who newly received an Antipsychotic Medication-Short Stay (this measure is included in your Five Star)
 - ◉ Does not include the initial assessment
 - ◉ Exclusions:
 - ◉ Huntington's
 - ◉ Tourette's
 - ◉ Schizophrenia
- ◉ Dash in Section N Antipsychotic Medication

MDS AND QUALITY MEASURES

- ◉ Short Stay Antipsychotic Medication:
 - ◉ MDS is completed and the RNAC indicates resident received Antipsychotic Medication 7 days
 - ◉ When Quality Measure is reviewed:
 - ◉ Record reflects resident received Zyprexa for 7 days during the MDS look back period. Resident has a diagnosis of Alzheimer's Dementia.

MDS AND QUALITY MEASURES

- ◉ Short Stay: Antipsychotic Medication
 - ◉ Measure is triggered appropriately
 - ◉ MDS coding for medications is according to **drug classification**
 - ◉ Further review of this quality measure would include clinical findings and appropriateness of Medication and not focus on MDS coding.

MDS AND QUALITY MEASURES

○ Current Quality Measures:

- Moderate to Severe Pain Short and Long-MDS Section J Pain Interview
- High Risk Pressure Ulcer Long MDS Section M
- New or Worsened Pressure Ulcer Short MDS Section M
- Physical Restraints Long MDS Section P
- Falls Long MDS Section J
- Falls with Major Injury Long MDS Section J
- Antipsychotic Medication Short and Long MDS Section N
- Antianxiety/Hypnotic Prev. Long MDS Section N
- Antianxiety/Hypnotic % Long MDS Section N
- Behavior Symptoms Affecting Others long MDS Section E

MDS AND QUALITY MEASURES

- ◉ Current Quality Measures:
- ◉ Depression Symptoms Long MDS Section D Interview
- ◉ UTI Long MDS Section I
- ◉ Catheter Inserted/ Left in Bladder Long MDS Section H
- ◉ Low Risk Bowel and Bladder Long MDS Section C and H
- ◉ Excessive Wt. Loss Long MDS Section K
- ◉ Increased ADL Help Long MDS Section G
- ◉ Move Independently Worsens Long MDS Section G
- ◉ Improvement in Function Short MDS Section G

MDS AND QUALITY MEASURES

- Highlights:
 - Each MDS completed can have a positive or negative impact
 - MDS coding for each assessment must be accurate with documentation present to support
- Understand what caused the Quality Measure to trigger- specific MDS, what section of the MDS and how long will it stay on the report.
- Team effort in reviewing Quality Measure Data- not always just a MDS coding issue
- Ensure that both Facility and Resident Level Reports are obtained for review

MDS AND QUALITY MEASURES

- It takes a team effort to review, correct and improve your Quality Measure's

MDS AND FIVE STAR

- Quality Measure's that impact the facility Five Star Rating:
 - Pain Short and Long Term
 - High Risk Pressure Ulcer Long
- New or Worsened Pressure Ulcer Short
 - Improvement in function Short
- Newly Received Antipsychotics Short
 - Antipsychotic Medication Long
 - Falls-Long
 - UTI-Long

MDS AND FIVE STAR

- ◉ Quality Measure's that impact the facility Five Star Rating:
 - ◉ Catheter inserted/left long
 - ◉ Physical Restraints long
 - ◉ Help with ADL's increased Long
- ◉ In Addition 3 Claim Based QM' are included
 - ◉ % of residents with a ED Visit
 - ◉ % of resident's re-hospitalized after a SNF admission
- ◉ % of resident's successfully discharged to the community

MDS AND FIVE STAR

- Quality Measure impact on Five Star based on a point system- with each measure being provided their own points.
- Highest or Best performing receives the highest point score
- Lowest or Poorest performing receives the lowest point score
- Middle or Average performing receives the median points
- Points are totaled and a Star is assigned to match -highest 5 stars lowest 1

MDS AND FIVE STAR

○ Quality Measure: Cut Points

QM Rating	Point Range January 2017
★	325 - 789
★★	790 - 889
★★★	890 - 969
★★★★	970 - 1054
★★★★★	1055 - 1600

MDS AND FIVE STAR

- MDS assessments trigger Quality measures: changes to both items are ongoing
- UB04-Are your billing codes accurate?
- Quality Measures Then impact Five Star
 - Could we call this the circle of life in a SNF???

MDS AND QRP

- ◉ QRP-Quality Reporting Program
 - ◉ Traditional Medicare A Only
 - ◉ May result in 2% reduction of the Medicare Market Basket rate beginning Oct. 1 2017 (Fiscal Year 2018)
 - ◉ Data Collection began Oct. 1 2017 with the brand new and exciting Section GG

MDS AND QRP

- ◉ 3 Measures are MDS based
- ◉ Percentage of residents with a pressure ulcer that is new or worsened (short stay) sound familiar??
 - ◉ Application of percentage of residents experiencing one or more falls with major injury (long stay) again sound familiar??

MDS AND QRP

- New and Exciting Section GG has its own measure
- Application of percentage of Long Term Hospital patients with an admission and discharge functional assessment and a care plan that addresses function

MDS AND QRP

- 3 Claim Based Measures -
 - Discharge to Community
 - Potentially Preventable Post Discharge Readmission Measure
 - Total Estimated Medicare Spending per Beneficiary

MDS AND QRP

- Upcoming changes for 10-1-18:
- Will be added for 10-1-18 data collection
Drug Regimen Review conducted with follow up for identified issues (MDS Section N 10-1-18)
- Changes in skin integrity post-acute care pressure-ulcer/injury will also be added 10-1-18 Section M of the MDS.

MDS AND QRP

- ◉ New Section GG Measure for 10-1-18
- ◉ Change is self-care for medical rehab patients
- ◉ Change in mobility score for medical rehab patients
- ◉ Discharge self-care score for medical rehab patients
- ◉ Discharge mobility score for medical rehab patients

MDS AND QRP

- All measures are calculated based on the percentage that are completed on the MDS
- Completion is indicated by the absence of dashes on the MDS items utilized to calculate the measure
- Above 80% completion rate is accepted and will not result in the 2% reduction.

MDS AND QRP

- ◉ Review and Correct Reports are available in the Casper System
- ◉ Initially and continued issues with CMS issuing reports with the correct data have been noted

MDS AND QRP

- MDS Impact: The most important take away with the QRP :
 - To the extent possible do not dash(not complete) any areas of the MDS!!!!

MDS AND VALUE BASED PURCHASING

- ◉ Currently based on 30 day All cause readmission measure
- ◉ Plan to transition (2021) to 30 day Potentially Preventable Readmission measure
- ◉ Begins to affect payment with the FY2019 (Oct 1 2018)
- ◉ 2% reduction in payment with 50-70% payback to the higher performing facilities

MDS AND VALUE BASED PURCHASING

- ⦿ Preview reports available through the Casper System -Skilled Nursing Facility Value Based Purchasing Excel Report
- ⦿ Reports include listing of residents who may impact report.
- ⦿ Potential errors can be identified and corrected

MDS AND PBJ

- ⦿ Not to be confused with :
 - ⦿ Most everyone's childhood favorite
 - ⦿ Peanut Butter and Jelly Sandwiches

MDS AND PBJ

- Census report for the PBJ is determined by MDS assessment submissions
- Entry and Discharge Assessments (all types) are used to calculate the census
- Errors can occur if assessments are not completed , or an incorrect assessment type is completed.

MDS IN THE FUTURE

- ◉ As reviewed in this presentation
 - ◉ Data from the MDS is utilized in many different ways
 - ◉ MDS assessments allow the gathering of multiple types of data from 1 document
- ◉ This allows for multiple items to be utilized in many different ways

MDS IN THE FUTURE

- From the beginning the MDS has undergone multiple changes-
 - items included,
 - type of item sets,
 - length of item sets
 - uses

MDS IN THE FUTURE

- It is anticipated:
 - MDS will not go away, however
 - MDS may undergo changes yet again

MDS IN THE FUTURE

- ⦿ Think of all the data that is gathered and used from the MDS
- ⦿ Where and how would this be done without utilizing this one single document??????????

THE REAL AND ONGOING IMPACT OF MDS ON YOUR FACILITY



Any Questions?????

MDS RESOURCES

- ◉ RAI Manual V. 1.15 Oct. 2017
- ◉ WWW.CMS.GOV
- ◉ Skilled Nursing Facility Quality Reporting Program Users Manual Version 1.0 5-22-17
- ◉ MDS 3.0 Quality Measures User Manual
- ◉ Skilled Nursing Facility Value Based Purchasing Excel Report