

# RAI Spotlight



DEPARTMENT OF  
**HEALTH**

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## MDS 3.0 IS Coming!!!

On October 25, 2007, CMS announced that the MDS 3.0 will be implemented beginning on October 1, 2009. After a long series of validation tests conducted by CMS' contractor RAND, the revised MDS Draft will be released at the end of December, 2007. A satellite conference is planned for January 24, 2008, to further introduce the document.

The STRIVE time study, designed to update the RUG classification system, is completed but the data is still being analyzed. A final report is not expected until January, 2009. Although these two initiatives have been closely coordinated, there is the possibility that the final MDS 3.0 may need to be adjusted based on the STRIVE results.

Implementation will be preceded by extensive training programs for providers, and a nine to twelve-month lead time for software vendors, so that new systems can be put into place by October 1, 2009. Significant time points are detailed in the table on page 2.

## New RAI Coordinator

Jane Hepner is a Health Facility Quality Examiner Supervisor for Program Evaluation in the Division of Nursing Care Facilities. She recently became the RAI Coordinator for the Division of Nursing Care Facilities for the Department of Health. Jane has two years' experience as a surveyor. Prior to coming to the Department of Health, she spent over twenty-five years in the long term care setting where she was a staff nurse, Director of Nursing and Administrator.



## QM/QI Teleconference

**Date:** January 10, 2008  
**Time:** 1:30 – 2:30 pm ET (Dial-in 10 minutes earlier)  
**Topic:** Quality Measures/Quality Indicators  
**Handouts:** Power Point slides will be available about January 2 on the DOH Message Board at

<http://app2.health.state.pa.us/commonpoc/content/facilityweb/login.asp>

**Call in number:** 1-888-694-4728 or 1-973-582-4745

**Conference ID Number:** 9368629

Company Name: Myers and Stauffer Moderator: Cathy Petko  
A recording of this conference will be available; directions for accessing this will be posted on the DOH Message Board.



Volume 2, Issue 2  
November, 2007

### Questions about the RAI?

Please submit them to  
[qa-mds@state.pa.us](mailto:qa-mds@state.pa.us)

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## Medicare PPS RUG Classification Q & As



On October 11, 2007, a training teleconference was provided reviewing the RUG-III version 5.20 classification system used for Medicare PPS payment. The final group placement depends on whether the nursing facility is considered to be Urban or Rural. A question was asked as to how this is determined.

In 2003, the federal Office of Management and Budget revised their definitions of Urban and Rural areas based on the 2000 census. They created the Core Based Statistical Area (CBSA) which is defined as “a geographic entity associated with at least one core of 10,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.” Any counties that meet this standard are consid-

ered to be Urban; all other counties are consider to be Rural for purposes of Medicare rate setting.

For the federal fiscal year of 2008 which began October 1, 2007, the following counties met the CBSA definition and are designated as Urban: Allegheny, Armstrong, Beaver, Berks, Blair, Bucks, Butler, Cambria, Carbon, Centre, Chester, Cumberland, Dauphin, Delaware, Erie, Fayette, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mercer, Montgomery, Northampton, Perry, Philadelphia, Pike, Washington, Westmoreland, Wyoming and York. Nursing facilities located in these counties are considered Urban for Medicare rate setting; all others are Rural.

## MDS 3.0 Implementation Plans and Timelines

Task	Date
MDS 3.0 Announcement	October 2007
Revised Draft MDS 3.0 posted on CMS Web	December 2007
MDS 3.0 Town Hall Meeting	January 24, 2008
STRIVE Data Analysis	Through January 2009
FY2009 SNF Payment Update Federal Register Notice	July 31, 2008
Draft MDS 3.0 Specifications	Fall 2008
Final MDS 3.0 Specifications (includes STRIVE changes)	February 2009
MDS 3.0 RAI & Technical Conferences and Satellite	Fall/Winter 2008/2009
FY2010 SNF Payment Update Federal Register Notice	July 31, 2009
Deploy MDS 3.0	For use starting October 1, 2009

## AA5b Medicare Number

In the RAI Manual on page 3-7, the directions for completing this item state “Enter a Medicare number or railroad number exactly as it appears on the beneficiary documents. A Medicare number always starts with a number and the first 9 characters must be digits (0-9).” This simple direction has become complicated due to the fact that many Medicare beneficiaries are now receiving care through Medicare Health Maintenance Organizations (HMOs). These organizations issue their own very long numbers to the beneficiary, and the question is often asked whether this number should be entered at AA5b.

The RAI Coordinators Council has recently clarified that these HMO numbers should not be entered in AA5b. The

resident retains his original Medicare number even though he is now being served through the HMO. If he chose to return to the fee-for-service program, he would use the original number. Enter only that original number (or the railroad number if applicable) in this section.

This item may also be left blank or filled with twelve dashes. Though many software programs discourage the practice, both AA5a SSN and AA5b Medicare number may be left blank. The only time one of them must be completed to pass the edits for submission occurs when the assessment is a Medicare PPS assessment (AA8b = 1-5, 7, 8). A resident in a Medicare Part A stay must have one of the two numbers completed.

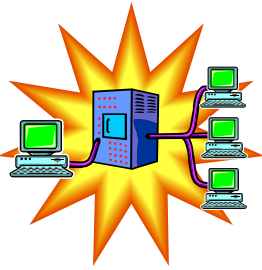


## Broadband Requirement

Since 1998, nursing facilities have submitted MDS records using AT&T's dial up service through the Medicare Data Communication Network. CMS is now switching to broadband for MDS assessment submissions and reports. The process began in Pennsylvania in July, and must be completed by January, 2008, when the dial up service will end.

Several steps must be undertaken by a provider to accomplish this change:

- They must acquire an Internet Service Provider (ISP). While the Internet may not be used to submit data, the facility must connect through an internet service provider (ISP) to use the broadband connection.
- The AT&T Global Network Client must be updated to version 7.0.2. This software encrypts the MDS data for transmission. This software is available on the web at [www.qtso.com/mdcn.html](http://www.qtso.com/mdcn.html); other information is available at the same address.

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- If the provider is on a corporate wide area network (WAN) or a local area network (LAN), the network will have to be configured to allow access to the network's broadband connection. Instructions for this process are provided at the same website.
  - There are some limitations to the broadband connectivity; these are discussed at [www.qtso.com/download/broadband\\_limitations.pdf](http://www.qtso.com/download/broadband_limitations.pdf)
  - Help is also available through the AT&T help desk: 800-905-2069.

If the NF does not have access to an ISP, they may apply for a waiver in January to allow them to continue using the phone modem method. CMS has stated that there will be very few waivers granted due to the general accessibility of the internet; they do not wish to continue maintaining the costly dial up process.

## W2 and W3 Vaccines

Beginning October 1, 2007, nursing facilities again must record the resident's influenza vaccination status for the current flu season. The following Q & As were published at [www.qtso.com/mdsfaq.html](http://www.qtso.com/mdsfaq.html) on October 25, 2005, and provide direction for some confusing situations.

“When responding to W2b and W3b first read and consider all the responses listed for each. If none of the listed responses apply, a response of "unable to determine" (a dash) is allowable, as is the case with most MDS items.

### W2b

**Question:** How do I code item W2b on the MDS if the resident has not received an influenza vaccine by the ARD, and none of the reasons in W2b apply?

**Answer:** As is the case with most of the MDS items, item W2b allows an "unable to determine" value (a dash). If none of the reasons in item W2b apply, the "unable to determine" value (a dash) should be coded.

### W3b

**Question:** How do I code item W3b on the MDS if the resident's PPV status is not up to date by the ARD, and none of the reasons in W3b apply?

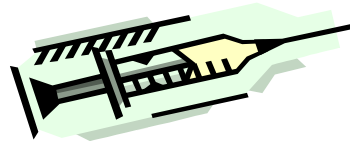
**Answer:** As is the case with most of the MDS items, item W3b allows an "unable to determine" value (a dash). If none of the reasons in item W3b apply, the "unable to determine" value (a dash) should be coded.

### W2b

**Question:** If the facility knows that their supply of flu vaccine won't be available by the ARD date, how should item W2b be coded?

**Answer:** Before choosing a response, determine whether the vaccine is unavailable because of a declared vaccine shortage (as described in the RAI manual) or because the vaccine supply is expected to be delivered after the ARD.

If the resident was offered the vaccine by the ARD but the vaccine is unavailable at the facility due to a declared vaccine shortage (as described in the RAI manual), then code response 6, "Inability to obtain vaccine." If the resident was not offered the vaccine by the ARD because the vaccine is unavailable due to a declared vaccine shortage (as described in the RAI manual), then code response 6, "Inability to obtain vaccine." If the resident was offered the vaccine by the ARD, and the facility knows it will receive its supply of vaccine after the ARD, a response of "unable to determine" (a dash) is allowable.”



## MDS Timing Test

The RAI Coordinators Council created the following quiz as a review of MDS completion requirements. The RAI Manual, which can be found at [www.cms.hhs.gov/NursingHomeQualityInits/20\\_NHQIMDS20.asp](http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp) is the final authority.

Enjoy the challenge!

- When the comprehensive assessment for the RAI process is completed, which item is dated to identify the completion of the assessment?
  - ARD
  - R2b
  - VB2
  - VB4
- A quarterly assessment is identified as completed with which date?
  - ARD
  - R2b
  - VB2
  - VB4
- A Medicare only assessment is determined to be completed with which date?
  - ARD
  - R2b
  - VB2
  - VB4
- A quarterly assessment must be completed within 92 days of this date.
  - ARD
  - R2b
  - VB2
  - VB4
- The date that specifically requires an RN signature.
  - R2b
  - ADa
  - VB4
  - a and b



- An OBRA admission assessment requires the final completion of the \_\_\_\_\_ to be no later than the 14th day of admission.
  - ARD
  - R2b
  - VB2
  - all of the above
- The date that is determined to be the end of the observation period for the resident is?
  - ARD
  - R2b
  - VB2
  - VB4
- Which item(s) should be considered to determine if an assessment may be used for dual coding of an MDS necessary for both OBRA and Medicare compliance?
  - ARD
  - R2b
  - VB2
  - all of the above
- Any member of the clinical team may sign for completion of this date.
  - ARD
  - R2b
  - VB2
  - VB4
- The RN Assessment Coordinator signs and dates in R2a and b after all information is completed in:
  - Section G
  - Section AA9
  - Section V
  - Section H

## Emergency Preparedness

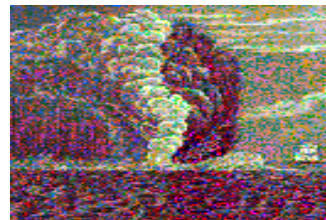
Especially since Hurricane Katrina, nursing facilities have been very aware of the necessity for excellent preparation to deal with emergencies of many sorts. Possibilities include hurricane, tornado, earthquake, flood, fire, chemical spill, nuclear or biological attack, pandemic flu, etc.

To assist all health care providers with this important task, CMS has an Emergency Preparedness website which can be accessed at [www.cms.hhs.gov/SurveyCertEmergPrep/](http://www.cms.hhs.gov/SurveyCertEmergPrep/). There you can find Provider Regulations and Guidance, as well as Resources such as checklists to aid your facility's efforts.

## RDRM

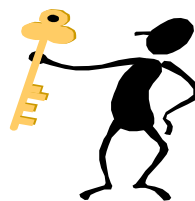


The Resident Data Reporting Manual is an essential resource for all nursing facilities participating in the Medical Assistance program. It was updated on September 1, 2007, and posted at a new site: [www.dpw.state.pa.us/omap/provinf/ltc/case\\_mix\\_manual\\_LTC.pdf](http://www.dpw.state.pa.us/omap/provinf/ltc/case_mix_manual_LTC.pdf). Please update your bookmark. It can also be obtained on the MDS Submission Page in the Bulletins section.



In addition, a Survey and Certification letter (S&C-08-01) was issued on October 24, 2007, which provides a list of Frequently Asked Questions about allowable deviations from provider survey and certification requirements during a declared public health emergency. This letter and the attached questions may be found at [www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp](http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp)

## MDS Timing Test Answers



- |      |       |
|------|-------|
| 1. c | 6. d  |
| 2. b | 7. a  |
| 3. b | 8. d  |
| 4. b | 9. d  |
| 5. d | 10. b |