GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Brian P. Kemp, Governor **Frank W. Berry, Commissioner**

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Effective October 1, 2019, the Center for Medicare and Medicaid Services (CMS) moved to a Patient Driven Payment Method (PDPM) for Medicare reimbursement. Beginning October 1, 2020. CMS allowed for the requirement of the PDPM items on OBRA assessments In response to this change, Georgia Medicaid is requiring these additional Minimum Data Set (MDS) items that are needed for the PDPM calculation on the OBRA assessments when not combined with a 5-day SNF PPS assessment.

Frequently Asked Questions

Question 1:
What MDS items should be completed on the OBRA comprehensive and quarterly assessments for the PDPM calculation?

Answer:
Section GG – GG0130 Self Care (complete only column 1)
GG0130A1 GG0130B1 GG0130C1 GG0130E1 GG0130F1 GG0130G1
GG0130H1

Section GG – GG0170 Mobility (complete only column 1)
GG0170A1 GG0170B1 GG0170C1 GG0170D1 GG0170E1 GG0170F1
GG0170G1 GG0170I1 GG0170J1 GG0170K1 GG0170L1 GG0170M1
GG0170N1 GG0170O1 GG0170P1 GG0170R1 GG0170S1

Section I
I0020 - Indicate the resident's primary medical condition category

Section J
J2100 – Recent Surgery Requiring Active SNF Care
J2100 = 1 (Check all that apply J2300 - J5000)

Section Z
Z0100A – PDPM HIPPS Code

- Please note that when the PDPM is calculated for a PPS assessment (when A0310B = 01 or 08), the expected HIPPS code is a five-character code that includes the federal assessment indicator.
- If the PDPM is calculated for an OBRA NC or NQ with or without discharge, the expected HIPPS code is a four-character code that excludes the federal assessment indicator.

Question 2:
How will completing the additional MDS Assessment data elements be used.

Answer:
Effective 10/01/2020, the MDS ASAP system will calculate a PDPM HIPPS code and compare it to the submitted value Z0100A for PPS assessments and NC and NQ stand-alone OBRA assessments.

- For PPS assessments (A0310B = 01, 08), the system will expect a 5-character HIPPS code that includes the Federal Assessment Indicator.
- For stand-alone OBRA NC or NQ assessments (when A0310A= 01,02,03,04,05,06 and A0310B=99), the system will expect a 4-character HIPPS code that excludes the Federal Assessment Indicator.

Question 3:
My facility is receiving an error message when we submit our resident's MDS Assessments. How long do we have to submit our resident assessments before our reimbursement rates are impacted?

Answer:
The Quarter Ending September 30, 2020 resident data will be extracted after October 31, 2020. The Case Mix Index (CMI) will be calculated and the Preliminary Resident Roster will be prepared and available in November 2020. After any needed payor source corrections are submitted, the Final Resident Roster will be prepared and the final Case Mix Index (CMI) will be calculated. From this data, the reimbursement rates effective January 1, 2021 will be calculated.

The Quarter Ending December 31, 2020 resident data will be extracted after January 31, 2021. The Case Mix Index (CMI) will be calculated and the Preliminary Resident Roster will be prepared and available in February 2021. After any needed payor source corrections are submitted, the Final Resident Roster will be prepared and the final Case Mix Index (CMI) will be calculated. From this data, the reimbursement rates effective April 1, 2021 will be calculated. Therefore, Providers have until January 31, 2021 to submit assessment data with a Completion Date (Z0100b) on/before 12/31/2020.

Question 4:
Who do I contact if I still am having problems submitting my resident's MDS Assessments?

Answer:
Please contact:

Lesley J. Lowman, RN
RAI/MDS Coordinator, State of Georgia
Healthcare Facility Regulation Division-LTC Section
ljlowman@dch.ga.gov

Question 5:
Will the Medicaid reimbursement methodology use of the RUGs Case Mix Index (CMI) continue to be used for rate setting?

Answer:
Yes. The MDS Data Set effective October 1, 2020 will continue to support RUG calculations and therefore eliminates the need for utilizing Optional State Assessments to maintain RUG calculations. The Case Mix Index (CMI) will continue to be calculated and used for rate setting.

Question 6:
When will Department of Community Health, Office of Reimbursement decide regarding any needed reimbursement methodology transitioning from a RUG Case-mix methodology to PDPM?

Answer:
No decisions will be made regarding transitioning from a RUG Case-mix methodology to PDPM until quarterly data containing all the necessary data elements for PDPM calculations are available.

At that time, the Department will begin reimbursement rate setting modeling. To begin modeling, needed data will not be available until after the Qtr. Ending 12/31/2020 data is available. Therefore, for comparison review, a minimum of two (2) to three (3) quarterly data elements will be needed (Qtr. Ending 12/31/2020, Qtr. Ending 03/31/2021, and Qtr. Ending 06/30/2021).

Question 7:
Will Department of Community Health, Office of Reimbursement select members from the Provider Community to be a part of the modeling discussion and review of any proposed reimbursement methodology changes related to transitioning from a RUG Case-mix methodology to PDPM?

Answer:
The Department of Community Health, Office of Reimbursement values the input from the Provider community and will include members from the Provider community (small nursing home providers, large nursing home providers, owners, and the Georgia Health Care Association) as we prepare for the possibility of a change in reimbursement methodology.

Question 8:
Does the Department of Community Health, Office of Reimbursement anticipate any additional requirements to the MDS Assessments?

Answer:
The Center for Medicare and Medicaid Services (CMS) will announce any proposed changes to the MDS assessment data elements related to the PDPM calculation in April of 2021. At that time, the Department of Community Health, Office of Reimbursement will review the proposed changes to determine if any revisions are needed to Medicaid reimbursement methodology.