

Centers for Medicare & Medicaid Services
Questions and Answers
Open Door Forum: SNF/LTC Open Door Forum
Thursday, December 7, 2023

1. Question: The date that the new MDS is going to be released and effective. I was taking notes and I missed that.
 - a. Answer: MDS 1.19.1 will go into effect October 1, 2024. And we anticipate releasing draft item sets and draft data specifications in early 2024.
2. Question: This question is in reference to the MDS errors and the errata that is going to be uploaded on, I believe, December 12. Several of those MDS error notes state they're retroactive to 10/1 of 2023, and I'm just wondering what actions providers are expected to take for assessments that have already been submitted, accepted, and billed.
 - a. Answer: As long as it doesn't impact your HIPPS (Health Insurance Prospective Payment System) code, you should not need to do anything. It is if you do a modification to a record that's already been submitted and accepted into the system, would you then be required to complete those items.
3. Question: I had a question about the nursing home survey testing. Are you able to provide any more information about what kind of new processes you're looking to test at this point? Are they more targeted surveys or are they off-site reviews or, you know, is there any more information you can give about that?
 - a. Answer: We are early in the testing phase right now, so we really don't want to share that, but as I said, we are looking for ways to more efficiently conduct the survey process. We are just looking at ways to be more efficient with the survey process so we can get more done in a shorter amount of time.
4. Question: I have question in regards to Section A on a patient that stays in a facility that's coming off of Medicare. Where it says about the transfer of the electronic records? You know, transferring from provider to provider? If they are staying in the facility and are not actually changing providers, what do we mark there?
 - a. Answer: There's actually guidance in the guidance manual around that situation. You will mark that you—if they are staying in the facility, the guidance—I will have to double-check it, but I think it says that you mark that you did transfer the medical record because although they are staying in the facility, it's possible that they will transfer to another care team, perhaps from a short-term care side to a long-term care side. So, I would go reference the guidance manual because there's a specific example that speaks to that circumstance.
5. Question: I just wanted to clarify from the beginning. It was mentioning that when the new MDS 1.19.1 comes out, that for Section GG, the discharge goals was no longer going to be included. I just want to make sure I heard that correctly. And does that take effect when it comes out next year?
 - a. Answer: So, the discharge goal column, so that's Column 2, will be removed with the item sets that are released on October 1, 2024. However, just for your

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awareness, although that column is still on the current version of the MDS, the requirement to—for residents admitted on or after October 1, 2023, SNFs are no longer required—required to report a self-care or discharge goal. In other words, for the SNF QRP data completion requirements, you will—we will not be considering information in that discharge goal column for SNF QRP Annual Payment Update compliance. You'll still be getting a warning message that says there could be an APU implication, but we will not be considering the discharge column goal on residents admitted after October 1, 2023.

6. Question: Is there any guidance related to dashing for the QRP APU measure when you have a five-day combined with an unplanned discharge now that we have pain questions in Section D, the PHQ-2 (Patient Health Questionnaire-2). Is there any guidance on how we should code those two sections?

- a. Answer: So as everybody on this call I'm sure is aware, beginning October 1, 2023, GG0130 and GG0170 discharge performance, or Column 3, are required on OBRA discharge assessments. So just to be clear, we are talking about A0310F equaling 10 or 11, regardless of whether it is planned or—a planned or unplanned discharge. So, CMS expects that providers will be able to code the resident's discharge function performance even in the event of an unplanned discharge, as most of this information would be known through the provision of routine resident care. GG items for which the provider has no information should be coded with a dash. It is important to note that Section GG replaced Section G on OBRA assessments, and that workflows previously established for GG on planned and unplanned OBRA discharge assessments likely apply to Section GG. The coding of Section GG needs to be based on assessments completed and information collected during the three-day assessment window, and each facility self-determines its policies and procedures for clinical record—record documentation practices and MDS completion. Now that I have given you that response, building on that response about the GG items with particular focus on the determination of SNF QRP APU compliance and the data completion thresholds. For an unplanned OBRA discharge, so again we are talking about A0310F equaling 10 or 11 and A0310G equaling two, that is combined with a SNF PPS discharge, so that's an A0310H equals one, discharge performance items in GG0130 and GG0170, Column 3, with a dash, will not count against the provider for APU compliance. As stated earlier, GG items for which the provider has no information should be coded with a dash. Providers should refrain from what I like to call “creative coding,” including the use of one of the “activity not attempted codes” in the event of an unplanned discharge. For other non-GG items that require a resident interview, there's completion or skip language that address what to do in the event of an unplanned discharge, A0310G equaling 10. A0310G equaling two.

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- i. Question: So, with the unplanned discharge, the pain, there's questions on the pain interview and PHQ-2 if the unplanned is combined with a five-day. Is there any guidance with that?
 1. Answer: You meant with a five-day—with an admission, so an A03110B equaling one. Yes? A PPS admission?
 - a. Question: Yes, so if I was—a five-day MDS with a discharge occurred, an unplanned discharge.
 - i. Answer: We would expect those items to be collected and reported on the MDS as part of the admission process. So those would count toward your APU compliance threshold.
 7. Question: For Section G, Column 2, that it is no longer going to be required for residents admitted 10/1 or later. So, could you give some clarification on that admission whether it is based on A1600 or A1900 or another date involved?
 - a. Answer: This was actually a change that was finalized last year in the SNF PPS rule. The measure that's adopted for the SNF QRP that is informed by using Column 2 was removed from the program. So, we don't need that information anymore, and we weren't able to take it off the item set in time for the October 1, 2023, release. So, it's not required but it's still on the item set and will be taken off October 1, 2024.
 8. Question: I just wanted to piggyback on the five-day unplanned discharge. I understand that it is still required as part of the admission process, to answer those questions, but for an unplanned PPS discharge where you have to combine those two without the five-day because now it's required that we code the resident interview portion of a PPS discharge when you combine unplanned with the PPS discharge, how do we proceed with those resident interview questions for that particular MDS?
 - a. Answer: That leads you to ND (Nursing Home Discharge) item set and there is completion or skip language to address all of the unplanned discharge circumstances. So, for instance, there's skip language in J0200, should the pain assessment interview be conducted that addresses the pain assessment interview items. There is skip language in C100 that addresses the BIMS (Brief Interview for Mental Status) and in D100, that addresses the resident mood interview. So, all the interview items in that circumstances have skip or completion language in the event of, again, an OBRA discharge combined with a PPS discharge that is unplanned.
 - i. Question: I had looked in the RAI (Resident Assessment Instrument), and maybe it's with our software, but the RAI says if you code "no," it doesn't specifically address just the PPS discharge standalone with an unplanned. It goes into detail about the five-day unplanned discharge. So that's why I was questioning.
 1. Answer: Keep in mind that when we make the RAI manual, the screenshots that we use in some of the languages, there's 89

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different combinations of MDS assessments, so we don't put everything in the manual that addresses all the possible scenarios in the completion language, and the screenshots that you see of the items in the manual is always off the nursing comprehensive. So, you do need to look at the data specifications or pull up the items.

- a. Question: I did look at that as far as the skip pattern. So, I just wanted to make sure that it was—was appropriate to code the answer “no” if it is an unplanned discharge.
 - i. Answer: Again, you won't code “no.” You'll deal with the skip language. You'll do what the skip tells you to do.
9. Question: My question is also a follow-up to the last one related to the unplanned discharge. So, if we have a five-day resident and we have the five-day assessment open, say for day six, but the resident has an unanticipated discharge on, say day three, we've always been allowed to adjust the five-day ARD (Assessment Reference Date) date, you know, to that discharge date. And in that case, we wouldn't necessarily have completed the interview items. So, dashing, you know, would possibly be the only available response. So, are you recommending that maybe we would, just don't do the assessment and take the default rate for the few days, so we don't have the APU issue?
 - a. Answer: We are not making a recommendation. We are not going to tell anybody to take the default rate or not take the default rate. What we are going to ask you to do and advise you to do is when you complete any assessment, that you complete it accurately.
 - i. Question: Right. It's just we wouldn't have had an opportunity, potentially, to do the interview if it is an unplanned discharge and not planning ARD until, say day six, and gets adjusted back to day three.
 1. Answer: So, in that case, when you're coding the assessment, you would code a dash.
10. Question: I just have a quick question about the HIPPS code for OBRA assessments. When will we possibly see what our HIPPS code? Currently, it's still showing like insurance and drugs for codes and nothing for the HIPPS code.
 - a. Answer: So, I assume you're talking about the HIPPS code as it relates to your state Medicaid program?
 - i. Question: Right. Or, they're doing the staffing based on the nursing HIPPS code, so it would be nice to see what the nursing HIPPS code is.
 1. Answer: The grouper that is currently out there is producing PDPM (Patient Driven Payment Model) HIPPS code associated with states that have requested that type of information. So, if you are not seeing it, then I would either contact the state to make sure this is information that the state is requesting or talk with your software vendor to ensure that they are utilizing the latest version of the grouper.

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11. Question: My question has to do with the COVID vaccination going on under the MDS. Once we see that happening in October of 2024, will you be reducing the requirement for the NHSN (National Healthcare Safety Network) reporting for residents into NHSN COVID vaccinations?
- Answer: CMS will provide more information about NHSN reporting in 2024, but we don't have more information today.
12. Question: My question is related to the CMS mandated five-claim prepay probe. And my question is can you tell us how the error rate will be calculated for that? Is it based on payment claims, MDS items?
- Answer: The error rate for the SNF 5 Claim Probe and Educate Review is calculated based on the *number of claims denied within the 5 claim sample* for each provider. Since there are 5 claims being reviewed, each claim denied equates to 20% of the error rate (1 claim=20% error rate, 2 claims = 40% error rate, etc.).
13. Question: The QRP are the certain, not all, certain MDS items that affect the QRP within the MDS, and then the APU aligns with that as the rate deduction that affects those dashed QRP items, whereas the common area is the dashing. Is that correct or incorrect?
- Answer: The SNF QRP, there are certain measures that are adopted for the SNF QRP as well as certain standardized patient assessment data elements. The SNF QRP measures are informed by three different data sources: claims-based data, MDS-based data, and data submitted through the NHSN. For MDS-based data, providers have to submit all the required data elements on the MDS in order to meet the 80% APU compliance threshold each year. If you would like more training about that, we have quite a bit of training available on the SNF QRP program. There's a SNF QRP training web page has all kinds of stuff about it on there, along with the reconsideration process and data submission deadlines and things of that nature.
 - Question: The new QRPs that are added are the COVID and the N0415K anticonvulsants that are coming up October 2024. Those are new ones added to the MDS items for the Quality Reporting Program, correct?
 - Answer: Yes
 - Question: Which is the one that is now going to be removed, the goals were the previous quality reporting items of the GG0130 and 0170 that are being removed but those were the previous Quality Reporting Program items of MDS, the goals?
 - Answer: Right. Because the goals were required to calculate one of the measures but in last year's role, that measure was removed from our program. So we don't require the discharge goal any more as of October 1, 2023, but it will be removed from the MDS with the October 1, 2024, release.

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1. Question: So, it was removed from the QRP 2023 of October but the MDS itself, it will be removed October 2024?
 - a. Yes,
www.cms.gov/medicare/quality/snf-quality-reporting-program.
14. Question: My question is related to Section GG of the MDS, GG0130E, Shower/Bathe Self and GG0170FF, Tub/Shower Transfer. So, my question related to that is our residents are scheduled for their showers, it is not a daily shower often. It's usually two times a week. And sometimes, the scheduled shower may not have happened during the three-day lookback period regardless of what type of an MDS it is. So, if the bathing was not provided because they were not scheduled, none of the "activity not attempted" are appropriate. How would you recommend to be coded on that section?
 - a. Answer: If you didn't do it, you didn't do it, so you need to dash.
 - i. Comment from participant: Okay, so it will be dashed as opposed to using one of the not attempted codes because none of them applies
 1. Answer: Correct.
15. Question: My question relates to Section A. The interview regarding race and ethnicity. I was wondering if there's been any consideration of updating that set of questions. The challenge being gathering that information upon entry. So, for that specific date with the new updates, October 1, 2024.
 - a. Answer: There has not been any discussion that I am aware of. We can check with the—what we call the owners of those items, which are not anybody on this call and see what they are doing from a data analysis standpoint. And if we have anything to share, we'll share it on the next ODF but those who know me, I'm not going to make a promise that we will have anything to share.
16. Question: we found in our validation report there was columns for inaccurate HIPPS and then the corrected HIPPS, so we thank you for that. We're able to bill. Will that happen again this month for those that we suspect may not be correct? And I know this is a software issue but one that is impacting reimbursement.
 - a. Answer: Are you saying that your software is not providing the proper HIPPS?
 - i. Question: They are not in the month of October. So, in November, we received in our validation report in iQIES, we were able to see the incorrect and then the corrected HIPPS. I don't believe—so for example, for our special care higher clinically complex list, COPD (Chronic Obstructive Pulmonary Disease), shortness of breath when laying flat, earlier in the month of November, it looked like it hadn't been corrected. So, everyone was getting the higher category if they had COPD, regardless of whether or not they were short of breath. So, I'm hopeful we will have another one of those columns in our final validation area again.
 1. Answer: So, when iQIES went back and reran the impacted assessments, that was all done at once and so if you were impacted,

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you would have received in your—one of your folders, the information and so, we are not aware that there is another issue or an ongoing issue. If you have assessments, then you should reach out to the help desk, the service desk, so that our technicians who can look into it to see if it is an iQIES issue. If it is not an iQIES issue, you should definitely contact your software vendor.

a. Question: The second question that I have is when it comes to the high-risk drugs category in the MDS and the indications for use, nowhere in the manual does it say that it needs to be an appropriate indication for use. Are you planning on adding that to the newer version in October 2024? Most of our softwares make us choose either a diagnosis or indication for use. So, there's always an indication for use, but whether or not it's appropriate is something else.

i. Answer: We will take that in as a comment. We haven't finished revisions for the manual yet for 2024.

17. Question: I wanted to go back to race and ethnicity questions for a moment. We're finding, say we have a five-day PPS and then an admission assessment that are not done together, they might be three or four days apart, and we are finding that we have to go back and ask those questions again because they are considered interviews because there's not a specific lookback specified in the RAI manual and the residents are looking at us like we have three heads because, well I just told you that the other day. Is there guidance on how long that interview is good for between assessments?

a. Answer: I will just say that should follow the manual guidance. The race and ethnicity items are interview items. So, there is no kind of time frame. You need to follow those steps in the manual and ask the residents the questions.