



An Informational Bulletin Brought To You By Polaris Group

## CMS Publishes Revised MDS 3.0 RAI Manual

The Centers for Medicare and Medicaid Services (CMS) published the MDS 3.0 RAI Manual v1.16 and MDS forms, effective October 1, 2018.

### Key Changes by MDS section:

#### Section A: Identification Information:

CMS will update item A0600B (Medicare Number) to accommodate the ongoing removal of Social Security numbers (SSNs) from Medicare cards. From April 1, 2018, to Dec. 31, 2019, providers can use either the SSN-based Health Insurance Claim Number (HICN) or the new Medicare Beneficiary Identifier (MBI) on Medicare claims. Effective Jan. 1, 2020, providers will be required to submit Medicare claims with the new MBIs (with very limited exceptions). To correspond with this transition, CMS will revise the item label and the item text for A0600B to include the MBI.

#### Section GG: Functional Abilities and Goals:

**\*New Item: GG0100 Prior Functioning: Everyday Activities.** This new group of four items assesses the resident's usual ability with everyday activities *prior to the current illness, exacerbation, or injury*:

- GG0100A - Self-Care
- GG0100B - Indoor Mobility (Ambulation)
- GG0100C - Stairs
- GG0100D - Functional Cognition

**\*New Item: GG0110 Prior Device Use:** This new group of six checklist items indicates devices and aids used by the resident *prior to the current illness, exacerbation, or injury*:

- GG0110A - Manual Wheelchair
- GG0110B - Motorized Wheelchair and/or Scooter
- GG0110C - Mechanical Lift
- GG0110D - Walker
- GG0110E - Orthotics/Prosthetics
- GG0110Z - None of the Above

**GG0130 Self-Care:** (3-day assessment period) Admission (Start of Medicare Part A Stay) and **GG0130 Self-Care** (3-day assessment period) Discharge (End of Medicare Part A Stay). CMS is adding several **\*New sub items** to the existing items:

- GG0130E - Shower/bathe self
- GG0130F - Upper body dressing
- GG0130G - Lower body dressing
- GG0130H - Putting on/taking off footwear
- A-C Item definitions clarified and aligned across all item sets.
- 6 - point scale:
  - Added "**contact guard**" to definition of code 04, Supervision or touching assistance – Helper provides verbal cues and/or touching/steading and/ or contact guard assistance as resident completes activity.
  - Added definition to **code 09**, not applicable- Not attempted and the resident did not perform this activity prior to current illness, exacerbation of injury.
  - Add new **code 10**, Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- Discharge Goals: Updated guidance for coding GG0130 and GG0170:
  - Use of codes 07, 09, 10 or 88 is permissible to code discharge goals.

**GG0170 Mobility:** (3-day assessment period) Admission (Start of Medicare Part A Stay) and **GG0170 Mobility** (3-day assessment period) Discharge (End of Medicare Part A Stay). CMS is adding several **\*New sub items** to the existing items:

- GG0170A - Roll left and right
- GG170G - Car Transfer
- GG01701 - Walk 10 feet
- GG0170L - Walking 10 feet on uneven surfaces
- GG170M - 1 step (curb)
- GG170N - 4 steps
- GG170O - 12 steps
- GG170P - Picking up object



### Section I: Active Diagnoses

#### **\*New Item: I0020/I0020A Indicate the resident's primary medical condition category:**

New items I0020 and I0020A capture the resident's primary medical condition category on all 5-day PPS MDS assessments.

- 01 - Stroke;
- 02 - Non-Traumatic Brain Dysfunction;
- 03 - Traumatic Brain Dysfunction;
- 04 - Non-Traumatic Spinal Cord Dysfunction;
- 05 - Traumatic Spinal Cord Dysfunction;
- 06 - Progressive Neurological Conditions;
- 07 - Other Neurological Conditions;
- 08 - Amputation;
- 09 - Hip and Knee Replacement;
- 10 - Fractures and Other Multiple Trauma;
- 11 - Other Orthopedic Conditions;
- 12 - Debility, Cardiorespiratory Conditions;
- 13 - Medically Complex Conditions; or
- 14 - Other Medical Condition. Choosing this code requires the assessor to enter the relevant ICD code in item I0020A.

### Section J: Health Conditions

**\*New Item: J2000 Prior Surgery:** New item J2000 (Prior Surgery – 100 Days) asks, "Did the resident have major surgery during the 100 days prior to admission?"

### Section M: Skin Conditions

- The terms "injury" or "injuries" has been added in the Section M headings.
- Removed the term "suspected deep tissue injury in evolution" and replaced with "deep tissue injury" in items; M0300G and M0300G1.
- Items Retiring October 1, 2018
  - **M0300B3** - Date of oldest Stage 2 pressure ulcer
  - **M0610A-M0610C** - Dimensions of unhealed Stage 3 or 4 Pressure Ulcers or Eschar
  - **M0700** - Most Severe Tissue Type for any Pressure Ulcer
  - **M0800A-M0800F** - Worsening in Pressure Ulcer Status since prior assessment
  - **M0900A-M0900D** - Healed Pressure Ulcers
- Skip patterns have been updated to reflect the item sets.

### Section N: Medications

- **\*New Item: N2001 Drug Regimen Review:** Did a complete drug regimen review identify potential clinically significant medication Issues?
- **\*New Item: N2003 Medication Follow-up:** Did the facility contact a physician (or physician – designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?
- **\*New Item: N2005 Medication Interventions:** Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission.

### Section O: Special Treatment, Procedures and Programs

#### **Item label changes:**

- **O0100F** - Invasive Mechanical Ventilator (Ventilator or Respiator)
- **O0100G** - Non-Invasive Mechanical Ventilator (BiPAP/CPAP)

## **CMS Releases SNFVBP Confidential Performance Score Reports**

The Centers for Medicare & Medicaid Services (CMS) has released the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Confidential Performance Score Reports, which contains each SNFs payment adjustment for FY 2019 along with information on re-hospitalization rates and scores used to calculate payment adjustments beginning October 1, 2018. These reports are available to access in the CASPER system as of August 2, 2018.

Details on how to access your reports via the Quality Improvement Evaluation System (QIES) and the CASPER reporting application can be found: [http://polaris-group.com/news\\_releases.asp](http://polaris-group.com/news_releases.asp)

## **OIG August Updates**

### **CMS Oversight of Nursing Facility Staffing Levels**

Staffing levels in nursing facilities can impact residents' quality of care. Nursing facilities that receive Medicaid and Medicare payments must provide sufficient licensed nursing services 24 hours a day, including a registered nurse for at least 8 consecutive hours every day. CMS uses auditable daily staffing data, called the Payroll-Based Journal, to analyze staffing patterns and populate the staffing component of the Nursing Home Compare



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website - a site that enables the public to compare the results of health and safety inspections, the quality of care provided at nursing facilities, and staffing at nursing facilities. The OIG will examine nursing staffing levels reported by facilities to the Payroll-Based Journal and CMS's efforts to ensure data accuracy and improve resident quality of care by both enforcing minimum requirements and incentivizing high quality staffing above minimum requirements.

**Polaris Group Solution Center  
Hotline Q&A  
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**Question:**

I had a Medicare Part A resident go to the hospital emergency department prior to midnight and return a few hours later. Do I need to do a discharge assessment, unplanned return anticipated as well as an entry tracker assessment?

**Answer:**

If the resident was not in the bed at midnight and they were not admitted into the hospital or out of the facility, greater than 24 hours then that would be considered a leave of absence. You would not do a discharge. That would be considered a skip day when setting up the calendar for your scheduled assessments but it would not be a skip day for the unscheduled assessments. The day the patient is not in the bed at midnight is not a utilization day and the facility will not get paid for that day.

**Question:**

We had a resident admit on a Medicare Part A stay on 8/13/18 so I set up the 5 day PPS MDS ARD for 8/20/18 but the resident expired on 8/18/18. Therapy last provided treatment on 8/17/18. Would the last Medicare end date be 8/17/18 or 8/18/18?

**Answer:**

The Medicare end date would be the day the resident expired which was 8/18/18.

**Question:**

We have a resident who admitted from another nursing home who had a fracture of a right rib and a UTI from 2017 coded on their diagnosis sheet. The nurses will not be monitoring these conditions since they were from 2017. Should I code these on the MDS?

**Answer:**

No because neither of these diagnosis's are within the last 60 days that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death and active during the 7-day look-back period.

**2018 WEBINAR TRAININGS**

Polaris Group is pleased to offer the following **CEU approved** live Webinars

|   | <u>Date</u>  |
|---|--------------|
| <b><u>New GG &amp; SNFQRP QMs Training</u></b> *Hot New Topic<br>New MDS, GG & SNFQRP Measures for Oct 1, 2018    | 9/25         |
| <b><u>PEPPER Reports Training</u></b><br>Understand You PEPPER Report   | 9/5          |
| <b><u>Comprehensive Billing Trainings</u></b><br>No Pay & Benefit Exhaust Billing<br>Medicare Beneficiary Notices | 9/11<br>9/18 |
| <b><u>Emergency Preparedness Training</u></b><br>Emergency Preparedness   | 9/19         |
| <b><u>ICD-10 Tips Training</u></b><br>ICD-10 Coding Tips  | 9/26         |
| <b><u>Claims-Based QMs Training</u></b><br>Claims-Based QMs-NHC, SNFQRP, VBP & MSPB                               | 9/27         |

**Please join us!**  
For further information, please contact the Webinar  
Department at: 800-275-6252 ext. 250  
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