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MEMORANDUM

TO: RHCF Members

FROM: Darius Kirstein, Senior Policy Analyst
Sandy Biggi, Director of Nursing Facility Policy

DATE: February 24, 2009

SUBJECT: **Transition from PRI to MDS**

ROUTE TO: Administrator, CFO, Director of Nursing, MDS Coordinator

ABSTRACT: DOH posts roster submission information on the Health Provider Network.

Available Documents

The Department of Health (DOH) has posted several documents relating to the transition from the Patient Review Instrument (PRI) to the Minimum Data Set (MDS) on the Health Provider Network (HPN). Based on current law, MDS data will be the basis of case-mix adjustments made to the direct component of the Medicaid rate beginning on April 1, 2009. For background on this issue, please refer to [Doc. ID# n00003108](#).

The four documents that DOH has posted, which are also attached to this memo and accessible by clicking on the attachment links below the window that displays this text, include:

- A brief “Dear Administrator” Letter (DAL) specifying that the assessment used will be the MDS 2.0 or subsequent approved revision with the 53 group RUG-III Classification System model version 5.20. The DAL reminds providers of the state-specific changes made to section S of the MDS in 2008 and serves as a cover letter for the Policies and Procedures document describing how MDS assessment data will be processed for rate-setting purposes.
- A Policies and Procedures document specifies what, how and when facilities will be required to submit to DOH as part of the census roster submission process. This will be an electronic process using software downloaded from HPN and is described in greater detail below.
- Detailed instructions for downloading the software once it becomes available and for electronically submitting the census roster using that software.

- An operator's / administrator's certification that must be filed as part of the final roster submission.

Policy and Procedures Document Highlights

The Policy and Procedures document confirms that midnight of Jan. 28, 2009 remains the "picture date" for collecting data that will be the basis for Medicaid rate case-mix adjustments for April 1 through June 30 of 2009. Homes will be required to submit their Jan. 28 census roster during the week of March 23 through 27 via HPN using software provided by DOH. The picture date for the second half of 2009 will be July 29, with submission dates of Sept. 21 through 25.

During the roster submission process, facilities will be required to provide the following information for each resident in-house on the picture dates: Social Security Number, Last Name, First Name, Date of Birth, Gender and Medical Record Number. DOH will download and "freeze" the statewide MDS database immediately prior to the roster submission date.

Using this frozen database, DOH will match each resident with their most recent MDS completed prior to Jan. 28. For admissions immediately prior to or on the picture date, MDS assessments completed up to 13 days after the picture date will be used. The established timeframes should ensure that all residents, including those admitted on the picture date, would have sufficient time to have an MDS completed and submitted based on current federal requirements.

To adjust for the fact that not all MDS submissions provide the data on Alzheimer's/dementia conditions needed for rate setting, DOH has designed a way for homes to flag these residents on the HPN in those cases where the MDS does not. This will apply only to those MDS submissions where Section I was not required on the original submission

Any corrections (other than specified Section S corrections) made to MDSs after the database is "frozen" will not be reflected in the case mix used to adjust rates, and any resident on the census roster that is unable to be matched with an MDS will be assigned the lowest RUG-III score. MDS data will be subject to as of yet undetermined audit protocols.

For More Information

The DAL refers facilities with questions on the transition to RUG-III to the Resident Assessment Unit in the Bureau of Long Term Care Reimbursement at (518) 473-8910. Those with questions on completing the MDS assessment document, including Section S, should contact the MDS Helpline via e-mail at mds2@health.state.us.gov or phone at (518) 408-1658.

Several items remain unaddressed in the materials. We will be seeking clarification and sharing the information with members as it is received. Members should familiarize themselves with the posted documents and are asked to bring any concerns to our attention. If you have questions or concerns, please contact Sandy Biggi at 518-449-2707, ext. 156, or Darius Kirstein at ext. 104, or e-mail us using sbiggi@nyahsa.org or dkirstein@nyahsa.org.

Attachments

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