



MDS 3.0 Changes Effective October 1, 2020

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PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Participants will:

- Identify the new items that were added to OBRA comprehensive and quarterly assessments that are not combined with a 5d
- Be able to state the rationale for these changes
- Identify the look back periods for sections GG0130, GG0170, and items I0020, I0020B, and J2100 on OBRA assessments not combined with a 5d
- Understand the requirements for determining whether a surgical procedure can be coded on an OBRA assessment not combined with a 5d

- On 10/1/2019, CMS introduced a new payment system
 - Patient Driven Payment Method (PDPM)
- CMS had planned to stop reporting the RUGs-IV classifications on the OBRA assessments beginning 10/1/2020
- Minnesota continued to use the RUGs-IV classification system for all Medicaid and Private Pay residents to determine billing rates

- CMS created the Optional State Assessment (OSA)
- The OSA includes all the items necessary to generate a RUGs-IV classification
- CMS will continue to report the RUGs-IV classifications on OBRA comprehensive and quarterly assessments
- OBRA assessments will also generate the PDPM classification
 - The PDPM classification will not be used for payment

So What's New?

- These items were added to the OBRA comprehensive and Quarterly assessments that are not combined with a 5d PPS assessment:
 - GG0130A-H and GG0170A-S
 - I0020 and I0020B
 - J2100 and J2300-J5000
- There were no changes to the RAI Manual on 10/1/2020
 - The next revision will be on 10/1/2021

The Section GG Look Back Period

Section GG	Functional Abilities and Goals - Start of SNF PPS Stay or State PDPM
GG0130. Self-Care (If A0310B = 01, the assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B. If state requires completion with an OBRA assessment, <u>the assessment period is the ARD plus 2 previous days; complete only column 1.</u>)	

Section GG	Functional Abilities and Goals - Start of SNF PPS Stay or State PDPM
GG0170. Mobility (If A0310B = 01, the assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B. If state requires completion with an OBRA assessment, <u>the assessment period is the ARD plus 2 previous days; complete only column 1.</u>)	

Items GG0130 A-H and GG0170 A-S

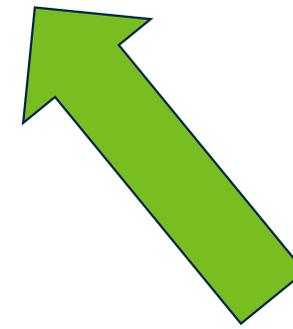
- Must complete all items
- Use observation, record review resident, and staff interviews to determine the resident's usual performance
- The data must be collected in the 3d assessment period and be documented in the medical record
- Use an interdisciplinary team approach
- How the data is collected and documented in the medical record and who participates in the assessment is a facility decision
- Look at all episodes of an activity to determine the usual performance

Activity Not Attempted Codes

- Assess all items during the 3d look back period
- Activity Not Attempted Codes
 - 07- The Resident Refused
 - 09- Not Applicable- (did not perform the activity prior to the assessment period)
 - 10- Not Attempted Due To Environmental Limitations
 - 88- Not Attempted Due To Medical Condition or Safety Concern
- When an item is not assessed use one of the Activity Not Attempted codes if they apply
 - If not, dash the item
 - The dash should be used in very few instances

Item I0020/I0020B Look Back Period

Section I	Active Diagnoses										
I0020. Indicate the resident's primary medical condition category Complete only if A0310B = 01 <u>or if state requires completion with an OBRA assessment</u>											
<p>Enter Code</p> <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<p>Indicate the resident's primary medical condition category that best describes the primary reason for admission</p> <ul style="list-style-type: none">01. Stroke02. Non-Traumatic Brain Dysfunction03. Traumatic Brain Dysfunction04. Non-Traumatic Spinal Cord Dysfunction05. Traumatic Spinal Cord Dysfunction06. Progressive Neurological Conditions07. Other Neurological Conditions08. Amputation09. Hip and Knee Replacement10. Fractures and Other Multiple Trauma11. Other Orthopedic Conditions12. Debility, Cardiorespiratory Conditions13. Medically Complex Conditions <p>I0020B. ICD Code</p> <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>							
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Return To Provider ICD-10 Codes

- For PPS assessments nothing has changed
 - Some ICD-10 codes are not appropriate for Medicare Part A stays
 - Return to Provider codes need to be clarified with the physician
- For OBRA assessments there are no Return to Provider codes
 - All Return to Provider codes will map to the Medical Management category

Items J2100, J2300-J5000

J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or if state requires completion with an OBRA assessment	
Enter Code <input type="checkbox"/>	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay? 0. No 1. Yes 8. Unknown



- The look back period is 30d
- For most LTC resident's this item will be coded "No" and J2300-J5000 will be skipped

Medicare Advantage Programs, HMOs, and Other Payers

- PPS assessments completed for other payers cannot be submitted to the CMS database and they cannot be combined with the OBRA assessments that are submitted.
- When the payer is a Medicare Advantage Program, HMO, Private Insurance, etc. contact the payer for guidance on what assessments are required.

PDPM Classification (HIPPS Code)

- For PPS assessments - 5 characters
 - First Character- the Clinical Category
 - Second Character- the SLP component
 - Third Character-the Nursing component
 - Fourth Character- the NTA component
 - Fifth Character- the Assessment Indicator
- PDPM classifications on OBRA assessments have only 4 characters

Isolation (O0100M) Clarification

- An “active infection” is a medical diagnosis. The infection:
 - Must be documented by the physician within the last 60d, and
 - It must have a direct relationship to the resident’s current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.
- New admissions or readmissions whose COVID-19 status is unknown should **NOT** be coded in O0100M, Isolation or quarantine for active infections.

- Section GG CMS YouTube Video
<https://www.youtube.com/watch?v=RKcckbxLKWCA>
- Subscribe to Minnesota Case Mix Review Program Updates
https://service.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_174
- Subscribe to CMS SNF Open Door Forums
https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_515
- Case Mix Review Program Website
<https://www.health.state.mn.us/facilities/regulation/casemix/index.html>

Thank you.

Send MDS Clinical Coding Questions to: Health.mds@state.mn.us

Send MDS Technical Questions to: Health.mdsoasistech@state.mn.us

Send Case Mix Questions to: Health.fpc-cmr@state.mn.us