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What's Happening: Medicaid Managed Care, FY 2025 Proposed Rule, MDS 3.0 and More

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1

Objectives

- Understand where Indiana is with implementing Medicaid Managed Care
- Be aware of changes being proposed with the FY 2025 Proposed Rule in Medicare reimbursement, SNF Quality Reporting (SNF QRP) and SNF Value Based Purchasing (SNF VBP)
- Identify areas affected in your facility and how to move forward

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2

Agenda

- Medicaid Managed Care Update
- FY 2025 Proposed Rule
- QM Changes
- Indiana and MDS Changes

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3

Indiana Medicaid Managed Care Update

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4

Indiana Medicaid Managed Care

- IN Medicaid 7/1/2023 Recap
- Medicaid Base Rate Changes
- Upper Payment Limit (UPL) Program Changes

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5

Indiana Medicaid Managed Care

Nursing Facility Processing Timeline

Rates Effective July 1, 2023 through July 1, 2024

Sep 1, 2023 – Feb 29, 2024	Expected SPA holding period. Historically, OMPP has held rates until CMS has approved the SPA related to the calculation. Once SPA approval received, calculation and release of reimbursement rates via final profile and rate letter for effective dates July 1, 2023; October 1, 2023; January 1, 2024; and April 1, 2024.
Feb 29, 2024	Latest date for M&S to release draft profile / final profile or compliance review draft report to providers to allow for reconsideration rights.
Mar 29, 2024	Finalization of cost report data to be used in July 1, 2024 rate calculations.
Mar 31, 2024	Due Date for Schedule of Special Facility Qualifications [Schedule Z] submission to determine eligibility at July 1, 2024.
April 1, 2024	Quality Data for July 1, 2024 rates finalized.
May 1, 2024	Finalization of rate parameter data to establish July 1, 2024 Medicaid reimbursement rates. Data includes: Medians; CMI data for 6-month period Sept 1, 2023 to Feb 29, 2024; Quality Measures; Rate Setting Tables
May 15, 2024	Release of July 1, 2024 Medicaid reimbursement rates. [100% Legacy System reimbursement methodology]
May 15, 2024	SCU & Vent facility determinations effective July 1, 2024 sent to providers, Gainwell and MCEs.
July 1, 2024	**mLTSS Implementation** **Effective Date of new Medicaid Reimbursement Rates**

* Extract from September 8, 2023 – Announcement – Nursing Facility Rate Processing Timeline for July1, 2023 through July 1, 2024

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6

Indiana Medicaid Reimbursement

- Medians

Component	July 1, 2024 (As Filed) *	July 1, 2023	July 1, 2022
Direct Care	$117.62	$119.60	$114.28
Indirect Care	$59.49	$57.96	$54.98
Administrative	$30.72	$31.16	$28.90
Capital	$32.61	$32.47	$23.74

- Decreases in medians driven by increase in resident days.
- Projected decline in medians and consistent base year cost reports will likely result in relatively flat average Medicaid rates for 7/1/2023 and 7/1/2024.

* Released from NF Association Rating Methodology Meeting 03.22.2024

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7

7

Indiana Medicaid Managed Care

- Special Facility Qualifications – Schedule Z

  - Changes in **Special Care Unit (SCU) Add-On**
    - + SCU Resident Specific Billing for residents who qualify for the SCU add-on, where Medicaid rate will be $12 higher than the facility base rate for qualifying facilities.

  - Changes in **Ventilator Add-On**
    - + Ventilator Resident Specific Billing for residents who qualify for the vent add-on, where Medicaid rate will be $80 higher than the facility base rate for qualifying facilities.

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8

8

Indiana Medicaid Managed Care

- July 1, 2024
  - July 1, 2024 rates will use the same Medicaid cost report that was used to set the July 1, 2023 Medicaid rate
    - 6/30/2022 or 12/31/2022 for most Providers
  - CMI will start being adjusted twice a year versus quarterly.

For rates effective June 30, 2024 and before	
Completed, transmitted and accepted MDS assessments applicable to the Rate Period:	**Rate Periods:**
January 1 – March 31	July 1 – September 30
April 1 – June 30	October 1 – December 31
July 1 – September 30	January 1 – March 31
October 1 – December 31	April 1 – June 30

For rates effective July 1, 2024 and after	
Completed, transmitted and accepted MDS assessments applicable to the Rate Period:	**Rate Periods:**
September 1 – November 30	July 1– December 31
December 1 – February 28	
March 1 – May 31	January 1– June 30
June 1 – August 31	

  - Continue to use RUG-IV 48-Grouper.

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Base Rate Changes

- Phase In Timing

		Base Rate Transition	
		Legacy	Prospective
July 1, 2024		100%	
January 1, 2025		83%	17%
July 1, 2025		67%	33%
January 1, 2026		50%	50%
July 1, 2026		33%	67%
January 1, 2027		17%	83%
July 1, 2027			100%

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Base Rate Changes

- Direct Care Component Comparison

Legacy	Prospective
Cost Based	Price Based
Median	Price at 85th Percentile
Component Limit	Limit (Floor) on Profit
Profit Add-On	Allowable 5% Profit
CMI Adjusted Costs	CMI Adjusted Costs
(Social Services in Indirect Care Component)	Non-CMI Adjusted Costs
90% Minimum Occupancy	70% Minimum Occupancy
25% Fixed Costs	100% Costs

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Base Rate Changes

- Component Comparison

	Legacy	Prospective
Indirect	Cost Based	Price Based
	Median	Budget Neutral
Administrative	Price Based	Price Based
Capital	Fair Rental Value	Fair Rental Value
		New Methodology in Development
Therapy	Based on Utilization	Based on Utilization
Quality	Base Rate Add-On	Portion of UPL

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Indiana Medicaid Managed Care

Quality Assessment Fee (QAF)

- A material amount (~40%) of providers will not be able to utilize the traditional FFS payment reduction/Accounts Receivable (AR) method of QAF collection
- OMPP is working with Gainwell to establish a QAF collection process that is similar to the Hospital HAF assessment fee collection process
- While details are being finalized the process will likely work as follows:
  - Estimated FFS claim volume would be determined prior to July 1, 2024
  - Estimated amount of assessment fee liability exceeding expected claim volume will be determined
  - Letters are generated prior to July 1, 2024 and sent to providers detailing the estimated monthly assessment fee liability that will not be covered by FFS claim volume
  - Gainwell establishes the full monthly assessment liability as an accounts receivable (AR) for offset on the first of each month just as is done today
  - Facilities send a check/EFT to Gainwell for the estimated monthly assessment fee liability that will not be offset by FFS claim volume
  - A reconciliation of assessment fees paid versus fees owed will be performed and balance owed to/from Gainwell is determined after conclusion of the SFY

9

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* Extract from NF Association Rating Methodology Meeting 3.22.2024

Indiana Medicaid Managed Care

- UPL Program Changes starting 7/1/2023
  - Census Form Submission – shift to “current” days.
  - Shift to Time Weighted.

For Supplemental Payment Periods Before July 1, 2024		
Supplemental Payment Period	**Interim Supplemental Payment MDS Reporting Period**	**Final Supplemental Payment MDS Reporting Period**
July 1 – September 30	April 1 – June 30	July 1 – September 30
October 1 – December 31	July 1 – September 30	October 1 – December 31
January 1 – March 31	October 1 – December 31	January 1 – March 31
April 1 – June 30	January 1 – March 31	April 1 – June 30

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Indiana Medicaid Managed Care

- UPL Program Changes 7/1/2024

The MDS reporting periods utilized to determine the interim and final supplemental payment periods are as follows:

For Supplemental Payment Periods Beginning July 1, 2024		
Supplemental Payment Period	**Interim Supplemental Payment MDS Reporting Period**	**Final Supplemental Payment MDS Reporting Period**
July 1 – September 30	March 1 – May 31	June 1 – August 31
October 1 – December 31	June 1 – August 31	September 1 – November 30
January 1 – March 31	September 1 – November 30	December 1 – February 28 (Feb. 29 in leap year)
April 1 – June 30	December 1 – February 28 (Feb. 29 in leap year)	March 1 – May 31

Final Settlement where MDS resident assessments, Medicaid days, Medicare rates, and Medicaid rate information are reconciled.

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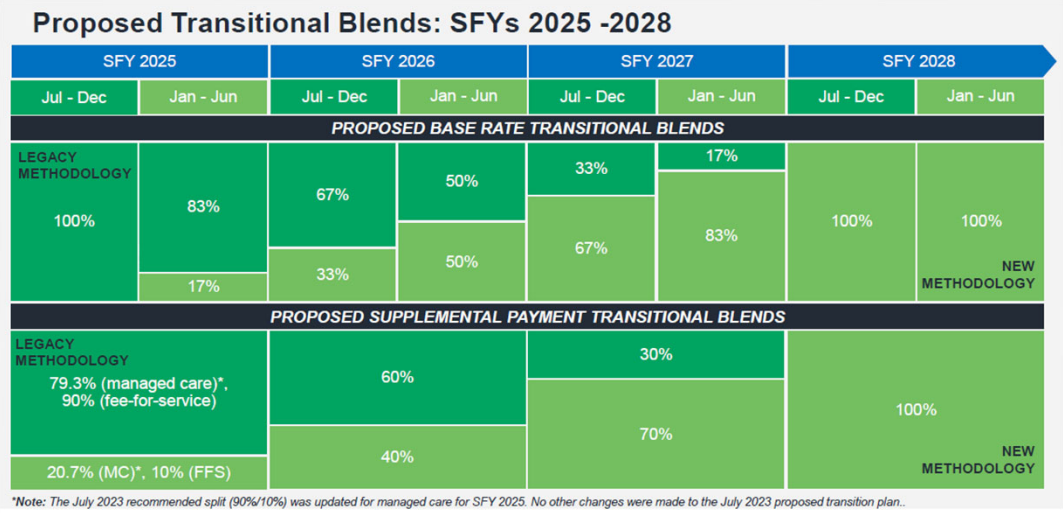
15

15

Base Rate & UPL Changes



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16

16

UPL & Quality Changes

- Phase In Timing

	UPL Total		Quality Allocation
	Legacy	Prospective	Prospective
July 1, 2024 FFS	90%	10%	10%
July 1, 2024 Managed Care	79.3%	20.7%	10%
July 1, 2025	60%	40%	12%
July 1, 2026	30%	70%	14%
July 1, 2027		100%	16%
July 1, 2028		100%	18%
July 1, 2029		100%	20%

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17

17

Indiana Medicaid Managed Care

- Proposed UPL Program Changes beginning 7/1/2024
  - Current facility specific UPL model will transition to:
    - >Pooled Supplemental Payment System Methodology
      - Aggregate pool for each quarter.
      - Split into Two Pools
        - Base Supplemental Payment Pool
          - Distributed to facilities based on Uniform Percentage
        - Quality Supplemental Payment Pool
          - Increases Over 5 Years
          - Distributed to facilities based on Facility Total Quality Score

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18

18

UPL & Quality Changes

- Phase In Timing

		Total UPL	x	Quality Allocation	x	Effective Quality Percent
		Prospective		Prospective		Calculation
July 1, 2024 FFS		10%		10%		1.0%
July 1, 2024 Managed Care		20.7%		10%		2.07%
July 1, 2025		40%		12%		4.8%
July 1, 2026		70%		14%		9.8%
July 1, 2027		100%		16%		16.0%
July 1, 2028		100%		18%		18.0%
July 1, 2029		100%		20%		20.0%

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19

FY 2025 Proposed Rule

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20

FY 2025 Proposed Rule

- Market Basket increase
  - 4.1% or $1.3 billion estimated increase
  - Average facility increase of almost $100,000

Market Basket and Adjustments	FY25
Market Basket Index	2.8%
Forecast Error Adjustment	1.7%
Subtotal	*4.5%*
Productivity Adjustment	(0.4%)
Proposed Net Market Basket	**4.1%**

- Does not include the impact of VBP reductions which is estimated to be $196.5 million

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21

21

FY 2025 Proposed Rule

- FY 2024 Final PDPM Rate Components

Table 1. FY 2024 Final Unadjusted Federal Rate Per Diem – Urban*

Component	PT	OT	SLP	Nursing	NTA	Non-case-mix
Per diem Amount	$ 70.27	$65.41	$26.23	$122.48	$92.41	$109.69

Table 2. FY 2024 Final Unadjusted Federal Rate Per Diem – Rural

Component	PT	OT	SLP	Nursing	NTA	Non-case-mix
Per diem Amount	$80.10	$73.56	$33.05	$117.03	$88.29	$111.72

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22

22

FY 2025 Proposed Rule

- FY 2025 Proposed PDPM Component Rates
  - FY 2024 rates X (1 = 0.041) = FY 2025 proposed rates

Table 3. FY 2025 Proposed Unadjusted Federal Rate Per Diem – Urban

Component	PT	OT	SLP	Nursing	NTA	Non-case-mix
Per diem Amount	$ 73.16	$68.10	$27.31	$127.52	$96.21	$114.20

Table 4. FY 2025 Proposed Unadjusted Federal Rate Per Diem – Rural

Component	PT	OT	SLP	Nursing	NTA	Non-case-mix
Per diem Amount	$ 83.39	$76.59	$34.41	$121.83	$91.92	$116.31

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23

23

FY 2025 Proposed Rule

- Nursing Home Enforcement
  - Revisions to CMS's authority to expand the number of Civil Money Penalties (CMPs) that can be imposed
    - + Allow for both Per Instance (PI) and Per Day (PD) CMPs on the same survey
      - > PI CMP for non-compliance in past/prior to survey
      - > PD CMP beginning at start of survey and continuing until corrected
    - + Allow for multiple PI CMPs to be imposed for the same type of non-compliance

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24

24

FY 2025 Proposed Rule

- PDPM ICD-10 Updates
  - Change in category from Medical Management to Return to Provider as it is felt these conditions typically occur outside of a Part A stay:
    + Metabolic Syndrome (E88.10)
    + Insulin Resistance Syndrome (E88.811)
    + Other Insulin Resistance (E88.818)
    + Insulin Resistance, Unspecified (E88.819)

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25

FY 2025 Proposed Rule

- SNF Quality Reporting Program
  - Incorporated into a new MDS Section R (Health-Related Social Needs)
  - Information to be collected only on 5-day PPS assessments
  - Collection of information on 4 new items beginning October 1, 2025 for FY 2027 use
    + Living Situation
      > R0310 What is your living situation today?
    + Food
      > R0320A Within the past 12 months, your worried that your food would run out before you got money to buy more.
      > R0320B Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
    + Utilities
      > R0330 In the past 12 months, has the electric, gas, oil or water company threatened to shut off services in your home?

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26

26

FY 2025 Proposed Rule

- SNF Quality Reporting Program
  - Modification of Transportation Item beginning October 1, 2025
    - + Revise look-back period
    - + Simplify responses
    - + R0340 In the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

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27

27

FY 2025 Proposed Rule

- SNF Quality Reporting Program Validation
  - Beginning FY 2027
    - + Contractor will select up to 1500 SNFs
    - + Request up to 10 records
    - + Will request records that were 3 years prior to the applicable fiscal
      - > For FY 2027 they would choose record from CY 2024
    - + Facility would submit records to contractor within 45 days
    - + Failure to comply would result in reduction of the SNFs annual market basket percentage by 2% two fiscal years after the fiscal year for the which the records were requested

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28

28

FY 2025 Proposed Rule

- Requests for Information
  - Updates to NTA Component of PDPM
    - + Change years used for date corresponding to Part A stays to FY 2019 thru FY 2022
    - + Use only Part A claims and MDS assessments
    - + Rely more on the MDS items that use a checkbox to record the presence of a condition
  - SNF Quality Reporting
    - + Vaccination Composite
    - + Pain Management
    - + Depression
    - + Patient experience of Care/Patient Satisfacion

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29

QM Changes

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30

October 2023 QM Changes

Prior	Replaced / Updated To
Percent of Residents Whose Need for Help with Activities of Daily Living (ADL) Has Increased (LS)	**GG late-loss ADL functions**
Percent of Residents Whose Ability to Move Independently Worsened	**Percent of Residents Whose Ability to Walk Independently Worsened (LS)**
Percent of High-Risk Resident with Pressure Ulcers	**Percent of Residents with Pressure Ulcers (LS)**
Percent of Low-Risk Residents Who Lose Control of Their Bowel or Bladder	**Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS)**
Percent of Residents Who Made Improvements in Function	**Discharge Function Score (SS)**

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31

Measure Freeze

- Three measures are being held constant (frozen) starting with the April 2024 5-Star refresh until January 2025 refresh while data for the equivalent measures are collected:
  - Residents whose need for help with ADLs had increased (LS)
  - Residents whose ability to move independently worsened (LS)
  - High-risk residents with pressure ulcers (LS)
- Residents who made improvement in function (SS) was frozen as well and will be replaced with the new measure of Discharge Function score with the October 2024 refresh
  - Used in the SNF Quality Reporting Program (QRP)

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32

October 2023 Changes

- The following measures were re-specified by replacing old MDS labels with new MDS labels:
  - Percent of residents who newly received an antipsychotic medication (SS)
  - Percent of residents who lose too much weight (LS)
  - Percent of residents who have depressive symptoms (LS)
  - Percent of residents who received an antipsychotic medication (LS)
  - Prevalence of antianxiety/hypnotic use (LS)
  - Percent of residents who used antianxiety/hypnotic medication (LS)

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33

Staffing Freeze

- Effective with the April 2024 refresh:
  - CMS will update the staffing level case-mix adjustment methodology
  - Staffing levels will be held constant for 3 months during the transition
- In July 2024:
  - CMS will change the staffing case-mix adjustment methodology to a model based on the Patient Driven Payment Model (PDPM) and will post staffing level measures that use case-mix adjustment

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34

Indiana and MDS Changes

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35

Total Quality Score

- Total Quality Score (TQS) & associated Quality Add-On will be calculated each January 1st and July 1st and remain in effect for the succeeding 6 month rate period.
  - + July TQS - CMS published files as of the preceding January.
  - + January TQS - CMS published files as of the preceding July.
- NO Quality Rate Add-On component in the base rate after July 1, 2027.
- TQS will be utilized solely for UPL purposes.

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36

36

Indiana Quality Add-On

TOTAL POSSIBLE POINTS	7/1/2023 LEGACY	7/1/2024 PROSPECTIVE
Current Eight Long Stay Measures	60	
Long Stay Measure – High-Risk Pressure Ulcers		100
Long Stay Measure – Falls with Major Injury		100
Long Stay Measure – Hospitalizations		150
Long Stay Measure – Emergency Room Visits		150
Nursing Home Health Survey	25	
PBJ Staffing Nursing Ratio	15	125
Total	**100**	**625**

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Indiana Quality Add-On

- For MDS and CMS Measures
  - Four quarter average percentage for each measure
- For Nursing Staffing Ratio
  - Total reported nurse staffing hours per resident day (RN/LPN/CNA hours)
  - Plus, respiratory therapy hours (PBJ code 24 & 25)
  - Divided by case-mix (expected) total nurse staffing hours per resident day
- For missing a raw value for LS measure – assigned quality points based on statewide average for individual measure
- For missing staffing information – utilize the prior quarter with adjustments

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Total Quality Score

- Quality Measures

Quality Measures	Domain	Percentile Universe	Minimum Performance Percentile	Maximum Performance Percentile	Total Available Points
Percentage of long-stay residents experiencing one or more falls with major injury (MC 410)	MDS	National	0.40	0.90	100.00
Percentage of high risk long-stay residents with pressure ulcers (MC 453)	MDS	National	0.40	0.90	100.00
Number of hospitalizations per 1000 long-stay resident days (MC 551)	Claims	National	0.40	0.90	150.00
Number of outpatient emergency department visits per 1000 long stay residents (MC 552)	Claims	National	0.40	0.90	150.00
Total Nurse Staffing Ratio	Staffing	Indiana	0.40	0.90	125.00

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39

39

Total Quality Score 7/1/2024

Quality Measure Cut Point Values							
Quality Metric	Domain	Quality Direction	Percentile Universe	Minimum Performance Percentile	Maximum Performance Percentile	Total Available Points	Statewide Average Measure Points
Percentage of long-stay residents experiencing one or more falls with major injury (Measure Code 410)	MDS Based Measure	Lower	National	3.54331	0.54995	100	23.97967
Percentage of high risk long-stay residents with pressure ulcers (Measure Code 453)	MDS Based Measure	Lower	National	8.28026	2.57682	100	41.72237
Number of hospitalizations per 1000 long-stay resident days (Measure Code 551)	Claims Based Measure	Lower	National	1.99787	0.86764	150	57.86368
Number of outpatient emergency department visits per 1000 long-stay resident days (Measure Code 552)	Claims Based Measure	Lower	National	1.21096	0.40884	150	48.45753
Total nurse staffing ratio	Staffing	Higher	Indiana	0.99688	1.33834	125	
Total Quality Points Available						625	

*Published by M&S – 2024-07-01-Nursing Facility Total Quality Score Summary & Support

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40

40

Total Quality Score

- For the Current / Legacy base rates effective 7/1/2024 through 6/30/2027
  - The calculated TQS for each NF is converted to a Quality Rate Add-on
  - No maximum or minimum thresholds
  - Based on a calculated value per point
  - Calculated value per quality point is established at a value to achieve a targeted system expenditure equivalent to the SFY 2024 Quality Rate Add-On

Quality Rate Add-on Calculation		
A.	Facility TQS	
B.	Facility Medicaid Day Projection for SFY	
C.	Total Quality Weight	Sum of the products of A * B for each nursing facility
D.	SFY 2024 Quality Rate Add-On Statewide Expenditures	
E.	Calculated Value Per Quality Point	D / C
F.	Total Quality Rate Add-on	A * E

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Total Quality Score 7/1/2024

Quality Rate Add-on Calculation		
A. Total Quality Weight	Facility TQS * Facility Medicaid Day Projection for each NF	908,215,164
B. SFY 2024 Quality Rate Add-On Statewide Expenditures Based Upon Projected Days For the Rate Period		$51,747,499
C. Calculated Value Per Quality Point	B / A	$0.0570
D. Facility Quality Rate Add-On	Facility TQS * C	
E. Max Quality Rate Add-on	625 points * C	$35.61

*Published by M&S – 2024-07-01-Nursing Facility Total Quality Score Summary & Support

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Long-Stay – Percent of Residents with Pressure Ulcers

- Uses information from **target assessment**

- Stage 2-4 or unstageable pressure ulcers are present by any of the following conditions:
  - M0300B1 = 1-9 (Stage 2)
  - M0300C1 = 1-9 (Stage 3)
  - M0300D1 = 1-9 (Stage 4)
  - M0300E1 = 1-9 (Unstageable d/t unremovable dressing)
  - M0300F1 = 1-9 (Unstageable d/t slough/eschar)
  - M0300G1 = 1-9 (Unstageable d/t deep tissue injury)

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43

Long Stay – Percent of Residents with Pressure Ulcers

Enter Number ☐ Enter Number ☐	**B. Stage 2:** Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister 1. **Number of Stage 2 pressure ulcers** - If 0 → Skip to M0300C, Stage 3 2. **Number of <u>these</u> Stage 2 pressure ulcers that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry
Enter Number ☐ Enter Number ☐	**C. Stage 3:** Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling 1. **Number of Stage 3 pressure ulcers** - If 0 → Skip to M0300D, Stage 4 2. **Number of <u>these</u> Stage 3 pressure ulcers that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry
Enter Number ☐ Enter Number ☐	**D. Stage 4:** Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling 1. **Number of Stage 4 pressure ulcers** - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device 2. **Number of <u>these</u> Stage 4 pressure ulcers that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry

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44

Long Stay – Percent of Residents with Pressure Ulcers

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued

E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device

Enter Number ☐ **1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device** - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar

Enter Number ☐ **2. Number of these unstageable pressure ulcers/injuries that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry

F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar

Enter Number ☐ **1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar** - If 0 → Skip to M0300G, Unstageable - Deep tissue injury

Enter Number ☐ **2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry

G. Unstageable - Deep tissue injury:

Enter Number ☐ **1. Number of unstageable pressure injuries presenting as deep tissue injury** - If 0 → Skip to M1030, Number of Venous and Arterial Ulcers

Enter Number ☐ **2. Number of these unstageable pressure injuries that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry

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45

Long Stay – Percent of Residents with Pressure Ulcers

- Exclusions:
  - Target assessment is an Admission assessment or PPS 5-day assessment
  - Resident did not meet conditions in numerator and the following were not assessed:
    - + M0300B1 = (-)
    - + M0300C1 = (-)
    - + M0300D1 = (-)
    - + M0300E1 = (-)
    - + M0300F1 = (-)
    - + M0300G1 = (-)

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46

Long Stay – Percent of Residents with Pressure Ulcers

- Risk Adjustments
  - Impairment in lying to sitting on side of bed (GG0170C)
  - Bowel incontinence (H0400)
  - DM (I2900) or PVD (I0900)
  - Indicator of Low BMI based on height and weight
  - Malnutrition or risk of malnutrition (I5600)
  - Dehydration (J1500C)
  - Infection: Septicemia (I2100), pneumonia (I2000), UTI (I2300), MDRO (I1700)
  - Moisture associated skin damage (M1040H)
  - Hospice (O0110K1b)

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47

Long Stay – Percent of Residents with Pressure Ulcers

- Due to the freeze starting with the April 2025 refresh until the January 2025 refresh using Section GG information:
  - January 2024 data will be utilized for the July 1, 2024 rates and quality data
  - January 2025 data will feature the refreshed and updated CMS metric and will be used for July 1, 2025

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48

Long Stay – Falls with Major Injury

- Reports the percent of residents who have experienced one or more falls with a major injury in the target period
  - Uses **look back scan of 275 days from the target assessment**
  - MDS Items

    + Major injury at J1900C = 1 or 2

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent		
	Enter Codes in Boxes	
Coding: 0. None 1. One 2. Two or more		A. No Injury – no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall
		B. Injury (except major) = skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
		C. **Major injury** – bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

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49

Long Stay – Falls with Major Injury

- Major injury:
  - Bone fractures
  - Joint dislocations
  - Closed head injuries with altered consciousness
  - Subdural hematoma

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50

Long Stay – Falls with Major Injury

- Injuries associated with **falls are to be coded on the same MDS that the fall is reported**
  - Any documented injury that occurred as a result of, or was recognized within a short period of time, e.g., hours to a few days, after the fall and attributed to the fall
- Exclusions
  - Number of falls with major injury not coded at J1900C (dashed) on all look-back scan assessments

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51

Long Stay – Falls with Major Injury

- RAI Manual Definition J-27
  - Unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground
  - Falls include any fall, no matter whether it occurred at home, out in the community, in an acute hospital or a nursing home
  - Falls are not the result of an overwhelming external force
  - Includes intercepted falls
  - Challenging a resident's balance and training him/her to recover from a loss of balance is an intentional therapeutic intervention

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52

Quality Add-On Claims Based Measures

- Hospitalizations per 1000 Long-Stay Resident Days
  - Unplanned inpatient admission or all-cause outpatient observation stays at an acute care or critical access hospital
  - 12-month target period
- Long-Stay Emergency Department Visits
  - All-cause outpatient emergency department visits that do not result in an outpatient observation stay or inpatient hospital stay
  - 12-month target period

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53

53

Best Practices

- QM Manual (October 2023) and SNF QRP Manual (October 2023)
  - Be familiar with measure criteria, exclusions, risk adjustments and covariates
  - Know what assessments are in play
- Know where your QM numbers are
  - Facility and Resident level
- Tracking of triggered items for resolution and need for updated assessments
  - Target assessments and compared to prior assessments
  - Look-back scan assessments

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54

54

Best Practices

- QM reviews – *internal/external*
  - Monthly
  - Include IDT
  - Target MDS Coding
  - QI/QM processes – *Root cause analysis*
  - Monitor systems and documentation for presence of gaps
- Continuous analysis of hospital admissions and ER visits for trends and opportunities to reduce

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55

55

MDS Field Reviews

- Beginning July 1, 2024 and after:
  - Penalties for unsupported assessments that is greater than 20% of the sample
    - + Administrative penalty

MDS Field Review for Which Penalty Is Applied	Penalty Percent
First MDS Review	7.5%
Second consecutive MDS Review	10%
Third consecutive MDS Review	15%
Fourth or more consecutive MDS Review(s)	25%

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56

56

MDS Field Reviews

- Beginning July 1, 2024 and after
  - Penalties for unsupported assessments that is greater than 20% of the sample (cont.)
    - + CMI Penalty – based on changes to the facility's biannual Medicaid CMI

CMI Penalty Calculation		
A.	Legacy System rate calculated with original biannual Medicaid CMI	The Medicaid rate calculated under Section 6(e) using the CMI prior to the MDS Review.
B.	Legacy System rate calculated with revised biannual Medicaid CMI	The Medicaid rate calculated under Section 6(e) using the CMI after completion of the MDS Review.
C.	Rate Differential	A - B
D.	Medicaid Days	[redacted]
E.	CMI Penalty	C * D

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MDS Changes

- New Item Sets v1.19.1 for October 1, 2024
  - Released on January 12, 2024
- 3 Changes
  - Section GG: Self Care and Mobility
    - + Removal of discharge goal column from 5-day Medicare MDS
  - Section O: Immunizations
    - + Addition of items to collect information regarding resident COVID vaccination status
  - Section N: High Risk Medications and Indications for Use
    - + Addition of anticonvulsant medications

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MDS Changes

- Section O

O0350. Resident's COVID-19 vaccination is up to date

Enter Code ☐

0. **No**, resident is not up to date
1. **Yes**, resident is up to date

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59

59

Case-Mix Reimbursement

- MDS Completion/Acceptance Schedule for rates effective July 1, 2024 and after:

For rates effective July 1, 2024 and after	
Completed, transmitted and accepted MDS assessments applicable to the Rate Period:	**Rate Periods:**
September 1 – November 30	July 1– December 31
December 1 – February 28	
March 1 – May 31	January 1– June 30
June 1 – August 31	

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60

60

Case-Mix Reimbursement

- Distribution and Cut-off Schedules for Time-Weighted Reports will change to the following reporting quarters:

For reporting quarters utilized for rates effective July 1, 2024 and after				
Resident Roster Report Schedule	**09/01 - 11/30**	**12/01 - 02/28**	**03/01 - 05/31**	**06/01 - 08/31**
Preliminary Report Cutoff Date	12/01	03/01	06/01	09/01
Preliminary Report Posting Date	**12/10**	**03/10**	**06/10**	**09/10**
Final Report Cutoff Date	12/25	03/25	06/25	09/25
Final Report Posting Date	**01/15**	**04/15**	**07/15**	**10/15**

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61

61

2024 Indiana Time-Weighted Monthly Report Calendar – Rates EFFECTIVE July 1, 2024

January 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2024

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March 2024

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2024

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2024

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2024

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2024

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2024

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2024

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2024

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Tan Day of the Month
Cut-off date for MDS transmission and entering EOT dates in the Web Portal for the Preliminary Time-Weighted CMI Resident Roster Reports.

Blue Day of the Month
Posting of Preliminary Time-Weighted CMI Resident Roster Reports. *(Located on the Myers and Stauffer MDS Web Portal)*

Yellow Day of the Month
Cut-off date for MDS transmission and entering EOT dates in the Web Portal for the Final Time-Weighted CMI Resident Roster Reports.

Orange Day of the Month
Posting of Final Time-Weighted CMI Resident Roster Reports. *(Located on the Myers and Stauffer MDS Web Portal)*

Pink Day of the Month
Normalization Report posted for facilities with a fiscal year end (FYE) in preceding quarter.

MDS Helpdesk
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INHelpDesk@mslc.com

Prepared by Myers and Stauffer LC

62

SNF QRP and Influenza Vaccination

- Influenza Vaccination Coverage Among Healthcare Personnel (HCP)
  - SNF QRP Measure
  - Facilities report HCP who receive an influenza vaccine for the entire influenza season from October 1 (or when the vaccine became available) through March 31 the following year
    - + For employees that work at least one day
    - + Regardless of clinical responsibility or patient contact
    - + Employees, licensed independent practitioners and adult students/trainees/volunteers

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63

63

SNF QRP and Influenza Vaccination

- Influenza Vaccination Coverage Among Healthcare Personnel
  - Data to be submitted through the CDC National Healthcare Safety Network (NHSN)
    - + To meet requirement, SNFs would enter a single influenza vaccination summary report at the conclusion of the measure reporting period
    - + May enter data more frequently – CMS/NHSN encourages monthly updates
  - Summary data must be entered by May 15 of each year to avoid penalty

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64

64

Thank you!

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65