

# Department of Health and Hospitals

## Louisiana Advisor

Current Information on Louisiana Case Mix Reimbursement

Vol. 8, Issue 3 - October 2009

The *Louisiana Advisor* is a publication produced under contract with The Department of Health and Hospitals by Myers and Stauffer LC 9265 Counselors Row, Ste. 200 Indianapolis, IN 46240

The *Louisiana Advisor* is published to keep all interested parties current on Louisiana Case Mix Reimbursement. Its goal is to provide information on major issues, work groups, and upcoming activities. The articles presented here are only a synopsis of the topics and are not intended to present a complete analysis of the issues.



**MDS Clinical Questions?**  
**Health Standards**  
**(800) 261-8579**

**Documentation or Review Questions and Medicaid CMI Report Questions?**  
**Myers and Stauffer**  
**(800) 763-2278**

## MDS 3.0 Update

The Final Rule for SNF PPS was published in the Federal Register, dated August 11, 2009. This final rule updates the payment rates used under the PPS for skilled nursing facilities for fiscal year 2010. In addition it:

- Recalibrates the case-mix indexes so that they more accurately reflect parity in expenditures related to the implementation of case-mix refinements in January 2006.
- Discusses the results of our (CMS) ongoing analysis of nursing home staff time measurement data collected in the Staff Time and Resource Intensity Verification project, as well as new Resource Utilization Groups, version 4 case-mix classification model for FY 2011 that will use the updated Minimum Data Set 3.0 resident assessment for case-mix classification.
- Discusses the public comments that we (CMS) have received on these and other issues, including a possible requirement for the quarterly reporting of nursing home staffing data, as well as on applying the quality monitoring mechanism in place for all other SNF PPS facilities to rural swing-bed hospitals.
- Revises the regulations to incorporate certain technical corrections.<sup>1</sup>

It is anticipated that the final MDS 3.0 assessment, MDS 3.0 User's Manual, final MDS 3.0 data specifications, assessment types and discharges will be released in October 2009. In addition, more information regarding CAT triggers and QM/QIs are expected to be released October 2009.

<sup>1</sup>*Federal Register/Vol. 74, No. 153/Tuesday, August 11, 2009/Rules and Regulations*

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## Handle With Care

Reminder: Resident information (such as name, birth date, social security number, etc.) is considered **Protected Health Information (PHI)**. Fax and email are not secure formats for communicating this type of sensitive information. Please consult your HIPPA Security Officer for more information.



# Top 9 Steps in Proofing the Preliminary CMI Report



- Step #1 Identify all BC1 assessments and determine the cause. Then take action.
- Step #2 Transmit any missing assessment(s) for a resident that was in the facility on or prior to the last day of the quarter.
- Step #3 Review and confirm that all residents listed on the report were in the facility on or prior to the last day of the quarter.
- Step #4 Transmit a Discharge record for any resident listed on the report that was not in the facility as of the last day of the quarter.
- Step #5 Identify and review all Note identifiers in the Note column.
- Step #6 Review the final page of the CMI report and reconcile that the number of total residents in the RUG-III distribution totals column are equal to the total number of residents in the facility as of the last day of the quarter.
- Step #7 Call the Myers and Stauffer technical help desk for any questions regarding the CMI report and or case mix questions at 800-763-2278.
- Step #8 Call Rose Helwig at Health Standards for any MDS coding clarifications at 225-342-2449 or 800-261-8579.
- Step #9 Refer to the Louisiana Monthly Report Schedule calendar for correction deadlines.

## Resources on the WEB

As you may already know, the Myers and Stauffer website contains a number of helpful resources for nursing home providers and MDS coordinators. To access this location of our website, go to <http://la.mslc.com> and click on "Resources". The types of resources currently available include:

- Current and past issues of the *Louisiana Advisor* newsletter
- Data collection tools for ADLs, behavior symptoms, impaired cognition, and more
- Current Supportive Documentation Guidelines
- RUG-III CMI Tree
- 2009 CMI Listing Report & Transmission Schedule (Stay tuned for the 2010 schedule to be posted in the coming months)
- Training answer sheets

We hope you will utilize these valuable resources. We also welcome feedback and suggestions on how we can improve this section of our website even further. Please email any suggestions to [lahelpdesk@mslc.com](mailto:lahelpdesk@mslc.com).

## Dear Cindy...

The "Dear Cindy..." column is a regular feature in each issue of *Louisiana Advisor*. Cindy Smith, Myers and Stauffer's RN consultant, will discuss questions that are frequently answered by our staff. We welcome your questions for future issues.



### Dear Cindy:

- Q. Which assessments are used in calculating a facility's CMI?*
- A. Each resident in the facility, with a completed and submitted assessment, shall be assigned a RUG-III 34 group on the first day of each calendar quarter. The RUG-III group is calculated based on the resident's most current assessment, available on the first day of each calendar quarter. All assessments regardless of coding at AA8a and AA8b are used in calculating the quarterly case mix rate in Louisiana.

# MDS Coordinator Best Practices

## Case Mix Report Checklist

- Retrieve and check the CMS validation report as soon after transmission as possible.
  - Check for fatal errors and warnings.
  - Verify that the assessment date and reason (i.e. AA8a and AA8b) are as intended.
  - Review the RUG-III code to ensure it matches the resident's condition.
  - Research and correct any error to ensure it will not cause further problems on CMI reports or future assessments.
  - Call the Health Standards technical help desk or the Myers and Stauffer help desk if unsure how to correct the error.
- Once you receive the Preliminary CMI report, review the following:
  - Verify the assessments listed on the Preliminary CMI resident roster match what is in the facility's records for the same time period.
  - Transmit any missing assessments that did not appear on the Preliminary CMI report or verify the assessments sent after the transmitted date has been accepted.
  - Call on any discrepancies or problems before trying to correct a situation if uncertain.
  - Note unexpected changes in a resident's RUG-III classification from one assessment to the next. This could aid in identifying coding errors in the assessment.
- Final version of the CMI Resident Roster report.
  - Review and store reports for future verification purposes.



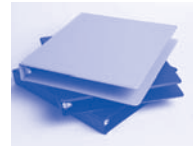
## Proactive Steps

- Check CMS validation reports and correct as problems arise.
- Transmit at least once a week.
- Create a backup of computer data and test to make sure it can be used in case of computer failure.
- Make sure that 2 facility staff have a personal user ID and password to the CMS MDS server and user ID and password for the MDCN (AT&T Global Networking Services - AGNS).
- Check the Bulletin area on the CMS server at least once a month for new memos and updates.
- Develop a program to meet Medicaid review standards of documentation.



## Training & Supportive Documentation Guidelines Update July 2009

In July 2009, Myers and Stauffer conducted six seminars in four cities throughout the state. These cities included Lafayette, Baton



Rouge, Alexandria and Shreveport with over 800 participants attending. Included in the training binder was a revised

*Supportive Documentation Guidelines* dated October 1, 2008, Version 9a (7/13/09). They included very minor clarifications identified in **bold** and have no impact to the review and require no additional supporting documentation. This updated version (9a) was provided to help clarify some previous wording. These guidelines can be found on the web at <http://la.mslc.com> by clicking on "Resources".

## Stay Informed

If you would like to be among the first to receive seminar notifications, newsletters, resources available, etc., please send an email to [LAHELPDESK@mslc.com](mailto:LAHELPDESK@mslc.com) to subscribe to our notification list. When sending your message, please type "subscribe" in the subject line. In the body of the message, please include your full name, title, phone number and facility/company name.

This email address may also be used for submitting general questions (not containing PHI) to the Myers and Stauffer Help Desk. Please be sure to provide all of your contact information to ensure a speedy response.

# Medical Record Correction

The Department of Health and Hospitals has adopted a policy for medical record corrections related to acceptance of supporting documentation for case mix reviews. This policy allows for minor changes or corrections to previously recorded documentation in the resident's status in accordance with standards of clinical practice and documentation. This policy was effective January 1, 2008.

Such monitoring and documentation is a part of the facility's responsibility to provide necessary care and services. However, it is important to remember that the medical record is the legal document. Changes made to the electronic or paper record maintained in the medical record after data transmission are not recognized as proper corrections.

Therefore, the Department of Health and Hospitals has made provisions to allow proper corrections for the electronic record or paper record maintained in the medical record as follows:

- a) If an error is discovered on or after but within 7 days of the Assessment Reference Date (A3a) of an MDS and before submission to the State MDS database, the response may be corrected using standard editing procedures on the hard copy (cross out, enter correct response, initial, and date) and correction of the MDS record in the facility database. The resident's care plan should also be reviewed for any needed changes.

- b) Any corrections made including but not limited to the Activities of Daily Living (ADL) grid must have an associated note of explanation per correction.
- c) If a major error is discovered in a record in the State MDS database, modification or inactivation procedures must be implemented by the facility to assure that the database information is corrected.
- d) Clinical documentation corrections must also be made as necessary to assure that the resident is accurately assessed, the care plan is accurate, and the resident is receiving the care needed.
- e) A quarterly or summary note will not substitute for an occurrence correction.
- f) A standard medical correction consists of drawing a line through the incorrect information, entering the correct information, dating and initialing the change. Improper or illegible corrections will not be accepted for the review.

## *Electronic Record Correction*

For facilities where an electronic correction feature is not available, the facility must correct each occurrence as described above on a hard copy generated from the electronic record. For example, when correcting ADLs, the ADL score itself is not appropriate to correct, but instead the occurrence where erroneous data was recorded/reported. The correction of the ADL score on the hard copy would not be recognized in the review process. Instead, the facility would need to correct the erroneous data (ADL shift) and **retain the corrected hard copy in the medical records.**



# Electronic Posting of Newsletter

The Department of Health and Hospitals will begin a new process of electronically posting all *Louisiana Advisor* issues to your sub-directory on the CMS MDS server. To access your copy, connect to the CMS MDS submission web page using your MDCN



connection as if you are going to transmit an MDS submission file. Click on the "MDS Submissions" link. From this page, click on the "Receive State Reports" link. This folder will contain your *Louisiana Advisor* newsletter. All newsletters will be identified using the following naming convention rules: The name will begin with your facility's loginid assigned by the Department of Health and Hospitals, followed by an underscore plus the word NEWSLTR followed by an underscore plus the Year and Month (YYYY\_MM) followed by an underscore, a letter 'V' and the version number as the file name to explain the issue that the News letter represents. (ex. **LOGINID\_NEWSLTR\_2009\_09\_V1**)



# Who Should I Call?

Several different parties assist the assessment transmission and validation process. Myers and Stauffer LC is responsible for the Medicaid rate setting process, associated assessment data and Medicaid case mix documentation reviews. We have detailed the major breakdown of each party's responsibilities below, however, you may call us initially if you are unsure of whom to contact and we will assist you in finding an answer to your question or direct you to the appropriate party.



## Myers and Stauffer LC/Helpdesk

**(800) 763-2278 or (317) 816-4122**

- All questions related to Medicaid RUG-III classification calculations, preliminary or final resident listings report or Medicaid case mix review.

## Myers and Stauffer LC

**(800) 374-6858**

- All questions related to the provider rate.

## MDS Clinical Questions

**(800) 261-8579 or (225) 342-2449**

*Rose Helwig RN, State RAI/MDS Coordinator*

- Questions related to the definition, completion or interpretation of the MDS 2.0 Resident Assessment Instrument. This line provided by Department of Health and Hospitals, Health Standards Section.

## Medicaid Case Mix

**(225) 342-6116**

*Kent Bordelon, Deputy Assistant Secretary II*

- Questions concerning Medicaid case mix reviews or the recoupment process.

## MDS 3.0 Information

- [http://www.cms.hhs.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp#TopOfPage](http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp#TopOfPage)

## DHH Regional Office

**(800) 834-3333**

- Providers contact for eligibility issues. Providers may also contact the appropriate DHH Parish Office for eligibility issues.

## Medicare Data Communication Network

### (MDCN) Helpdesk

**(800) 905-2069**

- Connection problems to MDCN (Medicare Data Communication Network)
- MDCN IDs and passwords



## Unisys - Provider Relations

**(800) 473-2783 or (225) 924-5040**

## Unisys - Provider Enrollment

**(225) 923-8510**

## Unisys - Long Term Care Unit

**(225) 237-3259**

## Recipient Eligibility Verification System

**(800) 776-6323 REVS**

**(225) 216-7387** Telephonic Automated

## Raven Help Desk

**(800) 339-9313**

- Questions about the RAVEN software