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## CMS Releases Final MDS 3.0 RAI Manual Update

On August 26, 2016 the Centers for Medicare and Medicaid Services (CMS) released the final revisions to the MDS 3.0 RAI Manual v1.14 effective October 1, 2016. This version of the MDS 3.0 RAI Manual incorporates the new Section GG: Functional Abilities and Goals, the new Part A PPS Discharge assessment, and clarifications to existing coding and transmission policy. It also addresses clarifications and scenarios concerning complex areas.

The IMPACT Act of 2014 established the Skilled Nursing Facility Quality Reporting Program (SNF QRP). Amending section 1888(e) of the Social Security Act, the IMPACT Act mandates that skilled nursing facilities collect and report on standardized patient assessment data. Failure to report such data results in a 2% reduction in the facility's market basket percentage for the applicable fiscal year. To comply with the IMPACT Act, CMS has mandated the completion of the Part A PPS Discharge assessment (A0310H). This assessment contains data elements used to calculate current and future SNF QRP Quality Measures under the IMPACT Act, which delineates that patient assessment data must be submitted with respect to a resident's admission into and discharge from a SNF setting.

### **New MDS Items: Section GG**

Section GG, "Functional Abilities and Goals," assesses the need for assistance with self-care and mobility activities. The data is collected at both endpoints of an original Medicare Part A stay: at the start of the stay, on the 5-day PPS assessment, and at the end of the stay, on the Part A PPS Discharge assessment. Section GG was added to the MDS 3.0 in order to be able to collect the data required to calculate the functional status process-based Quality Measure, Application of the Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses

Function (NQF #2631). An adapted version of this LTCH measure was finalized for skilled nursing facilities in the fiscal year (FY) 2016 SNF PPS Final Rule for FY 2018 payment.

Data collected for the SNF QRP is submitted through the QIES ASAP system as it currently is for other MDS assessments.

### **New Part A PPS Discharge Assessments**

The new Part A PPS Discharge assessment is required when a resident's Medicare Part A stay ends. The Part A PPS Discharge (NPE) Item Set should be completed when the resident's Medicare Part A stay ends but the resident remains in the facility. This assessment includes clinical items for quality monitoring as well as discharge tracking information. The Part A PPS Discharge assessment can also be combined with the OBRA Discharge assessment when a resident receiving services under SNF Part A PPS has a Discharge Date (A2000) that occurs on the day of or one day after the End Date of Most Recent Medicare Stay (A2400C), because in this instance, both the OBRA and Part A PPS Discharge assessments would be required.

Following are the key requirements regarding the Part A PPS Discharge assessment (A0310H = 1):

- Must be completed when the resident's Medicare Part A stay ends, but the resident remains in the facility.
- For the Part A PPS Discharge assessment, the ARD (Item A2300) is not set prospectively as with other assessments. The ARD (A2300) for a standalone Part A PPS Discharge assessment is always equal to the End Date of the Most Recent Medicare Stay (A2400C). The ARD may be coded on the assessment any time during the assessment completion period.
- If the resident's Medicare Part A stay ends and the resident is physically discharged from the facility, an OBRA Discharge assessment is required.



- 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 may be combined. When the OBRA and Part A PPS Discharge assessments are combined, the ARD (A2300) must be equal to the Discharge Date (A2000). The Part A PPS Discharge assessment may be combined with most PPS and OBRA-required assessments when requirements for all assessments are met.
- Must be completed (Item Z0500B) within 14 days after the End Date of Most Recent Medicare Stay (A2400C + 14 calendar days).
- Must be submitted within 14 days after the MDS completion date (Z0500B + 14 calendar days).
- Consists of demographic, administrative, and clinical items.
- If the resident's Medicare Part A stay ends and the resident subsequently returns to a skilled level of care and Medicare Part A benefits resume, the Medicare schedule starts again with a 5-Day PPS assessment.
- If a resident receiving services under SNF Part A PPS has a Discharge Date (A2000) that occurs on the day of or one day after the End Date of Most Recent Medicare Stay (A2400C), then both an OBRA Discharge assessment and a Part A PPS Discharge assessment are required; but these two assessments may be combined. When the OBRA and Part A PPS Discharge assessments are combined, the ARD (A2300) must be equal to the Discharge Date (A2000).
- If the End Date of Most Recent Medicare Stay (A2400C) occurs on the same day that the resident dies, a Death in Facility Tracking Record is completed, with the Discharge Date (A2000) equal to the date the resident died. In this case, a Part A PPS Discharge assessment is not required.

### Summary of Key changes in the Final MDS 3.0 RAI manual by Section:

#### Section C: Cognitive Patterns

The key change in this section is that a new item C1310, Signs and Symptoms of Delirium, was added. C1300 and C1600 were deleted from the items set. The assessment for Acute Mental Status includes an entirely new set of questions and guidance:

**Section F: Interview for Daily and Activity Preferences** In this section, CMS has added a clarification that the interview for daily and activity preferences should be conducted during the observation period.

#### Section J: Falls (J1900)

New to this section are the instructions that the assessor must "review any follow-up medical information received pertaining to the fall, even if this information is received after the ARD (e.g., emergency room x-ray, MRI, CT scan results), and ensure that this information is used to code the assessment". If the MDS was coded at a different level of injury than what was identified after the assessment was complete, then the MDS must be corrected using the modification process.

#### Section GG: Functional Abilities and Goals

The new items added as section GG, "Functional Abilities and Goals," include GG0130, Self-Care, and GG0170, Mobility. These items will be required for all assessments with an ARD of October 1, 2016 or later, for residents on an original Medicare Part A stay. Section GG will be completed when a PPS 5-day assessment is required. For the PPS 5-day assessment, the data collection period is days one through three of the SNF PPS stay, beginning with the date recorded in A2400B, start date of most recent Medicare stay. Section GG will be completed on the newly added SNF PPS Part A Discharge (End of Stay) assessment and will be required when the Medicare Part A stay ends, the discharge from the facility is planned, the SNF stay is longer than 3 days, AND the discharge is NOT to the hospital. The assessment period includes the last three days of the SNF PPS stay, ending on the date recorded in A2400C, *End date of most recent Medicare stay*. The complete section GG instructions are located here.

#### Section M: Clarification of "Present on Admission"

CMS has clarified that "if a resident who has a pressure ulcer that was 'present on admission' (not acquired in the facility) is hospitalized and returns with that pressure ulcer at the same numerical stage, the pressure ulcer is still coded as 'present on admission' because it was originally acquired outside the facility and has not changed in stage".



**Section N: Medications Received**

In the coding Instructions for section N, CMS instructs assessors to code N0410A–G, Medications Received, “according to the pharmacological classification, not how they are being used”.

**Section X: Correction Requests**

Along with the addition of the new Part A PPS Discharge assessment item set (NPE) comes new item X0600H. This new item was added to facilitate modifications and in-activations to the NPE. If item A0310H was incorrect on an assessment that was previously submitted and accepted by the QIES ASAP system, then the original assessment must be modified or inactivated per the instructions in chapter 5, section 5.7.



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