

Division of Medical Assistance

North Carolina



Current Information on North Carolina Case Mix Reimbursement

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The North Carolina News is a publication produced under contract with The North Carolina Division of Medical Assistance by Myers and Stauffer LC 9265 Counselors Row, Ste. 200 Indianapolis, IN 46240

The North Carolina News is published to keep all interested parties current on North Carolina 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.



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Changes Are Coming!!

Beginning in 2009, all of the valuable resources you are used to seeing at www.mslc.com, will be moved to:

Our NEW Website:
<http://nc.mslc.com>

This website will contain many helpful items, including:

- Seminar Dates & Locations
- Seminar Registration Link
- Newsletters
- Data Collection Tools
- MDS Validation Documentation Review Standards
- CMI Listing Report and Transmission Schedule
- And Much More



Please make a note of it, as you will not be able to access these resources from www.mslc.com once the switch has been made.

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Coming Attractions



The 2009 CMI Listing Report and Transmission Schedule calendar

will soon be available on our current website (www.mslc.com).

Dear Patty...



Q: If a CNA completes an ADL grid then realizes he/she made a mistake and corrects it on the same day, does there need to be a note explaining the correction?

A: Yes. According to the Medical Record Correction Policy, any correction made must have an associated note of explanation per correction.



Remember – 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.

MDS Validation Documentation Review Updates

MDS validation reviews for fiscal year 2007 – 2008 began in October 2007 and was completed October 2008. Follow-up reviews were performed this year as requested by and at the discretion of the State (DMA).

The percent of facilities exceeding the unsupported threshold of greater than 25% was 18% or 70 facilities. The most frequently unsupported items were ADLs, ulcers/pressure ulcers, turning/positioning programs, impaired cognition items, nursing restorative programs and sad mood indicators.



The MDS validation reviews for fiscal year 2008 - 2009 began in October. Follow-up reviews will continue to be performed at the discretion of the State.

The unsupported threshold for fiscal year 2008 - 2009 will remain at greater than 25%.

Original Records

Effective immediately, only original, legal medical records will be accepted for the MDS validation review. Copies of records, such as ADL flow sheets, will not be accepted.

Pay Close Attention!

When transmitting MDS assessments to the CMS server, it is extremely important to remember to check the [Batch Submission Type]. The report should read [Batch Submission Type] "Production". If [Batch Submission Type] is followed by the word "Test",

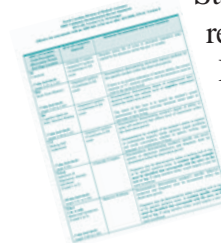


this means that no records were accepted into the database. Test submissions do not count, and do not get added to the production records that are evaluated. Failure to check this area can result in an increase of delinquent assessments on facility Case Mix Index Reports which can adversely alter the Case Mix rate for reimbursement.

MDS Validation Documentation Review Standards Version 8, October 2008

Revised MDS Validation Documentation Review Standards (DRS) have been mailed to all providers. These Standards are effective with assessments reviewed with an Assessment Reference Date (A3a date) of October 1, 2008.

It is critical that all staff members documenting on the residents' MDS are familiar with these standards. The RAI manual and the Documentation Review Standards are the two instruments used by the RN reviewers in conducting the nursing facility MDS validation review. The DRS are also available on our website.



MDS Validation Reviews Clarification

MDS validation reviews are conducted annually, typically between October through the following September. MDS assessments are a random computer selection. This information is not available until the beginning of the review.

MDS 3.0 Timeline

CMS Minimum Data Set (MDS) 3.0 Implementation Timeline

July 25, 2008 - Post RAND MDS 3.0 final report, timeline, and MDS 2.0/3.0 crosswalk on cms.hhs.gov

October 01, 2008 - Publish draft data specifications for the potential universe of 3.0 data items and their values (codes). The data specifications form the foundation of the MDS 3.0 database structure and include the identification of data elements, data fields, and file names

March 01, 2009



- Publish final MDS 3.0 Data Specifications (includes final data items identified by the CMMRUG analysis)
- Publish final MDS 3.0 forms (includes decisions on what data items are included in the Admission, Quarterly, Swing Bed and Discharge MDSs)
- Publish final Resident Assessment Instrument (RAI) Manual for coding instructions
- Publish RAP, Quality Measure and Quality Indicator selections



May 2009 - Satellite broadcast (1 of 3) – Clinical Coding Instructions from the RAI Manual

May 2009 - RAI and Technical Conference: State Survey, Medicaid & Automation Staff – Train-the-Trainer Materials

May 2009 - NH Stakeholder Train-the-Trainer Conference

June 2009 - Satellite broadcast (2 of 3) – Survey Process and MDS 3.0

August 2009 - Satellite broadcast (3 of 3) – Coding Payment Items

October 1, 2009 - MDS 3.0 Implementation Initiating: National data collection using MDS 3.0; SNF PPS based on MDS 3.0 data; and National data collection of Quality Measures using MDS 3.0 data items

June 2010 - First opportunity to post QMs based on MDS 3.0

Facilities will be notified when state training on the new MDS 3.0 will be available.

Computerized/Electronic ADL Documentation

The Minimum Documentation and Review Standards for ADLs in reference to ADL keys states that *“For either ADL grids, or electronic data collection tools, the key for self-performance and support provided must be equivalent to the intent and definition of the MDS key.”*

For those facilities using a computerized ADL data collection tool, the RN reviewer will ask to look at the actual computer screen being used by staff to enter ADL documentation. *The ADL key language used on-screen must be equivalent to the intent and definition of the MDS/ADL key.* In other words, a computer screen that simply shows a picture of an ADL activity, or uses words or phrases (such as “resident does more than staff”) that are not equivalent to the MDS/ADL key, will result in the ADL values associated with those keys being unsupported for the review.



An electronic system that “converts” these insufficient keys used by staff, to the MDS/ADL key that is printed with the ADLs for the RN reviewer, does not meet the Minimum Documentation and Review Standards for ADLs.

Please note: DMA does not require nor endorse computer documentation software. As a reminder, electronic records are under the same requirements specified in the Documentation Review Standards.



Any time a facility presents electronic records for the Case Mix Documentation Review, a policy for use of electronic signatures must also be presented. This includes electronic therapy signatures as well as nursing and CNA electronic signatures.