

## MDS 3.0 Software Vendor Call Minutes

October 2017 Release

Tuesday, February 21, 2017

### Welcome ..... Brandy Barnette, DQSAS, Facilitator

- Welcome to the CMS MDS Software Developer / Vendor call. The purpose of this call is to provide information to MDS Software Developers and Vendors who are creating or have created software for MDS providers. The purpose of this call is to provide information on MDS updates that will be effective October 1, 2017.
- If you do not have the agenda for this call, it may be found at <https://www.qtso.com> under the Vendors link on the left navigation bar then the MDS link in the navigation bar at the top of the page.

### Data Submission Specification Updates – October 2017 ..... John Jackson, General Dynamics

- For October 2017, we have an item set update, so the item ITM\_SET\_VRSN\_CD has a new valid value of 1.15.
- Since we have a specs update, we have a new valid value for item SPEC\_VRSN\_CD, which is 2.01.
- There are updates to Section N. N0410 Medication Received has an additional item to collect the number of days for opioids and the new item number is N0410H. Also, there is a new set of items N0450A-E, which determine whether a resident received antipsychotic medications and, if so, whether GDR (gradual dose reduction) was attempted. Please take a look at the new edits -3879 through -3881, as they define new skip patterns in this section.
- There are also new items in Section P. P0200A-F collect information about the usage of alarms.
- There are also quite a few new Section S items defined in the specs.
- IMPORTANT EDIT UPDATE: Soon CMS will begin to the process of transitioning away from the current Medicare Number and introducing the Medicare Beneficiary Identifier (MBI). Either value will be accepted in item A0600B (Medicare Number) during the upcoming transition period, currently scheduled to begin on April 1, 2018. Therefore, new edit -3878, which allows either format, will replace edits -3569 and -3570, BUT NOT UNTIL THE BEGINNING OF THE TRANSITION PERIOD TO THE MEDICARE BENEFICIARY IDENTIFIER (MBI). AGAIN, THIS IS CURRENTLY SCHEDULED TO BEGIN APRIL 1, 2018.
- As always, please continue to monitor the MDS 3.0 Technical Information page on the CMS website (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html>) in case there are additional updates.

## State Required Section S Items..... Debra Weiland, Telligen

- CT, NY, PA, SD, and VA will be making changes to what Section S items they are collecting.
- Revised Items:
  - Item label changes:
    - S9040E: CA POLST D physician /nurse practitioner/physician assistant signature
    - S9100A: VA Room & Board Payment Assessment Reference Date
  - Response changes:
    - S0160: Specialty unit
      - New response value 09; Neurodegenerative
    - S9040A: CA POLST
      - New response value 3: In process
    - S9100A: VA Room & Board Payment Assessment Reference Date
      - Removed response value 4
      - Revised text for response values 2 and 3
- New items:
  - S0113: Resident Living Situation Prior to Admission
  - S0114: Resident has one or more support person(s)
  - S0153: Resident Identifier
  - S0185: Discharge to hospital-healthcare proxy involvement
  - S0505: Level of care
  - S0514: Was a PASRR Level 1 determination completed?
  - S0515: Most recent PASRR Level 1 or 2 determination completion date
  - S0521: Reason for Admission
  - S1210A: Mental Health Diagnoses: Schizophrenia
  - S1210B: Mental Health Diagnoses: Delusional
  - S1210C: Mental Health Diagnoses: Schizoaffective disorder
  - S1210D: Mental Health Diagnoses: Psychotic disorder not specified
  - S1210E: Mental Health Diagnoses: Bipolar I mixed, manic, and depressed
  - S1210F: Mental Health Diagnoses: Bipolar disorder II
  - S1210G: Mental Health Diagnoses: Cyclothymic disorder
  - S1210H: Mental Health Diagnoses: Bipolar disorder not specified
  - S1210I: Mental Health Diagnoses: Major depression, recurrent
  - S1210Z: Mental Health Diagnoses: None of the Above
  - S6202: Hospital admissions w/overnight stay in last 90 days
  - S6212: ER visits w/o overnight stay in last 90 days
  - S6500: Comfort care provided in the last 14 days
  - S8015: MMIS Identification Number
  - S9085A: Resident enrolled in Community HealthChoices (CHC)
  - S9085B: CHC effective date
  - S9085C: CHC product name
  - S9085D: CHC member ID
- A document containing the items collected in each state is available on the MDS Vendor webpage at: <https://www.qtso.com/vendormds.html>.

**Validation Utility Tool (VUT) .....John Jackson, General Dynamics**

- The next VUT version will be V2.1.0.
- As usual, the MDS VUT will be updated to support the new data specifications, as well as continue to support all the prior ones for older assessments that need modification or inactivation.
- For fall releases, the VUT is typically released in mid-August for system changes happening on October 1.
- We haven't received any enhancement requests, so the VUT will continue to operate in the same manner as it does now.

**ASAP System Enhancements .....Debra Weiland, Telligen**

- The item and edit changes included in MDS 3.0 data submission specs v2.01 will be incorporated into the Assessment Submission and Processing (ASAP) system.
- The ASAP system will include the new MBI edit. Beginning 4/1/2018, the Health Insurance Claim Number or HICN, Railroad Retirement Board number or RRB or the Medicare Beneficiary ID or MBI can be submitted in item A0600B (Medicare Number). Following the end of the SSNRI transition period, which is currently 12/31/2019, the ASAP system will reject any MDS 3.0 record that contains a value other than the MBI in item A0600B.

**Discussion of Submitted Q & A's.....Brandy Barnette, DQSAS**

There were no questions submitted prior to the call.

**Open Q and A Session .....Brandy Barnette, DQSAS**

**Question 1:** Can you please verify the date that only MBI can be used, is that 12/31/2018 or 12/31/2019?

**Answer 1:** The end of the transition period is 12/31/2019, so effective 01/01/2020, the ASAP system will only accept the MBI value in A0600B. The data specs that go into effect in October 2019, will have the transitional edit in place, as well as an additional edit to support submission of the MBI after the transition period has expired.

**Question 2:** Are there any changes to the RUG calculation?

**Answer 2:** No changes to the RUG grouper this year.

**Question 3:** When will the MDS Item Sets be declared final for this version?

**Answer 3:** There is not a date set at this time. Please submit this question to the following mailbox: [MDSFORSandC@cms.hhs.gov](mailto:MDSFORSandC@cms.hhs.gov).

Brandy invited vendors to submit any additional questions that arise after the call to the CMS MDS Tech Issues mailbox ([MDSTechIssues@cms.hhs.gov](mailto:MDSTechIssues@cms.hhs.gov)).