Frequently Asked Questions

Prospective Reimbursement Plan for Nursing Facility and HIV Nursing Facility Services

SFY 2023
Effective 7/1/2022

Reimbursement Methodology Implementing
Acuity Adjustments
and
Value Based Purchasing

Original FAQs - 09/01/2022
Revision 1 - 10/05/2022

MDS Specific Questions

1. Which MDSs will be used in the case mix calculation? Only OBRA comprehensives and quarterlies or also PPS assessments? What about combined assessments (e.g. Admission/5-day)?
   A: Both OBRA and PPS assessments will be utilized for the CMI calculations with the most current assessment used to determine each individual's CMI.

2. If the snapshot date is April 1st is the actual cut off March 31st? Is this based on the ARD of the MDS or the completion date of the MDS?
   A: We will use the ARD as the cutoff date and for the example cited the ARD would need to be March 31st or earlier to be included.

3. Is the midnight census for the snapshot date going to determine the residents that are included in the case mix calculations? For example, how would those resident who discharge to the hospital with a return anticipated be treated.
   A: Yes, the midnight census for the snapshot date will determine the residents that are included in the case mix calculations. The ARD on the most recent assessment or discharge tracking document will determine if a resident is included in the current quarterly listing.

4. Does the MDS have to be transmitted and accepted into the database to be included in the case mix calculation?
   A: Yes, only assessments that are included in the MDS data sent to the State through the CMS system will be available for case mix calculations.

5. Will there be a limit on how many OBRA assessments can be submitted? Will there be a penalty for completing MDSs early? If so, what will the penalty be?
   A: Providers should follow CMS guidelines for completing and submitting MDS assessments.

6. Will any extra MDSs be required such as COT (Change of Therapy), EOT (End of Therapy), or OSA (Optional State Assessment)? Will there be any additional requirements as to how often/when MDSs must be completed other than what is federally already required?
   A: No, there will be no extra MDS assessments required. Providers should comply with federal requirements for MDS submissions.

7. Will an OBRA assessment be required once a Medicare stay ends?
   A: No, providers will not be required to complete any other type of OBRA assessment once a Medicare stay ends.

8. Will the restorative nurse assistants/aides need to be restorative certified in order for the restorative nursing to be coded on the MDS? There are no federal or Missouri state regulations or RAI Manual requirements that state they must be certified, however, I have received this question several times due to the case mix change so I double checking with you.
   A: Missouri will rely on federal requirements for how restorative nursing is coded.

9. How will the State address the CMS plan to discontinue support for RUGs as of October 1, 2023?
   A: MO HealthNew has designed the case mix system to accommodate RUGs-based rate calculations through June 30, 2024 using MDS data available through September 30, 2023. MO HealthNet will evaluate all options available for case mix calculations for July 1, 2024 and after during the annual rate review process that will occur in the spring of 2024. Those options will include transitioning to PDPM-based case mix calculations.

CMI Questions

10. What CMI calculation type will be used, index maximizing or hierarchical? Will the case mix default to the better paying RUG?
    A: The system will use index maximizing criteria.

11. What happens for homes that don't do quarterly OBRA assessments? How will that affect their rate?
    A: Both OBRA and PPS assessments will be utilized for the CMI calculations with the most current assessment used to determine each individual's CMI

12. If a quarterly or comprehensive is completed in the first quarter and another quarterly or comprehensive is completed in the second quarter and two different RUGs are obtained from these MDSs then will the RUG be averaged together or will the last RUG in place be the one that gets included in the CMI.
    A: A CMI value will be calculated for each resident each quarter using the most current assessment available from the review period. A Medicaid CMI will be determined for the facility each quarter by averaging the CMI values for all Medicaid residents from that quarter. The semi-annual case mix adjustments will be based on a simple average of the facility's two applicable quarterly Medicaid CMI averages.

13. What will the look-back period be for assessments?
    A: Missouri will use a 180 day look-back period to find the most current assessment available.

14. What if no assessment is found in the look-back period?
    A: If no assessment is found in the look-back period the resident will not be included on the listing. In this circumstance there is no record of the resident in the MDS data being reviewed. (Revised response)

15. How will individuals with only entry tracking records be treated?
    A: Individuals with only entry tracking records will be excluded from the CMI calculations.

16. If a resident had a Quarterly on 6/20 and had a rehab RUG and on 6/22 they went to the hospital and readmitted on 7/1, would this resident be included in the CMI for the second quarter of the year since they were not in the building at the end of the look-back.
    A: We will use the ARD as the cutoff date and for the example cited the ARD would need to be June 30th or earlier to be included in 2nd quarter listing.

17. Will the quarterly resident listings include assessments submitted after the cut-off date if the ARD is dated prior to the cut-off date?
    A: Yes, assessments with an ARD prior to the cutoff date will be included even if they are submitted after the cut-off date. Assessments must be submitted within the timeframe allowed by CMS.

18. For a resident average will all MDSs in the reporting period be used?
    A: The most current assessment from the review period will be used.

19. If a resident is only in the home for a few days and does not have an OBRA Admission or PPS 5-day completed will this resident still be included in the facilities rate?
    A: The most current assessment for each active resident from the review period as of the cutoff date will be used and the assessment ARD will be used to compare to the cutoff date. If no assessments are ever submitted for the resident then they should not appear as an active resident.

20. What MDS item will be used to determine days
    a. Are the days from O0400A4, O0400B4 and O0400C4
       OR
    b. Are the days from O0420 used in the rehab calculation?
       A: The days are from O0420

21. Is there a list of the MDS used to calculate the Medicaid CMI?
    A: A resident listing including assessment dates, RUG classifications, and CMI values will be prepared for each facility and distributed for review prior to the implementation of the case mix rates. This will become a regular quarterly process once the system is up and running.

22. Will Time-Weighted reporting be used (averaged by days) or a simple average of CMIs.
    A: We will use a simple average of CMIs

23. How are Medicaid residents identified?
    a. Medicaid Number?
    b. OBRA Assessments?
    c. Is the OSA used?

       A: The following process will be used to determine the payer source from the MDS data. If A0310b (PPS reason for assessment) equals 01 the resident's payer source is considered Medicare. If A0310b = 99 and A0700 (Medicaid Number) equals a valid number (+ for pending) the resident's payer source is considered Medicaid. If neither of these conditions are met the resident's payer source is considered Other.

       Residents will be included as Medicaid if Medicaid was a payer source during any point during the quarter. Providers will have the opportunity to review the payer source assigned to each resident and reclassify residents they believe have been classified incorrectly.

       Missouri does not plan to use an OSA

24. How will Medicaid pending residents be classified?
    A: Medicaid pending residents will be included in the Medicaid CMI calculation.

25. How will Medicaid hospice residents be classified?
    A: Medicaid hospice residents will be included in the Medicaid CMI calculation.

26. How will Medicaid managed care residents be classified?
    A: Medicaid managed care residents will be included in the Medicaid CMI calculation.

27. How will the facility average or total/overall CMI be calculated and how will it be used?
    A: The facility average or total/overall CMI averages will be calculated with each snapshot but the overall CMI will only be used to establish the average acuity for base cost report periods. Only the Medicaid CMI will be used to adjust rates.

28. How can facilities obtain the case mix information necessary to estimate Medicaid rate calculations?
    A: For the rates effective 7/1/2022, Myers and Stauffer will prepare resident listings and draft rate schedules to share with providers during the month of October. The draft rate schedules will show the rate calculations and CMI values used in those calculations.

    Going forward, resident listings will be prepared for each calendar quarter and will include each resident's RUG classification, the CMI for each resident, the average CMI for all residents, and CMI averages for Medicaid, Medicare, and Other payer sources. The Medicaid CMI data from the listings is all that will be used to calculate the Medicaid rates, but the other values will be provided so that facilities can fully account for all residents.

29. Is the statewide average CMI included in the State Plan Amendment, 0.8744, the actual value that will be used in the rate calculations or is this value just used as an illustration? Likewise, are the ceilings that are included in the proposed SPA the actual recalculated ceilings, or again, were those just used for the illustration?
    A: The 0.8744 value is used for illustration purposes in the SPA but it is the average based on the data available at this time which is still considered to be in draft form. The same is true for the recalculated ceilings, the values included in the proposed SPA are used for illustration but are based on the data available at this time and are still considered to be in draft form. It is possible that these values will change with the final rate calculations but any changes should be minor.

Other Questions

30. Will this in any way change how the state surveyors survey?
    A: The updated reimbursement system should not change how the state surveyors conduct surveys.

31. Are there any additional documentation requirements to support the coding of the MDS, other than what is already required in the RAI Manual?
    A: No

32. How quickly will changes in the CMI impact the reimbursement rates?
    A: Missouri will use a semi-annual case mix adjustment process and this results in an approximately 6-month average offset between when changes in CMI impact the Medicaid rate. Because the system relies on average CMI calculations, changes in the CMI for individual residents may impact the rate calculation sooner or later than the estimated off-set time. As part of the process, providers will be given an opportunity to review resident listings (payer source assignments) before rates are implemented that utilize the average CMI values calculated from those listings. The time needed to complete the process is the primary reason for the offset between the period that is used to calculate the CMI and the rate effective date. The decision to make semi-annual adjustments contributes to the average offset time but this also means that reimbursement rates will change less frequently than if they were adjusted quarterly.

33. How long can providers go without completing an assessment before it will affect the CMI?
    A: Missouri will use a 180 day look-back period to find the most current assessment available. If no assessment is found in the look-back period the resident will be classified to the RUG classification with the lowest CMI.

34. Is there a dollar amount or formula that homes can use to see if their CMI is going up or down?
    A: Facilities will be able to review the quarterly case mix calculations (or their own CMI estimates) and apply those values to the rate calculations to estimate future rates.

35. What opportunity will providers have to review the case mix data?
    A: Providers will receive resident listings to review assessment dates, RUG classifications, CMI values, and payer source assignments. They will have a 30-day window to review the listings and submit payer source updates. They will also be able to report other concerns about the listings such as assessments they believe are not current or classifications they feel are incorrect. We will review these other issues to ensure we have pulled data correctly, but providers will need to work through the CMS system to correct any errors in MDS data.

36. Will audits of case mix data be completed?
    A: At this time there is no plan to conduct case mix audits.

37. The proposed reimbursement methodology includes a hold harmless comparison to the rates in effect on June 30, 2022. Will this comparison be made before or after the VBP and mental health add-ons have been added to the new rates?
    A: The hold harmless comparison will be made before the VBP and mental health add-ons are added to the new rates.

38. How often will rates be rebased?
    A: Any funding for future rebases or other reimbursement adjustments will be dependent on actions from the General Assembly and the Governor.

Training Questions and Myers and Stauffer Resources

39. Is Myers and Stauffer creating a RUG User Guide for Missouri like they have for other states? If so, when will this be available?
    A: Yes, Myers and Stauffer will produce a RUG User Guide but a date has not been set for when this will be released.

40. Myers and Stauffer created a one page document titled Rapid RUG-IV Guide (48 Group Classification) and at the bottom it says dedicated to government health programs. Would it be alright with them to use this document as a resource in training (leaving their name on it of course)?
    A: Yes, this document can be used as a resource in training.

41. Will Myers and Stauffer be providing provider training like they have sometimes done for other states? If so, when will this be provided?
    A: Yes, there will be training sessions for providers on the new system. Myers and Stauffer will work with MO HealthNet to determine what training is needed and when it should be provided.

42. Will Myers and Stauffer be posting resources for Medicaid case mix to their website (https://myersandstauffer.com/provider-portal/) like they have for some other states?
    A: Yes, Myers and Stauffer will post Missouri resources to their website. It is yet to be determined whether a provider portal will be utilized for distribution of case mix listings and rate schedules.

43. Will education on the Medicaid payment changes be provided?
    A: Yes, a training session on the new payment methodology will be provided through the MHCA Annual Convention on August 30th. A webinar session and/or webinar recording will also be provided at a later date TBD.