

MINNESOTA CASE MIX REVIEW MANUAL

10/01/2020

Minnesota Department of Health

Case Mix Review

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To obtain this information in a different format, call: 651-201-4301.

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Preface

History of Minnesota Case Mix

The 1978 Minnesota State Legislature enacted a law requiring Medicaid Certified Nursing Homes to charge private pay residents and Medicaid recipients the same daily rate for the same services and is commonly referred to as rate equalization.

The 1985 Minnesota State Legislature established a case mix reimbursement system for residents in Medicaid Certified Nursing Homes. In 1998, the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) began to reimburse nursing homes for Medicare beneficiaries based on a case mix system called Prospective Payment System for Skilled Nursing Facilities. That system used information from the Minimum Data Set Version 2.0 (MDS 2.0) to classify residents for Medicare payments to long term care providers.

The 2001 Minnesota State Legislature passed legislation adopting the Resource Utilization Group (RUG-III) 34-group case mix model developed by CMS using the MDS 2.0 information already transmitted to CMS by Medicare and/or Medicaid certified nursing homes. Minnesota implemented this model on October 1, 2002, for the reimbursement of Medicaid recipients and private pay residents.

The 2009 Minnesota State Legislature passed legislation adopting the MDS 3.0 as the assessment instrument for Minnesota case mix when implemented by CMS, effective October 1, 2010. The 2011 Minnesota State Legislature passed legislation adopting the use of the RUG-IV, 48-group model, effective January 1, 2012.

Intent of this Manual

This Minnesota Case Mix Manual for Nursing Facilities describes the Minnesota Case Mix Classification System and includes information specific to the Minnesota Case Mix System. Facilities need to utilize the resources included in this manual to assure they have the most up-to-date information related to Case Mix and the MDS. The Minnesota Case Mix System is authorized by Minnesota Statutes §144.0724.

The Minnesota Case Mix System relies on the data collected by the federal Minimum Data Set (MDS) – Version 3.0. Completion of the Minimum Data Set (MDS) must follow the instructions in the Long-Term Care Facility Resident Assessment Instrument User's Manual Version 3.0.

Glossary

Assessment Reference Date (ARD) – The specific end point for look-back periods in the MDS assessment process. Almost all MDS items refer to the resident's status over a designated time period referring back in time from the ARD. Most frequently, this look-back period, also called the observation or assessment period, is a seven day period ending on the ARD. Look-back periods may cover the seven days ending on this date, 14 days ending on this date, etc.

Audit – An evaluation of the medical record documentation to ensure the MDS is an accurate representation of the resident's status during the look back period of the assessment.

Care Area Assessments (CAAs) – The review of one or more of the 20 conditions, symptoms, and other areas of concern that are commonly identified or suggested by MDS findings. Care areas are triggered by responses on the MDS item set.

Case Mix Index (CMI) – Case mix index means the weighting factors assigned to the RUG classifications.

Case Mix Review (CMR) – The section of the Health Regulation Division of the Minnesota Department of Health that works in conjunction with the Minnesota Department of Human Services to deliver the case mix reimbursement program in nursing facilities.

CASPER – Certification And Survey Provider Enhanced Reports is an application that enables electronic connection to the CMS National Reporting Database.

Centers For Medicare And Medicaid Services (CMS) – the Federal agency that administers the Medicare, Medicaid, and Child Health Insurance Programs.

CMR Portal – is a secure website for facility staff to access the Minnesota Case Mix Review Validation Reports, Checklists, Resident Classification Notices, and Audit Exit Reports.

Index Maximization – Classifying a resident who could be assigned to more than one classification, to the classification with the highest case mix index.

Minimum Data Set (MDS) – A core set of screening, clinical assessment, and functional status elements, including common definitions and coding categories that form the foundation of the comprehensive assessment for all residents of long-term care facilities certified to participate in Medicare and Medicaid and for patients receiving SNF services in non-critical access hospitals with a swing bed agreement.

Minnesota Department of Human Services (DHS) – The state Medicaid agency.

Minnesota Department of Health (MDH) Omnibus Budget Reconciliation Act (OBRA 1987) – Law that enacted reforms in nursing facility care and provides the statutory authority for the MDS.

Penalty Rate – a rate assigned for an assessment that has an ARD, completion date or submission date that is NOT within seven days of the time required by CMS. The penalty rate is equal to the lowest rate assigned to the facility.

QIES ASAP – Quality Improvement and Evaluation System Assessment Submission and Processing System is a national repository that provides computerized storage, access, and analysis of assessment data for residents in nursing homes and patients in swing bed (SB) hospitals across the United States, Puerto Rico, Virgin Islands and Guam.

Representative – Representative means a person who is the resident's guardian or conservator, the person authorized to pay the nursing home expenses of the resident, a representative of the Office of Ombudsman's for Long-Term Care whose assistance has been requested, or any other individual designated by the resident. Source: Minnesota Statute 144.0724 Subd. 2 (e)

Resident Assessment Instrument (RAI) – The instrument used to assess all residents in Medicare and/or Medicaid certified nursing facilities. The RAI consists of the MDS, CAAs, and utilization guidelines.

Resource Utilization Groups (RUG) – A category-based classification system in which nursing facility residents are classified into groups, each of which utilizes unique quantities and patterns of resources. Assignment of a resident to a RUG group is based on certain item responses on the MDS 3.0. Minnesota Case Mix uses the RUG-IV 48-group model.

State Operations Manual (SOM) – A manual developed by the Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, which serves as the basic guide for state agencies and the Regional Office for policies and procedures affecting the certification of Medicare and Medicaid providers.

Target Date – The target date is the:

- Assessment Reference Date (item A2300) for OBRA comprehensive and non-comprehensive assessments,
- Entry Date (item A1600) for Entry Tracking Records, and
- Discharge Date (item A2000) for Discharge Assessments and Death in Facility Tracking Records

Utilization Guidelines – Utilization guidelines are instructions from the federal government concerning when and how to use the RAI.

Minnesota Case Mix

What is Case Mix?

Minnesota Case Mix is a system that classifies residents into distinct groups called Resource Utilization Groups (RUGs) based on the resident's condition and the care the resident was receiving at the time of the assessment. These groups determine the daily rate the facility charges for the resident's care. A value is assigned to each classification, which is used to calculate the daily rate of payment.

Residents are assigned to classifications based on an assessment completed by the nursing facility staff using the Resident Assessment Instrument (RAI). The Center for Medicare and Medicaid Services (CMS) specifies how the RAI must be coded and what time periods are used to gather the data.

The Minnesota Department of Human Services (DHS) establishes facility specific reimbursement rates for each case mix classification, including two Minnesota specific classifications. DHS establishes these rates annually. These rates apply to both private pay residents and Medicaid recipients

MDS for Minnesota Case Mix Classification

Minnesota utilizes the RUG-IV, 48-group model, and two additional Minnesota specific classifications. The Minnesota specific classifications are:

Short Stay Rate (DDF)

Facilities may elect to accept a short stay rate, DDF, with a case mix index of 1.0 for all facility residents who stay 14 days or less in lieu of submitting an Admission assessment. This election is made yearly and is effective July 1.

Penalty Rate (AAA)

The Minnesota penalty rate, AAA, is the lowest facility specific rate and is assigned for failure to complete and/or submit valid assessments within seven days of the timeframe required by CMS. The penalty rate has an index of 0.45 for RUG-IV. For new admissions, the penalty rate is in effect from the date of admission until the first of the month following submission and acceptance of the assessment into the QIES ASAP system. For all other assessments, the penalty rate is in effect from the time the assessment was due until the first of the month following submission and acceptance of the assessment into the QIES ASAP system. Facility staff are encouraged to call Case Mix Review staff when an assessment receives a penalty.

Assessments must be accepted into the QIES ASAP System to be considered submitted. Facilities must monitor the CMS Final Validation Report to ensure assessments are accepted and errors are resolved.

The table on the page 11 contains timelines for when penalties apply to late assessments. Refer to the CMS Long-Term Care Facility Resident Assessment Instrument User's Manual Version 3.0 for further information regarding assessment schedules.

Index maximization

In Minnesota, if a resident qualifies for more than one case mix classification, the classification with the highest index or weight is the one used for payment. This is referred to as index maximization. For example, if a resident qualifies for both the RUG-IV case mix classification RAC, with an index of 1.36, and HC2, with an index of 1.57, the resident would be assigned to the HC2 classification because it has the highest index.

Table of RUG-IV Indices

| RUG-IV Group | Index | RUG-IV Group | Index | RUG-IV Group | Index | RUG-IV Group | Index |
|--------------|-------|--------------|-------|--------------|-------|---------------------------|-------|
| ES3 | 3.00 | RAC | 1.36 | PD2 | 1.15 | BB1 | 0.75 |
| ES2 | 2.23 | HD1 | 1.33 | RAB | 1.10 | CA2 | 0.73 |
| ES1 | 2.22 | LC2 | 1.30 | CC2 | 1.08 | PB2 | 0.70 |
| HE2 | 1.88 | CD2 | 1.29 | PD1 | 1.06 | CA1 | 0.65 |
| HD2 | 1.69 | LE1 | 1.26 | LC1 | 1.02 | PB1 | 0.65 |
| RAE | 1.65 | CE1 | 1.25 | CC1 | 0.96 | BA2 | 0.58 |
| LE2 | 1.61 | PE2 | 1.25 | LB1 | 0.95 | BA1 | 0.53 |
| RAD | 1.58 | HC1 | 1.23 | CB2 | 0.95 | PA2 | 0.49 |
| HC2 | 1.57 | HB1 | 1.22 | PC2 | 0.91 | PA1 | 0.45 |
| HB2 | 1.55 | LD1 | 1.21 | CB1 | 0.85 | Minnesota Classifications | |
| LD2 | 1.54 | LB2 | 1.21 | PC1 | 0.85 | | |
| HE1 | 1.47 | PE1 | 1.17 | RAA | 0.82 | AAA | 0.45 |
| CE2 | 1.39 | CD1 | 1.15 | BB2 | 0.81 | DDF | 1.0 |

Assessments and Effective Dates for Minnesota Case Mix Classifications

| OBRA Assessments used for Minnesota Case Mix | Effective Date for payment |
|--|--|
| Admission Assessment: The ARD and completion date must be no later than the 14th day of the resident's stay. Admission assessments include the full MDS and CAAs. Exception: facilities may opt for the short stay rate for all residents who stay 14 days or less. | Date of Admission |
| Quarterly Assessment: The ARD must be no later than 92 days after the ARD of the most recent OBRA assessment. | First Day of the month following the Assessment Reference Date |
| Annual Assessment: The ARD must be no later than 366 days from the ARD of the most recent OBRA comprehensive assessment and no later than 92 days after the ARD of the most recent OBRA assessment. An Annual assessment includes the full MDS and CAAs. | First Day of the month following the Assessment Reference Date |
| Significant Change in Status Assessment: The ARD and completion date must be no later than the 14th calendar day after determination that a significant change has occurred. A Significant Change in Status assessment includes the full MDS and CAAs and resets the schedule for both the next Quarterly and the next Annual assessments. | Assessment Reference Date |
| <p>Significant Correction of Prior Comprehensive Assessment of the most recent assessment used to calculate a Case Mix Classification: The ARD and completion date must be within 14 days of the identification of a major, uncorrected error in a prior comprehensive assessment. A Significant Correction of a Prior Comprehensive assessment includes full MDS and CAAs and resets the schedule for the next Annual and Quarterly assessments.</p> <p>Significant Correction of Prior Quarterly Assessment of the most recent assessment used to calculate a Case Mix Classification: The ARD and completion date must be within 14 days of the identification of a major, uncorrected error in a prior Quarterly assessment. A Significant Correction of Prior Quarterly assessment resets the schedule for the next Quarterly assessment.</p> | Assessment Reference Date |
| Modification of the most recent assessment used to calculate a Case Mix Classification (A0050 = 2) | Original Effective Date |
| <p>Note: Discharge assessments and Entry and Death in Facility tracking records do not generate a RUG classification but are required. Failure to complete any one of these may result in a delay in payment.</p> <p>Note: Tracking records and discharge assessments are required to be completed and submitted. Consult the current RAI User's Manual for further information on completion of tracking records and discharge assessments. Failure to complete tracking records and discharge assessments may result in a delay in payment.</p> <p>See Appendix A, pages 20 to 28 for a complete description of the RUG-IV, 48-group model using MDS 3.0 data.</p> | |

Minnesota Penalties for late ARD, late completion and late transmission of MDS

| Type of Record | Assessment Reference Date (ARD) no later than | Minnesota Penalty date for late ARD | Complete by | Minnesota Penalty date for late completion | Must be submitted & accepted no later than | Minnesota Penalty date for late submission & acceptance |
|---|--|--|---|---|---|---|
| Admission Assessment A0310A = 01 | 14th calendar day of the resident's admission (admission date + 13 calendar days) | 21st calendar day of the resident's admission (admission date + 20 calendar days) | 14th calendar day of the resident's admission (admission date + 13 calendar days) V0200C2 Care plan completion is <= 7 days from V0200B2 (CAA completion date) | V0200B2 (CAA completion date) + 7 calendar days | V0200C2 (Care plan completion) calendar days V0200B2 + 21 days whichever is less | V0200C2 + 21 calendar days OR V0200B2 + 28 days whichever is less |
| Quarterly Assessment A0310A = 02 Significant Correction of Prior Quarterly Assessment A0310A=06 | ARD of previous OBRA assessment of any type + 92 calendar days | ARD of previous OBRA assessment of any type + 99 calendar days | ARD + 14 calendar days | Z0500B (RN signs as complete) + 7 calendar days | Z0500B (RN signs as complete) + 14 calendar days | Z0500B + 21 calendar days |
| Annual Assessment A0310A = 03 Significant Change in Status Assessment A0310A = 04 Significant Correction of Comprehensive Assessment A0310A=01 | ARD of previous OBRA comprehensive assessment + 366 calendar days AND ARD of previous OBRA Quarterly assessment + 92 calendar days | ARD of previous OBRA comprehensive assessment + 373 calendar days AND ARD of previous OBRA Quarterly assessment + 99 calendar days | ARD + 14 calendar days V0200C2 Care plan completion is <= 7 days from V0200B2 (CAA completion date) | V0200B2 (CAA completion date) + 7 calendar days | V0200C2 (Care Plan completion) + 14 calendar days OR V0200B2 + 21 days whichever is less | V0200C2 + 21 calendar days OR V0200B2 + 28 days whichever is less |

Case Mix Review Checklists, Notices, and Reports

The Minnesota Case Mix Review Validation Reports, Audit Exit Reports, Checklists, and Resident Classification Notices are accessible through the CMR Portal:

CMR Portal Log in: <https://cmrportal.web.health.state.mn.us/>

Appendix E - Case Mix Portal Instructions (pages 36– 62) provide detailed information and instructions for printing of these documents from the CMR Portal.

Facilities are to download and print the case mix classification notices as posted with **no modification or additions**. Facilities distribute the case mix classification notices to the resident or resident's representative within three (3) working (standard business) days of receipt of the notices.

The following is an excerpt from Minnesota Statute 144.0724 Subd. 7 (a)

"A nursing facility is responsible for the distribution of the notice to each resident, to the person responsible for the payment of the resident's nursing home expenses, or to another person designated by the resident. This notice must be distributed within three working days after the facility's receipt of the electronic file of notice of case mix classifications from the commissioner of health."

Modifications

If a facility submits a modification to the most recent assessment used for a case mix classification, and the modification results in a change in case mix classification, the facility must give written notice to the resident or the resident's representative about the item or items that were modified and the reason for the modification. The notice of modified assessment may be provided at the same time that the resident or resident's representative is provided the resident's modified notice of classification. [MS §144.0724 Subd. 7(b)] The following sample notice contains the minimum content that could be used for a notice of modified assessment when there is a change in classification.

Sample Notice: Facility notifies resident/representative of modification

Name of resident or representative

Address

City, State, Zip code

Date

Dear *(Resident)*:

This notice is to inform you that *(Insert Name of Facility)* has made a modification to the MDS assessment completed on *(Insert Date of Completion)* for *(Insert Name of Resident)*. The modification was made to *(Insert name of item(s) modified)*. This modification was completed because *(Insert reason for modification)*.

You will receive an official notice of the new case mix classification which will state your right to request a reconsideration of this case mix classification.

Sincerely,

Medicaid Numbers –Adding or Modifying

To receive Medicaid payments for a resident, the resident's correct eight (8) digit MA (PMI) number must be on the most recent MDS 3.0 assessment or Tracking Record for the resident and all subsequent MDS 3.0 assessments or Tracking Records submitted to QIES ASAP for the resident.

The MA (PMI) number is entered in item A0700, Medicaid number, on the MDS form. The facility may add a new MA number on the next MDS 3.0 assessment or Tracking Record submitted to the QIES ASAP system or **MODIFY ONLY** the MDS 3.0 assessment or Tracking Record with the **MOST RECENT** target date. [CMS defines the target date as ARD (A2300) for an assessment, date of entry (A1600) for Entry Tracking Records, and date of discharge (A2000) for all discharge assessments and Death Tracking Records.] See the RAI Manual for instructions on modifying a MDS 3.0 assessment or Tracking Record.

Key points regarding MA payment:

- ◆ If the MA number does not appear or is incorrect on the Minnesota Case Mix Review Validation Report in the PMI number column, contact CMR staff at 651-201-4301. See page 38 for an example of the Minnesota Case Mix Validation Report
- ◆ “No case mix on file” does not mean that a RUG-IV classification is missing. Verify that the correct, eight (8) digit MA# is on the most recent MDS 3.0 assessment or Tracking Record for the resident.
- ◆ CMR creates a payment file for DHS on Monday night that includes all assessments and records that were submitted and accepted into QIES/ASAP no later than the preceding Sunday. This payment file is processed by DHS on Thursday.
- ◆ If the MA number is in the CMR System and the facility receives a “No case mix on file” error message, the living arrangement may be missing or coded incorrectly by the county. DHS will only receive RUG classifications for MA recipients that the county has provided the correct living arrangement to DHS. Please contact the county to verify the correct living arrangement has been provided to DHS.
- ◆ If Medicaid payment is not received, and the denial is case mix related, within four weeks of submission of the correct eight (8) digit MA number on the most recent MDS 3.0 assessment or Tracking Record for the resident, please contact CMR staff at 651-201-4301.

When in doubt, call CMR staff at 651-201-4301.

Request for Reconsideration of a Resident's Case Mix Classification

The resident, the resident's representative, nursing facility staff, or boarding care home staff may request a reconsideration of the assigned case mix classification using the "Request for Reconsideration of Resident's Case Mix Classification" form. The request for reconsideration must be submitted in writing to the Minnesota Department of Health within 30 days of the day the resident, the resident's representative, nursing facility staff, or boarding care home staff received the resident classification notice. The request for reconsideration must include all of the following:

- ◆ The name of the resident
- ◆ The name and address of the facility in which the resident resides
- ◆ The reasons for the reconsideration
- ◆ Documentation supporting the request.

The documentation accompanying the reconsideration request is limited to a copy of the MDS that determined the classification and other documents that would support or change the MDS findings. CMR staff review the documentation from the clinical record to determine if the MDS assessment was coded accurately to determine the case mix classification.

Minnesota Statute §144.0724 Subd. 8

Reconsideration by the commissioner must be made by individuals not involved in reviewing the assessment, audit, or reconsideration that established the disputed classification. The reconsideration must be based upon the assessment that determined the classification and upon the information provided to the commissioner under paragraphs (a) and (b). If necessary for evaluating the reconsideration request, the commissioner may conduct on-site reviews. Within 15 working days of receiving the request for reconsideration, the commissioner shall affirm or modify the original resident classification. The original classification must be modified if the commissioner determines that the assessment resulting in the classification did not accurately reflect characteristics of the resident at the time of the assessment. The resident and the nursing facility or boarding care home shall be notified within five working days after the decision is made. A decision by the commissioner under this subdivision is the final administrative decision of the agency for the party requesting reconsideration.

The resident classification established by the commissioner shall be the classification that applies to the resident while the request for reconsideration is pending. If a request for reconsideration applies to an assessment used to determine nursing facility level of care under subdivision 4, paragraph (c), the resident shall continue to be eligible for nursing facility level of care while the request for reconsideration is pending.

Resident or Representative Initiated Reconsideration

Upon written request, nursing facility staff must give the resident or the resident's representative the following items:

1. A copy of the MDS assessment form
2. Documentation supporting the request
3. A copy of other information from the resident's record that has been requested by or on behalf of the resident to support a resident's reconsideration request

A copy of requested material must be provided at no charge within three working days of receipt of a written request for the information. If a facility fails to provide the material within this timeframe, it is subject to the issuance of a correction order and penalty assessment under sections §144.653 and §144A.10 of the Minnesota Statutes. The correction order will require that the nursing facility immediately comply with the request for information. Noncompliance may result in fines.

Facility Initiated Reconsideration

A reconsideration request from nursing facility staff **MUST** contain the following additional information:

1. The date the resident classification notices were received by facility staff.
2. The date the classification notices were distributed to the resident or the resident's representative.
3. A copy of the notice sent to the resident or to the resident's representative. This notice must do the following:
 - a. Inform the resident or the resident's representative that a reconsideration of the resident's classification is being requested
 - b. Provide the reason for the request
 - c. Include that the resident's rate will change if the request is approved and the extent of the change
 - d. State that copies of the facility's request and supporting documentation are available for review
 - e. Include that the resident or the resident's representative also has the right to request a reconsideration

The following is an excerpt from Minnesota Statute 144.0724 Subd. 8

“(c) If the facility fails to provide the required information listed in item (iii) with the reconsideration request, the commissioner may request that the facility provide the information with 14 calendar days. The reconsideration request must be denied if the information is not provided, and the facility may not make further reconsideration requests on that specific reimbursement classification.”

See the sample notice on the next page.

Read instructions on previous page.

Sample Notice: Facility is Requesting a Reconsideration

Resident Name

Address

City, State, Zip code Date

This notice is to inform you that (Insert facility name) is Requesting a Reconsideration of the case mix classification assigned to (Resident's name) by the Minnesota Department of Health. We feel that the assessment is inaccurate in the following areas:

(Insert paragraph with reason for requesting reconsideration here.)

The present case mix classification assigned is (insert current case mix classification), for which the rate is \$ (insert current rate) per day. If the reconsideration request is granted, the case mix classification may change to (insert new case mix classification), and the rate would be \$ (insert new rate) per day.

Copies of the request and supporting documentation are available for your review and may be obtained from the MDS Coordinator. You or your representative also have the right to request a reconsideration if you do not agree with the determination.

Sincerely,

Request for Reconsideration Form For Resident Case Mix Classification

Case Mix Review, P.O. Box 64938, St. Paul, MN 55164-0938

Complete all areas of this form and send to the above address with the following:

- ◆ A copy of the resident's MDS assessment form
- ◆ Documentation from the medical record that establishes the resident's needs **at the time of the assessment**.
- ◆ A brief description of the basis for your disagreement with the case mix classification

Note: The Facility must provide a copy of the MDS assessment and any requested material to the resident or resident's representative within three working days of a written request.

This request and additional documentation must be submitted within 30 days of the receipt of the case mix classification notice. See Consumer Fact Sheet #4 (Requesting a Reconsideration) for additional information.

Resident Name _____

Facility Name _____

Facility Address _____

Brief Description of Reason for Request: (Use back or attach additional pages as necessary)

- Request Submitted By:**
- ☐ Resident
- ☐ Resident's authorized representative
- ☐ Authorized representative of the facility

I signify by my signature that these statements are correct and factual.

PRINTED NAME _____

SIGNATURE _____

DATE _____

CONTACT TELEPHONE NUMBER _____

Note: A facility requesting a reconsideration must provide notice of the request to the resident or their representative and **must include a copy of that notice with this reconsideration request**. See the MDH Case Mix Classification Manual for Nursing Facilities.

| | | |
|--|---|--|
| Note: to be completed for facility initiated request only | Date the facility received the classification notice: | |
| | Date the facility distributed the notices: | |

Audits of the assessments used for Case Mix Classifications

A percentage of MDS assessments used for Minnesota Case Mix Classifications are audited for accuracy by MDH staff. Audits may be performed through desk audits or on site audits. On site audits are unannounced and may include review of residents' records, observations of residents, and interviews with residents, staff, and families. Residents may be reclassified if CMR staff determine that the resident was incorrectly classified. Within 15 working days of the audit completion, CMR will post electronic notices of the case mix classification for each resident whose case mix classification has changed subsequent to the audit.

Audits consist of annual audits for all facilities or special audits if concerns are noted with a facility's completion and submission of MDS assessments. For example, a facility may be subject to a special audit if there is an atypical pattern of scoring MDS items, assessments are not being submitted, assessments are late, or a facility has a history of audit changes of 35 percent or greater. Depending on audit results, the sample of assessments being audited may be expanded up to 100%.

Each facility shall be audited annually. If a facility has two successive audits with five percent or less percentage of change and the facility has not been the subject of a special audit in the past 36 months, the facility may be audited biannually. A stratified sample of 15 percent, with a minimum of ten assessments, of the most current assessments shall be selected for audit. If more than 20 percent of the RUG-IV classifications are changed the audit shall be expanded to a second 15 percent sample, with a minimum of ten assessments. If the total change between the first and second sample is 35 percent or greater, the commissioner may expand the audit to all of the remaining assessments.

If a facility qualifies for an expanded audit, the commissioner may audit the facility again within six months. If a facility has two expanded audits within a 24-month period, that facility will be audited at least every six months for the next 18 months.

The commissioner may conduct special audits if the commissioner determines that circumstances exist that could alter or affect the validity of case mix classifications of residents. These circumstances include, but are not limited to, the following:

- Frequent changes in the administration or management of the facility;
- An unusually high percentage of residents in a specific case mix classification;
- A high frequency in the number of reconsideration requests received from a facility;
- Frequent adjustments of case mix classifications as the result of reconsiderations or audits;
- A criminal indictment alleging provider fraud;
- Other similar factors that relate to a facility's ability to conduct accurate assessments
- An atypical pattern of scoring minimum data set items;
- Non-submission of assessments;
- Late submission of assessments; or
- A previous history of audit changes of 35 percent or greater

Sample Audit Exit Letter

Protecting, Maintaining and Improving the Health of All Minnesotans

Case Mix Review Audit Exit Letter

Case Mix Review Program (CMR) staff exited your audit today. In addition to the verbal information presented at the exit, this information has been prepared to ensure facility staff understand the CMR procedures related to the MDS assessment coding changes made by the CMR staff.

You will receive a Case Mix Classification Notice for each resident whose RUG classification changed as a result of this audit. The classification notices will NOT be mailed. The Audit Exit Report, Audit Classification Notice/s, and Audit Notification Checklist will be posted on the CMR Portal. The facility has three (3) business days from the time the Case Mix Classification Notices are posted on the CMR Portal website to download, print (with no modifications or additions), and distribute the notices to the resident or resident's representative.

Changes made by the CMR staff during the audit will change only the MDS assessments in the CMR Database. The audit does NOT change the information in the federal Quality Improvement and Evaluation System Assessment Submission and Processing (QIES ASAP) system. Information in the QIES ASAP system is used to generate the Federal Quality Measures. MDS' submitted to the QIES ASAP system must be accurate to ensure that the Quality Measures are calculated correctly.

If you agree with the CMR changes, you must modify the MDS assessment to match the audit, DO NOT INACTIVATE THE ASSESSMENT. Errors identified in the QIES ASAP system must be corrected within 14 days after identifying the errors. For information on how to modify an assessment see Chapter Five of the Long Term Care Resident Assessment Instrument User's Manual.

If you disagree with the CMR changes and the changes resulted in a case mix classification change, you should complete a Request for Reconsideration of a Resident's Case Mix Classification. You can ONLY request a reconsideration if the resident's case mix classification changed as a result of the audit. The request for reconsideration must be submitted in writing to the Minnesota Department of Health within 30 days of receipt of the classification notice from the audit. DO NOT modify the assessment until you receive the results of the reconsideration process. For information about the reconsideration process, see the Case Mix Classification Manual for Nursing Facilities on the [CMR web page \(https://www.health.state.mn.us/facilities/regulation/casemix/index.html\)](https://www.health.state.mn.us/facilities/regulation/casemix/index.html)

The Reconsideration Classification Notice and the Reconsideration Notice Checklist will be posted on the CMR Portal.

If you disagree with the CMR changes and the changes did not result in a case mix classification change, do not modify the MDS item(s) you believe are coded correctly.

If you have any questions, please contact the Case Mix Review Program staff at 651-201-4301.

The Audit Exit Report lists all MDS items changed on the audited assessment for a resident. The MDS Coordinator and facility staff use this report to modify the resident's assessment in QIES ASAP.

Audit Exit Report Sample

| Minnesota Department of Health Case Mix Review Program | | AUDIT EXIT REPORT | | | | | |
|---|-----------------|-----------------------------------|-------------|--------|----------|-----------|-----------|
| Name: | New Facility | Total Number of Records | 13 | | | | |
| Facility: | 00000 | # of records reviewed in Group 1: | 13 | | | | |
| Start Date: | 07/15/2019 | # of records reviewed in Group 2: | 0 | | | | |
| End Date: | 07/19/2019 | # of Classification went HIGH: | 0 | | | | |
| CMR RN's: | Reviewer | # of Classification went LOW: | 2 | | | | |
| | | % of overall change: | 15.38 | | | | |
| Resident Name | Assessment Type | ARD | Original CM | New CM | MDS Item | Old Value | New Value |
| DOE, JANE | QUARTERLY | 07/01/2019 | BA1 | BA1 | e0100B | 1 | 0 |
| | | | | | e0200C | 2 | 0 |
| | | | | | g0300A | 0 | - |
| | | | | | g0300B | 0 | - |
| | | | | | g0400A | 0 | - |
| | | | | | g0400B | 0 | - |
| DOE, JOHN | QUARTERLY | 06/24/2019 | CD1 | CC1 | g0110A2 | 3 | 2 |
| | | | | | g0110B2 | 3 | 2 |
| | | | | | g0110I2 | 3 | 2 |

Appendix A - MDS 3.0 RUG-IV DECISION TREE – 48-GROUP

Minnesota Case Mix System

| Category (Description) | ADL Score | End Splits or Special Requirements | MN RUG-IV Group |
|---|--------------------------------------|---|---------------------------------|
| Extensive Services (At least one of the following.) ◆ Tracheostomy Care while a resident (O0100E2) ◆ Ventilator or respirator while a resident (O0100F2) ◆ Infection isolation while a resident (O0100M2) If a resident qualifies for Extensive Services but the ADL score is 1 or less then the resident classifies as Clinically Complex | >= 2 >= 2 >= 2 | Tracheostomy care and ventilator/respirator Tracheostomy care or ventilator/respirator Infection isolation: without tracheostomy care without ventilator or respirator care | ES3 ES2 ES1 |
| ◆ Rehabilitation ◆ 5 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 150 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3] OR ◆ 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3] AND at least 2 nursing rehabilitation services (See nursing rehabilitation qualification description in this document.) | 15-16 11-14 6-10 2-5 0-1 | None None None None None | RAE RAD RAC RAB RAA |

| Category (Description) | ADL Score | End Splits or Special Requirements | MN RUG-IV Group |
|---|--|---|--|
| Special Care High (ADL Score of ≥ 2 or more and at least one of the following.) ◆ Comatose (B0100) and completely ADL dependent or ADL did not occur (G0100A1, G0100B1, G0100H1, G0100I1 all = 4 or 8) ◆ Septicemia (I2100) ◆ Diabetes (I2900) with both of the following: Insulin injections for all 7 days (N0350A = 7) • Insulin order changes on 2 or more days (N0350B ≥ 2) ◆ Quadriplegia (I5100) with ADL score ≥ 5 ◆ Asthma or COPD (I6200) AND shortness of breath while lying flat (J1100C) ◆ Fever (J1550A) and one of the following: • Pneumonia (I2000) • Vomiting (J1550B) • Weight loss (K0300 = 1 or 2) Feeding Tube (K0510B1 or K0510B2) with at least 51% of total calories (K0710A3 = 3) OR 26% to 50% total calories through parenteral/enteral intake (K0710A3 = 2) and fluid intake is 501cc or more per day (K0710B3 = 2) K0510B1 or K0510B2 Feeding tube if K0710A3 is: • 51% or more of the total calories, or • 26-50% of the total calories and K0710B3 is 501cc or more per day ◆ Parenteral/IV feedings (K0510A1 or K0510A2) ◆ Respiratory therapy for all 7 days (O0400D2 = 7) ◆ If a resident qualifies for Special Care High but the ADL score is 1 or less then the resident is classified as Clinically Complex | 15-16 15-16 11-14 11-14 6-10 6-10 2-5 2-5 | Depression No Depression Depression No Depression Depression No Depression Depression No Depression Note: See description of depressions indicator. | HE2 HE1 HD2 HD1 HC2 HC1 HB2 HB1 |

| Category (Description) | ADL Score | End Splits or Special Requirements | MN RUG-IV Group |
|---|-----------|---|-----------------|
| Special Care Low ADL score of 2 or more and at least one of the following.) | 15-16 | Depression | LE2 |
| | 15-16 | No Depression | LE1 |
| ◆ Cerebral palsy (I4400) with ADL score >=5 | 11-14 | Depression | LD2 |
| ◆ Multiple sclerosis (I5200) with ADL score >= 5 | 11-14 | No Depression | LD1 |
| ◆ Parkinson's disease(I5300) with ADL score >= 5 | 6-10 | Depression | LC2 |
| ◆ Respiratory failure (I6300) and oxygen therapy while a resident (O0100C2) | 6-10 | No Depression | LC1 |
| ◆ Feeding Tube (K0510B1 or K0510B2) with at least 51% of total calories (K0710A3 = 3) OR 26% to 50% total calories through parenteral/enteral intake (K0710A3 = 2) and fluid intake is 501cc or more per day (K0710B3 = 2) | 2-5 | Depression | LB2 |
| K0510B1 or K0510B2 Feeding tube if K0710A3 is: | 2-5 | No Depression | LB1 |
| <ul style="list-style-type: none"> 51% or more of the total calories, or 26-50% of the total calories and K0710B3 is 501cc or more per day | | Note: See description of depressions indicator. | |
| ◆ Two or more stage 2 pressure ulcer (M0300B1) with two or more skin treatments ** | | | |
| <ul style="list-style-type: none"> Pressure relieving chair (M1200A) and/or bed M1200B) Turning/repositioning (M1200C) Nutrition or hydration intervention (M1200D) Ulcer care (M1200E) Application of dressings (M1200G) Application of ointments (M1200H) | | | |
| ◆ Any stage 3, 4 or unstageable (due to slough and/or eschar) pressure ulcer (M0300C1, D1, F1) with two or more skin treatments **See above list | | | |
| ◆ Two or more venous/arterial ulcers (M1030) with two or more skin treatments. * * See above listing | | | |

| Category (Description) | ADL Score | End Splits or Special Requirements | MN RUG-IV Group |
|---|-----------|--|-----------------|
| <ul style="list-style-type: none"> ◆ One stage 2 pressure ulcer (M0300B1, and 1 venous/arterial ulcer (M1030) with 2 or more skin treatments * * See above listing of skin treatments ◆ Foot infection (M1040A), diabetic foot ulcer (M1040B) or other open lesion of foot (M1040C) with application of dressings to the feet (M1200I) ◆ Radiation treatment while a resident (O0100B2) ◆ Dialysis treatment while a resident (O0100J2) ◆ If a resident qualifies for Special Care Low but the ADL score is 0 or 1, the resident is classified as Clinically Complex | | | |
| Clinically Complex (At least one of the following) | 15-16 | Depression | CE2 |
| ◆ Pneumonia (I2000) | 15-16 | No Depression | CE1 |
| ◆ Hemiplegia/hemiparesis (I4900) with ADL score ≥ 5 | 11-14 | Depression | CD2 |
| ◆ Surgical wounds (M1040E) or open lesion [M1040D] with any selected skin treatment <ul style="list-style-type: none"> • Surgical wound care (M1200F) • Application of nonsurgical dressings (M1200G) not to feet • Application of ointments (M1200H) not to feet | 11-14 | No Depression | CD1 |
| ◆ Burns (M1040F) | 6-10 | Depression | CC2 |
| ◆ Chemotherapy while a resident (O0100A2) | 6-10 | No Depression | CC1 |
| ◆ Oxygen therapy while a resident (O0100C2) | 2-5 | Depression | CB2 |
| ◆ IV Medications while a resident (O0100H2) | 2-5 | No Depression | CB1 |
| ◆ Transfusions while a resident (O0100I2) | 2-5 | No Depression | CB1 |
| ◆ If a resident qualifies for Extensive Services, Special Care High or Special Care Low, but the ADL score is 0 or 1 then the resident is classified Clinically Complex, CA1 or CA2 | 0-1 | Depression | CA2 |
| | 0-1 | No Depression | CA1 |
| | | Note: See description of depressions indicator | |

| Category (Description) | ADL Score | End Splits or Special Requirements | MN RUG-IV Group |
|--|-----------|--|-----------------|
| Behavioral Symptoms and Cognitive Performance | 2-5 | 2 or more Restorative Nursing Programs | BB2 |
| BIMS score of 9 or less AND an ADL score of 5 or less | 2-5 | | BB1 |
| OR | 0-1 | 0-1 Restorative Nursing Programs | BA2 |
| Defined as Impaired Cognition by the Cognitive Performance Scale AND an ADL score of 5 or less (See description of BIMS and Cognitive performance scale) | 0-1 | 2 or more Restorative Nursing Programs | BA1 |
| ◆ Hallucinations [E0100A] | | 0-1 Restorative Nursing Programs | |
| ◆ Delusions [E0100B] | | | |
| ◆ Physical behavioral symptoms directed towards others (E0200A = 2 or 3) | | | |
| ◆ Verbal behavioral symptoms directed towards others (E0200B = 2 or 3) | | (See description of Restorative Nursing Programs.) | |
| ◆ Other behavioral symptoms not directed towards others (E0200C = 2 or 3) | | | |
| ◆ Rejection of care (E0800 = 2 or 3) | | | |
| ◆ Wandering (E0900 = 2 or 3) | | | |

| Category (Description) | ADL Score | End Splits or Special Requirements | MN RUG-IV Group |
|---|-----------|---|-----------------|
| Reduced Physical Function | 15-16 | 2 or more Restorative Nursing Programs | PE2 |
| No Clinical Conditions | 15-16 | 0-1 Restorative Nursing Programs | PE1 |
| | 11-14 | 2 or more Restorative Nursing Programs | PD2 |
| | 11-14 | 0-1 Restorative Nursing Programs | PD1 |
| | 6-10 | 2 or more Restorative Nursing Programs | PC2 |
| | 6-10 | 0-1 Restorative Nursing Programs | PC1 |
| | 2-5 | 0-1 Restorative Nursing Programs | PB2 |
| | 2-5 | 2 or more Restorative Nursing Programs | PB1 |
| | 0-1 | 0-1 Restorative Nursing Programs | PA2 |
| | 0-1 | (See description of Restorative Nursing Programs) | PA1 |
| Minnesota Specific Classifications | | | |
| Short Stay for New Admissions with a stay of 14 days or less. Facility makes an annual election for all residents with 14 day or less stay. | N/A | | DDF |
| Penalty for an assessment that is not completed or submitted within seven days of the time required by CMS | N/A | | AAA |

ADL Scoring

| ADL | Self-Performance | Support | ADL Score |
|---|--------------------------|----------------|------------------|
| Bed Mobility (G0110A), Transfer (G0110B), Toilet Use (G0110I) | Coded -, 0, 1, 7, or 8 | Any Number | 0 |
| | Coded 2 | Any Number | 1 |
| | Coded 3 | -, 0, 1, or 2 | 2 |
| | Coded 4 | -, 0, 1, or 2 | 3 |
| | Code 3 or 4 | 3 | 4 |
| Eating (G0110H) | Coded -, 0, 1, 2, 7 or 8 | -, 0, 1, or 8 | 0 |
| | Coded -, 0, 1, 2, 7 or 8 | 2 or 3 | 2 |
| | Coded 3 or 4 | -, 0 or 1 | 2 |
| | Coded 3 | 2 or 3 | 3 |
| | Coded 4 | 2 or 3 | 4 |

Depression Indicator

The depression end split is determined by either the total severity score from the resident interview in section D0200 (PHQ-9©) or from the total severity score from the staff assessment of mood D0500 (PHQ9-OV©).

| |
|--|
| Residents that were interviewed D0300 (Total Severity Score) ≥ 10 and D0300 ≤ 27 |
| Staff Assessment – Interview not conducted D0600 (Total Severity Score ≥ 10 and D0600 ≤ 30) |

Restorative Nursing

Restorative Nursing Programs – 2 or more required to be provided 6 or more days a week
Passive range of motion (O0500A) and/or Active range of motion (O0500B)*

Bed mobility training (O0500D) and/or walking training (O0500F)* Splint or brace assistance
(O0500C)

Transfer training (O0500E)

Dressing and/or grooming training (O0500G) Eating and/or swallowing training (O0500H)
Amputation/prosthesis (O0500I) Communication training (O0500J)

No count of days required for:

Current toileting program or trial (H0200C) and/or Bowel toileting program (H0500)*

* Count as one service even if both are provided

Cognitive Impairment

Cognitive impairment is determined by either the summary score from the resident interview in section C0200-C400 (BIMS) or from the calculation of Cognitive Performance Scale if the BIMS is not conducted.

Brief Interview for Mental Status (BIMS)

BIMS summary score (C0500 <= 9)

Cognitive Performance Scale

Determine whether the resident is cognitively impaired based on the staff assessment rather than on resident interview. The RUG-IV Cognitive Performance Scale (CPS) is used to determine cognitive impairment.

The resident is cognitively impaired if **one** of the three following conditions exists:

1. B0100 Coma (B0100 = 1) and completely ADL dependent or ADL did not occur (G0110A1, G0110B1, G0110H1, G0100I1 all = 4 or 8)
2. C1000 Severely impaired cognitive skills (C1000 = 3)
3. B0700, C0700, C1000 Two or more of the following impairment indicators are present:
 - ◆ B0700 > 0 Problem being understood
 - ◆ C0700 = 1 Short-term memory problem C1000 > 0 Cognitive skills problem

and

One or more of the following severe impairment indicators are present:

B0700 >= 2 Severe problem being understood
 C1000 >= 2 Severe cognitive skills problem

Appendix B - Admission Scenarios

Facility has elected to complete an Admission assessment (A0310A = 01) for all residents

To establish a Minnesota Case Mix Classification for a resident in the Case Mix System the following must be submitted and accepted into the QIES ASAP system:

1. Entry tracking record (A0310F = 01) and
2. Admission assessment (A0310A = 01)

The scenarios listed on the following pages are common scenarios that may occur upon a resident's admission to a facility and is not a complete list of all possible scenarios. Facilities that have scenarios not listed may call the Case Mix Review Program.

For further information and for directions on coding item A1700 (Type of entry), consult the current RAI User's Manual.

Admission Scenarios – Table #1

Admission assessment was completed prior to death or discharge

Facility elected to complete Admission assessments on all residents

| Scenario | Facility Action |
|--|---|
| Resident dies in facility | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Death in Facility tracking record (A0310F = 12) |
| Resident is discharged return not anticipated. | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Discharge assessment (A0310F = 10) |
| Resident is discharged return anticipated. Resident does not return to the facility. | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Discharge assessment (A0310F = 11) |
| Resident is discharged return anticipated. Resident returns to the facility within 30 days of discharge. The day of discharge from the facility is not counted in the 30 days. | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 2) |
| Resident is discharged return anticipated. Resident returns to the facility greater than 30 days after discharge. <u>The day of discharge from the facility is not counted in the 30 days.</u> | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) |

Admission Scenarios – Table #2**Resident discharged or died prior to completion of Admission assessment**

Facility elected to complete Admission assessments on all residents

| Scenario | Facility Action |
|---|---|
| Resident dies prior to completion of Admission assessment | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01)* Submit Death in Facility tracking record (A0310F = 12) When a resident dies prior to completion of the Admission assessment, adjust the ARD to the date of death. |
| Resident discharged return not anticipated prior to completion of Admission assessment | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01)* Submit Discharge assessment (A0310F = 10) When a resident discharges return not anticipated prior to completion of the Admission assessment, adjust the ARD to the date of discharge. The Admission and Discharge Return Not Anticipated assessments may be combined. |
| Resident discharged return anticipated prior to completion of Admission assessment and does not return to the facility within 30 days of discharge. <u>The day of discharge from the facility is not counted in the 30 days.</u> | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) Submit Admission assessment (A0310A = 01)* Plan ahead: When a resident discharges return anticipated prior to completion of the Admission assessment, adjust the ARD to the date of discharge. This allows completion of an Admission assessment if the resident does not return to the facility. |
| Resident discharged return anticipated prior to completion of Admission assessment and resident returns to facility within 30 days of discharge. <u>The day of discharge from the facility is not counted in the 30 days.</u> <i>The original admission date for this episode is the CMR effective date for billing in this scenario.</i> | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 2) Submit Admission assessment (A0310A = 01) Set the ARD and complete the admission assessment within 14 days of re-entry. The re-entry date counts as day one. Plan ahead: When a resident discharges return anticipated prior to completion of the Admission assessment, adjust the ARD to the date of discharge. This allows completion of an Admission assessment if the resident does not return to the facility. Note: The combination of Discharge assessment (A0310F = 11) and Entry tracking record (A0310F = 01 and A1700=02) may be repeated several times until the resident stays 14 consecutive days and an Admission assessment is required. |
| *Note: See the RAI Manual, Chapter 3, Section V Clarifications for guidelines related to completing a comprehensive assessment when the resident has been discharged. | |

Appendix C - Short Stay Scenarios

Facility elected the Short Stay Rate for all residents who stay 14 days or less

To establish a Minnesota Case Mix Classification for a resident in the Case Mix System, the following records and assessments must be submitted and accepted into the QIES ASAP system.

- Entry tracking record (A0310F = 01) and an Admission assessment (A0310A= 01)
- OR**
- Entry tracking record (A0310F = 01) and a Discharge assessment (A0310F = 10 or A0310F = 11) or a Death in Facility tracking record (A0310F = 12).

The following scenarios apply to facilities that have elected to accept the short stay rate (DDF) for all residents who stay 14 days or less in lieu of submitting an Admission assessment.

For further information and for directions on coding item A1700 (Type of entry), consult the current RAI User's Manual.

Short Stay Scenarios Table #1

Resident discharged or died prior to completion of Admission assessment

Facility elected the Short Stay Rate for all residents who stay 14 days or less

| Scenario | Facility Action |
|--|--|
| Resident dies prior to completion of Admission assessment | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Death in Facility tracking record (A0310F = 12) |
| Resident discharged return not anticipated prior to completion of Admission assessment | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 10) |
| Resident discharged return anticipated prior to completion of Admission assessment and resident does not return to the facility. | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) |

Short Stay Scenarios Table #2

Resident discharged return anticipated prior to completion of Admission assessment and resident returns to facility

Facility elected the Short Stay Rate for all residents who stay 14 days or less

| Scenario | Facility Action |
|--|---|
| Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident returns to the facility and dies prior to the end of day 14 | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 2) Submit Death in Facility tracking record (A0310F = 12) |
| Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident returns to the facility and is discharged return not anticipated prior to the end of day 14. | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 2) Submit Discharge assessment (A0310F = 10) |
| Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident returns to the facility and is discharged return anticipated prior to the end day of 14. | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 2) Submit Discharge assessment (A0310F = 11) |
| Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident returns to facility and remains in facility longer than 14 days | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 2) Submit Admission assessment (A0310A = 01) Set the ARD and complete the admission assessment within 14 days of re-entry. The re-entry date counts as day one. |

Short Stay Scenarios – Table #3**Admission assessment was completed prior to death or discharge**

Facility elected the Short Stay Rate for all residents who stay 14 days or less

| Scenario | Facility Action |
|--|---|
| Resident dies in facility | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Death in Facility tracking record (A0310F = 12) |
| Resident is discharged return not anticipated. | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Discharge assessment (A0310F = 10) |
| Resident is discharged return anticipated. Resident does not return to the facility. | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Discharge assessment (A0310F = 11) |
| Resident is discharged return anticipated. Resident returns to the facility within 30 days of discharge. The day of discharge from the facility is not counted in the 30 days. | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record as re-entry (A0310F = 01 and A1700 = 2) |
| Resident is discharged return anticipated. Resident returns to facility greater than 30 days after discharge. The day of discharge from the facility is not counted in the 30 days. | Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) |

Appendix D - MDS RESOURCES

CMS Nursing Home Quality Initiative page is found at:

Nursing Home Quality Initiative (<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.html>)

Links on the left side of this page are to the following:

- MDS 3.0 Manual (includes Errata documents)
- MDS 3.0 for Nursing Homes and Swing Bed Providers
- MDS 3.0 Technical Information
- MDS 3.0 Training

CMS Skilled Nursing Facility PPS page is found at:

CMS Skilled Nursing Facility PPS (<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPSP>)

Includes links to download CMS National Provider Call clarifications

[FY 2012 RUG-IV Education & Training \(http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPSP/RUGIVEDu12.html\)](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPSP/RUGIVEDu12.html)

The MDS 3.0 Provider User's Guide – Section five of this guide is a resource to help interpret error messages from the CMS final validation report. [The MDS 3.0 Provider User's Guide \(https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals\)](https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals)

The MDS 3.0 Quality Measures User's Manual is a resource to help interpret facility quality measure reports. The manual can be found at: [MDS 3.0 User Guides & Training Information \(http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html\)](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html). Scroll down to the download section.

The Skilled Nursing Facilities / Long-Term Care Open Door Forum (ODF) addresses the concerns and issues of both the Medicare SNF, the Medicaid NF, and the nursing home industry generally. Timely announcements and clarifications regarding important rulemaking, quality program initiatives, and other related areas are also included in the forums. View announcements at:

[Skilled Nursing Facilities/Long-Term Care Open Door Forum \(http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_SNFLTC.html\)](http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_SNFLTC.html)

Sign up for SNF ODF notifications at: [CMS Email Updates \(https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_515\)](https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_515)

Updated CMS Videos

Section O (<http://www.youtube.com/watch?v=J6lR7Y3M0yM&feature=youtu.be>)

Section G (<http://www.youtube.com/watch?v=t-6e5NV4j6k&feature=youtu.be>)

Section M (<http://www.youtube.com/watch?v=Ix6qoV0If0Y&feature=youtu.be>)

Appendix D - MDS RESOURCES CONTINUED

For MDS clinical coding questions contact the State RAI Coordinator at 651-201-4313 or email: health.mds@state.mn.us

For MDS technical, submission or CMS final validation report questions contact the MDS Technical Help Desk at 651-201-3817 and in Greater Minnesota call 1-888-234-1315 or email questions to: health.MDSOASISTECH@state.mn.us

Minnesota Case Mix Review website: [Minnesota Case Mix Review Program](https://www.health.state.mn.us/facilities/regulation/casemix/index.html)
(<https://www.health.state.mn.us/facilities/regulation/casemix/index.html>)

Minnesota Case Mix Manual:
(<https://www.health.state.mn.us/facilities/regulation/casemix/docs/cmrmanual.pdf>)

Minnesota Case Mix Consumer Fact Sheets: [RUG-IV Directory of Fact Sheets](https://www.health.state.mn.us/facilities/regulation/casemix/rugiv/index.html)
(<https://www.health.state.mn.us/facilities/regulation/casemix/rugiv/index.html>)

CMR Portal login: (<https://cmrportal.web.health.state.mn.us/>)

Subscribe to Minnesota Case Mix Review updates:
CMR GovDelivery
(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_174)

For Minnesota Case Mix questions call: 651-201-4301 or email: health.FPC-CMR@state.mn.us

Statutes: MS144.0724 and MN Statute 256B.438 are available at: [Revisor of Statutes](https://www.revisor.mn.gov/)
(<https://www.revisor.mn.gov/>)

MDH Information Bulletins are announcements of relevant information for health care providers. [Subscribe to the Health Regulation Division Information Bulletin Index](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_26)
(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_26)

The Health Regulation Division Clinical Web Window website includes additional training resources: [Federal CMS \(Centers for Medicare & Medicaid Services\) Nursing Home Regulation Resources](https://www.health.state.mn.us/facilities/regulation/nursinghomes/fedresources/index.html)
(<https://www.health.state.mn.us/facilities/regulation/nursinghomes/fedresources/index.html>)

Appendix E - Case Mix Review Portal Instructions

Background

In January 2014, the Center for Medicare and Medicaid Services (CMS) announced the discontinuation of the MDS State Reports link on the CMS MDS System website also referred to as Quality Improvement and Evaluation System Assessment Submission and Processing System (QIES ASAP). The MDS State Reports website had been used by the CMR Program to post online Minnesota Case Mix Review Reports, Checklists, and Resident Classification Notices. In October, 2014, MDH began using the CMR Portal, this portal was replaced in October 2020.

In October 2020, the Minnesota Department of Health (MDH) released/introduced a new Case Mix Review (CMR) Portal to update CMR Portal security. The CMR Portal is used to access Minnesota Case Mix Review Reports, Checklists, and Resident Classification Notices.

CMR Portal Login:

CMR Portal Login (<https://cmrportal.web.health.state.mn.us/>)

For best user experience, use the Google Chrome browser to access the CMR Portal

Types of CMR Portal User Accounts

There are two types of user accounts in the CMR Portal: Facility User and Facility CMR Portal Director. The rights and responsibilities of those accounts are outlined below.

Facility User (User): has the ability to access CMR checklists, notices, and reports for the facility.

Facility CMR Portal Director (CMR Director): has the same access to CMR checklists, notices, and reports for their facility as other users for the facility. The CMR Director creates the account for new facility users. The CMR Director is responsible to immediately inactivate a user who is no longer employed by the facility or the corporation to prevent unauthorized access to the CMR Portal. When the CMR Director is ending employment with the facility or corporation, the current CMR Director must change the CMR Director role to an active user for the facility in the CMR Portal prior to ending employment.

Who should be the CMR Director and CMR Portal Users? The Business Office Manager, facility staff who distribute the case mix classification notices to residents and resident's representative, and billing staff are encouraged to be the CMR Director and Users. The facility administrator, DON, and MDS coordinator are not required to be the CMR Director or Users.

CMR Portal Tips

1. For best user experience, use Google Chrome to work in the CMR Portal.
2. The CMR Portal includes residents' private information, DO NOT SHARE emails and passwords for other staff to access the CMR Portal.
3. Facilities are to download and print the case mix classification notices as posted with no modification or additions. Facilities distribute the case mix classification notices to the resident or resident's representative within three (3) business days of receipt of the notices.
4. Files are deleted from the CMR Portal within 60 days of being posted to the CMR Portal. There is no backup copy of portal files at CMR.
5. Each facility is limited to three CMR Portal users, including the CMR Director. Users may save the files to a facility secure electronic file or print copies for facility staff to review and use the information on the documents.
6. All active Users and the CMR Director are able to reset or change their passwords.
7. The email when CMR reports, checklists, and classification notices are posted to the CMR Portal will be sent to the email in the User's or CMR Director's account.
8. All active Users and the CMR Director will receive an email prior to their account being inactivated. If the User or CMR Director does not log in their account will be inactivated.
9. When email addresses change, **DO NOT** create a new account. Update your current account with new email.
10. The CMR Director is responsible to immediately inactivate a user who is no longer employed by the facility or the corporation to prevent unauthorized access to the CMR Portal. When the CMR Director is ending employment with the facility or corporation, the current CMR Director must change the CMR Director role to an active user for the facility in the CMR Portal prior to ending employment.
11. A corporate employee can be an approved CMR Portal user. The corporate employee will count as one of the three users for the facility.
12. There are tips throughout the CMR Portal Instructions for the specific process.
13. Following each submission of MDS OBRA assessments, discharge assessments, and tracking records, CMR generates a Minnesota Case Mix Review Validation Report. The Case Mix Review Validation Reports must be treated as private data. CMR Portal users do not receive an email when a Case Mix Review Validation Report is available on the CMR Portal.

Minnesota Case Mix Review Validation Report has four sections:

Section 1: Assessments and records accepted into the Minnesota Case Mix Review database.

- ◆ Assessments and records accepted by CMR. The RUG-IV class, CMR effective date, and effective dates for penalties are listed for OBRA assessments.
- ◆ Facility staff are encouraged to call CMR staff when an assessment receives a penalty.

Section 2: Assessments and records being reviewed by CMR staff – expect a call from CMR staff if facility action is required

- ◆ The assessments and records may be listed in this section because of the order assessments and records were processed by QIES ASAP. If action is required, CMR staff will contact the facility MDS Coordinator.

Section 3: Assessments and records reviewed and accepted into CMR database by CMR staff

- ◆ Assessments and records in this section have been reviewed and processed by CMR staff. The assessments and records were previously listed in Section 2.

Section 4: Assessments and records not needed in the CMR database; includes the original assessments and records which were modified or inactivated.

- ◆ If facility staff believe the deleted assessment or record was required for payment, contact CMR staff.

Minnesota Case Mix Review Validation Report Sample

Minnesota Case Mix Review Validation Report

CAUTION: Internal Facility Use Only - This Report Contains Private Data

Facility New Facility

HFID: 00000

1. Assessments and records accepted into Minnesota Case Mix Review (CMR) database

| Resident Name | PMI # | ARD | A0310A | A0310F | RUG-IV | CMR Eff. Date | Submit Date | Penalty Eff. Date | Penalty Exp. Date |
|---------------|----------|------------|--------|--------|--------|---------------|-------------|-------------------|-------------------|
| DOE, JANE | 00000000 | 07/01/2019 | 02 | | LC1 | 08/01/2019 | 07/10/2019 | | |
| DOE, JOHN | | 07/05/2019 | 02 | | PE1 | 08/01/2019 | 07/10/2019 | | |
| DOE, JANE | | 07/06/2019 | 01 | | RAC | 08/01/2019 | 07/10/2019 | | |
| DOE, JOHN | | 07/07/2019 | 03 | | PC1 | 07/07/2019 | 07/10/2019 | | |
| DOE, JANE | | 07/07/2019 | | 10 | | 07/07/2019 | 07/10/2019 | | |

2. Assessments and records being reviewed by CMR staff - expect a call if facility action is required

| Resident Name | PMI # | ARD | A0310A | A0310F | RUG-IV | CMR Eff. Date | Submit Date | | |
|---------------|-------|-----|--------|--------|--------|---------------|-------------|--|--|
|---------------|-------|-----|--------|--------|--------|---------------|-------------|--|--|

3. Assessments and records reviewed and accepted into CMR database by CMR staff

| Resident Name | PMI # | ARD | A0310A | A0310F | RUG-IV | CMR Eff. Date | Submit Date | Penalty Eff. Date | Penalty Exp. Date |
|---------------|----------|------------|--------|--------|--------|---------------|-------------|-------------------|-------------------|
| DOE, JANE | 00000000 | 11/07/2018 | 02 | | PA1 | 12/01/2018 | 01/31/2019 | 12/15/2018 | 01/31/2019 |

4. Assessments and records not needed in CMR database; includes the original assessments and records that were modified or inactivated

| Resident Name | PMI # | ARD | A0310A | A0310F | RUG-IV | Submit |
|---------------|-------|-----|--------|--------|--------|--------|
|---------------|-------|-----|--------|--------|--------|--------|

Report run on: 07/10/2019

Page 1

14. The Audit Exit Report lists all MDS items changed on the audited assessment for a resident. The MDS Coordinator and facility staff use this report to modify the resident's assessment in QIES ASAP.

Audit Exit Report Sample

Minnesota Department of Health
Case Mix Review Program

AUDIT EXIT REPORT

Name: New Facility
Facility: 00000
Start Date: 07/15/2019
End Date: 07/19/2019
CMR RN's: Reviewer

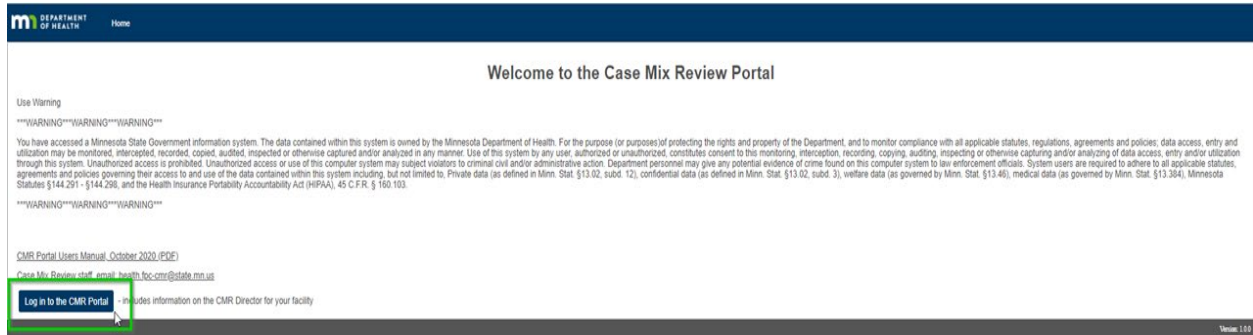
Total Number of Records 13
of records reviewed in Group 1: 13
of records reviewed in Group 2: 0
of Classification went HIGH: 0
of Classification went LOW: 2
% of overall change: 15.38

| Resident Name | Assessment Type | ARD | Original CM | New CM | MDS Item | Old Value | New Value |
|---------------|-----------------|------------|-------------|--------|----------|-----------|-----------|
| DOE, JANE | QUARTERLY | 07/01/2019 | BA1 | BA1 | e0100B | 1 | 0 |
| | | | | | e0200C | 2 | 0 |
| | | | | | g0300A | 0 | - |
| | | | | | g0300B | 0 | - |
| | | | | | g0400A | 0 | - |
| | | | | | g0400B | 0 | - |
| DOE, JOHN | QUARTERLY | 06/24/2019 | CD1 | CC1 | g0110A2 | 3 | 2 |
| | | | | | g0110B2 | 3 | 2 |
| | | | | | g0110I2 | 3 | 2 |

Log in/Log out Process

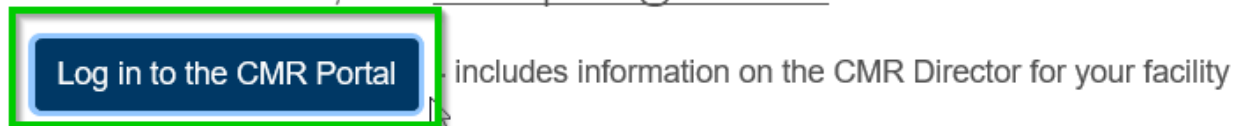
For best user experience, use the Google Chrome browser to access the CMR Portal

15. Navigate to the [CMR Portal](#)
 - a. Read the “**Use Warning**”
 - b. Click “**Log in to the CMR Portal**”





[CMR Portal Users Manual, October 2020 \(PDF\)](#)

Case Mix Review staff, email: health.fpc-cmr@state.mn.us

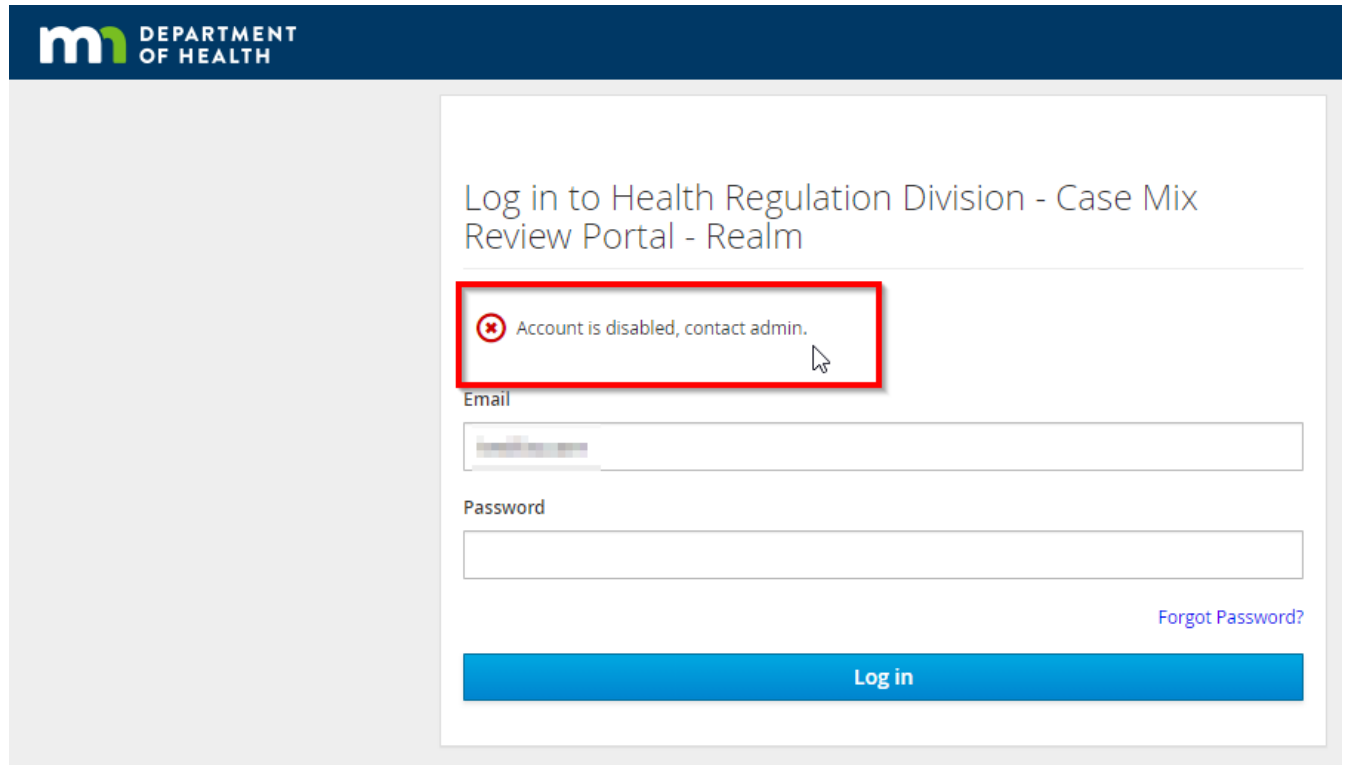


16. Type in your **email and password**
Click “**Log in**”


 If this is your first log in, to create your password, click on “**Forgot Password?**” Refer to page 59 for instructions to create your password.

 **BE ADVISED:** When the following message appears, the account is inactive:

- ◆ **Facility Users** should contact their facility CMR Portal Director.
- ◆ **CMR Portal Directors** should email health.fpc-cmr@state.mn.us with the subject “**Inactive Account**”



Log in to Health Regulation Division - Case Mix Review Portal - Realm

 Account is disabled, contact admin.





Email

Password

[Forgot Password?](#)

Log in

17. Welcome Screen

-  *Facility Users and CMR Directors have different screens on this Welcome Page.*
-  *The home page button will always appear on the upper left corner of the page.*
-  *The logout button will always appear on the upper right corner of the page.*
-  *The updated Case Mix Review Portal is intuitive and easy to use. By clicking on the buttons in the blue bar at the top of each CMR Portal screen, users and CMR Directors will access files and information; and manage accounts in the CMR Portal. This manual will go into greater detail of how to use and navigate within the buttons.*

Welcome Page for Facility User:

DEPARTMENT OF HEALTH Home View Files View CMR Director My Account John Logout

Welcome to the Case Mix Review Portal John

WARNINGWARNING***WARNING***

You have accessed a Minnesota State Government Information system. The data contained within this system is owned by the Minnesota Department of Health. For the purpose (or purposes) of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreements and policies; data access, entry and utilization may be monitored, intercepted, recorded, copied, audited, inspected or otherwise captured and/or analyzed in any manner. Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system. Unauthorized access is prohibited. Unauthorized access or use of this computer system may subject violators to criminal civil and/or administrative action. Department personnel may give any potential evidence of crime found on this computer system to law enforcement officials. System users are required to adhere to all applicable statutes, agreements and policies governing their access to and use of the data contained within this system including, but not limited to, Private data (as defined in Minn. Stat. §13.02, subd. 12), confidential data (as defined in Minn. Stat. §13.02, subd. 3), welfare data (as governed by Minn. Stat. §13.46), medical data (as governed by Minn. Stat. §13.384), Minnesota Statutes §144.291 - §144.298, and the Health Insurance Portability Accountability Act (HIPAA), 45 C.F.R. § 160.103.

WARNINGWARNING***WARNING***

[CMR Portal Users Manual, October 2020 \(PDF\)](#)
Case Mix Review staff, email: health.fpc-cmr@state.mn.us

Closer view of Welcome Page for Facility User

DEPARTMENT OF HEALTH Home View Files View CMR Director My Account John

Welcome Page for CMR Director

DEPARTMENT OF HEALTH Home View Files User Management John Logout

Welcome to the Case Mix Review Portal John

WARNINGWARNING***WARNING***

You have accessed a Minnesota State Government Information system. The data contained within this system is owned by the Minnesota Department of Health. For the purpose (or purposes) of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreements and policies; data access, entry and utilization may be monitored, intercepted, recorded, copied, audited, inspected or otherwise captured and/or analyzed in any manner. Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system. Unauthorized access is prohibited. Unauthorized access or use of this computer system may subject violators to criminal civil and/or administrative action. Department personnel may give any potential evidence of crime found on this computer system to law enforcement officials. System users are required to adhere to all applicable statutes, agreements and policies governing their access to and use of the data contained within this system including, but not limited to, Private data (as defined in Minn. Stat. §13.02, subd. 12), confidential data (as defined in Minn. Stat. §13.02, subd. 3), welfare data (as governed by Minn. Stat. §13.46), medical data (as governed by Minn. Stat. §13.384), Minnesota Statutes §144.291 - §144.298, and the Health Insurance Portability Accountability Act (HIPAA), 45 C.F.R. § 160.103.

WARNINGWARNING***WARNING***

[CMR Portal Users Manual, October 2020 \(PDF\)](#)
Case Mix Review staff, email: health.fpc-cmr@state.mn.us

Version: 1.0.0

Closer view of Welcome Page for CMR Director

DEPARTMENT OF HEALTH Home View Files User Management John

View Files

For best user experience, use the Google Chrome browser to access the CMR Portal

Files on the CMR Portal

There are eight (8) files available for nursing facilities to print from the CMR Portal. Each file name includes a short descriptor of what is contained in the file and the report date of the file. Files will be listed by date, with the newest files at the top of the list on page 1. Files over 60 days old are removed from the CMR Portal. There is no backup copy of portal file at CMR.

- ◆ MDS3CmrValidationMMDDYYYY.pdf
- ◆ MDS3CmrAssessmentChecklistMMDDYYYY.pdf
- ◆ MDS3CmrAssessmentNoticeMMDDYYYY.pdf
- ◆ MDS3AuditExitReportMMDDYYYY.pdf
- ◆ MDS3CmrAuditChecklistMMDDYYYY.pdf
- ◆ MDS3CmrAuditClassificationNoticeMMDDYYYY.pdf
- ◆ MDS3ReconClassificationChecklistMMDDYYYY.pdf
- ◆ MDS3ReconClassificationNoticeMMDDYYYY.pdf

Access Files

1. Click “View Files”



2. Click on the **Filename** to view.

| Date | Filename |
|------------|--|
| 09/18/2020 | MDS3CmrAssessmentNotice09172020.pdf |
| 09/18/2020 | MDS3CmrAssessmentChecklist09172020.pdf |
| 09/18/2020 | MDS3CmrAuditChecklist09172020.pdf |
| 09/18/2020 | MDS3CmrAuditClassificationNotice09172020.pdf |
| 09/18/2020 | MDS3AuditExitReport09172020.pdf |
| 09/18/2020 | MDS3ReconClassificationNotice09172020.pdf |
| 09/18/2020 | MDS3ReconClassificationChecklist09172020.pdf |
| 08/27/2020 | MDS3ReconClassificationChecklist08262020.pdf |
| 08/27/2020 | MDS3ReconClassificationNotice08262020.pdf |
| 08/13/2020 | MDS3CmrValidation08122020.pdf |

3. Examples of the three (3) most common files

◆ MDS3CmrValidationMMDDYYYY.pdf

For additional information on the Case Mix Review Validation Report, refer to

| Minnesota Case Mix Review Validation Report | | | | | | | | | |
|---|---------------------------|-----|--------|--------|--------|---------------|-------------|-------------------|-------------------|
| CAUTION: Internal Facility Use Only - This Report Contains Private Data | | | | | | | | | |
| Facility | ACADEM HEALTH CARE CENTER | | | | HFID: | 000000 | | | |
| 1. Assessments and records accepted into Minnesota Case Mix Review (CMR) database | | | | | | | | | |
| Resident Name | PMI # | ARD | A0310A | A0310F | RUG-IV | CMR Eff. Date | Submit Date | Penalty Eff. Date | Penalty Exp. Date |

◆ MDS3CmrAssessmentChecklistMMDDYYYY.pdf

| Assessment Notification Checklist | | | | | | | |
|-----------------------------------|-------|--------------------|-------------|---------------|-------------------|-------------------|--|
| Report Generated on: 08/13/2020 | | | | | | | |
| Name: ACADEM HEALTH CARE CENTER | | | | HFID: 000000 | | | |
| Resident Name | PMI # | Type of Assessment | MN CM Class | CMR Eff. Date | Penalty Eff. Date | Penalty Exp. date | |

◆ MDS3CmrAssessmentNoticeMMDDYYYY.pdf

MINNESOTA DEPARTMENT OF HEALTH

Case Mix Review Program, Health Regulation Division

85 East Seventh Place, Suite 300, P.O.Box 64938, St Paul, MN 55164-0938

THIS IS NOT A BILL

4. Print and distribute classification notices as required by state statute.
5. Print or download electronic files to save files per facility policy



BE ADVISED: Files over 60 days old will be removed from the CMR Portal. There is no backup of portal files at CMR.

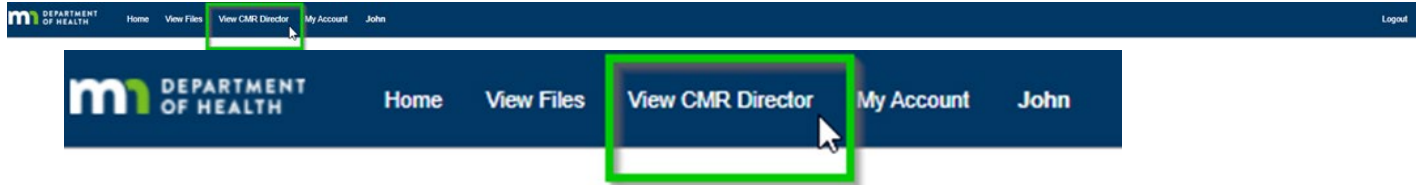
CMR staff encourages facilities to keep electronic files in a secure area on the facility network.

Account Management

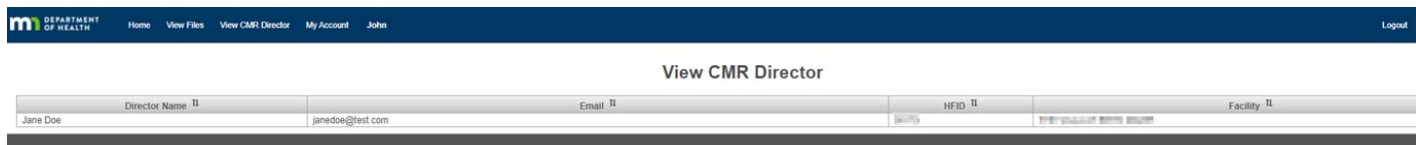
For best user experience, use the Google Chrome browser to access the CMR Portal

Facility User:

1. Click “View CMR Director” for the name and email address of the facility CMR Director



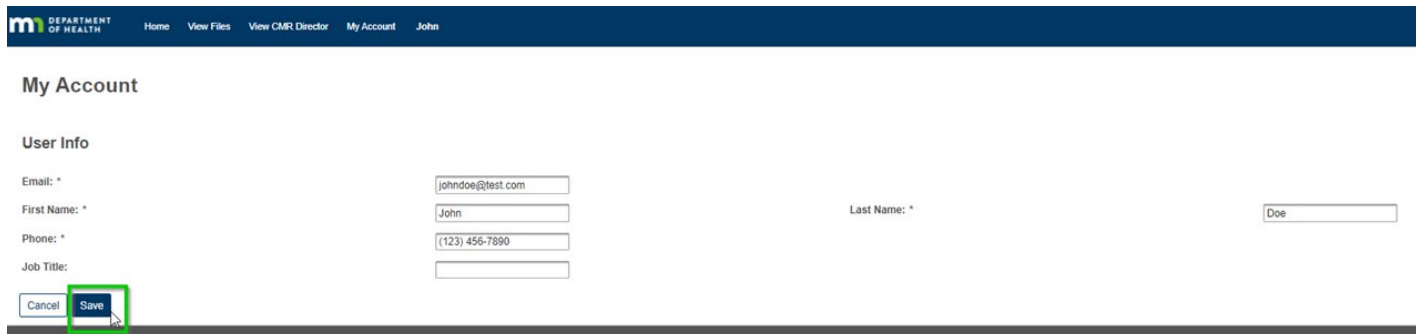
2. CMR Director Information:




3. Click “My Account” to update your name, email address, phone number, and job title



4. Update your account and click “Save” when updated.



CMR Director:**User Management**

 *CMR Directors update their account in “**User Management, View Users**”*


*CMR Directors may update Facility User account information in “**User Management, View Users**”*

*Facility Users can log in to their account and update their account information in “**My Account**”*



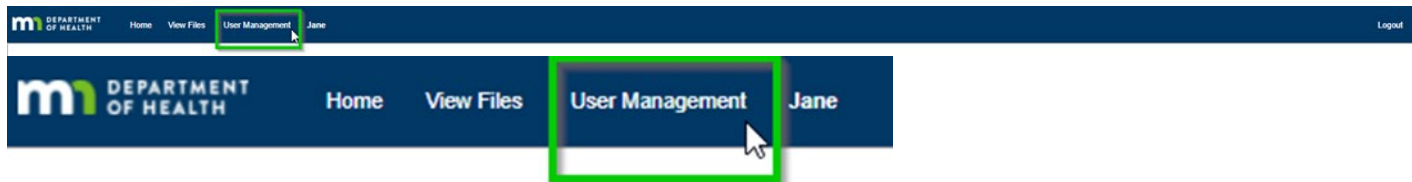
BE ADVISED: A facility is limited to three (3) active users.

*The **error message** below will appear with attempts to add a fourth user or activate an inactive user as a fourth user.*

 **Error:** Facility / [redacted] already has 3 users. To add a new user or to activate an inactive user you will need to inactivate a current active user for your facility.

Accessing View Users:

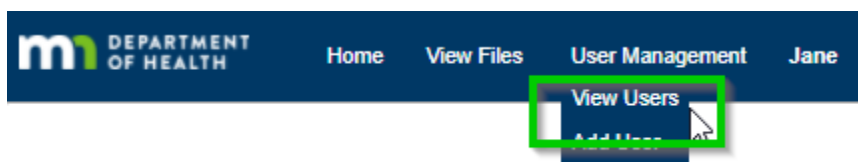
1. Move mouse over “**User Management**”



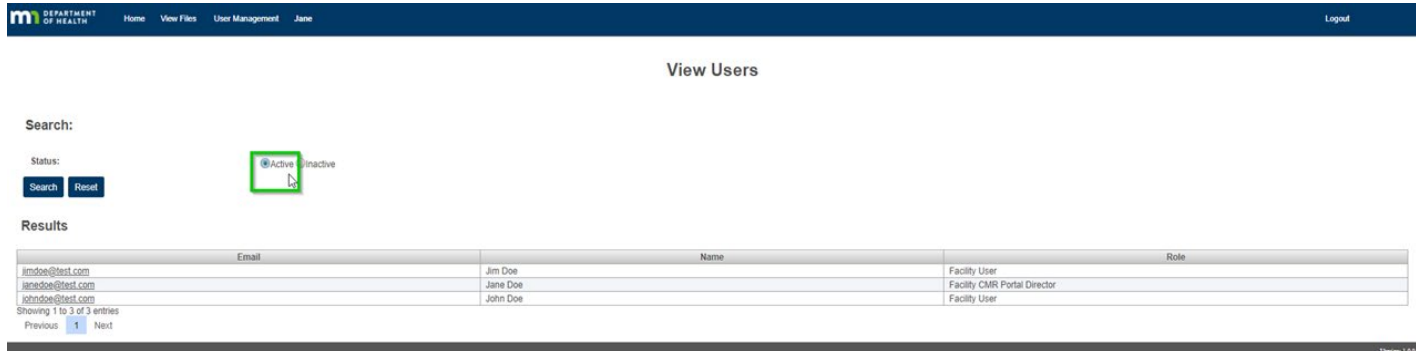
2. With mouse over “**User Management**,” “**View Users**” and “**Add User**” will appear



3. Click “**View Users**”



4. Active users for the facility are listed.



DEPARTMENT OF HEALTH Home View Files User Management Jane Logout

View Users

Search:

Status: ☒ Active ☐ Inactive

Results

| Email | Name | Role |
|-------------------|----------|------------------------------|
| jimdoe@test.com | Jim Doe | Facility User |
| jane@doe@test.com | Jane Doe | Facility CMR Portal Director |
| john@doe@test.com | John Doe | Facility User |

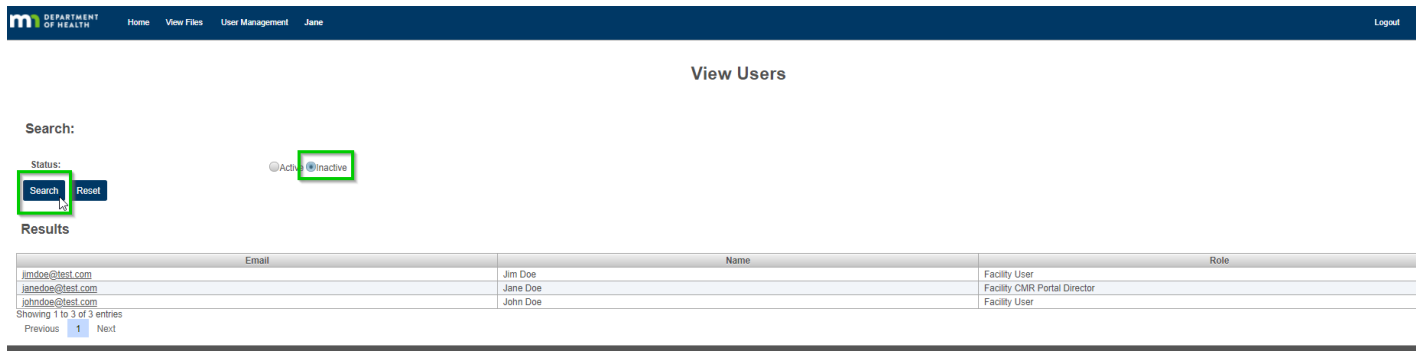
Showing 1 to 3 of 3 entries

Previous [1](#) Next

5. To view inactive users:

Click the button before “Inactive”

Click “Search”



DEPARTMENT OF HEALTH Home View Files User Management Jane Logout

View Users

Search:

Status: ☐ Active ☒ Inactive

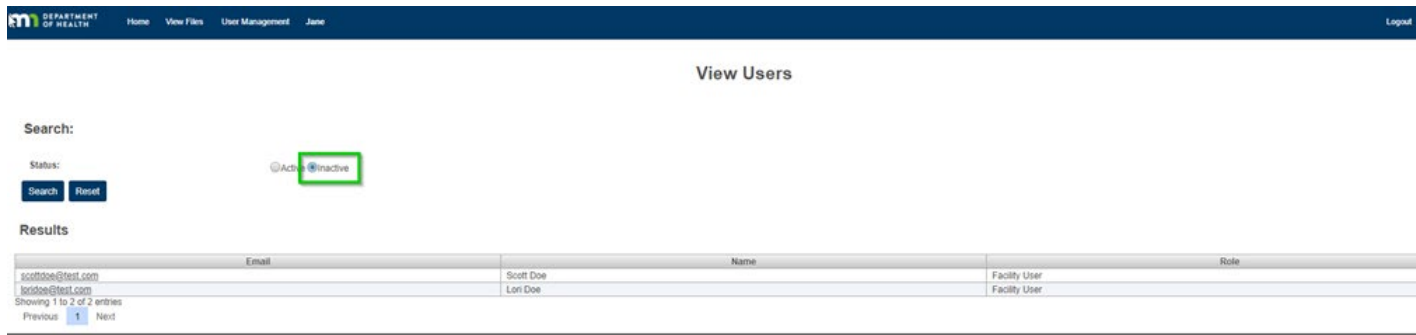
Results

| Email | Name | Role |
|-------------------|----------|------------------------------|
| jimdoe@test.com | Jim Doe | Facility User |
| jane@doe@test.com | Jane Doe | Facility CMR Portal Director |
| john@doe@test.com | John Doe | Facility User |

Showing 1 to 3 of 3 entries

Previous [1](#) Next

6. Inactive users for the facility are listed.



DEPARTMENT OF HEALTH Home View Files User Management Jane Logout

View Users

Search:

Status: ☐ Active ☒ Inactive

Results

| Email | Name | Role |
|--------------------|-----------|---------------|
| scott@doe@test.com | Scott Doe | Facility User |
| lon@doe@test.com | Lon Doe | Facility User |

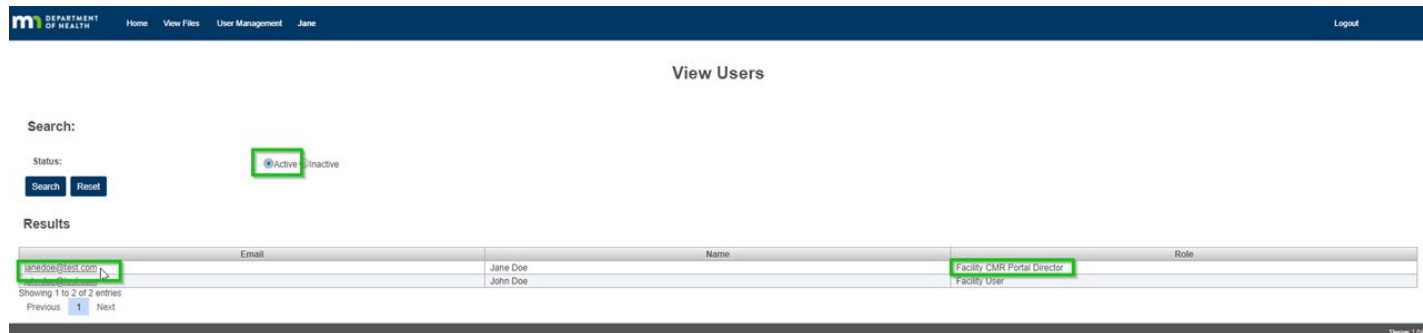
Showing 1 to 2 of 2 entries

Previous [1](#) Next

Updating Account Information

1. Accessing the Account to be Updated

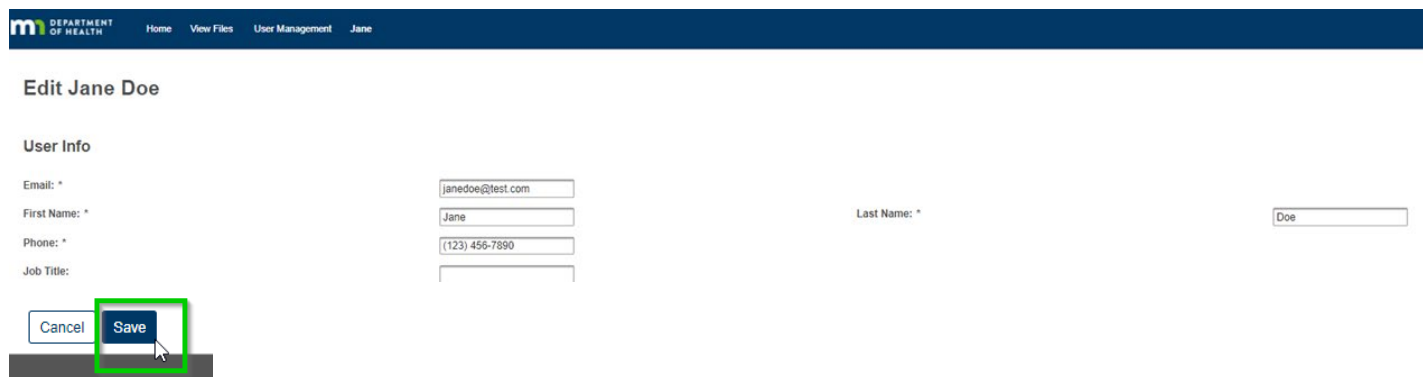
- ◆ To update account information, **click on email address associated with the CMR Director or User**



2. Click “Edit”



3. Update account and click “Save” when finished



Inactivating or Activating a User's Account

i **BE ADVISED:** A facility is limited to three (3) active users.

i The **error message** below will appear with attempts to add a fourth user or activate an inactive user as a fourth user.

Error: Facility [redacted] already has 3 users. To add a new user or to activate an inactive user you will need to inactivate a current active user for your facility.

i **BE ADVISED:** An inactive user's account is deleted six (6) months after the account is changed to Inactive status. Activation of the user's account will prevent the account from being removed.

i **BE ADVISED:** The CMR Director is responsible to immediately inactivate a user who is no longer employed by the facility or the corporation to prevent unauthorized access to the CMR Portal. When the CMR Director is ending employment with a facility or corporation, the current CMR Director must change the CMR Director role to an active user for the facility in the CMR Portal prior to ending employment.

Inactivating a User's Account

1. To inactivate a User, click email address for the User

View Users

Search:

Status: ☒ Active ☐ Inactive

Results

| Email | Name | Role |
|---------------|----------|------------------------------|
| jimd@test.com | Jim Doe | Facility User |
| jdoe@test.com | Jane Doe | Facility CMR Portal Director |
| jdoe@test.com | John Doe | Facility User |

Showing 1 to 3 of 3 entries

Previous **1** Next

2. Click “Make Inactive”

View Jim Doe

User Info

Email: jimd@test.com

First Name: Jim Last Name: Doe

Phone: (123) 123-1234

Role: Facility User Job Title:

Active: Yes

3. Message appears for a successful inactivation. “**Active**” will be “**No**.”

m DEPARTMENT OF HEALTH | Home | View Files | User Management | Jane

User Jim Doe has been deactivated.

View Jim Doe

[Edit](#) [Make Active](#)

User Info

Email: jimdoe@test.com

First Name: Jim | Last Name: Doe

Phone: (123) 123-1234

Role: Facility User | Job Title:

Active:
No

4. Jim Doe’s account is listed in Inactive status and is removed from Active status.

Status: ☐ Active ☒ Inactive

[Search](#) [Reset](#)

Results

| Email | Name | Role |
|-------------------|-----------|---------------|
| scottdoe@test.com | Scott Doe | Facility User |
| jimdoe@test.com | Jim Doe | Facility User |
| loridoe@test.com | Lori Doe | Facility User |

Showing 1 to 3 of 3 entries

Previous [1](#) Next

Status: ☒ Active ☐ Inactive

[Search](#) [Reset](#)

Results

| Email | Name | Role |
|------------------|----------|------------------------------|
| janedoe@test.com | Jane Doe | Facility CMR Portal Director |
| john Doe | John Doe | Facility User |

Showing 1 to 2 of 2 entries

Previous [1](#) Next

Activating a User's Account

1. Click the button for **Inactive status**.
Click **“Search”**

DEPARTMENT OF HEALTH | Home | View Files | User Management | Jane

View Users

Search:

Status: ☐ Active ☒ Inactive

Search **Reset**

Results

| Email | Name | Role |
|------------------|----------|------------------------------|
| janedoe@test.com | Jane Doe | Facility CMR Portal Director |
| johndoe@test.com | John Doe | Facility User |

Showing 1 to 2 of 2 entries

Previous **1** Next

2. To activate a User, click email address for the User.

DEPARTMENT OF HEALTH | Home | View Files | User Management | Jane | Logout

View Users

Search:

Status: ☐ Active ☐ Inactive

Search **Reset**

Results

| Email | Name | Role |
|------------------------|-----------|---------------|
| scottdoe@test.com | Scott Doe | Facility User |
| jimdoe@test.com | Jim Doe | Facility User |
| loridoe@test.com | Lori Doe | Facility User |

Showing 1 to 3 of 3 entries

Previous **1** Next

3. Click **“Make Active”**

DEPARTMENT OF HEALTH | Home | View Files | User Management | Jane

View Jim Doe

Edit **Make Active**

User Info

Email:
jimdoe@test.com

First Name:
Jim

Last Name:
Doe

Phone:
(123) 123-1234

Role:
Facility User

Job Title:

Active:
No

4. Message appears for successful activation. “**Active**” will be “**Yes.**”

m DEPARTMENT OF HEALTH Home View Files User Management Jane

User Jim Doe has been activated.

View Jim Doe

Edit **Make Inactive**

User Info

Email:
jimdoe@test.com

First Name:
Jim

Last Name:
Doe

Phone:
(123) 123-1234

Role:
Facility User

Job Title:

Active:
Yes

5. Jim Doe’s account is listed in Active status and removed from Inactive status.

Status: ☒ Active ☐ Inactive

Search **Reset**

Results

| Email | Name | Role |
|------------------|----------|------------------------------|
| jimdoe@test.com | Jim Doe | Facility User |
| janedoe@test.com | Jane Doe | Facility CMR Portal Director |
| john Doe | John Doe | Facility User |

Showing 1 to 3 of 3 entries

Previous **1** Next

Status: ☐ Active ☒ Inactive

Search **Reset**

Results

| Email | Name | Role |
|-------------------|-----------|---------------|
| scottdoe@test.com | Scott Doe | Facility User |
| loridoe@test.com | Lori Doe | Facility User |

Showing 1 to 2 of 2 entries

Previous **1** Next

Changing the CMR Director

BE ADVISED: The User must be Active to change role from User role to CMR Director Role.

BE ADVISED: When the CMR Director is ending employment with a facility or corporation, the current CMR Director must change the CMR Director role to an active user for the facility in the CMR Portal prior to ending employment.

1. Click email address of the User who will be the CMR Director.

Search:

Status: Active Inactive

[Search](#) [Reset](#)

Results

| Email | Name | Role |
|------------------|----------|------------------------------|
| jindoe@test.com | Jim Doe | Facility User |
| janedoe@test.com | Jane Doe | Facility CMR Portal Director |
| johndoe@test.com | John Doe | Facility User |

Showing 1 to 3 of 3 items

Previous [1](#) Next

2. Click “Edit”

View John Doe

[Edit](#) [Make Inactive](#)

User info

Email:
johndoe@test.com

First Name:
John

Last Name:
Doe

Phone:
(123) 456-7890

Role:
Facility User

Job Title:

Active:
Yes

- Click the button for “**Facility CMR Portal Director**”
Click “**Save**”

DEPARTMENT OF HEALTH Home View Files User Management Jane

Edit John Doe

User Info

Email: * johndoe@test.com

First Name: * John Last Name: * Doe

Phone: * (123) 456-7890

Job Title:

Roles: *

- ☒ Facility CMR Portal Director
- ☐ Facility User

Cancel Save

- To “**Confirm Change of CMR Director,**” click “**Confirm.**”

DEPARTMENT OF HEALTH Home View Files User Management Jane

Edit John Doe

User Info

Email: * johndoe@test.com

First Name: * John Last Name: * Doe

Phone: * (123) 456-7890

Job Title:

Roles: *

- ☒ Facility CMR Portal Director
- ☐ Facility User

Cancel Save

Confirm Change of CMR Director

Only one user may be a CMR director at a time. If you confirm this update to user John Doe your role will be set to "Facility User" and you will need to log in again.

Cancel Confirm

- The login page will appear.

DEPARTMENT OF HEALTH Home

Welcome to the Case Mix Review Portal

Record updated successfully!

Use Warning

WARNINGWARNING***WARNING***

You have accessed a Minnesota State Government information system. The data contained within this system is owned by the Minnesota Department of Health. For the purpose (or purposes) of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreements and policies, data access, entry and utilization may be monitored, intercepted, recorded, copied, audited, inspected or otherwise captured and/or analyzed in any manner. Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system. Unauthorized access is prohibited. Unauthorized access or use of this computer system may subject violators to criminal civil and/or administrative action. Department personnel may give any potential evidence of crime found on this computer system to law enforcement officials. System users are required to adhere to all applicable statutes, agreements and policies governing their access to and use of the data contained within this system including, but not limited to: Private data (as defined in Minn. Stat. §13.02, subd. 12), confidential data (as defined in Minn. Stat. §13.02, subd. 3), welfare data (as governed by Minn. Stat. §13.46), medical data (as governed by Minn. Stat. §13.384), Minnesota Statutes §144.291 - §144.296, and the Health Insurance Portability Accountability Act (HIPAA), 45 C.F.R. § 160.103.

WARNINGWARNING***WARNING***

[CMR Portal Users Manual, October 2020 \(PDF\)](#)

Case Mix Review staff, email: health_tpc-cmr@state.mn.us

[Log in to the CMR Portal](#) includes information on the CMR Director for your facility

6. John is now the CMR Director

View Users

Search:

Status: ☒ Active ☐ Inactive

Results

| Email | Name | Role |
|------------------|----------|------------------------------|
| jimdoe@test.com | Jim Doe | Facility User |
| janadoe@test.com | Jane Doe | Facility User |
| john Doe | John Doe | Facility CMR Portal Director |

Showing 1 to 3 of 3 entries
Previous 1 Next

Adding a User

1. Move mouse over “User Management”

Home View Files User Management Jane

2. With mouse over “User Management,” “View Users” and “Add User” will appear

Home View Files User Management Jane

Welcome to the Case Mix Review Portal Jane


User Management
View Users
Add User

3. Click “Add User”

Home View Files User Management Jane

View Users
Add User

4. Complete required fields: **Email, First Name, Last Name,** and **Phone**

 **BE ADVISED:** The email when CMR reports, checklists, and classification notices are posted to the CMR Portal will be sent to the email address in the user's account.



mi DEPARTMENT OF HEALTH Home View Files User Management Jane Logout

Add User

User Info

Email: *

First Name: *

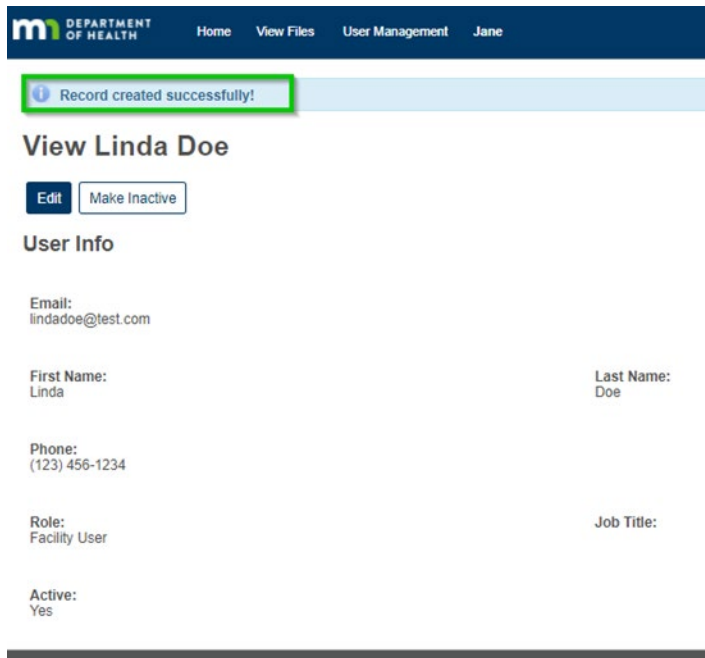
Phone: *

Job Title:


Last Name: *

Cancel Save

5. A new user was successfully added to the CMR Portal



mi DEPARTMENT OF HEALTH Home View Files User Management Jane

 Record created successfully!

View Linda Doe

Edit Make Inactive

User Info

Email:
lindadoe@test.com

First Name:
Linda

Last Name:
Doe

Phone:
(123) 456-1234

Role:
Facility User

Job Title:

Active:
Yes

6. This email is sent to the **new user**.

Subject: *Welcome to the CMR Portal*

*Welcome to the CMR Portal application. Your registered email is (**User email**). Please follow the directions below in order to create your password.*

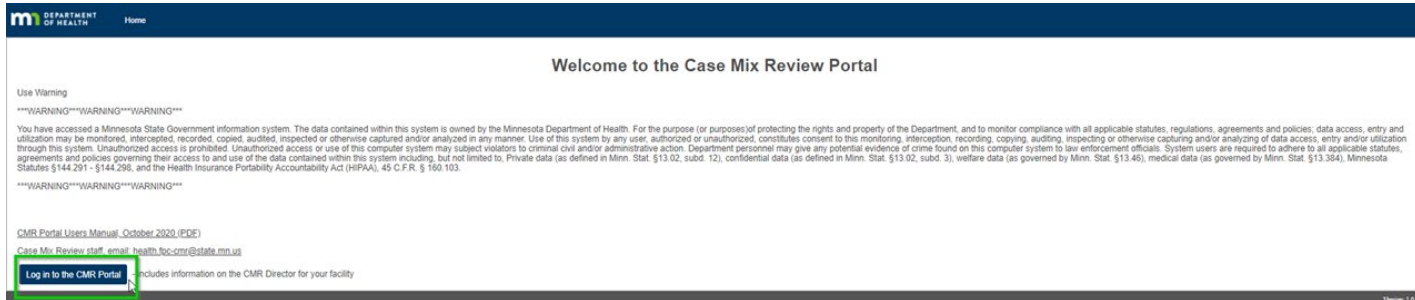
1. *Navigate to the CMR Portal*
2. *Click the “**Log in**” button*
3. *On the Log in page, click the “**Forgot Password?**” button.*
4. *Enter your registered email address and click “**Submit**”*
5. *You will receive an email with the subject “**Reset Password.**” Click the “**Link to reset credentials**” link in this email and follow the directions on-screen. You must do this **within FIVE (5) MINUTES of receiving this email**, or the password reset request will expire. If this happens, you can request another reset link by following these steps again.*

*If you have any questions, please contact the CMR Portal Director at (**CMR Director email**).*

7. The new user will follow the “Forgot Password?” instructions to create a secure password.

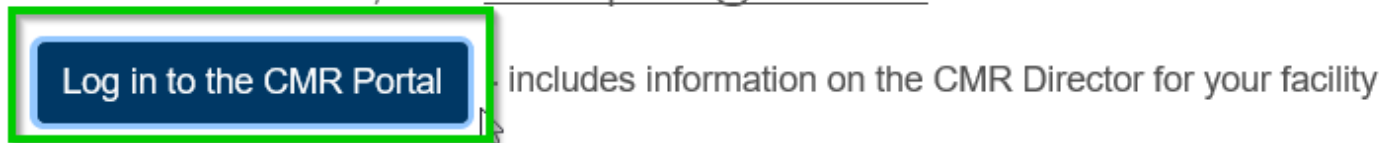
“Forgot Password?”

1. Navigate to the CMR Portal
 - a. Read the “**Use Warning**”
 - b. Click “**Log in to the CMR Portal**”



CMR Portal Users Manual, October 2020 (PDF)

Case Mix Review staff, email: health.fpc-cmr@state.mn.us



2. On the log in page, click the “**Forgot Password?**” button



3. Enter your registered email address and click **“Submit”**

The screenshot shows the 'Forgot Your Password?' screen. At the top is the Minnesota Department of Health logo. Below the title is an email input field containing 'lindadoe@test.com'. A link for '« Back to Login' is positioned below the email field. A large blue 'Submit' button is highlighted with a green border. At the bottom, a message states: 'Enter your username or email address and we will send you instructions on how to create a new password.'

4. This screen will appear.

The screenshot shows the login screen for the Health Regulation Division - Case Mix Review Portal. It features the Minnesota Department of Health logo at the top. Below the title, a green message box with a checkmark icon states: 'You should receive an email shortly with further instructions.' There are two input fields: 'Email' (containing 'health.fpc-cmr@state.mn.us') and 'Password'. A 'Forgot Password?' link is located below the password field. A blue 'Log In' button is at the bottom.

5. You will receive an email with the subject “Reset password.” Click the “Link to reset credentials” in this email and follow the on-screen directions.

i You must do this **WITHIN FIVE (5) MINUTES** of receiving this email, or the password reset request will expire. If this happens, you can request another reset link by following these steps again.



Someone just requested to change your Health Regulation Division - Case Mix Review Portal - Realm account's credentials. If this was you, click on the link below to reset them.

[Link to reset credentials](#)

This link will expire within 5 minutes.


If you don't want to reset your credentials, just ignore this message and nothing will be changed.

6. Type in your new password.
Confirm your new password.
Click “**Submit.**”

i The password must be eight (8) characters long and include a lowercase character, an uppercase character, a special character, and a number.

A screenshot of the 'Update password' form. At the top is the Minnesota Department of Health logo. Below it, the title 'Update password' is centered. A yellow warning box with an exclamation mark icon contains the text 'You need to change your password.' Below this are two input fields: 'New Password' and 'Confirm password'. At the bottom of the form is a blue 'Submit' button, which is highlighted with a green box and a mouse cursor.

7. This screen will appear upon successful completion of setting or updating your password.

 [Home](#) [View Files](#) [View CMR Director](#) [My Account](#) [James](#) [Logout](#)

Welcome to the Case Mix Review Portal James

WARNINGWARNING***WARNING***

You have accessed a Minnesota State Government information system. The data contained within this system is owned by the Minnesota Department of Health. For the purpose (or purposes) of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreements and policies; data access, entry and utilization may be monitored, intercepted, recorded, copied, audited, inspected or otherwise captured and/or analyzed in any manner. Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system. Unauthorized access is prohibited. Unauthorized access or use of this computer system may subject violators to criminal civil and/or administrative action. Department personnel may give any potential evidence of crime found on this computer system to law enforcement officials. System users are required to adhere to all applicable statutes, agreements and policies governing their access to and use of the data contained within this system including, but not limited to, Private data (as defined in Minn. Stat. §13.02, subd. 12), confidential data (as defined in Minn. Stat. §13.02, subd. 3), welfare data (as governed by Minn. Stat. §13.46), medical data (as governed by Minn. Stat. §13.384), Minnesota Statutes §144.291 - §144.298, and the Health Insurance Portability Accountability Act (HIPAA), 45 C.F.R. § 160.103.

WARNINGWARNING***WARNING***

[CMR Portal Users Manual, October 2020 \(PDF\)](#)

Case Mix Review staff, email: health.fpc-cmr@state.mn.us