

Department of Health and Hospitals

Louisiana Advisor

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Louisiana Advisor is a quarterly notification of policy changes on the MDS related to the case mix reimbursement system

The *Louisiana Advisor* is a publication produced under contract with The Department of Health and Hospitals by Myers and Stauffer LC
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The *Louisiana Advisor* is published to keep all interested parties current on Louisiana Case Mix Reimbursement. It is our goal to provide official information on major issues such as:

- *Clarifications/
changes to the
Supportive
Documentation
Guidelines
- *Case Mix Review
Process
- *Policies and
Procedures
- *Upcoming Training



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

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

MDS User Registration Link Removal

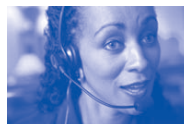


The process for requesting an individual login to the CMS server, in order to transmit and receive MDS data, has changed. The online user registration link has been removed and the process now requires the downloading and completion of forms and their submission to the QTSO Helpdesk. Full details of the process are available from the following website www.qtso.com.

Please note that there are at least two issues for users requesting individual logins that will impact the transmission and receipt of data used in the Medicaid Rate Setting process:

- 1) **The form will be processed within five (5) business days.**
- 2) Once the new MDS personal login ID and password are available, the user will be able to submit assessments and access CASPER Reports immediately. **Access to MDS Validation Reports will be available the following day.**

If you have questions relating to the new process for MDS personal login IDs and passwords please contact the QTSO Help Desk at 888. 477.7876 or help@qtso.com.



Training...Coming Soon to a City Near You!

MARK YOUR CALENDARS!!

We are currently in the process of scheduling training for the weeks of July 19-30th, 2010. Training topics will include the MDS 3.0, RUG-III Classification changes, revised Supportive Documentation Guidelines and much more. Specific training dates and locations will be made available on the "Seminars" section of our website (<http://la.mslc.com>) once they are finalized.



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MDS 3.0 and RUG-III Updates

Depression Scale Modification

On the MDS 3.0, assessors are instructed to attempt to complete the Resident PHQ© interview for all residents who are capable of responding. If three or more of the nine items cannot be completed, then the Resident PHQ© is considered incomplete and the Staff PHQ© is to be completed. If the Resident PHQ© is successfully completed (i.e., if no more than two items are incomplete), then the Staff PHQ© is skipped. If the Resident PHQ© is completed, the cumulative value of the “symptom frequencies” column of D0200 is used as the Resident PHQ© score. If there are two or fewer missing items, then the score is adjusted to estimate the score if all 9 items had been completed. If the Staff PHQ© (D0500) is completed, then a Staff PHQ© score is computed in an analogous manner.



The content of the individual items on the Resident and Staff PHQ© do not correspond to the MDS 2.0 items that comprise the MDS depression scale (items E1a through E1p). It was therefore not possible to construct an item-by-item crosswalk for the depression scale.

It was determined that a cutoff of 9.5 on both the Resident and Staff PHQ© scores classified approximately the same number of residents as “depressed” as did the MDS depression scale. This was deemed important so that the crosswalk could be implemented in a revenue neutral fashion. Because roughly the same number of residents would be classified as “depressed” using the MDS 3.0 items as would be “depressed” using the MDS 2.0 items, the new items could be substituted for the old items without greatly affecting the RUG-III distribution and the resulting payment distribution.

Using this approach, the PHQ© crosswalk logic first looks at the Resident PHQ© score. If the score is valid, then the resident is classified as “depressed” if his or her score is greater than or equal to 9.5. If the score is less than 9.5,

then the resident is classified as “not depressed”. If the Resident PHQ© score is not valid, then the Staff PHQ© score is examined. Again, residents with scores that are greater than or equal to 9.5 are classified as “depressed”, while those with score that are less than 9.5 are classified as “not depressed”.

Cognitive Impairment Determination

On the MDS 3.0, the assessor is instructed to attempt to complete the Brief Interview for Mental Status (BIMS), which is contained in items C0200, C0300, and C0400, for all residents who are capable of responding. If all BIMS items are completed, then a BIMS score is calculated and the two items required to compute the Cognitive Performance Scale (CPS) (C0700 and C1000) are skipped. If the BIMS cannot be completed (if a response is unavailable for one or more BIMS items), then C0700 and C1000 are completed.

Thus, if the BIMS is *not* completed, then the CPS can be computed using the three required items: B0700 which matches MDS 2.0 item C4, C0700 which matches MDS 2.0 item B2a, and C1000 which matches MDS 2.0 item B4. However, if the BIMS *is* completed, then C0700 and C1000 are not completed and the CPS cannot be directly computed. To fix this problem, a BIMS crosswalk was developed which determines cognitive impairment based upon the BIMS score.

This crosswalk was developed using data for residents in the crosswalk database who had a valid BIMS score. The CPS scale is computed using the values of items B2a, B4, and C4 in conjunction with the eating ADL (G1ha) and the comatose item (B1). If the CPS score is greater than or equal to 3, the resident is considered cognitively impaired in RUG-III, otherwise the resident is classified as not cognitively impaired. This cognitive impairment classification served as the dependent variable.

It was determined that a BIMS score of 9 produced the best results: scores that were less than or equal to 9 were considered cognitively impaired, while scores of 10 or greater were considered to be not cognitively impaired.

Information in these articles was obtained from <http://www.cms.hhs.gov>.



NEW Resources!!

Changes have been made to the "Resources" section of our website. You will now have the capability of subscribing to our notification list AND accessing the most current information available on the MDS 3.0 by going to our website <http://la.mslc.com> and clicking on "Resources". On the NEW left-hand menu, you will find two new links "CMS Updates" and "Subscribe". Check them out! If you are not currently a subscriber, be sure to sign up! Enter your email information on the "Subscribe" site to receive emails from Myers and Stauffer regarding new training information, newsletters, resources, etc. Let Myers and Stauffer be your one-stop shop for the most up-to-date information available.



As always, if you have general questions (not containing PHI) or questions/feedback pertaining to our website that you would like to submit to the Myers and Stauffer Help Desk, send us an email at lahelpdesk@mslc.com. Please be sure to provide all of your contact information to ensure a speedy response.

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.



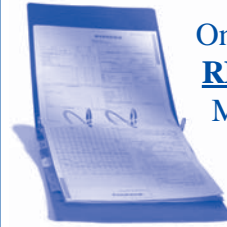
Dear Cindy:

Q. What RUG grouper will apply for Medicaid reimbursement after the MDS 3.0 is implemented?

A: The Department of Health and Hospitals will continue to apply the 34-group RUG-III classification model after October 2010. Training will be provided this summer to further explain the refinements as a result of the crosswalk between the MDS 2.0 and MDS 3.0. In addition, beginning October 2010, PPS will apply the 66-group RUG-IV classification model for Medicare payment. Facilities will be notified as soon as training and locations are secured.

Case Mix Documentation Reviews...

Original Records



Only **ORIGINAL LEGAL MEDICAL RECORDS** will be accepted for the Case Mix Documentation Review. Copies of records, such as ADL flow sheets, will **NOT** be accepted.

Be Prepared...

If the review is not completed in one day, records completed on each review day will be considered closed and **no additional documentation will be accepted after each review day's exit conference.**

Time of Review

When a facility is notified of the day of a scheduled review, the time of the RN reviewer's arrival is not specified. The reviewer may arrive any time after 8:00 am during that day; however, if the anticipated arrival is after 3:00 pm, the facility will be notified.






State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

MEMORANDUM

TO: Nursing Facilities

FROM: Don Gregory
Medicaid Director 

SUBJECT: Electronic Health Records Review Policy
Case Mix Reviews

DATE: March 22, 2010

The Louisiana Department of Health and Hospitals (DHH) examines and reviews original medical records documentation to support resident assessment data in accordance with current Medicaid policy. (Refer to the *Louisiana Register*, Vol. 28, No. 12 (Dec. 20, 2002), pp. 2537, LAC 50: VII. 1301.)

Since health care providers are using Health Information Technology (HIT); in particular, Electronic Health Records (EHR) more frequently, DHH has developed guidelines for nursing facilities who utilize EHR in support of their resident assessment data.

Effective **April 1, 2010**, nursing facilities utilizing EHR are required to comply with the following procedures:

- The facility must grant access to any medical record, including access to EHRs, when requested by the reviewer.
- The facility will adhere to the following when access to an EHR is requested by the reviewer:
 - Provide the reviewer with a tutorial on how to use its particular electronic system;
 - Designate an individual who will, when requested by the reviewer, access the system and
 - Respond to any questions or assist the reviewer as needed in accessing electronic information in a timely fashion.
- A provider with terminals at multiple care locations must provide the reviewer access to a terminal at each care location.

- A facility that is unable to provide direct print capability to the reviewer must make available a printout of any record or part of a record upon the request of the reviewer.
- The facility must supply the reviewer electronic access to records in a read-only format or other secure format to avoid any inadvertent changes to the record, whenever possible.
- The facility is solely responsible for ensuring that all necessary back-up of data and security measures are in place.

Note: Undue delays in the production of original and or EHR medical records are unacceptable and could result in unsupported documentation.

The registered nurse (RN) reviewer will work with facilities that use EHR and will determine the EHR access method that best meets the need for that review.

During the entrance conference, the reviewer will establish with the facility the process they will follow in order to have unrestricted access to the medical record. The reviewer must request that the facility provide a terminal(s) where he/she may access records. Electronic access to records will not eliminate the need for a reviewer to print a paper copy or to request a paper copy of certain parts of certain records. The reviewer shall make reasonable efforts to avoid the printing of entire records when possible. The reviewer should print or request a paper copy only of those parts of the records that are necessary.

Existing requirements allow the RN reviewer and others authorized by law to have access to facility records whether those records are paper or electronic record systems. Refusing access to any patient/resident records is a basis for sanctions. If the reviewer requests access to EHR, the facility should ensure that data is backed-up and secure, and that access does not impede the review process or the provision of care and services to recipients.

Note: Health Records shall be defined as computer records, scanned records and or any records otherwise maintained as legal medical documentation.

If you have any questions regarding this policy, you may contact Patrice Padula of Myers and Stauffer at 800-877-6927.

DG/KB/mw