



# Changes in the CMI Report Process and Updates from OLTL

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## Objectives

- Understand the new CMI Report Process
- Interpret the CMI Report
- Identify Documentation Guidelines Updates
- Share Latest Updates from OLTL



## Nursing Facility Report Portal

- No longer able to use facility folders on the CMS MDS Welcome Page to securely provide CMI Reports
- New NFRP server
  - Able to download CMI Reports over the internet
  - Secure file hosting server
  - External web site that is accessible through the public internet
  - Unique user login identifiers, passwords and site certification features
- Other functions
  - Obtain forms to apply for access/passwords to the system
  - Upload signed scanned Certification Pages (2/1/15)
  - Obtain Bulletins
  - Obtain the Manual

A screenshot of a web browser displaying the "Individual User Account Maintenance Form" on the NFRP (Nursing Facility Report Portal) website. The browser's address bar shows "http://www.pnw.state.pa.us/nfrp/individualUserAccountMaintenanceForm". The form is titled "Individual User Account Maintenance Form" and includes the NFRP logo. It is divided into several sections: "NURSING FACILITY INFORMATION" with fields for "Facility License Number" and "Facility Name"; "INDIVIDUAL USER INFORMATION" with checkboxes for "Create New User Account", "Modify User's Access", and "Remove User's Access to Facility", and input fields for "Username", "Password", "Email", "User Contact Email Address", and "Telephone Number"; and "ADMINISTRATOR INFORMATION" with a text area for "By Approval and date below, the administrator of the facility is authorizing granting/revoking access for the individual in the INDIVIDUAL USER INFORMATION section. If there are any questions concerning the information submitted on this form, the Contact Person named here will be contacted for clarification." and input fields for "Administrator's Signature", "Date", "Administrator's Name (Print Name)", "Username", "Password", "Email", and "Administrator's Telephone Area Code" and "Telephone Number".

## Nursing Facility Report Portal

- Letter to NHA containing
  - Facility ID and password in sealed envelope
  - NFRP Individual User Access Form and instructions
    - Enter NF information: Facility ID (licensure number) and name (1-2)
    - Select Create New User Account (3)
    - Print your name legibly (4-6)
    - Enter your “work” e-mail address, not personal addresses as well as your “work” telephone number (7-8)
    - Signed and dated by NHA (9-10)
    - Print NHA name, e-mail address and telephone number (11-15)
    - Complete Contact person information if other than the NHA (16-20)
    - Will you have rights to upload the Certification Page beginning February 1, 2015? (21) Select Yes or No
    - Create coversheet including facility letterhead
    - Scan coversheet and completed form



## Nursing Facility Report Portal

- <http://cmi.panfsubmit.com>
  - Welcome Page with manual, Bulletins, access to forms
  - Select Log into NFRP
- Use facility credentials to access secure site to upload file containing Individual User Access Forms

A screenshot of a login form. It has two input fields: "Username" with the value "000000" and "Password" with masked characters "\*\*\*\*\*". Below the fields is a green "Sign On" button with a mouse cursor icon pointing to it.

## Nursing Facility Report Portal

- Facility Account Page
  - Used only to upload Individual Account Maintenance documents
  - Cannot be used to view or download CMI Report
- Click on the Requests folder
  - Select Browse. Find and select the scanned file containing the completed form and letterhead coversheet
  - Click on Open. The path and file name will appear in the Choose a File area
  - Select Upload
- Exit system by clicking on Sign Out link located on the top bar
  - Will receive message saying “Signed off successfully”



## Nursing Facility Report Portal

- Myers and Stauffer will
  - Retrieve your request from NFRP
  - Review your access request form for completeness
  - Create your Individual User Account
  - Send an e-mail notifying you that your account has been created
    - Will contain instructions to call Myers and Stauffer help desk (717-541-5809) to receive password information
    - E-mail will contain a PIN to confirm your credentials with the helpdesk



## Nursing Facility Report Portal

- CMI Report Access
  - Sign into NFRP using your Individual User Account
    - User name will be your work e-mail address
    - Facility Account login information from password letter cannot be used to retrieve CMI Reports
  - Select Access CMI Reports folder prefixed with licensure number
- Page listing available CMI Report files appears
  - Identified by CMI+PD+Facility MA number+date and time of CMI Report
  - Click on checkbox to right of file you wish to download
  - Page appears with file details
  - Click on Download; will be able to open file or save to your computer or network
- Exit by clicking on the upper right-hand corner



## Nursing Facility Report Portal

- Signed Certification Page
  - Must be submitted within five business days of the 15<sup>th</sup> of the month following the PD
  - For November 1 PD, use certified mail as has been done in the past
  - If you send multiple signed pages, the page with the latest postmark will be used
  - Eventually, it is planned that you will be able to upload this page to the same website just as you downloaded you CMI Report.



## Nursing Facility Report Portal

- Problems?
  - Check manual for further instructions
  - Contact Myers and Stauffer Help desk (717-541-5809)
- Incorrect CMI Report?
  - Submit additional records to CMS MDS QIES ASAP system
  - Download new CMI Report tomorrow
  - Contact Myers and Stauffer Help desk (717-541-5809) for assistance in resolving MA/non-MA issues, duplicate residents, etc.



## Resident Not on CMI Report

- Discharged on/before PD
  - A0310F = 10 Return not anticipated or 12 Death in Facility
  - A0310F = 11 but did not return in 30 days
- No RUGable assessment
  - Entry trackers (A0310F = 01) and Discharge assessments (A0310F = 10, 11, 12) do not contain all the information for RUG classification
  - Must have OBRA Admission (A0310A = 01) or PPS (A0310B = 01 -05) to classify
- Assessment has ARD of 16<sup>th</sup> of PD month or later
  - Resident admitted on/before the PD
  - Due to rehospitalizations, first RUGable assessment has ARD after 15<sup>th</sup> of PD month
- Non-valid list
  - Interval between admission/5-day and ARD exceeds allowed interval
  - No assessment less than four months old



## MA or Non-MA?

- Preventable Serious Adverse Event for MA resident on PD converts resident to non-MA
- Resident participating in MA HMO in community
  - First 30 days in NF, resident classifies as MA
  - Day 31 becomes MA Pending (non-MA) until receive PA/FS 162 from CAO
- Resident participating in LTC CAP/LIFE in community
  - Determined to be NF eligible and PA/FS 162 issued in past
  - LTC CAP/LIFE pays for duration of NF care
  - Resident classifies as MA
- Resident expected to be MA but no PA/FS 162 received yet
  - Resident classifies as MA Pending (non-MA)
- DRA to hospital converts resident non-MA
- MA resident exceeds 30 days LOA allowed per year; non-MA



## Occupancy Calculations

- In order to qualify for a hospital reserved bed day payment, a facility's overall occupancy for one of the three most recent Picture Dates must equal or exceed 85% (55 Pa. Code § 1187.104(b)(1)(ii)(B) or 55 Pa. Code § 1189.103(b)(1)(ii)(B)
- Occupancy Rate is calculated by dividing the total number of assessments listed on the facility's CMI Report for that PD by the number of the facility's certified beds



## Supplemental Ventilator and Tracheostomy Care Payment

- New pages at the end of the CMI Report
  - 10 or more MA residents require medically necessary care
  - 10% or more of the MA residents require the care
- Ventilator care calculation done since July 1, 2012
- Final form rule making published on June 14, 2014 and effective July 1, 2014 now includes MA residents requiring medically necessary tracheostomy care as well as ventilator care
  - Addendum issued October 21 for 2/1/14, 5/1/14 and 8/1/14 to incorporate tracheostomy coverage
  - Resident counted if O0100E1, O0100E2, O0100F1 or O0100F2 are checked
  - Each resident counted only once



## Supplemental Ventilator and Tracheostomy Care Payment

- Calculation
  - 19 MA residents receiving vent/trach care
  - 23 MA residents in NF
  - $19/23 = 83\%$
  - $83\% \times \$69 \times 83\% = \$47.53$  per diem
- Receive the per diem for all billed MA days in the Picture Date quarter
  - For February 1, assume that 2070 MA days were billed for January through March
  - Multiply by calculated per diem:  $2070 \times \$47.53$
  - Paid in September: \$98,387.10
- FO will review documentation





## Picture Date Closure

- Signed CMI Report Certification Page must be submitted within 5 business days after the end of the submission period
- Extensions may be granted by DPW if the facility has issues that prevent the completion of an accurate CMI Report
- Approximately two months after the PD, when a Certification Page has been received from each facility, the PD is closed
  - CMI Averages are sent to the state for posting
  - Data is stored to use in rate calculations
  - No changes to the CMI Reports can be made, e.g., late receipt of PAFS 162s, a modification to an assessment, etc.
  - Submit correct data so data base is accurate



## A0500A First Name

- A0500A First name cannot be left blank (^)
  - Use name from the MC card or other government ID
  - Retrospective – applies to any record submitted on October 1 or later
  - -3702 Fatal: This is a required text item. A valid non-blank value must be submitted



## A0600B Medicare/Railroad Insurance Number

- -3571 Fatal: If this is a PPS assessment (A0310B = 01 – 05, 07), then the Medicare or comparable railroad insurance number (A0310B) must be present (not [^])
  - The submission will be rejected if this is a PPS assessment and A0600B is equal to [^]
  - RAI Manual has been updated in the latest revision (v. 1.12R) to provide this information on page A-10
  - A valid SSN should be submitted in A0600A whenever it is available so the resident matching can be performed as accurately as possible



## A1600 Entry Date and A1700 Type of Entry

- New Section designated as Most Recent Admission/Entry or Reentry into this facility
  - A1600 Entry Date
  - A1700 Type of Entry
  - A1800 Entered From
- A1600 Entry Date: The initial date of admission to the facility, or the date the resident most recently returned to your facility after being discharged
  - Entry tracking form must be submitted within 7 days of this date to satisfy § 1187.22(18) (RDRM p. 4-3)



## A1600 Entry Date and A1700 Type of Entry

- A1700 Type of Entry
  - Code 1 Admission/entry if resident never previously admitted OR was DRNA OR was DRA and did not return within 30 days
    - Qualifier dealing with lack of completion of Admission assessment removed
  - Code 2 Reentry when resident was admitted to this facility AND was DRA AND returned within 30 days
    - Qualifier dealing with completion of Admission assessment removed
- A1800 Entered From



## A1900 Admission Date

- Admission Date: The date the resident first comes to the facility
- Date this **episode** of care in this facility began
  - Episode starts with Admission Date
  - Admission Date and Date of Entry are the same
  - Episode ends when resident is Discharged Return Not Anticipated, Discharged Return Anticipated but does not return within 30 days, or the resident dies
- May have several **stays** within the episode
  - First stay starts with Admission Date and ends when resident is Discharged Return Anticipated
  - Second stay starts when resident returns and there is a new Date of Entry at A1600; A1900 Admission Date remains the same.



## Example

| Event  | A1900 Admission Date | A1600 Entry Date | Discharge     |
|--|----------------------|------------------|---------------|
| Fall, Fx hip, hospital, NF   | 10/20/14             | 10/20/14         | DRA 10/28/14  |
| Pneumonia, hospital, NF  | 10/20/14             | 11/4/14          | DRA 11/12/14  |
| Reoperate, hospital, NF  | 10/20/14             | 11/17/14         | DRNA 12/24/14 |
| One episode: 10/20/14 – 12/24/14. Three stays: 10/20/14 – 10/28/14; 11/4/14 – 11/12/14; 11/17/14 – 12/24/14. |                      |                  |               |
| Fall, Fx hip, hospital, NF   | 2/10/15              | 2/10/15          | DRNA 3/29/15  |
| One episode: 2/10/15 – 3/29/15. One stay: 2/10/15 – 3/29/15  |                      |                  |               |



## Edits

- -3860 Fatal: If A1700 Type of Entry = 1 Admission, then A1600 Entry Date must equal A1900 Admission Date
- -3861 Fatal: If A1700 Type of Entry = 2 Reentry, then A1600 Entry Date must be greater than A1900 Admission Date
- Provider User's Guide:  
<https://www.qtso.com/mdstrain.html>



## O0600 Physician Examinations

- Documentation must include evidence of an examination by the physician in the physician progress notes to be counted as a physician examination



## MDS Focused Survey

- Pilot studies done in 2014
- Errors found included
  - Inaccurate staging and documentation of pressure ulcers
  - Lack of knowledge of antipsychotic drug classification
  - Poor coding regarding use of restraints
- CMS will expand these surveys in 2015 to be conducted nationwide.
  - [www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letters-15-06.html](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letters-15-06.html)



## Baseline Results

- 617 Providers reviewed
- 222,052 Positive items reviewed
  - 9,402 did not have documentary support – 4.23%
  - 2,267 Upcodes
  - 7,215 Downcodes
- Facility Profile Error Rates
  - One provider above 50%
  - Four providers between 20% and 29.99%
  - 42 providers between 10% and 19.99%
  - 20 providers had no errors – 0.00%



## Baseline Results

- Reviewed at least 1,000 times with Error Rate 10% or greater

| MDS Item | Item Description              | Times Positive | Error Percentage |
|----------|-------------------------------|----------------|------------------|
| C1000    | Decision Making - Staff       | 2,101          | 12.18%           |
| H0200C   | Current Toileting Program     | 1,388          | 13.83%           |
| M1200C   | Turning/repositioning program | 1,212          | 24.59%           |
| O0500B   | ROM (active)                  | 2,329          | 11.25%           |
| O0500E   | Transfer training             | 1,021          | 14.40%           |
| O0700    | Physician Orders              | 10,627         | 12.69%           |



## Websites

Nursing Facility Report Portal: <http://cmi.panfsubmit.com>

Case Mix Website:

<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/longtermcarecasemixinformation/index.htm>

PSAE Website:

<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/preventable/index.htm>

Order MA Forms:

<http://www.dpw.state.pa.us/findaform/ordermedicalassistanceforms/index.htm>

OBRA Information Website:

<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/longtermcarecasemixinformation/obratrainingInformation/index.htm>



## Questions?

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