

NYS Nursing Home Medicaid Case Mix Webinar (July 7, 2021)

Questions and Answers

PROCESS QUESTIONS

Q: Will the presentation that was made on July 7, 2021 be available?

YES, the Department has posted the presentation slide deck and will be posting webinar to the Health Commerce System (HCS) and to the DOH Nursing Home Rate Setting website:

https://www.health.ny.gov/facilities/long_term_care/reimbursement/nhr/

https://commerce.health.state.ny.us/hpn/ctrldocs/rhcrpri/docs/CaseMixPPT_070721.pptx

Q: Can you explain how the Case Mix Index (CMI) will be calculated?

Example for Facility CMI Calculation

- Resident 1 – 1.07
- Resident 1 – 1.13
- Resident 1 – 0.88
- Resident 2 – 1.01
- Resident 2 – 1.71

- RUG total is $1.07+1.13+0.88+1.01+1.71=5.8$
- Facility-Specific CMI is $5.8 / 5 = 1.16$
- Note that all residents included in this calculation are Medicaid eligible, as this sets the Medicaid rate.

Q: What are the examples resulting in default scores ?

With the change to an ALL DATA scoring methodology from a census-date-driven methodology, default scores should be eliminated.

Q: If a Nursing Home is reviewing MDS data on the HCS and needs to complete the review over multiple days, will the NH be able to return to the file at a later time to complete?

A: Yes, you are able to save your changes and continue later.

Q: How should a Nursing Home submit certifications?

Certifications should be emailed to BRHCRMDS@health.ny.gov or uploaded through the HCS.

Q: On what date is the owner/administrator's notarized signature on the certification required? Can it be prior to the submission?

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Notarization is the official fraud-deterrent process that assures the parties of a transaction that a document is authentic and can be trusted. It is a three-part process, performed by a Notary Public, that includes vetting, certifying and record-keeping. If the information is not known at the time of signing it cannot be notarized.

Q: Who can sign the certification?

An owner or administrator, who has authority to sign/attest for the Nursing Home should sign the certification.

Q: Will the department continue to review rates twice a year and therefore you will go through this process twice a year for a 6-month period of assessments?

Current statute and regulation require two case mix adjustments per year.

WHAT ASSESSMENTS WILL BE USED?

Q: What assessments will be used to calculate the CMI?

All assessments will be used, but only those with a MEDICAID payor will be used for reimbursement. All valid / scoreable Minimum Data Set (MDS) data filed during the period under examination will be used, including Medicare Part A.

Q: Is there an extension period for admissions admitted in the last week of March?

A: No. DOH will use only those assessments (also referred to as “books”) already submitted to CMS, with an ARD between 10/1/2020 and 3/31/2021.

Q: Does the 92 day look-back and 13 day look forward still exist?

When DOH was employing a ‘census date’ approach to MDS collection it was important that DOH looked forward as well as back from the census date to ensure capture of the appropriate data. In the absence of a census data methodology, the look forward/back from a census date is eliminated, as ALL records filed during the 10/1/2020-3/31/2021 period will be used.

Q: If a resident is discharged prior to 3/31, or if a Nursing Home makes changes to the assessment, does the assessment count?

DOH will use all assessment data filed from 10/01/20 – 03/31/21. A subsequent discharge will not change the previously filed data. If changes are made prior to the 3/31/21 end of the period, they would also be included.

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Q: If a resident was admitted on 3/31/21 and have an MDS with ARD of 4/6, will that resident be included?

The extraction will cover 10/01/20 - 03/31/21; all data filed and accepted by CMS during that period will be used. An ARD if 04/06/2021 falls outside of the data capture and would not be used.

Q: What if I make a modification on an MDS, do you count both scores, or just the final modified MDS.

The modification will overwrite the original data in the CMS database, therefore only the final score would be available and used.

Q: If an assessment that was submitted does not appear in the file, what should we do?

DOH will be extracting directly from CMS, and that will remain the source of all extracted data, so if data is not captured at CMS, it will not be included within the analysis.

UPDATING DATA ON THE HEALTH COMMERCE SYSTEM

Q: Can a provider update payer source?

Providers have had, and will continue to have, the ability to update payer source on the HCS when reviewing the census. Please keep in mind that all payer responses, whether on the MDS, filed in Section S, or updated on the HCS, are subject to review by the NYS Office of the Medicaid Inspector General.

Q: If a payer change assessment was not completed for a resident who was originally Medicare but became Medicaid in the 6-month window, are they just not counted in the average?

Facilities will have the ability to update the payer response as has been the norm under the census-driven collections.