

**CASE MIX CLASSIFICATION
MANUAL
FOR
NURSING FACILITIES**



CASE MIX REVIEW

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[Minnesota Case Mix Review website](http://www.health.state.mn.us/divs/fpc/profinfo/cms/index.html)

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/index.html>

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Preface

History of Minnesota Case Mix

In 1985, the Minnesota legislature established a case mix reimbursement system for residents in nursing homes. In 1998, the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) began to reimburse nursing homes for Medicare beneficiaries based on a case mix system called Prospective Payment System for Skilled Nursing Facilities. That system used information from the Minimum Data Set Version 2.0 (MDS 2.0) to classify residents.

The 2001 Minnesota legislature passed legislation adapting the Resource Utilization Group (RUG-III) 34-group case mix model developed by CMS using the MDS 2.0 information already transmitted to CMS by Medicare and/or Medicaid certified nursing homes. Minnesota implemented this model on October 1, 2002, for the reimbursement of Medicaid recipients and private pay residents.

The 2009 legislature enacted a provision that requires that Minnesota adopt the MDS 3.0 as the assessment instrument for case mix when implemented by CMS. The 2011 legislature enacted provisions that require the use of the RUG-IV, 48-group model, effective January 1, 2012. Currently, over 30 states have a case mix system, most of which are based on the RUG models.

In 1978, the Minnesota legislature enacted a law requiring nursing homes to not charge private pay residents more for the same services provided to Medicaid recipients and is commonly referred to as rate equalization.

Intent of this manual

This Minnesota Case Mix Manual for Nursing Facilities describes the Minnesota Case Mix Classification System and includes information specific to the Minnesota Case Mix System. The Minnesota Department of Health (MDH) will update this manual periodically. Facilities need to utilize the resources included in this manual to assure they have the most up-to-date information related to Case Mix and the MDS. The Minnesota Case Mix System is authorized by Minnesota Statutes §144.0724 and §256B.438.

The Minnesota Case Mix System relies on the data collected by the federal Minimum Data Set (MDS) – Version 3.0. Anyone who completes the Minimum Data Set (MDS) must follow the instructions in the Long-Term Care Facility Resident Assessment Instrument User's Manual Version 3.0.

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Minnesota Case Mix

What is Case Mix?

A case mix classification system is a means of classifying care based on the intensity of care and services provided to the resident. It takes into account selected diagnoses, conditions, treatments, and assistance with activities of daily living. It classifies residents into groups based on their likely use of resources.

Minnesota uses the MDS for Minnesota Case Mix Classification

Minnesota Case Mix is a system that classifies residents into distinct reimbursement groups called Resource Utilization Groups (RUGs) based on the care the resident was receiving at the time of the assessment. Residents are assigned to these groups and classifications based on an assessment completed by the staff at the nursing facility using the Resident Assessment Instrument (RAI). Minnesota uses the RUG-IV, 48-group model for case mix payment.

The Minnesota Department of Human Services (DHS) establishes facility specific reimbursement rates for each case mix classification, including two Minnesota specific classifications. DHS establishes these rates annually. These rates apply to both private pay residents and Medicaid recipients.

This manual addresses the Minnesota Case Mix System. Facility staff must refer to the RAI manual for specific directions on coding the MDS.

MDS Assessments used to generate Minnesota Case Mix Classifications

- Admission Assessment
- Annual Assessment
- Significant Change in Status Assessment
- Quarterly Assessment
- Significant Correction to Prior Comprehensive Assessment
- Significant Correction to Prior Quarterly Assessment

Case Mix also uses modifications to the most recent assessment to calculate a classification. Case Mix does not use modifications to assessments other than the most recent assessment.

NOTE: Minnesota law requires the same assessment schedule as required by the Omnibus Budget Reconciliation Act, 1987 (OBRA) regulations for nursing homes. Minnesota Nursing Facilities do not need to complete and submit additional MDS assessments for the Minnesota Case Mix System except that facilities that do not elect to accept the short stay rate must submit admission assessments on all residents regardless of length of stay.

Resource Utilization Groups (RUGs) groups – determine Minnesota Case Mix

Resource Utilization Groups are a type of case mix classification system. These groups are determined by the coding of specific MDS items related to the amount of assistance the resident received with activities of daily living plus selected treatments, health conditions, diagnoses, behavior and cognitive status.

As stated earlier, Minnesota utilizes the RUG-IV, 48-group model, and two additional Minnesota specific classifications. The Minnesota specific classifications are:

- **Penalty** (AAA) for failure to complete and/or submit valid assessments within seven days of the time required by CMS and
- **Short Stay** (DDF) for new admissions with a stay of 14 days or less when the facility has **elected** to accept the default rate for all short stay residents.

MDS software will generate a RUG-IV classification, which should appear in Section Z as follows:

- Z0200A is the RUG-IV classification.
 - **Note: Software should automatically populate this field but it is important to verify this field is populating correctly when software is first set up.**

Please see Appendix A for a complete description of the RUG-IV, 48-group model using MDS 3.0 data.

Index maximization

In Minnesota, if a resident qualifies for more than one case mix classification, the classification with the highest index or weight is the one used for payment. This is referred to as index maximization. For example, if a resident qualifies for both the RUG-IV case mix classification RAC, with an index of 1.36, and HC2, with an index of 1.57, the resident would be assigned to the HC2 classification because it has the highest index.

Table of RUG-IV Indices

RUG-IV Group	Index	RUG-IV Group	Index	RUG-IV Group	Index	RUG-IV Group	Index
ES3	3.00	RAC	1.36	PD2	1.15	BB1	0.75
ES2	2.23	HD1	1.33	RAB	1.10	CA2	0.73
ES1	2.22	LC2	1.30	CC2	1.08	PB2	0.70
HE2	1.88	CD2	1.29	PD1	1.06	CA1	0.65
HD2	1.69	LE1	1.29	LC1	1.02	PB1	0.65
RAE	1.65	CE1	1.25	CC1	0.96	BA2	0.58
LE2	1.61	PE2	1.25	LB1	0.95	BA1	0.53
RAD	1.58	HC1	1.23	CB2	0.95	PA2	0.49
HC2	1.57	HB1	1.22	PC2	0.91	PA1	0.45
HB2	1.55	LD1	1.21	CB1	0.85	Minnesota Classifications	
LD2	1.54	LB2	1.21	PC1	0.85		
HE1	1.47	PE1	1.17	RAA	0.82	AAA	0.45
CE2	1.39	CD1	1.15	BB2	0.81	DDF	1.0

Assessments and Effective Dates for Minnesota Case Mix Classifications

OBRA Assessments used for Minnesota Case Mix	Effective Date for payment
<p>Admission Assessment: The ARD and completion date must be no later than the 14th day of the resident's stay. Admission assessments include the full MDS and CAAs. Exception: facilities may opt for the short stay rate for all residents who stay 14 days or less.</p>	Date of Admission
<p>Quarterly Assessment: The ARD must be no later than 92 days after the ARD of the most recent OBRA assessment.</p>	First Day of the month following the Assessment Reference Date
<p>Annual Assessment: The ARD must be no later than 366 days from the ARD of the most recent OBRA comprehensive assessment and no later than 92 days after the ARD of the most recent OBRA assessment. An Annual assessment includes the full MDS and CAAs.</p>	First Day of the month following the Assessment Reference Date
<p>Significant Change in Status Assessment: The ARD and completion date must be no later than the 14th calendar day after determination that a significant change has occurred. A Significant Change in Status assessment includes the full MDS and CAAs and resets the schedule for both the next Quarterly and the next Annual assessments.</p>	Assessment Reference Date
<p>Significant Correction of Prior Comprehensive Assessment of the most recent assessment used to calculate a Case Mix Classification: The ARD and completion date must be within 14 days of the identification of a major, uncorrected error in a prior comprehensive assessment. A Significant Correction of a Prior Comprehensive assessment includes full MDS and CAAs and resets the schedule for the next Annual and Quarterly assessments.</p> <p>Significant Correction of Prior Quarterly Assessment of the most recent assessment used to calculate a Case Mix Classification: The ARD and completion date must be within 14 days of the identification of a major, uncorrected error in a prior Quarterly assessment. A Significant Correction of Prior Quarterly assessment resets the schedule for the next Quarterly assessment.</p>	Original Effective Date
<p>Modification of the most recent assessment used to calculate a Case Mix Classification (A0050 = 2)</p>	Original Effective Date
<p>Note: Discharge assessments and Entry and Death in Facility tracking records do not generate a RUG classification but are required. Failure to complete any one of these may result in a delay in payment.</p>	

MDS Entry Tracking Record is required

- The MDS Entry tracking record is a stand-alone record.
- The MDS Entry tracking record is not an assessment.
- The MDS Entry tracking record **MAY NOT BE COMBINED** with any assessment.
- The MDS Entry tracking record is required prior to the submission of assessments in MDS 3.0.

Case Mix must receive the Entry tracking record before Case Mix processes any assessments. The facility may submit an Entry tracking record in the same batch as assessments.

NOTE: When an assessment is not accepted in the federal QIES ASAP system (Quality Improvement and Evaluation System Assessment Submission and Processing System), a case mix classification will not be generated and therefore the facility will not receive a case mix classification for billing purposes.

Minnesota Specific Case Mix Classifications

Minnesota has two case mix classifications in addition to the standard RUG groups. These are the short stay rate (DDF) and the penalty rate (AAA).

Short Stay Rate

Facilities may elect to accept a short stay rate, DDF, with a case mix index of 1.0 for all facility residents who stay 14 days or less in lieu of submitting an Admission assessment. This election is made yearly and is effective July 1.

Penalty Rate

The Minnesota penalty rate, AAA, is the lowest possible facility specific rate and is assigned for failure to complete and/or submit valid assessments within seven days of the time required by CMS. The penalty rate has an index of 0.45 for RUG-IV. For new admissions, the penalty rate is in effect from the date of admission until the first of the month following submission and acceptance of the assessment into the QIES ASAP system. For all other assessments, the penalty rate is in effect from the time the assessment was due until the first of the month following submission and acceptance of the assessment into the QIES ASAP system. Facility staff are encouraged to call Case Mix Review staff when an assessment receives a penalty.

Assessments must be accepted into the QIES ASAP System to be considered submitted. Facilities must monitor the CMS Final Validation Report to ensure assessments are accepted and errors are resolved.

The table on the next page contains timelines for when penalties apply to late assessments. Refer to the CMS Long-Term Care Facility Resident Assessment Instrument User's Manual Version 3.0 for further information about assessment schedules.

Minnesota Penalties for late ARD, late completion and late transmission of MDS

Type of Record	Assessment Reference Date (ARD) no later than	Minnesota Penalty date for late ARD	Complete by	Minnesota Penalty date for late completion	Must be submitted & accepted no later than	Minnesota Penalty date for late submission & acceptance
Admission Assessment A0310A = 01	14th calendar day of the resident's admission (admission date + 13 calendar days)	21st calendar day of the resident's admission (admission date + 20 calendar days)	14th calendar day of the resident's admission (admission date + 13 calendar days) ----- V0200C2 Care plan completion is <= 7 days from V0200B2 (CAA completion date)	V0200B2 (CAA completion date) + 7 calendar days	V0200C2 (Care plan completion) + 14 calendar days OR V0200B2 + 21 days whichever is less	V0200C2 + 21 calendar days OR V0200B2 + 28 days whichever is less
Quarterly Assessment A0310A = 02	ARD of previous OBRA assessment of any type + 92 calendar days	ARD of previous OBRA assessment of any type + 99 calendar days	ARD + 14 calendar days	Z0500B (RN signs as complete) + 7 calendar days	Z0500B (RN signs as complete) + 14 calendar days	Z0500B + 21 calendar days
Annual Assessment A0310A = 03	ARD of previous OBRA comprehensive assessment + 366 calendar days AND ARD of previous OBRA Quarterly assessment + 92 calendar days	ARD of previous OBRA comprehensive assessment + 373 calendar days AND ARD of previous OBRA Quarterly assessment + 99 calendar days	ARD + 14 calendar days ----- V0200C2 Care plan completion is <= 7 days from V0200B2 (CAA completion date)	V0200B2 (CAA completion date) + 7 calendar days	V0200C2 (Care Plan completion) + 14 calendar days OR V0200B2 + 21 days whichever is less	V0200C2 + 21 calendar days OR V0200B2 + 28 days whichever is less
Significant Change in Status Assessment A0310A = 04	14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)	21st calendar day after determination that significant change in resident's status occurred (determination date + 21 calendar days)	14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days) ----- V0200C2 Care plan completion is <= 7 days from V0200B2 (CAA completion date)	V0200B2 (CAA completion date) + 7 calendar days	V0200C2 (Care Plan completion) + 14 calendar days OR V0200B2 + 21 days whichever is less	V0200C2 + 21 calendar days OR V0200B2 + 28 days whichever is less

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Electronic Submission of MDS Data

Facility staff are required to submit completed MDS assessments to the QIES ASAP System. The “Provider’s Users Guide” includes instructions for electronic submission. This manual can be downloaded from the [QIES Technical Support Office \(QTSO\)](https://www.qtso.com/mdstrain.html) (<https://www.qtso.com/mdstrain.html>) just click on the section below MDS 3.0 Provider User’s Guide and select “Section 3 – Functionality.”

Any questions about electronic submission should be directed to the MDS Automation help desk at 651-201-3817 or toll free 1-888-234-1315.

Case Mix Review Checklists, Notices and Reports

Email notification that notices have been posted to the CMR Portal

Nursing facilities have the option of receiving email notifications that the Case Mix Classification Notices have been posted to the CMR Portal and are available to download, print and distribute. The facility has three (3) business days from the time the case mix classification notices are posted on the CMR Portal to download, print (**with no modifications or additions**), and distribute the notices to the resident or resident’s representative.

A nursing facility may provide up to five (5) email addresses. Facilities may add, edit or delete the email addresses any time during the year by logging onto the election website: [Case Mix Facility Login \(https://pgc.health.state.mn.us/cmrfacility-options/\)](https://pgc.health.state.mn.us/cmrfacility-options/). The HFID and password used to login are included in the letter sent to the facility annually related to the short stay election. Facilities are encouraged to have these emails match the CMR Portal approved users.

Creating a CMR Portal account **does not** update the email addresses receiving notification that notices have been posted.

Use the “Updating Email Notification Instructions” received with the Annual Case Mix Election For Residents Who Stay 14 Days or Less letter to manage the email addresses receiving electronic notification that Case Mix Classification Notices, Checklists and Validation Reports are posted on the CMR Portal.

If a facility does not choose the email option, the facility will be responsible for checking the CMR Portal frequently to provide timely distribution of the notices.

Accessing Minnesota Case Mix Review Validation Reports, Checklists & Classification Notices

The Minnesota Case Mix Review Validation Reports, Checklists, and Resident Classification Notices are accessible through the [CMR Portal](http://www.health.state.mn.us/divs/fpc/profinfo/cms/cmportal.html) (<http://www.health.state.mn.us/divs/fpc/profinfo/cms/cmportal.html>).

The Minnesota Case Mix Review Validation Reports and Checklists are for internal facility use only. They contain private data and must be treated as private data.

Reminder: Private data should not be sent in an unencrypted email.

Facilities are to download and print the case mix classification notices as posted with **no modification or additions**. Facilities distribute the case mix classification notices to the resident or resident's representative within three (3) business days of receipt.

Files on the CMR Portal

There are seven (7) files available for nursing facilities to download and print. Each file name includes a short descriptor of what is contained in the file and the report date of the file.

MDS3CmrValidation01012015.pdf
MDS3CmrAssessmentChecklist01012015.pdf
MDS3CmrAssessmentNotice01012015.pdf
MDS3CmrAuditChecklist01012015.pdf
MDS3CmrAuditClassificationNotice01012015.pdf
MDS3ReconClassificationChecklist01012015.pdf
MDS3ReconClassificationNotice01012015.pdf

CMR Portal Management Requirements and Tips

1. [Information on the CMR Portal:](http://www.health.state.mn.us/divs/fpc/profinfo/cms/cmrportal.html)
<http://www.health.state.mn.us/divs/fpc/profinfo/cms/cmrportal.html>
[CMR Portal User's Manual:](#)
<http://www.health.state.mn.us/divs/fpc/profinfo/cms/portalmanual.pdf>
[CMR Portal Log In:](#)
<https://pqc.health.state.mn.us/cmrportal/web/cmr-portal/login>
2. DO NOT SHARE screen names and passwords. Each user must create their own account using the "Detailed Instructions for Creating a CMR Portal Account." The CMR Portal Director will approve the user using the "CMR Director-Approving a New User" procedure. The CMR Portal contains protected information and the security of that information requires that passwords and user accounts not be shared.
3. If your password has expired, click on "Forgot Password" and follow the prompts to change password. Passwords expire every 56 days.

CMR Portal Management Requirements and Tips - continued

4. Users will be deactivated by the system if they don't log in within 56 days of the last log in. This means they will be unable to log in until they are reactivated. The facility CMR Director must send an email to health.FPC-CMR@state.mn.us to request that a user be reactivated. If the CMR Director has been deactivated by the system, the facility administrator or DON must send an email to health.FPC-CMR@state.mn.us to request that a CMR Director be reactivated.
5. It is recommended that each facility have three CMR Portal users, which includes the CMR Director. Facility staff may contact CMR staff to request additional users. This request needs to be sent via email to health.FPC-CMR@state.mn.us
6. Creating a CMR Portal account **does not** update the email addresses receiving notification that checklists and notices have been posted. Page 13 of this manual has information on how to update email addresses to receive notification.
7. The CMR Portal contains resident private data. CMR Portal users that are no longer employed by the facility should be deactivated immediately by the CMR Director to protect resident privacy. If the CMR Director is no longer employed by the facility, the facility administrator or DON must send an email to health.FPC-CMR@state.mn.us to immediately deactivate the CMR Director. A new CMR Director must be identified in the email.
8. To change the CMR Director, facility staff should send an email to health.FPC-CMR@state.mn.us requesting the change. CMR staff will contact the facility's administrator or DON to verify this information.
9. To be a CMR Portal user at more than one facility, send an email to health.FPC-CMR@state.mn.us to make this request. After the additional facility has been added to the user's account, the CMR Director will need to approve the individual as a user for the new facility.
10. A corporate employee can be an approved user of the CMR Portal. If the employee has the right to look at private data, they can be added as an approved user of the facility. The corporate employee will count as one of the three users allotted for the facility

Minnesota Case Mix Review Validation Report

Following each submission of MDS OBRA assessments and records used for Minnesota Case Mix Classifications, Case Mix generates a Minnesota Case Mix Review Validation Report. The report will provide the nursing facility with the official Minnesota Case Mix Classification for each resident. **The Case Mix Review Validation Reports contain private data. The Case Mix Review Validation Reports must be treated as private data.**

The Minnesota Case Mix Review Validation Report is available approximately 24 hours after the QIES ASAP system accepts the MDS OBRA required records and assessments and is available each day that the Minnesota Case Mix Review System accepts MDS OBRA required assessments.

The Minnesota Case Mix Review Validation Report has the following four sections:

1. Assessments and records accepted into the Minnesota Case Mix Review database.
 - a. These assessments and records will be used by Case Mix. The RUG-IV class, CMR effective date and effective dates for penalties are listed for RUG assessments and records.
2. Assessments and records being reviewed by CMR staff – expect a call from Case Mix staff if facility action is required
 - a. These assessments and records may simply be in this section because of the order assessments and records were submitted and the facility needs to do nothing.
 - b. If action is needed by facility staff, a CMR staff member will call the facility.
3. Assessments and records reviewed and accepted into CMR database by CMR staff
 - a. Assessments and records in this section have been reviewed by CMR staff and have been processed
 - b. The RUG-IV class, CMR effective date and effective dates for penalties are listed for RUG assessments and records.
 - c. All of the assessments and records in this section were previously in Section 2.
4. Assessments and records not needed in the CMR database; include the original assessments and records that were modified or inactivated.
 - a. If facility staff believe the deleted assessment or record was required for payment, contact Case Mix Review staff.

To avoid common errors, facility staff are encouraged to read and follow:

Chapter 2: Assessments for the Resident Assessment Instrument (RAI) in the Long-Term Care Facility RAI User's Manual Version 3.0.

The following is a screen shot of a sample Minnesota Case Mix Review Validation Report.

Minnesota Case Mix Review Validation Report										
CAUTION: Internal Facility Use Only - This Report Contains Private Data										
Facility: mY nERW FAC					HFID: 00000					
1. Assessments and records accepted into Minnesota Case Mix Review (CMR) database										
Resident Name	SS #	PMI #	ARD	A0310A	A0310F	RUG-IV	CMR Eff. Date	Submit Date	Penalty Eff. Date	Penalty Exp. Date
DOE, JANE	*****0000	00000000	04/06/2020		01	BA1		02/08/2010	11/09/2012	11/09/2012
DOE, JANE	*****0000	00000000	04/06/2020	01		BA1		02/08/2010	11/09/2012	11/09/2012
DOE, JANE	*****0000	00000000	04/06/2020	01		BA1	01/10/2010	02/08/2010	11/09/2012	11/09/2012
2. Assessments and records being reviewed by CMR staff - expect a call if facility action is required										
Resident Name	SS #	PMI #	ARD	A0310A	A0310F	RUG-IV	CMR Eff. Date	Submit Date		
3. Assessments and records reviewed and accepted into CMR database by CMR staff										
Resident Name	SS #	PMI #	ARD	A0310A	A0310F	RUG-IV	CMR Eff. Date	Submit Date	Penalty Eff. Date	Penalty Exp. Date
4. Assessments and records not needed in CMR database; includes the original assessments and records that were modified or inactivated										
Resident Name	SS #	PMI #	ARD	A0310A	A0310F	RUG-IV	Submit Date			
DOE, JANE	*****0000	00000000	01/01/2010	01		PA1	11/10/2010			
DOE, JANE	*****0000	00000000	04/07/2010	01		BA1	02/08/2010			
Report run on:					11/09/2012			Page 1		

Modifications

If a facility submits a modification to the most recent assessment used for a case mix classification, and the modification results in a change in case mix classification, the facility must give written notice to the resident or the resident's representative about the item or items that were modified and the reason for the modification. The notice of modified assessment may be provided at the same time that the resident or resident's representative is provided the resident's modified notice of classification. [MS §144.0724 Subd. 7(b)] The following sample notice contains the minimum content that could be used for a notice of modified assessment.

Sample Notice: Facility notifies resident/representative of modification

Name of resident or representative

Address

City, State, Zip code

Date

Dear (*Resident*):

This notice is to inform you that (*Insert Name of Facility*) has made a modification to the MDS assessment completed on (*Insert Date of Completion*) for (*Insert Name of Resident*). The modification was made to (*Insert name of item(s) modified*). This modification was completed because (*Insert reason for modification*). This may result in a change in the Case Mix classification.

You will receive an official notice of the new case mix classification which will state your right to request a reconsideration of this case mix classification.

Sincerely,

Medicaid Numbers – Adding or Modifying

To receive Medicaid payments for a resident, the resident's correct MA (PMI) number must be on the most recent MDS 3.0 assessment or Tracking Record for the resident and all subsequent MDS 3.0 assessments or Tracking Records submitted to QIES ASAP for the resident.

The MA (PMI) number is entered in item A0700, Medicaid number, on the MDS form. The facility may add a new MA number on the next MDS 3.0 assessment or Tracking Record submitted to the QIES ASAP system or **MODIFY ONLY** the MDS 3.0 assessment or Tracking Record with the **MOST RECENT** target date. [CMS defines the target date as ARD (A2300) for an assessment, date of entry (A1600) for Entry Tracking Records, and date of discharge (A2000) for all discharge assessments and Death Tracking Records.] See the RAI Manual for instructions on modifying a MDS 3.0 assessment or Tracking Record.

Key points regarding MA payment:

- If the facility modifies the **most recent** MDS 3.0 assessment or Tracking Record to add the MA number and the MA number does not appear on the Minnesota Case Mix Review Validation Report in the PMI number column, contact Case Mix Review Program staff at 651-201-4301.
- “No case mix on file” does not mean that a RUG-IV classification is missing. Verify that the correct, eight (8) digit MA# is on the most recent MDS 3.0 assessment or Tracking Record for the resident.
- MDH creates a payment file for DHS on Monday night that includes all assessments and records that were submitted and accepted into QIES/ASAP no later than the preceding Sunday. This payment file is processed by DHS on Thursday.
- If the MA number is in the Case Mix System and the facility receives a “No case mix on file” error message, the living arrangement may be missing or coded incorrectly by the county. DHS will only receive RUG classifications for MA recipients that the county has provided the correct living arrangement to DHS. Please contact the county to verify the correct living arrangement has been provided to DHS.
- If Medicaid payment is not received, and the denial is case mix related, within four weeks of submission of the correct MA number on the most recent MDS 3.0 assessment or Tracking Record for the resident, please contact Case Mix Review Program staff at 651-201-4301.

When in doubt, call Case Mix Review staff at 651-201-4301.

Request for Reconsideration of a Resident's Case Mix Classification

The resident, the resident's representative, the nursing facility, or the boarding care home may request a reconsideration of the assigned case mix classification using the "Request for Reconsideration of Resident's Case Mix Classification" form. The request for reconsideration must be submitted in writing to the Minnesota Department of Health within 30 days of the day the resident, the resident's representative, the nursing facility, or the boarding care home received the resident classification notice. The request for reconsideration must include all of the following:

- The name of the resident
- The name and address of the facility in which the resident resides
- The reasons for the reconsideration
- Documentation supporting the request.

The documentation accompanying the reconsideration request is limited to a copy of the MDS that determined the classification and other documents that would support or change the MDS findings.

Note: CMR staff review the documentation from the clinical record to determine if the MDS assessment used to determine the classification was coded accurately.

Minnesota Statute §144.0724 Subd. 8

(d) Reconsideration by the commissioner must be made by individuals not involved in reviewing the assessment, audit, or reconsideration that established the disputed classification. The reconsideration must be based upon the assessment that determined the classification and upon the information provided to the commissioner under paragraphs (a) and (b). If necessary for evaluating the reconsideration request, the commissioner may conduct on-site reviews. Within 15 working days of receiving the request for reconsideration, the commissioner shall affirm or modify the original resident classification. The original classification must be modified if the commissioner determines that the assessment resulting in the classification did not accurately reflect characteristics of the resident at the time of the assessment. The resident and the nursing facility or boarding care home shall be notified within five working days after the decision is made. A decision by the commissioner under this subdivision is the final administrative decision of the agency for the party requesting reconsideration.

(e) The resident classification established by the commissioner shall be the classification that applies to the resident while the request for reconsideration is pending. If a request for reconsideration applies to an assessment used to determine nursing facility level of care under subdivision 4, paragraph (c), the resident shall continue to be eligible for nursing facility level of care while the request for reconsideration is pending.

Resident or Representative Initiated Reconsideration

Upon written request, the nursing facility must give the resident or the resident's representative the following items:

1. A copy of the MDS assessment form
2. Documentation supporting the request
3. A copy of other information from the resident's record that has been requested by or on behalf of the resident to support a resident's reconsideration request

A copy of requested material must be provided at no charge within three working days of receipt of a written request for the information. If a facility fails to provide the material within this timeframe, it is subject to the issuance of a correction order and penalty assessment under sections §144.653 and §144A.10 of the Minnesota Statutes. The correction order will require that the nursing facility immediately comply with the request for information. Noncompliance may result in fines.

Facility Initiated Reconsideration

A reconsideration request from a nursing facility **MUST** contain the following additional information:

1. The date the resident classification notices were received by the facility.
2. The date the classification notices were distributed to the resident or the resident's representative.
3. A copy of the notice sent to the resident or to the resident's representative. This notice must do the following:
 - a. Inform the resident or the resident's representative that a reconsideration of the resident's classification is being requested
 - b. Provide the reason for the request
 - c. Include that the resident's rate will change if the request is approved and the extent of the change
 - d. State that copies of the facility's request and supporting documentation are available for review
 - e. Include that the resident or the resident's representative also has the right to request a reconsideration

The following is an excerpt from Minnesota Statute 144.0724 Subd. 8

“(c) If the facility fails to provide the required information listed in item (iii) with the reconsideration request, the commissioner may request that the facility provide the information with 14 calendar days. The reconsideration request must be denied if the information is not provided, and the facility may not make further reconsideration requests on that specific reimbursement classification.”

See the sample notice on the next page.

Read instructions on previous page.

Sample Notice: Facility is requesting a reconsideration

Resident Name
Address
City, State, Zip code
Date

This notice is to inform you that *(Insert facility name)* is requesting a reconsideration of the case mix classification assigned to *(Resident's name)* by the Minnesota Department of Health. We feel that the assessment is inaccurate in the following areas:

(Insert paragraph with reason for requesting reconsideration here.)

The present case mix classification assigned is *(insert current case mix classification)*, for which the rate is \$ *(insert current rate)* per day. If the reconsideration request is granted, the case mix classification may change to *(insert new case mix classification)*, and the rate would be \$ *(insert new rate)* per day.

Copies of the request and supporting documentation are available for your review and may be obtained from the Director of Nursing. You or your representative also have the right to request a reconsideration if you do not agree with the determination.

Sincerely,



Request for Reconsideration Form For Resident Case Mix Classification

Case Mix Review, P.O. Box 64938, St. Paul, MN 55164-0938

Complete all areas of this form and send to the above address with the following:

- A copy of the resident’s MDS assessment form
- Documentation from the medical record that establishes the resident’s needs **at the time of the assessment**.
- A brief description of the basis for your disagreement with the case mix classification

Note: The Facility must provide a copy of the MDS assessment and any requested material to the resident or resident’s representative within three working days of a written request.

This request and additional documentation must be submitted within 30 days of the receipt of the case mix classification notice. See Consumer Fact Sheet #4 (Requesting a Reconsideration) for additional information.

Resident Name _____

Facility Name _____

Facility Address _____

Brief Description of Reason for Request: (Use back or attach additional pages as necessary)

- Request Submitted By:**
- Resident
 - Resident’s authorized representative
 - Authorized representative of the facility

I signify by my signature that these statements are correct and factual.

SIGNATURE _____ DATE _____

<p>Note: A facility requesting a reconsideration must provide notice of the request to the resident or their representative and must include a copy of that notice with this reconsideration request. See the MDH Case Mix Classification Manual for Nursing Facilities.</p>		
<p>Note: to be completed for facility initiated request only</p>	<p>Date the facility received the classification notice:</p>	
	<p>Date the facility distributed the notices:</p>	

Audits of the assessments used for Case Mix Classifications

A percentage of MDS assessments used for Minnesota Case Mix Classifications are audited for accuracy by MDH staff. Audits may be performed through desk audits or on site review. On site audits are unannounced and may include review of residents' records, observations of residents, and interviews with residents, staff, and families. Residents may be reclassified if MDH staff determine that the resident was incorrectly classified. Within 15 working days of the audit completion, MDH will post electronic notices of the case mix classification for each resident whose case mix classification has changed subsequent to the audit.

Audits consist of annual audits for all facilities or special audits if problems are noted with a facility's completion and submission of MDS assessments. For example, a facility may be subject to a special audit if there is an atypical pattern of scoring MDS items, assessments are not being submitted, assessments are late, or a facility has a history of audit changes of 35 percent or greater. Depending on audit results, the sample of assessments being audited may be expanded up to 100%.

Each facility shall be audited annually. If a facility has two successive audits with five percent or less percentage of change and the facility has not been the subject of a special audit in the past 36 months, the facility may be audited biannually. A stratified sample of 15 percent, with a minimum of ten assessments, of the most current assessments shall be selected for audit. If more than 20 percent of the RUG-IV classifications are changed the audit shall be expanded to a second 15 percent sample, with a minimum of ten assessments. If the total change between the first and second sample 35 percent, the commissioner may expand the audit to all of the remaining assessments.

If a facility qualifies for an expanded audit, the commissioner may audit the facility again within six months. If a facility has two expanded audits within a 24-month period, that facility will be audited at least every six months for the next 18 months.

The commissioner may conduct special audits if the commissioner determines that circumstances exist that could alter or affect the validity of case mix classifications of residents. These circumstances include, but are not limited to, the following:

- (i) frequent changes in the administration or management of the facility;
- (ii) an unusually high percentage of residents in a specific case mix classification;
- (iii) a high frequency in the number of reconsideration requests received from a facility;
- (iv) frequent adjustments of case mix classifications as the result of reconsiderations or audits;
- (v) a criminal indictment alleging provider fraud;
- (vi) other similar factors that relate to a facility's ability to conduct accurate assessments
- (vii) an atypical pattern of scoring minimum data set items;
- (viii) non-submission of assessments;
- (ix) late submission of assessments; or
- (x) a previous history of audit changes of 35 percent or greater.

Appendices

A – RUG-IV Group Description

B – Admission Scenarios

C – Short Stay Scenarios

D – Glossary

MDS Resources

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MDS 3.0 RUG-IV DECISION TREE – 48-GROUP
Minnesota Case Mix System

Category (Description)	ADL Score	End Splits or Special Requirements	MN RUG-IV Group
<p>Extensive Services (At least one of the following ♦.)</p> <p>♦ Tracheostomy Care while a resident (O0100E2)</p> <p>♦ Ventilator or respirator while a resident (O0100F2)</p> <p>♦ Infection isolation while a resident (O0100M2)</p> <p>If a resident qualifies for Extensive Services but the ADL score is 1 or less then the resident classifies as Clinically Complex</p>	<p>>= 2</p> <p>>= 2</p> <p>>= 2</p>	<p>Tracheostomy care and ventilator/respirator</p> <p>Tracheostomy care or ventilator/respirator</p> <p>Infection isolation:</p> <ul style="list-style-type: none"> • without tracheostomy care • without ventilator or respirator care 	<p>ES3</p> <p>ES2</p> <p>ES1</p>
<p>Rehabilitation</p> <p>♦ 5 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 150 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3]</p> <p style="text-align: center;">OR</p> <p>♦ 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3] AND at least 2 nursing rehabilitation services (See nursing rehabilitation qualification description in this document.)</p>	<p>15-16</p> <p>11-14</p> <p>6-10</p> <p>2-5</p> <p>0-1</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>RAE</p> <p>RAD</p> <p>RAC</p> <p>RAB</p> <p>RAA</p>

Appendix A – MDS 3.0 RUG-IV 48 Group

Category (Description)	ADL Score	End Splits or Special Requirements	MN RUG-IV Group	
<p>Special Care High (ADL Score of >=2 or more and at least one of the following ♦.)</p> <ul style="list-style-type: none"> ♦ Comatose (B0100) and completely ADL dependent or ADL did not occur (G0100A1, G0100B1, G0100H1, G0100I1 all = 4 or 8) ♦ Septicemia (I2100) ♦ Diabetes (I2900) with both of the following: <ul style="list-style-type: none"> • Insulin injections for all 7 days (N0350A = 7) • Insulin order changes on 2 or more days (N0350B >= 2) ♦ Quadriplegia (I5100) with ADL score >= 5 ♦ Asthma or COPD (I6200) AND shortness of breath while lying flat (J1100C) ♦ Fever (J1550A) and one of the following: <ul style="list-style-type: none"> • Pneumonia (I2000) • Vomiting (J1550B) • Weight loss (K0300 = 1 or 2) • Feeding Tube (K0510B1 or K0510B2) with at least 51% of total calories (K0710A3 = 3) OR 26% to 50% through parenteral/enteral intake (K0710A3 = 2) and fluid intake is 501cc or more per day (K0710B3 = 2) ♦ Parenteral/IV feedings (K0510A1 or K0510A2) ♦ Respiratory therapy for all 7 days (O0400D2 = 7) ♦ If a resident qualifies for Special Care High but the ADL score is 1 or less then the resident is classified as Clinically Complex 	15-16	Depression	HE2	
	15-16	No Depression	HE1	
	11-14	Depression	HD2	
	11-14	No Depression	HD1	
	6-10	Depression	HC2	
	6-10	No Depression	HC1	
	2-5	Depression	HB2	
	2-5	No Depression	HB1	
			Note: See description of depressions indicator.	

Appendix A – MDS 3.0 RUG-IV 48 Group

Category (Description)	ADL Score	End Splits or Special Requirements	MN RUG-IV Group
<p>Special Care Low ADL score of 2 or more and at least one of the following ♦.)</p> <p>♦ Cerebral palsy (I4400) with ADL score >=5</p> <p>♦ Multiple sclerosis (I5200) with ADL score >= 5</p> <p>♦ Parkinson’s disease(I5300) with ADL score >= 5</p> <p>♦ Respiratory failure (I6300) and oxygen therapy while a resident (O0100C2)</p> <p>♦ Feeding Tube (K0510B1 or K0510B2) with at least 51% of total calories (K0710A3 = 3) OR 26% to 50% through parenteral/enteral intake (K0710A3 = 2) and fluid intake is 501cc or more per day (K0710B3 = 2)</p> <p>♦ Two or more stage 2 pressure ulcer (M0300B1) with two or more skin treatments **</p> <ul style="list-style-type: none"> • Pressure relieving chair (M1200A) and/or bed M1200B) • Turning/repositioning (M1200C) • Nutrition or hydration intervention (M1200D) • Ulcer care (M1200E) • Application of dressings (M1200G) • Application of ointments (M1200H) <p>♦ Any stage 3, 4 or unstageable (due to slough and/or eschar) pressure ulcer (M0300C1, D1, F1) with two or more skin treatments **See above list</p> <p>♦ Two or more venous/arterial ulcers (M1030) with two or more skin treatments. * * See above listing</p> <p>♦ One stage 2 pressure ulcer (M0300B1, and 1 venous/arterial ulcer (M1030) with 2 or more skin treatments</p> <p>* * See above listing of skin treatments</p> <p>♦ Foot infection (M1040A), diabetic foot ulcer (M1040B) or other open lesion of foot (M1040C) with application of dressings to the feet (M1200I)</p> <p>♦ Radiation treatment while a resident (O0100B2)</p> <p>♦ Dialysis treatment while a resident (O0100J2)</p> <p>♦ If a resident qualifies for Special Care Low but the ADL score is 0 or 1, the resident is classified as Clinically Complex</p>	15-16	Depression	LE2
	15-16	No Depression	LE1
	11-14	Depression	LD2
	11-14	No Depression	LD1
	6-10	Depression	LC2
	6-10	No Depression	LC1
	2-5	Depression	LB2
	2-5	No Depression	LB1
		Note: See description of depressions indicator.	

Appendix A – MDS 3.0 RUG-IV 48 Group

Category (Description)	ADL Score	End Splits or Special Requirements	MN RUG-IV Group	
<p>Clinically Complex (At least one of the following)</p> <ul style="list-style-type: none"> ◆ Pneumonia (I2000) ◆ Hemiplegia/hemiparesis (I4900) with ADL score >= 5 ◆ Surgical wounds (M1040E) or open lesion [M1040D] with any selected skin treatment <ul style="list-style-type: none"> • Surgical wound care (M1200F) • Application of nonsurgical dressings (M1200G) not to feet • Application of ointments (M1200H) not to feet ◆ Burns (M1040F) ◆ Chemotherapy while a resident (O0100A2) ◆ Oxygen therapy while a resident (O0100C2) ◆ IV Medications while a resident (O0100H2) ◆ Transfusions while a resident (O0100I2) ◆ If a resident qualifies for Extensive Services, Special Care High or Special Care Low, but the ADL score is 0 or 1 then the resident is classified Clinically Complex, CA1 or CA2 	15-16	Depression	CE2	
	15-16	No Depression	CE1	
	11-14	Depression	CD2	
	11-14	No Depression	CD1	
	6-10	Depression	CC2	
	6-10	No Depression	CC1	
	2-5	Depression	CB2	
	2-5	No Depression	CB1	
	0-1	Depression	CA2	
	0-1	No Depression	CA1	
			Note: See description of depressions indicator.	
	<p>Behavioral Symptoms and Cognitive Performance</p> <ul style="list-style-type: none"> ◆ BIMS score of 9 or less AND an ADL score of 5 or less <p>OR</p> <p>Defined as Impaired Cognition by the Cognitive Performance Scale AND an ADL score of 5 or less (See description of BIMS and Cognitive performance scale)</p> <ul style="list-style-type: none"> ◆ Hallucinations [E0100A] ◆ Delusions [E0100B] ◆ Physical behavioral symptoms directed towards others (E0200A = 2 or 3) ◆ Verbal behavioral symptoms directed towards others (E0200B = 2 or 3) ◆ Other behavioral symptoms not directed towards others (E0200C = 2 or 3) ◆ Rejection of care (E0800 = 2 or 3) ◆ Wandering (E0900 = 2 or 3) 	2-5	2 or more Restorative Nursing Programs	BB2
2-5		0-1 Restorative Nursing Programs	BB1	
0-1		2 or more Restorative Nursing Programs	BA2	
0-1		0-1 Restorative Nursing Programs	BA1	
		(See description of Restorative Nursing Programs.)		

Appendix A – MDS 3.0 RUG-IV 48 Group

Category (Description)	ADL Score	End Splits or Special Requirements	MN RUG-IV Group
Reduced Physical Function No Clinical Conditions	15-16	2 or more Restorative Nursing Programs	PE2
	15-16	0-1 Restorative Nursing Programs	PE1
	11-14	2 or more Restorative Nursing Programs	PD2
	11-14	0-1 Restorative Nursing Programs	PD1
	6-10	2 or more Restorative Nursing Programs	PC2
	6-10	0-1 Restorative Nursing Programs	PC1
	2-5	2 or more Restorative Nursing Programs	PB2
	2-5	0-1 Restorative Nursing Programs	PB1
	0-1	2 or more Restorative Nursing Programs	PA2
	0-1	0-1 Restorative Nursing Programs (See description of Restorative Nursing Programs)	PA1
	Minnesota Specific Classifications		
Short Stay for New Admissions with a stay of 14 days or less. Facility makes an annual election for all residents with 14 day or less stay.	N/A		DDF
Penalty for an assessment that is not completed or submitted within seven days of the time required by CMS	N/A		AAA

ADL Scoring

ADL	Self-Performance	Support	ADL Score
Bed Mobility (G0110A), Transfer (G0110B), Toilet Use (G0110I)	Coded -, 0, 1, 7, or 8	Any Number	0
	Coded 2	Any Number	1
	Coded 3	-, 0, 1, or 2	2
	Coded 4	-, 0, 1, or 2	3
	Code 3 or 4	3	4
Eating (G0110H)	Coded -, 0, 1, 2, 7 or 8	-, 0, 1, or 8	0
	Coded -, 0, 1, 2, 7 or 8	2 or 3	2
	Coded 3 or 4	-, 0 or 1	2
	Coded 3	2 or 3	3
	Coded 4	2 or 3	4

Depression Indicator

The depression end split is determined by either the total severity score from the resident interview in section D0200 (PHQ-9©) or from the total severity score from the staff assessment of mood D0500 (PHQ9-OV©).

Residents that were interviewed D0300 (Total Severity Score) >= 10 and D0300 <= 27
Staff Assessment – Interview not conducted D0600 (Total Severity Score >= 10 and D0600 <= 30

Restorative Nursing

Restorative Nursing Programs – 2 or more required to be provided 6 or more days a week

Passive range of motion (O0500A) and/or Active range of motion (O0500B)*

Bed mobility training (O0500D) and/or walking training (O0500F)*

Splint or brace assistance (O0500C)

Transfer training (O0500E)

Dressing and/or grooming training (O0500G)

Eating and/or swallowing training (O0500H)

Amputation/prosthesis (O0500I)

Communication training (O0500J)

No count of days required for:

Current toileting program or trial (H0200C) and/or Bowel toileting program (H0500)*

* Count as one service even if both are provided

Cognitive Impairment

Cognitive impairment is determined by either the summary score from the resident interview in section C0200-C400 (BIMS) or from the calculation of Cognitive Performance Scale if the BIMS is not conducted.

Brief Interview for Mental Status (BIMS)

BIMS summary score (C0500 <= 9)

Cognitive Performance Scale

Determine whether the resident is cognitively impaired based on the staff assessment rather than on resident interview. The RUG-IV Cognitive Performance Scale (CPS) is used to determine cognitive impairment.

The resident is cognitively impaired if **one** of the three following conditions exists:

1. B0100 Coma (B0100 = 1) and completely ADL dependent or ADL did not occur (G0110A1, G0110B1, G0110H1, G0100I1 all = 4 or 8)
2. C1000 Severely impaired cognitive skills (C1000 = 3)
3. B0700, C0700, C1000 Two or more of the following impairment indicators are present:

B0700 > 0 Problem being understood

C0700 = 1 Short-term memory problem

C1000 > 0 Cognitive skills problem

and

One or more of the following severe impairment indicators are present:

B0700 >= 2 Severe problem being understood

C1000 >= 2 Severe cognitive skills problem

Admission Scenarios

Facility has elected to complete an Admission assessment (A0310A = 01) for all residents

To establish a Minnesota Case Mix Classification for a resident in the Case Mix System the following two records must be submitted and accepted into the QIES ASAP system:

1. Entry tracking record (A0310F = 01) **and**
2. Admission assessment (A0310A = 01)

The scenarios listed on the following pages are common scenarios that may occur upon a resident’s admission to a facility and is not a complete list of all possible scenarios. Facilities that have scenarios not listed may call the Case Mix Review Program.

For further information and for directions on coding item A1700 (Type of entry), consult the current RAI User’s Manual.

Admission Scenarios – Table #1

Admission assessment was completed prior to death or discharge

Facility elected to complete Admission assessments on all residents

Scenario	Facility Action
Resident dies in facility	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Death in Facility tracking record (A0310F = 12)
Resident is discharged return not anticipated.	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Discharge assessment (A0310F = 10)
Resident is discharged return anticipated. Resident does not return to the facility.	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Discharge assessment (A0310F = 11)
Resident is discharged return anticipated. Resident returns to the facility within 30 days of discharge. The day of discharge from the facility is not counted in the 30 days.	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Discharge assessment (A0310F = 11) Upon resident’s return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 2)
Resident is discharged return anticipated. Resident returns to the facility greater than 30 days after discharge. The day of discharge from the facility is not counted in the 30 days.	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Discharge assessment (A0310F = 11) Upon resident’s return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 2) Submit Admission assessment (A0310A= 01)

Appendix B – Admission Scenarios

Admission Scenarios – Table #2

Resident discharged or died prior to completion of Admission assessment

Facility elected to complete Admission assessments on all residents

Scenario	Facility Action
Resident dies prior to completion of Admission assessment (A0310A = 01)	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01)* Submit Death in Facility tracking record (A0310F = 12)
Resident discharged return not anticipated prior to completion of Admission assessment (A0310A = 01)	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01)* Submit Discharge assessment (A0310F = 10)
Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident does not return to the facility within 30 days. The day of discharge from the facility is not counted in the 30 days.	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) Submit Admission assessment (A0310A = 01)* Plan ahead: When a resident discharges return anticipated, prior to completion of the Admission assessment, set the ARD for the Admission assessment on an MDS item set or in the facility software and keep all of the portions of the assessment that were completed prior to the resident's discharge. This allows completion of an Admission assessment if the resident does not return to the facility.
Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident returns to facility within 30 days. The day of discharge from the facility is not counted in the 30 days. The original admission date is the CMR effective date for billing in this scenario.	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 2) Submit Admission assessment (A0310A = 01) The admission assessment should be reinitiated with a new ARD and completed within 14 days after re-entry from the hospital. Plan ahead: When a resident discharges return anticipated, prior to completion of the Admission assessment, set the ARD for the Admission assessment on an MDS item set or in the facility software and keep all of the portions of the assessment that were completed prior to the resident's discharge. This allows completion of an Admission assessment if the resident does not return to the facility. Note: the combination of Discharge assessment (A0310F = 11) and Entry tracking record (A0310F = 01 and A1700=02) may be repeated several times until the resident stays 14 consecutive days and an Admission assessment is required.
*Note: See the RAI Manual, Chapter 3, Section V Clarifications for guidelines related to completing a comprehensive assessment when the resident has been discharged.	

Short Stay Scenarios

Facility elected the Short Stay Rate for all residents who stay 14 days or less

To establish a Minnesota Case Mix Classification for a resident in the Case Mix System, the following records and assessments must be submitted and accepted into the QIES ASAP system.

- Entry tracking record (A0310F = 01) **and** an Admission assessment (A0310A = 01)
 - **OR**
- Entry tracking record (A0310F = 01) **and** a Discharge assessment (A0310F = 10 or A0310F = 11) or a Death in Facility tracking record (A0310F = 12).

The following scenarios apply to facilities that have elected to accept the short stay rate for all short stay residents in lieu of submitting an Admission assessment for residents who stay 14 days or less.

For further information and for directions on coding item A1700 (Type of entry), consult the current RAI User’s Manual.

Short Stay Scenarios Table #1

Resident discharged or died prior to completion of Admission assessment

Facility elected the Short Stay Rate for all residents who stay 14 days or less

Scenario	Facility Action
Resident dies prior to completion of Admission assessment (A0310A = 01).	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Death in Facility tracking record (A0310F = 12)
Resident discharged return not anticipated prior to completion of Admission assessment (A0310A = 01).	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 10)
Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident does not return to the facility.	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11)

Appendix C – Short Stay Scenarios

Short Stay Scenarios Table #2

Resident discharged return anticipated prior to completion of Admission assessment and resident returns to facility

Facility elected the Short Stay Rate for all residents who stay 14 days or less

Scenario	Facility Action
<p>Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01);</p> <p>Resident returns to the facility and dies prior to the end of day 14</p>	<p>Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 2) Submit Death in Facility tracking record (A0310F = 12)</p>
<p>Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01);</p> <p>Resident returns to the facility and is discharged return not anticipated prior to the end of day 14.</p>	<p>Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 2) Submit Discharge assessment (A0310F = 10)</p>
<p>Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01);</p> <p>Resident returns to the facility and is discharged return anticipated prior to the end day of 14.</p>	<p>Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 2) Submit Discharge assessment (A0310F = 11)</p>
<p>Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01);</p> <p>Resident returns to facility and remains in facility longer than 14 days.</p>	<p>Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 2) Submit Admission assessment (A0310A = 01) The admission assessment should be reinitiated with a new ARD and completed within 14 days after re-entry from the hospital.</p>

Appendix C – Short Stay Scenarios

Short Stay Scenarios – Table #3

Admission assessment was completed prior to death or discharge

Facility elected the Short Stay Rate for all residents who stay 14 days or less

Scenario	Facility Action
Resident dies in facility	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Death in Facility tracking record (A0310F = 12)
Resident is discharged return not anticipated.	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Discharge assessment (A0310F = 10)
Resident is discharged return anticipated. Resident does not return to the facility.	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Discharge assessment (A0310F = 11)
Resident is discharged return anticipated. Resident returns to the facility within 30 days of discharge. The day of discharge from the facility is not counted in the 30 days.	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record as re-entry (A0310F = 01 and A1700 = 2)
Resident is discharged return anticipated. Resident returns to facility greater than 30 days after discharge. The day of discharge from the facility is not counted in the 30 days.	Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Discharge assessment (A0310F = 11) Upon resident's return to the facility: Submit Entry tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01)

Appendix C – Short Stay Scenarios

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Glossary

Assessment Reference Date (ARD) – The specific end point for look-back periods in the MDS assessment process. Almost all MDS items refer to the resident's status over a designated time period referring back in time from the ARD. Most frequently, this look-back period, also called the observation or assessment period, is a seven day period ending on the ARD. Look-back periods may cover the seven days ending on this date, 14 days ending on this date, etc.

ASAP – Assessment Submission and Processing System

Care Area Assessments (CAAs) – The review of one or more of the 20 conditions, symptoms, and other areas of concern that are commonly identified or suggested by MDS findings. Care areas are triggered by responses on the MDS item set.

Case Mix Index (CMI) – Case mix index means the weighting factors assigned to the RUG classifications. – Use RAI Manual – Appendix A

Case Mix Review (CMR) – The section of the Health Regulation Division of the Minnesota Department of Health that works in conjunction with the Minnesota Department of Human Services to deliver the case mix reimbursement program in nursing facilities.

CASPER – Certification And Survey Provider Enhanced Reports is an application that enables electronic connection to the CMS National Reporting Database.

Centers For Medicare And Medicaid Services (CMS) – the Federal agency that administers the Medicare, Medicaid, and Child Health Insurance Programs.

CMR Portal – is a secure website for facility staff to access the Minnesota Case Mix Review Validation Reports, Checklists, and Resident Classification Notices.

Index Maximization – Classifying a resident who could be assigned to more than one classification, to the classification with the highest case mix index.

Minimum Data Set (MDS) – A core set of screening, clinical assessment, and functional status elements, including common definitions and coding categories that form the foundation of the comprehensive assessment for all residents of long-term care facilities certified to participate in Medicare and Medicaid and for patients receiving SNF services in non-critical access hospitals with a swing bed agreement.

Minnesota Department of Human Services (DHS) – The state Medicaid agency.

Minnesota Department of Health (MDH)

Omnibus Budget Reconciliation Act (OBRA 1987) – Law that enacted reforms in nursing facility care and provides the statutory authority for the MDS.

Penalty Rate – a rate assigned for an assessment that has an ARD, completion date or submission date that is NOT within seven days of the time required by CMS. The penalty rate is equal to the lowest rate assigned to the facility.

QIES – Quality Improvement and Evaluation System

QIES ASAP – QIES Assessment Submission and Processing System is a national repository that provides computerized storage, access, and analysis of assessment data for residents in nursing homes and patients in swing bed (SB) hospitals across the United States, Puerto Rico, Virgin Islands and Guam.

Representative – Representative means a person who is the resident's guardian or conservator, the person authorized to pay the nursing home expenses of the resident, a representative of the Office of Ombudsman's for Long-Term Care whose assistance has been requested, or any other individual designated by the resident. Source: Minnesota Statute 144.0724 Subd. 2 (e)

Resident Assessment Instrument (RAI) – The instrument used to assess all residents in Medicare and/or Medicaid certified nursing facilities. The RAI consists of the MDS, CAAs, and utilization guidelines.

Resource Utilization Groups (RUG) – A category-based classification system in which nursing facility residents are classified into groups, each of which utilizes unique quantities and patterns of resources. Assignment of a resident to a RUG group is based on certain item responses on the MDS 3.0. Minnesota Case Mix uses the RUG-IV 48-group model.

State Operations Manual (SOM) – A manual developed by the Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, which serves as the basic guide for state agencies and the Regional Office for policies and procedures affecting the certification of Medicare and Medicaid providers.

Utilization Guidelines – Utilization guidelines are instructions from the federal government concerning when and how to use the RAI.

MDS RESOURCES

CMS Nursing Home Quality Initiative page is found at:

[Nursing Home Quality Initiative \(http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.html\)](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.html)

Links on the left side of this page are to the following:

- MDS 3.0 Manual (includes Errata documents)
- MDS 3.0 for Nursing Homes and Swing Bed Providers
- MDS 3.0 Technical Information
- MDS 3.0 Training

CMS Skilled Nursing Facility PPS page is found at:

[FY 2012 RUG-IV Education & Training \(http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/RUGIVEDu12.html\)](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/RUGIVEDu12.html)

Includes links to download CMS National Provider Call clarifications

[QTSO MDS 3.0 page \(https://www.qtso.com/.html\)](https://www.qtso.com/.html)

The MDS 3.0 Provider User's Guide – section five of this guide is a resource to help interpret error messages from the CMS final validation report. The guide can be found at:

[MDS 3.0 User Guides & Training Information \(https://www.qtso.com/mdstrain.html\)](https://www.qtso.com/mdstrain.html)

The MDS 3.0 Quality Measures User's Manual is a resource to help interpret facility quality measure reports. The manual can be found at: [MDS 3.0 User Guides & Training Information \(http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html\)](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html). Scroll down to the download section.

The Skilled Nursing Facilities / Long-Term Care Open Door Forum (ODF) addresses the concerns and issues of both the Medicare SNF, the Medicaid NF, and the nursing home industry generally. Timely announcements and clarifications regarding important rulemaking, quality program initiatives, and other related areas are also included in the forums. View announcements at:

[Skilled Nursing Facilities/Long-Term Care Open Door Forum \(http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_SNFLTC.html\)](http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_SNFLTC.html)

Sign up for SNF ODF notifications at: [CMS Email Updates \(https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_515\)](https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_515)

Updated CMS Videos

[Section O \(http://www.youtube.com/watch?v=J6lR7Y3M0yM&feature=youtu.be\)](http://www.youtube.com/watch?v=J6lR7Y3M0yM&feature=youtu.be)

[Section G \(http://www.youtube.com/watch?v=t-6e5NV4j6k&feature=youtu.be\)](http://www.youtube.com/watch?v=t-6e5NV4j6k&feature=youtu.be)

[Section M \(http://www.youtube.com/watch?v=Ix6qoV0If0Y&feature=youtu.be\)](http://www.youtube.com/watch?v=Ix6qoV0If0Y&feature=youtu.be)

[Section I \(http://www.youtube.com/watch?v=sZLjJMntcPQ&feature=youtu.be\)](http://www.youtube.com/watch?v=sZLjJMntcPQ&feature=youtu.be)

MDS RESOURCES CONTINUED

For MDS coding questions contact the MDS Clinical Help Desk at 651-201-4313 or email questions to: health.mds@state.mn.us

For MDS technical, submission or validation report questions contact the MDS Technical Help Desk at 651-201-3817 and in Greater Minnesota call 1-888-234-1315 or email questions to: health.MDSOASISTECH@state.mn.us

[Minnesota Case Mix Review website](#)

(<http://www.health.state.mn.us/divs/fpc/profinfo/cms/index.html>)

[Obtain the current Minnesota Case Mix Manual](#)

(<http://www.health.state.mn.us/divs/fpc/profinfo/cms/cmmanual.pdf>)

[Obtain the Minnesota Case Mix Consumer Fact Sheets](#)

(<http://www.health.state.mn.us/divs/fpc/profinfo/cms/RUGIVindex.html>)

[Obtain the CMR Portal User's manual](#)

(<http://www.health.state.mn.us/divs/fpc/profinfo/cms/portalmanual.pdf>)

[CMR Portal Login](#)

(<https://pqc.health.state.mn.us/cmportal/login>)

Subscribe to [Minnesota Case Mix Review updates](#)

(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_174)

For Minnesota Case Mix questions call: 651-201-4301 or email: health.FPC-CMR@state.mn.us

Statutes: MS144.0724 and MN Statute 256B.438 are available at: [Revisor of Statutes](#)
(<https://www.revisor.mn.gov>)

MDH Information Bulletins are announcements of relevant information for health care providers. Subscribe to the [Health Regulation Division Information Bulletin Index](#)
(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_26)

The Health Regulation Division Clinical Web Window website includes additional training resources: [Clinical Web Window](#)
(<http://www.health.state.mn.us/divs/fpc/cww/cwwindex.html>)