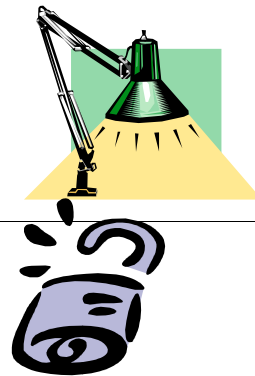


RAI Spotlight



Security Breaches

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As electronic health records become more pervasive in our society, efforts to keep this data secure have also increased. The Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) required the Department of Health and Human Services (HHS) to establish national standards for the security of electronic health care information. The final rule adopting HIPAA standards for security was published in the Federal Register on February 20, 2003. There are three main points in the HIPAA Security effort:

- Confidentiality: Electronic Personal Health Information (EPHI) is accessible only by authorized people and processes.
- Integrity: EPHI is not altered or destroyed in an unauthorized manner.
- Availability: EPHI can be accessed as needed by an authorized person.

The responsibility both to administer and enforce the HIPAA Security Rule has been delegated to the Office of Civil Rights (OCR; www.hhs.gov/ocr/). This rule requires that those who handle PHI “identify and respond to suspected or known security incidents; mitigate to the extent practicable, the harmful effects of security incidents that are known to the covered provider; and document security incidents and their outcomes.”

In an effort to further protect MDS data, the Centers for Medicare and Medicaid Services (CMS) recently required that personal login IDs and passwords be acquired for those who submit MDS data rather than using the more generic facility ID and password. There are several security concerns connected with this change:

- Do not share your login ID and password with others at the nursing facility. They are attached to your

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Questions about the RAI?

Please submit them to
qa-mds@state.pa.us

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MDS 3.0 Overview Teleconference

Date: January 14, 2010
Time: 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)
Topic: MDS 3.0 Overview
Handouts: Power Point slides will be available about January 5 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 1-973-582-2745

Conference ID Number: 42014586

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.

Additional questions: qa-mds@state.pa.us



RUG-III v. 5.12-34 Group Q & As



On October 8, 2009, a training teleconference was provided on RUG-III v. 5.12-34 Group. This also included information about the Office of Long Term Living's plans to convert to this RUG version using the latest assessment in creating CMI Reports beginning with the July 1, 2010, rate setting year. The following questions were received:

Q: If the MDS 3.0 system will not allow use of the MA Change Tracking Form, how will we report changes in the resident's MA status?

A: *The final MDS 3.0 form does not contain an item that enables nursing facilities to report a resident's pay sources. At this time, it is planned that an item will be placed in Section S that will allow reporting of the resident's MA for MA Case Mix status and appropriate placement on the CMI Report.*

Q: Will you continue to accept the MA Change Tracking Forms until the MDS 3.0 switch on 10/1/2010?

A: *Definitely. MDS 2.0/MA Change Tracking Forms will continue through September 30, 2010.*

Q: Will there still be four picture dates each year?

A: *Yes. Transition to the use of the latest assessment means that only one Picture Date – November 1, 2010 – will include both MDS 2.0 and MDS 3.0 assessments on the CMI Report. After that, all quarterly CMI Reports would be created using the latest MDS 3.0 assessment.*

Q: Will the February 1, 2010, Picture Date CMI reflect the changes to RUG-III v. 5.12-34 Group and latest assessment? What CMIs will be used?

A: *In order to set the July 1, 2010, MA rates with these changes, the February 1, 2010 CMI Report must be created using the new RUG version and the latest assessment.*

Rather than CMIs, it is planned that a ranking system (1–34) will appear on the 2/1/10 CMI Reports. Once all residents are classified under the new version, PA plans to normalize the CMS Nursing Only CMIs so that the statewide average CMI in PA is 1.0.

Q: How will the facilities be able to determine how the new system will impact their July 2010 rate setting?

A: *A shadow rate letter was sent out to show how each facility would have been affected if the 2008-2009 rates had been calculated using the RUG-III v. 5.12-34 Group system and latest assessment. Shadow rate letters will also be mailed for the 2009-2010 rates. Questions about the*

shadow rate letters may be sent to ra-08-09-shadow-rate@state.pa.us.

Q: With county facilities utilizing a different reimbursement system, how will this impact them?

A: *The only implication to County nursing facilities is the P4P payment. County nursing facilities qualify for this payment if their recent MA CMI is greater than the MA CMI of the preceding Picture Date. Assuming the first Picture Date for implementation of v. 5.12-34 Grouper and the latest assessment is 2/1/2010, this first affects the P4P for the period 1/1/2010-3/31/2010 when the 2/1/2010 MA CMI is compared to the 11/1/09 MA CMI. OLTL will recalculate the 11/1/09 Picture Date using the proposed changes so that the comparison from one Picture Date to another will be uniform.*

Q: I heard that the RUG ADL Score would be changing radically; what are the differences?

A: *For RUG-III v. 5.12-34 Group, the only change in this calculation involves Tube Feeding. To be used in the calculation, the presence of a feeding tube (K5b) must be supported by data from K6 indicating that it is in active use.*

Q: Using the latest assessment includes PPS Only assessments. Would this type of assessment be selected for an MA resident?

A: *If this was the latest assessment and notification had been received of the change in the resident's MA for MA Case Mix status, this assessment/resident would appear on the MA portion of the CMI Report.*

Q: Will there be a "grace period" when the latest assessment requirement is implemented?

A: *In the current system, the comprehensive assessment may be 13 months old and still considered valid for the Picture Date. The exact grace period for the latest assessment has not been finalized.*

Q: Will the effective date for the latest assessment be the Assessment Reference Date (A3a) or the completion date (R2b)?

A: *PA MA has always used the ARD as the effective date.*

Q: Will there be any different completion requirements for assessments when this system is implemented?

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MDS 3.0 Details Released

On October 30, 2009, CMS released the following documents at www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

- Final MDS 3.0 form, including the quarterly form, tracking forms, etc.,
- Detailed data specifications to enable vendors and states to develop software programs,
- A crosswalk to MDS 3.0 for RUG-III v. 5.12 items,
- Care Area Trigger Specifications, and
- RUG-IV classification code and test data.

Chapters 1, 2, 3, 5 and 6 of the RAI Manual are anticipated

to be released in November 2009. Chapter 4 covering the Care Area Assessment (CAA) instructions and Appendix C CAA Resources will be posted in December 2009.

CMS-sponsored training sessions will begin with a satellite broadcast on December 18, 2009. Formal training conferences will be held in March 2010 for RAI Coordinators and in April for other stakeholders. Statewide training will also be provided by the DOH next spring and summer to ensure that nursing facilities are prepared for the transition to MDS 3.0 and RUG-IV for Medicare Prospective Payment System on October 1, 2010.



MDS and RUG Changes in 2010

2010 brings changes in the MDS forms to be used by nursing facilities and in the RUG classification systems used by both PA Medical Assistance (PA MA) and Medicare Prospective Payment System (MC PPS). The following is a brief outline of the timing of these events.

1/1/10 – 9/30/10: All assessments completed using MDS 2.0. MC PPS continues to classify assessments using RUG-III v. 5.20-53 Group.

2/1/10: PA MA plans to begin using RUG-III v. 5.12-34 Group classification system and the latest assessment (MDS 2.0) to create the Picture Date CMI Report. This report will display sequential numbers for the 34 groups with “34” representing SE3 and “1” representing PA1 rather than CMIs..

4/10: Normalized Nursing Only CMIs for PA MA are calculated. 2/1/10 CMI Reports reposted using these CMIs and including Total Facility CMI and MA CMI averages.

5/1/10 and 8/1/10: Picture Date CMI Reports created using RUG-III v. 5.12-34 Group classification version and the latest assessment (MDS 2.0) with Normalized Nursing Only CMIs and Index Maximization.

Spring/Summer 2010: Training on MDS 3.0, submission procedures and RUG-IV available.

10/1/10: Assessments with target dates on/after 10/1/10 are completed using MDS 3.0 and are submitted to the national database. MC PPS classifies residents using RUG-IV v. 1.00-66 Group. Remaining MDS 2.0 records with target dates on/before 9/30/10, including modifications and inactivations, continue to be submitted to the state server.

11/1/10: PA MA begins using MDS 3.0 records to create the Picture Date CMI Report using RUG-III v. 5.12 item crosswalk provided by CMS. Latest assessment and Normalized Nursing Only CMIs continue to be used.

RUG-III v. 5.12 34 Group Q & As

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A: MDS 2.0 completion requirements and use of the MA Change Tracking forms will continue in the same way through 9/30/2010, regardless of when this system is implemented. The only changes will be in the way the RUG Group is determined and the assessment selected for inclusion on the CMI Report.

Q: RUG-III v. 5.12-34 Group adds new MDS items for UMR review. What documentation will be acceptable for these additional items?

A: No new review processes have been developed. Evaluation is continuing as to what role Field Operations will play in all of these changes.



Q: If a resident meets criteria for Extensive Services but their ADL score is less than 7, will they be placed in a Rehabilitation category or into Special Care as the worksheet indicates?

A: If the resident qualifies for Extensive Services and the ADL was less than 7, the next step in the classification process is to evaluate whether she qualifies for Rehabilitation. She could not be placed in the Extensive Services category. However, based on this Extensive Services qualifier, she would qualify for placement in Special Care (SSA).

Change in Medicare PPS CMIs: Error –307

For the fiscal year beginning 10/1/09, CMS adjusted the CMI sets used with the MC PPS RUG-III v. 5.20-53 Group classification system. Separate sets are available for Urban (C06) and Rural (C05) facilities (www.cms.hhs.gov/MDS20SWSpecs/09_RUG-IIIVersion520.asp#TopOfPage). In addition, Index Maximization is used to assure that the resident is placed in the group with the highest CMI for which she qualifies.

For Rural facilities who have not upgraded to this latest CMI set, a problem arises in one very specific situation. For a resident who qualifies for the Very High Rehabilitation/Extensive Services group RVL and the Medium Rehabilitation/Extensive Services group RMX and has an ADL

Score of 15, the correct index maximized group to be submitted at T3a for an assessment with an effective date prior to 10/1/09 is RMX. After 10/1/09, the correct group is RVL. If RMX is submitted on 10/1 or after, the Final Validation Report will list Error – 307: Incorrect RUG value: The RUG value submitted does not match the RUG value calculated by the State MDS system.

In order to avoid this situation, Rural facilities should be certain that their vendor has updated their software with the latest CMI set (C05). There are no comparable problems within the Urban CMI set so Urban facilities can continue to use the older CMI set if they choose.

MDS Item G1h Eating

Page 3-77 of the RAI Manual defines G1h Eating as “How the resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass.” Recently, questions were asked about how these instructions should be interpreted.

Q: If medications are being passed during breakfast time, should you disregard breakfast in evaluating the resident’s capabilities for the Eating ADL?

A: *Just because medications are administered to coincide with a meal does not make that meal a medication pass. How the resident eats breakfast, lunch and dinner would certainly be included in the Eating ADL evaluation.*

Q: If the nurse feeds a resident a high calorie pudding or milk shake during the medication pass, should this be considered in calculating the Eating ADL?

A: *Similarly, if the nurse is distributing supplements at the same time she passes medications, the pudding or milk shake still remains a dietary supplement and the amount of assistance should be considered for the Eating ADL. It is only coincidental that it is distributed at the same time as the medications.*

Ensuring that a resident takes her medications may require more assistance from the nurse than is required for the resident to eat her meals. For example, the nurse may have to spoon feed the resident her medications if they are mixed in applesauce to make them easier to swallow, but the resident consumes her meals independently. We believe that this is the reason for the instruction "Do not include eating/drinking during medication pass."

Security Breaches



(Continued from page 1)

- name and you are responsible for any acts committed using them. If your facility needs submission ability for more than two people, www.qtso.com has forms available.
- Never include both login ID and password in the same e-mail. There may be difficulties that require you to contact the QTSO help desk but including both items in the same e-mail breaches security. Then all passwords have to be locked and reissued, as well as instituting monitoring for any illegal activity. The appropriate state agencies are also informed.

- Be certain that computers are protected both by location and access codes so that an unauthorized person cannot see/access MDS data.

If you must contact the help desk (help@qtso.com) and share this ID/password information, follow this procedure:

- E-mail #1: Send the Facility Name, your name, contact information (e.g., telephone number), statement of the problem and login ID. Tell them the password will be sent in a second e-mail.
- E-mail # 2: Send the password.

