

**Welcome to
MDS 3.0 Training
2024
Session #7**

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Disclaimer:

This presentation is not a substitute for reading and reviewing the

Long-Term Care Resident Assessment Instrument 3.0 User's Manual

Version 1.18.11, October 2023,

Item Sets Version 1.18.11 v6 October 2023

or

State Operations Manual Appendix PP

Revised 2/3/23

Objectives Participants will:

- Review the Use of Section X
- Understand the Importance of Section Z
- Recognize the Importance of Timely Transmissions
- Review Related Federal Regulations

- Helpful Resources

Section X: Correction Request

- Intent: The purpose of Section X is to identify an MDS record to be modified or inactivated. Section X is only completed if Item A0050, Type of Record, is coded a 2 (Modify existing record) or a 3 (Inactivate existing record). In Section X, the facility must reproduce the information EXACTLY as it appeared on the existing erroneous record, even if the information is incorrect. This information is necessary to locate the existing record in the Internet Quality Improvement and Evaluation System (iQIES) system.
- Corrections/modifications should be made within 14 days of discovery and submitted within 14 days of the attestation date.

Section X (continued)

Major vs Minor Errors

- **Check your validation reports.**
- Significant Error is an error in an assessment where:
 - 1. the resident's overall clinical status is not accurately represented and
 - 2. the error has not been corrected via submission of a more recent assessment. RAI page 2-23 through 2-33
- Minor errors are all other errors related to coding the MDS.

Section X: A0050 Modifications (continued)

- Create a corrected MDS record with all item included, not just the items in error.
- Complete Section X (correction request) to identify the record that needs to be modified and include with the corrected record.
- Submit both the Section X and the corrected record to iQIES.
- A hard copy of the Section X must be kept with corrected paper copies of the MDS record in the clinical file to track changes. A hard copy of Section X should also be kept with any inactivated record.

Inactivation vs Modification

- Modification can be used for most items
- Entry and discharge dates, ARD when it was a typographical error and when type of assessment does not change the item set.
- Inactivation needs to be followed by a new record with a new ARD.
- Correction/Deletion request is required to correct: Unit Certification or Licensure Designation (A0410).
- Accidental transmission of a resident who never entered the facility.
- The facility must submit a written request to the state MDS Coordinator to have these problems fixed.
See chapter 5 pages 14-15 for more information.

Section X: Correcting Significant Errors(continued)

- When any significant error is discovered in an OBRA comprehensive or quarterly assessment in the iQIES system, the nursing home must take the following actions to correct the OBRA assessment:
- Create a corrected record with all items included, not just the items in error.
- Complete the required correction request section X items and include with the corrected record. Item A0050 should have a value of 2, indicating a modification request.
- Submit this modification request record.
- Perform a new Significant Correction to Prior Assessment (SCPA) or Significant Change in Status Assessment (SCSA) and update the care plan as necessary.

Section Z: Assessment Administration

- The intent of the items in this section is to provide billing information and signatures of persons completing the assessment.
- Rational: Used to capture the Patient Driven Payment Model (PDPM) case mix version code followed by Health Insurance Prospective Payment System (HIPPS) modifier based on type of assessment.

HIPPS Codes

- DEFINITION HIPPS CODE:
- Health Insurance Prospective Payment System code is comprised of the PDPM case mix code, which is calculated from the assessment data. The first four positions of the HIPPS code contain the PDPM classification codes for each PDPM component to be billed for Medicare reimbursement, followed by an indicator of the type of assessment that was completed.

HIPPS Codes

- 1st Character: PT/OT Payment Group
- 2nd Character: SLP Payment Group
- 3rd Character: Nursing Payment Group
- 4th Character: NTA Payment Group
- 5th Character: PPS Assessment Indicator Code
- See RAI Chapter 6: MEDICARE SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM (SNF PPS)
- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPayment/PDPM.html>

Section Z: Assessment Administration

- Z0400: Signatures of all persons who completed any part of the MDS.
 - Legally, it is an attestation of accuracy with the primary responsibility for its accuracy with the person selecting the MDS item response. Each person completing a section or portion of a section of the MDS is required to sign the Attestation Statement.
 - Read the Attestation Statement carefully. You are certifying that the information you entered on the MDS, to the best of your knowledge, most accurately reflects the resident's status. Penalties may be applied for submitting false information.

Assessment Administration continued

- Z0500: Signature of the RN Assessment Coordinator
 - Federal regulation requires the RN assessment coordinator to sign and thereby certify that the assessment is complete. F642
 - The RN assessment coordinator is not certifying the accuracy of portions of the assessment that were completed by other health professionals.

Signature Date

- Signature Date:
 - Gathering information from staff, family or significant others about the resident's status should be done after the observation period ends so as to capture information from the entire look back period.
 - All staff who completed any part of the MDS must enter their signatures, titles, sections or portion(s) of section(s) they completed, and the date completed.
 - If a staff member cannot sign Z0400 on the same day that they completed a section or portion of a section, when the staff member signs, use the date the item originally was completed.

Transmitting MDS Data

- From RAI page 5-1:
- Assessments that are completed for purposes other than OBRA and SNF PPS reasons are not to be submitted, e.g., private insurance, including but not limited to Medicare Advantage Plans.

Validation Reports

- *Please* review your transmission validation reports regularly.
 - Reviewing will help you identify and correct errors
 - Reviewing will help prevent “missing assessments” and duplicate folders in the CMS data base
 - Reviewing will help ensure the facility will be paid

From RAI page 5-2

- When the transmission file is received by iQIES, the system performs a series of validation edits to evaluate whether or not the data submitted meet the required standards.
- MDS records are edited to verify that clinical responses are within valid ranges and are consistent, dates are reasonable, and records are in the proper order with regard to records that were previously accepted by iQIES for the same resident.
- The provider is notified of the results of this evaluation by error and warning messages on a Final Validation Report.
- All error and warning messages are detailed and explained in the Error Messages guide.

Validation Report References

- **iQIES Resources are available at:**
<https://qtso.cms.gov/software/iqies/reference-manuals>
- **MDS 3.0 Provider User's Guide** is available at:
<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/mds30raimanual>
- **CASPER Reporting User's Guide For MDS Providers** is available at:
<https://qtso.cms.gov/reference-and-manuals/casper-reporting-users-guide-mds-providers>

Resident ID: 2---5

A0310G: 2, Unplanned

A0310F: 10 DCRNA

A0050: NEW RECORD

Target Date: 02/01/2023

Status Accepted

Resident ID: 2---5

A0310F: 01 Entry tracker

A0050: NEW RECORD

Target Date: 02/03/2023

MDS 3.0 Item(s): Current Record Type, A1700, Prior Record: A0310F

Item Values: ENTRY, 2 (reentry), 10 (DCRNA)

Message Number: -1018 **Message Type:** Warning

Message: Inconsistent Record Sequence: Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one.

Resident ID: 6---4

A0310A: 04 SCSA

A0050: NEW RECORD

MDS 3.0 Item(s):

A0600A (SSN), A0600B (Medicare number), A0700 (Medicaid), Race/Ethnicity A1000A, A1000B, A1000C, A1000D, A1000E

Item Values:

Old: , , , , , , New: 3---3, 6---1, N, 0, 0, 0, 0, 0

Message Number: -1031 **Message Type:** Warning

Message: Resident Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the iQIES database. If the record was accepted, the resident information in the database was updated. Verify that the new information is correct.

MDS 3.0 Item(s):

Facility ID (FAC_ID)

Item Values:

New: 922978

Message Number: -1032 **Message Type:** Warning

Message: Resident Provider Updated: Our records indicated that a different provider previously cared for this resident. The provider associated with this resident was updated. Please verify.

MDS 3.0 Item(s):

Prior record, Current Target Date, Edit Type

Item Values:

MDS 3.0 record, 02/12/2023, YEARLY

Message Number: -1038 **Message Type:** Warning

Message: Assessment Completed Late: An OBRA comprehensive assessment with the Care Area Assessment (Section V) is due every year unless the resident is no longer in the facility. A prior record with an ARD (A2300) within 366 days of the submitted record could not be found.

This was one facility with inconsistencies resulting in 3 accounts in the CMS database

Entry tracker

Record: Accepted
Res_Int_ID: 5---2
A0300A: 0 A0300B:
A0310A: 99 A0310B: 99
A0310C: A0310D:
A0310E: 0 A0310F: 01
A0310G: ^ A0310H: 0
Name: A
A0050: NEW RECORD
Target Date: 02/17

Admission assessment, first assessment since entry

Record: Accepted
Res_Int_ID: 5---43
A0300A: 0 A0300B:
A0310A: 01 A0310B: 99
A0310C: A0310D:
A0310E: 1 A0310F: 99
A0310G: ^ A0310H: 0
Name: A
A0050: NEW RECORD
Target Date: 02/24
MDS 3.0 Item(s): Current Record Type, Prior Record: A0310A, A0310B, A0310F
Item Values: OBRA Admission, MDS 3.0: , ,
Message Number: -1018 WARNING
Message: Inconsistent Record Sequence: Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one.

This was one facility with inconsistencies resulting in 3 accounts in the CMS database

Discharge Return Not Anticipated

Record: Accepted

Res_Int_ID: 5---93

A0300A: 0 A0300B:

A0310A: 99 A0310B: 99

A0310C: A0310D:

A0310E: 0 A0310F: 10

A0310G: 1 A0310H: 0

Name: A

A0050: NEW RECORD

Target Date: 03/18

MDS 3.0 Item(s): Current Record Type, Prior Record: A0310A,
A0310B, A0310F

Item Values: OBRA Discharge, MDS 3.0: , ,

Message Number: -1018 WARNING

Message: Inconsistent Record Sequence: Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one.

RESULT:

Same person,
all assessments with
different dates of birth

ARD	Type of assessment	Accepted Date
	8/9/2022 Entry ID#55	8/12/2022
	8/9/2022 Entry -Modification (1) ID#88	1/16/2023
	8/9/2022 Entry-Modification (2) ID#88	6/13/2023
	8/16/2022 Admission ID#55	8/25/2022
	8/16/2022 Admission -Modification (1) ID#88	1/16/2023
	8/16/2022 Admission - Modification (2) ID#88	5/4/2023
	8/16/2022 Admission - Modification (3) ID#88	6/13/2023
	10/14/2022 Significant Change ID# 55	10/23/2022
	10/14/2022 Significant Change-Modification (1) ID#88	1/16/2023
	10/14/2022 Significant change-Modification (2) ID#88	5/4/2023
	1/13/2023 Quarterly ID#88	1/16/2023
	2/2/2023 significant change ID#88	2/7/2023
	2/2/2023 Significant Change-Modification (1) ID#88	4/25/2023
	2/20/2023 Quarterly ID#88	2/22/2023
	2/20/2023 Quarterly-Modification (1) ID#88	4/19/2023
	5/19/2023 Quarterly ID#55	5/24/2023

CHECK YOUR VALIDATION REPORTS!

The resident had 2 files in the database

One Male and one Female

The 1/16/23 transmissions contained warnings

Section A:

Identification Information

Remember:

The CMS Database

matching process includes:

- First Name
- Last Name
- Social Security Number
- Gender
- Date of Birth
- Please communicate regarding any changes to the resident's demographic information

Code of Federal Regulations (CFR)

- State Operations Manual Appendix PP revised 2/3/23:
<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

F640

Encoding/Transmitting Resident Assessment

- **INTENT**
- To ensure that facilities have provided resident specific information for payment and quality measure purposes.
- To enable a facility to better monitor each resident's decline and progress over time.

F640 Definitions, in part

- **“Accurate”** means that the encoded MDS data matches the MDS form in the clinical record. Also refer to guidance regarding accuracy at F641, and the information accurately reflects the resident’s status as of the Assessment Reference Date (ARD).
- **“Capable of transmitting”** means that the facility has encoded and edited according to CMS specifications, the record accurately reflects the resident’s overall clinical status as of the assessment reference date, and the record is ready for transmission.
- **“Complete”** means that all items required according to the record type, and in accordance with CMS’ record specifications and State required edits are in effect at the time the record is completed.
- **“Discharge subset of items”** refers to the MDS Discharge assessment.
- **“Encoding”** means entering information into the facility MDS software in the computer.
- **“Transmitted”** means electronically transmitting to iQIES, an MDS record that passes CMS’ standard edits and is accepted into the system, within 14 days of the final completion date, or event date in the case of Entry and Death in Facility situations, of the record.

F640 Guidance

- Facilities are required to electronically transmit MDS data to the CMS System for each resident in the facility.
- For the subset of items required upon a resident's entry, transfer, discharge and death refer to Chapter 2 of the Long-Term Care Resident Assessment Instrument User's Manual for further information about these records.
 - For a tracking record, encoding should occur within 7 days of the Event Date (A1600 + 7 days for Entry records and A2000 + 7 days for Death in Facility records).
- Submission must be according to State and Federal time frames. Electronically submit MDS information to the iQIES system within 14 days:
- **Assessment Transmission:** Comprehensive assessments must be transmitted electronically within 14 days of the Care Plan Completion Date (V0200C2 + 14 days). All other assessments must be submitted within 14 days of the MDS Completion Date (Z0500B + 14 days).
- **Tracking Information Transmission:** For Entry and Death in Facility tracking records, information must be transmitted within 14 days of the Event Date (A1600 + 14 days for Entry records and A2000 + 14 days for Death in Facility records).

F642

Coordination/Certification of Assessment

- **Coordination.** A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.
- **Certification.** A registered nurse must sign and certify that the assessment is completed.
- Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.
- **Penalty for Falsification.**

F642 Guidance

- **Patterns of MDS Assessment and Submissions**
- MDS information serves as the
 - clinical basis for care planning and care delivery and
 - provides information for Medicare and Medicaid payment systems,
 - quality monitoring and public reporting.
- MDS information as it is reported impacts a nursing home's payment rate and standing in terms of the quality monitoring process.
- A willfully and knowingly-provided false assessment may be indicative of payment fraud or attempts to avoid reporting negative quality measures.

F642 Guidance (continued)

- All information recorded within the MDS Assessment must reflect the resident's status at the time of the Assessment Reference Date (ARD).
- A pattern within a nursing home of clinical documentation or of MDS assessment or reporting practices that result in higher Resource Utilization Group (RUG) scores, un-triggering Care Area Assessments (CAAs) or unflagging Quality Measures (QMs), where the information does not accurately reflect the resident's status, may be indicative of payment fraud or attempts to avoid reporting negative quality measures....

Choose “Spotlights and Announcements” for newest information for SNFs



SNF Quality Reporting
Program

SNF Quality Reporting
Program Spotlights &
Announcements

SNF Quality Reporting
Program Measures and
Technical Information

SNF Quality Reporting
Program Training



Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Public Reporting

Now available! Our new [Provider Data Catalog](#) makes it easier for you to search and download publicly reported data. We've also improved [Medicare's Compare sites](#).

Background

The Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 modified the Social Security Act requiring that SNFs be required to submit data for public reporting. In response, the Centers for Medicare & Medicaid Services (CMS) established the SNF QRP and authorized the

MDS RAI Manual Version 1.18.11 effective October 2023

- MDS RAI Manual version 1.18.11 and MDS 3.0 v1.18.11v6 item set available:
- <https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual>
- Final Rule: <https://www.federalregister.gov/documents/2023/10/04/2023-22050/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>

Find the MDS 3.0 Item Details

- SNF QRP Information webpage: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation>
- MDS 3.0 Technical Information, Data Submission Specifications: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation>
- Additional information about CMS specification of the RAI and variations in format can be found in Sections 4145.1–4145.7 of the CMS State Operations Manual (SOM) which can be found here: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

Helpful Resource for Documentation

- Medicare Benefit Policy Chapter 8 Coverage of SNF Services:
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf>
- NC Medicaid, Nursing Facility Services Clinical Coverage Policy:
- <https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies>
- <https://medicaid.ncdhhs.gov/2b-1-nursing-facilities/download?attachment>
- Myers and Stauffer:
- <https://myersandstauffer.com/client-portal/north-carolina/>

<https://www.cms.gov/medicare/quality/snf-quality-reporting-program/training>

- **Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Training**
- **Achieving a Full APU Webinar Training**
- **Section C and D Training Materials: Cognitive & Mood Assessment**
- **Section D Training Materials: Resident Mood Interview (PHQ-9©) Video Tutorial**
- **Section GG Training Materials: Section GG 3-Course Training Series**
- **Section J Training Materials: Health Conditions: Coding the Standardized Patient Assessment Data Elements Related to Falls**
- **Section K Training Materials: Swallowing/Nutritional Status: Height, Weight, and Nutritional Approaches**
- **Section M Training Materials: Assessment and Coding of Pressure Ulcers/Injuries**
- **Section N Training Materials: Medications – Drug Regimen Review**
- **Section O Training Materials: Section O: O0100. Special Procedures, Treatments, and Programs**
- **Job Aids – GG0130A. Eating, GG0130B. Oral Hygiene, GG0130C. Toileting Hygiene, GG0130E. Shower/Bathe Self, GG0130F. Upper Body Dressing, GG0130G. Lower Body Dressing, and GG0130H. Putting On/Taking Off Footwear**
- **Pocket Guides / Badge Buddies, SNF QRP Tip Sheets**

Other helpful sites

CMS Nursing Home Resource Center

<https://www.cms.gov/nursing-homes>

CMS You-tube training videos June 2023

<https://www.youtube.com/playlist?list=PLaV7m2-zFKphoXW6cc3NwUfxra0A1LYDi>

Survey Resources

<https://www.cms.gov/medicare/Provider-enrollment-and-certification/guidanceforLawsandRegulations/Nursing-Homes>

Contact Information

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Thank you!

- Thank you for all the work you do to ensure the care, comfort and safety of our most vulnerable in society. This is not an easy job you do, and it must come from the heart. Weariness and frustration can easily become your best friends, but don't let them take over! Know that you are not alone in your work. Reach out, make friends and contacts who will encourage your soul.

Please know that you are welcome to call or email me anytime.

Sincerely, Janet