

Tony Evers
Governor



Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

1 WEST WILSON STREET
PO BOX 2969
MADISON WI 53701-2969

Telephone: 608-266-8481
Fax: 608-267-0352
TTY: 711 or 800-947-3529

RAI/MDS educational forum
September 25, 2024
Jeopardy game

Category 1: MDs 1.19.1

1. The new version of the RAI manual is to be used starting when?

Answer: 10/1/24

2. Female external catheters and other non-invasive urine output management devices or systems should be coded as?

Answer: External Catheters in H0100B

3. This high-risk drug class was added to N0415?

Answer: Anticonvulsant

4. True or False – An Arteriovenous (AV) fistula does not meet the definition of IV access for O011001?

Answer: True

5. What resource is to be used to determine if the resident is up to date on their COVID-19 vaccination?

Answer: For the definition of “up to date,” providers should refer to the CDC webpage “Stay Up to Date with COVID-19 Vaccines” at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

Category 2: PASRR

6. True or False – It is only Medicaid certified facilities that must screen their residents for MD, ID, and related conditions?

Answer: True

7. The resident is noted as having depression related to hypothyroidism. Would this be marked on the PASRR as having a major mental illness?

Answer: No

8. Resident is taking Remeron for an appetite stimulant. Is this noted on the PASRR in medications?

Answer: No

9. There are three short term exemptions. They are hospital discharge for 30 days or less, emergency placement for max of 7 days and?

Answer: Respite care 7 days per stay max with 30 days per year max.

10. What is one example of when a change of status would apply?

Answer(s):

- a. Having a short-term exemption but the person needs to stay longer.
- b. Psychiatric improvement and no longer in need of SS or SPRS.
- c. Decline in psychiatric status and now in need of SS or SPRS.
- d. Diagnosed MI or ID after admission.
- e. A decline in medical or cognitive status and no longer in need of SS or SPRS.
- f. Transfer to a less restrictive setting that is somewhere other than a NH or hospital.

Category 3: QRP

11. What two measures use the CDC NHSN?

Answer: Covid and influenza

12. Compliance with the QRP comes from what three sources of data. (Potential effect on APU)

Answer:

- a. MDS data for Medicare part A PPS assessments
- b. Fee for services claims based assessments
- c. NHSN CDC

13. Data collected from the MDS in CY24 impacts the annual payment update for what FY?

Answer: 26

14. When is the final submission deadline for Q1 Changes in skin integrity measure listed here?

Measure Name	Data Collection Time Frame
Changes in Skin Integrity Post- Acute Care: Pressure Ulcer/Injury [CMIT Measure ID #00121 (not-endorsed)]	January 1, 2024 – December 31, 2024
	January 1 – March 31, 2024
	April 1 – June 30, 2024
	July 1 – September 30, 2024
	October 1 – December 31, 2024

Answer: August 15, 2024

15. ___% of data submitted to iQIES must contain ___% of the required measures and standardized patient assessment data. ___% of data submitted to CDC's NHSN must contain ___% of the required data for the CDC NHSN measures?

Answer: 90, 100, 100, 100

Category 4: Reports

16. Review and correct report is updated how often?

Answer: Updated on a quarterly basis with data refreshed weekly as data become available

17. The Covid-19 measure on the provider threshold report is updated when?

Answer: The COVID-19 among HCP measure is updated on the report quarterly soon after the data correction deadlines, with the data correction deadlines typically occurring on February 15, May 15, August 15, and November 15.

18. On this QM facility level report for pressure ulcer/injury, you want to have a higher or lower facility observed percent?

Data Calculation Date: 08/01/2024

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	National Average
Pressure Ulcer/Injury	07/01/2023 - 06/30/2024	S038.02	07/01/2023 - 06/30/2024	1	175	0.6%	0.6%	2.7%

Answer: Lower is better

19. You are looking at the pressure ulcer/injury QM 1 measure and see an X, what does this mean?

		<i>Undesirable Outcomes</i>	
Admission Date	Discharge Date	QM 1	QM 2
03/25/2024	04/08/2024	X	NT

Answer: **X**: Triggered (Bold indicates an undesirable outcome)

20. What two things can the final validation report be used for?

Answer: See if assessments are accepted or rejected in the iQIES system and review for warnings that might indicate a potential reduction in the APU.

Category 5: Timing

21. An OBRA admission assessment must be completed no later than?

Answer: 14th calendar day of the resident's admission (admission date + 13 calendar days)

22. An OBRA quarterly assessment must be transmitted no later than?

Answer: MDS Completion Date + 14 calendar days

23. How many days (ARD to ARD) are required between non-comprehensive assessments?

Answer: At least every 92 days

24. You have an admission and 5-day PPS combined assessment you are completing. They were admitted on 9/1/24, when would the assessment have to be completed by?

Answer: Must be completed (item Z0500B) by the end of day 14 of the stay (admission date plus 13 calendar days).

25. You fail to set the ARD within the defined ARD window for a 5-Day assessment. The resident is still on Part A. When should the ARD be set?

Answer: The ARD can be no earlier than the day the error was identified.

Category 6: PDPM

26. What does the second character of the HIPPS code represent?

Answer: SLP component

27. The nursing component of PDPM uses Eating (GG0130A1), Toileting Hygiene (GG0130C1), Sit to Lying (GG0170B1), Lying to Sitting on Side of Bed (GG0170C1), Sit to Stand (GG0170D1), Chair/Bed-to-Chair Transfer (GG0170E1), and one other. What is it?

Answer: Toilet Transfer (GG0170F1).

28. True or False – The PDPM calculations (HIPPS) are used for reimbursement in both the PPS and OBRA Medicaid assessments?

Answer: True

29. The resident is noted as rarely/never understood and this a stand-alone PPS D/C. You would proceed to what section next if doing the BIMS?

Answer: C1310 s/s of delirium

Page C-1 of the RAI manual:

Determine if the resident is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, skip to C0600, Should the Staff Assessment for Mental Status be Conducted?, unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to C1310. Signs and Symptoms of Delirium.

30. What two components of the HIPPS code are used in Medicaid reimbursement?

Answer: Under PDPM, the Case-Mix-Neutral **Nursing Services** Allowance is multiplied by the NPG CMI represented by the **3rd digit of the HIPPS code** on the resident-specific claim and summed with the Direct Care – Other Supplies and Services Base multiplied by the **Non-Therapy Ancillary (NTA)** CMI represented by the **4th digit of the HIPPS code** on the resident-specific claim. The summation of the Direct Care – Nursing and Direct Care – Other Supplies and Services components is the total Direct Care allowance paid on the resident-specific claim line.

Top 3 Point Takers!

Heidi: $1000 + 1000 + 1000 + 200 + 400 + 600 + 600 + 800 = 5600$

Mkelman: $1000 + 200 + 200 + 600 + 800 = 2800$

Lisa: $1000 + 200 + 800 = 2000$

Great job everyone and thank you for participating!