

MDS 3.0 Item Sets Updated to Allow State Medicaid Agencies to Collect PDPM Information Information for Virginia Providers

On May 15, 2020, CMS updated the Minimum Data Set Version 3.0 (MDS 3.0) item sets (version 1.17.2) and related technical data specifications. The changes will support the calculation of Patient Driven Payment Model (PDPM) payment codes on Omnibus Budget Reconciliation Act (OBRA) assessments when not combined with a 5-day Prospective Payment System (PPS) assessment, specifically the Nursing Home Comprehensive (NC) and Nursing Home Quarterly (NQ) assessment item sets. This change will allow State Medicaid Agencies (SMA) to collect PDPM payment codes and compare to Resource Utilization Group (RUG) III/IV and, thereby, inform their future payment model.

Beginning October 1, 2020, DMAS (Department of Medical Assistance Services, the Virginia Medicaid agency) will require the completion and submission of specific MDS item set fields associated with PDPM on all OBRA nursing home comprehensive (NC) and quarterly (NQ) MDS assessment submissions. These additional fields are located in Sections GG, I and J. DMAS believes this is a necessary step to begin evaluating the PDPM classification system and its viability as an alternative for the Resource Utilization Group-IV (RUG-IV) classification system that is used today as the basis for the case mix reimbursement system.

Revision of the following items will enable the collection of information by DMAS on stand-alone NC and NQ item sets:

- GG0130: Self-Care
- GG0170: Mobility
- I0020: Indicate the resident's primary medical condition category
- J2100: Recent Surgery Requiring Active SNF Care
- J2300-J5000: Surgical Procedures

Virginia providers shall follow the RAI User's Manual guidance for coding these items.

As noted on the item sets, the assessment period for GG0130 and GG0170 is the Assessment Reference Date (ARD) plus two previous days and only completion of Column 1 is required.

For item J2100, the RAI User's Manual Coding Instructions indicate that this item is coded "1, Yes" only if the resident had major surgery during the inpatient hospital stay that immediately preceded the resident's Part A admission. Therefore, for the majority of long-term care residents the response code will be "0, No", thus the items noted in J2300-J5000 will be skipped.

Please Note: the MDS fields necessary for PDPM and RUG IV resident classification are available on both the standard NC and NQ MDS item sets. Therefore, providers will NOT need to file an Optional State Assessment (OSA) at this time. Please consult with your information technology department for any software changes needed to accommodate this requirement.

The item sets and the technical data specifications errata that support these modifications are available on the MDS 3.0 Technical Information webpage at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation>

If you have questions about the content of this memorandum, please send them to the MDSCodinganswers@cms.hhs.gov or diana.marsh@vdh.virginia.gov .