Minnesota Case Mix Review Manual

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https://www.health.state.mn.us/facilities/regulation/casemix/index.html

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Preface

History of Minnesota Case Mix

The 1978 Minnesota State Legislature enacted a law requiring Medicaid Certified Nursing Homes to charge private pay residents and Medicaid recipients the same daily rate for the same services and is commonly referred to as rate equalization.

The 1985 Minnesota State Legislature established a case mix reimbursement system for residents in Medicaid Certified 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 for Medicare payments to long term care providers.

The 2001 Minnesota State Legislature passed legislation adopting 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 Minnesota State Legislature passed legislation adopting the MDS 3.0 as the assessment instrument for Minnesota case mix when implemented by CMS, effective October 1, 2010. The 2011 Minnesota State Legislature passed legislation adopting the use of the RUG-IV, 48-group model, effective January 1, 2012.

The 2025 Minnesota State Legislature passed legislation adopting the Patient Driven Payment Model (PDPM) developed by CMS using the MDS 3.0 information already transmitted to CMS by Medicare and/or Medicaid certified nursing homes. Minnesota implemented the PDPM Nursing Component model on October 1, 2025, to classify residents for private pay and Medicaid payments to long term care providers.

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. 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.

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

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 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.
- **Audit** – An evaluation of the medical record documentation to ensure the MDS is an accurate representation of the resident's status during the look back period of the assessment.
- **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 classifications.
- **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, Resident Classification Notices, and Audit Exit Reports.
- **Internet Quality Improvement Evaluation System (iQIES)** – Internet Quality Improvement and Evaluation 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.
- **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.
- **Patient Driven Payment Model (PDPM)**– A case mix classification system in which nursing facility residents are classified into groups-based responses on the MDS 3.0. Minnesota Case Mix utilizes the PDPM Nursing Component to determine classifications for payment.
- **Penalty Rate** – a rate assigned for an assessment that has an ARD, completion date or submission date that is NOT within the time required by CMS. The penalty rate is equal to the lowest rate assigned to the facility.
- **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) (https://www.revisor.mn.gov/statutes/cite/144.0724).

- **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.
- **Short Stay** Rate – Case Mix index of 1.0.
- **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.
- **Target Date** – The target date is the:
  - Assessment Reference Date (item A2300) for OBRA comprehensive and non- comprehensive assessments.
  - Entry Date (item A1600) for Entry Tracking Records.
  - Discharge Date (item A2000) for Discharge Assessments and Death in Facility Tracking Records.
- **Utilization Guidelines** – Utilization guidelines are instructions from the federal government concerning when and how to use the RAI.

Minnesota Case Mix

What is Case Mix?

Minnesota Case Mix is a system that classifies residents into distinct groups based on the resident's condition and the care the resident received at the time of the assessment. These groups determine the daily rate the facility charges for the resident's care. A value is assigned to each classification, which is used to calculate the daily rate of payment.

Residents are assigned to classifications based on an assessment completed by the nursing facility staff using the Resident Assessment Instrument (RAI). The Center for Medicare and Medicaid Services (CMS) specifies how the RAI must be coded and what time periods are used to gather the data.

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.

MDS for Minnesota Case Mix Classification

Minnesota utilizes the PDPM Nursing Component, and two additional Minnesota-specific classifications. The Minnesota-specific classifications are:

Short Stay Rate (DDF)

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 consecutive days or less in lieu of submitting an Admission assessment. This election is made yearly and is effective July 1. If a resident is admitted and discharged from the facility on the same calendar day, in which case the admission assessment is not required.

Penalty Rate (AAA)

The Minnesota penalty rate, AAA, is the lowest facility specific rate and is assigned for failure to complete and/or submit valid assessments within the timeframe required by CMS. The penalty rate has an index of 0.45. 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 iQIES 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 iQIES system. Facility staff are encouraged to call Case Mix Review staff when an assessment receives a penalty.

Assessments must be accepted into the iQIES 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 page 9 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 regarding assessment schedules.

PDPM Nursing Component Indexes

Table of PDPM Nursing Component Indexes

PDPM Classification B-C	Case Mix Index for B-C	PDPM Classification E-H	Case Mix Index for E-H	PDPM Classification L	Case Mix Index for L	PDPM Classification P	Case Mix Index for P
BAB1	0.94	ES1	2.77	LBC1	1.35	PA1	0.62
BAB2	0.98	ES2	2.90	LBC2	1.63	PA2	0.67
CA1	0.89	ES3	3.84	LDE1	1.64	PBC1	1.07
CA2	1.03	HBC1	1.76	LDE2	1.97	PBC2	1.15
CBC1	1.27	HBC2	2.12			PDE1	1.39
CBC2	1.47	HDE1	1.88			PDE2	1.48
CDE1	1.53	HDE2	2.27				
CDE2	1.77						

Minnesota Classifications

Minnesota Classification	Case Mix Index
AAA	0.62
DDF	1.0

Assessments and Effective Dates for Minnesota Case Mix Classifications

OBRA Assessments used for Minnesota Case Mix	Effective date for payment
Admission: 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 consecutive days or less.	Date of admission
Quarterly: The ARD must be no later than 92 days after the ARD of the most recent OBRA assessment.	First day of the month following the assessment reference date
Annual: 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.	First day of the month following the assessment reference date
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.	Assessment reference date
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. **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.	Assessment reference date
Significant Change in Status Assessment when isolation precautions end: The ARD must be set on day 15 after isolation precautions end and the assessment must be completed within 14 days of the ARD. The last day of isolation is considered day 0 when determining the ARD of the Significant Change in Status Assessment.	Day 15 after all isolation precautions end

OBRA Assessments used for Minnesota Case Mix	Effective date for payment
Modification of the most recent assessment used to calculate a Case Mix Classification (A0050 = 2)	Original effective date

Note: Discharge assessments and entry and death in facility tracking records do not generate a classification but are required. Failure to complete any one of these may result in a delay in payment.

Note: Tracking records and discharge assessments are required to be completed and submitted. Consult the current RAI User's Manual for further information on completion of tracking records and discharge assessments. Failure to complete tracking records and discharge assessments may result in a delay in payment.

See Appendix A for a complete description of the PDPM model using MDS 3.0 data.

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 no later than	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)	14th calendar day of the resident's admission (admission date + 13 calendar days)	MDS/CAAs must be completed by the 14th calendar day of the resident's admission (admission date + 13 calendar days) The Care Plan must be completed by the CAA completion date +7 days.	MDS/CAAs 14th calendar day of the resident's admission (admission date + 13 calendar days)	Care plan completion date (V0200C2) + 14 calendar days	Care plan completion date (V0200C2) + 14 calendar days
Quarterly Assessment: A0310A = 02 Significant Correction of Prior Quarterly Assessment: A0310A=06	ARD of previous OBRA assessment of any type + 92 calendar days	ARD of previous OBRA assessment of any type + 92 calendar days	ARD + 14 calendar days	ARD + 14 calendar days	MDS completion date (Z0500B) + 14 calendar days	MDS completion date (Z0500B) + 14 calendar days

Type of Record	Assessment Reference Date (ARD) no later than	Minnesota Penalty date for late ARD	Complete no later than	Minnesota Penalty date for late completion	Must be submitted & accepted no later than	Minnesota Penalty date for late submission & acceptance
Annual Assessment: A0310A = 03 Significant Change in Status Assessment: A0310A = 04 Significant Correction of Comprehensive Assessment: A0310A=01	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 + 366 calendar days AND ARD of previous OBRA Quarterly assessment + 92 calendar days	MDS/CAAs- ARD + 14 calendar days Care Plan- CAA completion date (V0200B2) + 7 days	ARD + 14 calendar days	Care Plan completion date (V0200C2) + 14 calendar days	Care Plan completion date (V0200C2) + 14 calendar days.
The Significant Change in Status Assessment for the End of Isolation A0310A=04 Required when isolation services end if isolation was coded on the most recent comprehensive or Quarterly assessment with an ARD prior to isolation ending.	The ARD must be set day 15 after isolation precautions end. The last day isolation services were provided is day 0 when determining the ARD.	When Isolation ends- The last day of isolation + 15 calendar days	ARD + 14 calendar days	ARD + 14 calendar days	MDS Completion date (Z0500B) + 14 calendar days	MDS Completion date (Z0500B) + 14 calendar days

Case Mix Review Checklists, Notices, and Reports

The Minnesota Case Mix Review Validation Reports, Audit Exit Reports, Checklists, and Resident Classification Notices are accessible through the Case Mix Review Portal (https://cmrportal.web.health.state.mn.us).

Appendix F - Case Mix Review Portal Instructions provides detailed information and instructions for printing of these documents from the CMR Portal.

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

The following is an excerpt from Minnesota Statute 144.0724 Subd. 7 (a) (https://www.revisor.mn.gov/statutes/cite/144.0724):

> "A nursing facility is responsible for the distribution of the notice to each resident, to the person responsible for the payment of the resident's nursing home expenses, or to another person designated by the resident. This notice must be distributed within three working days after the facility's receipt of the electronic file of notice of case mix classifications from the commissioner of health."

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 the modified assessment must be provided within three business days after distribution of the resident case mix classification notice (Minnesota Statute 144.0724 Subd. 7(b) https://www.revisor.mn.gov/statutes/cite/144.0724). The following sample notice contains the minimum content that could be used for a notice of modified assessment when there is a change in classification.

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]**.

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 eight (8)-digit Medicaid Person Master Index (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 iQIES 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 iQIES 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 MA number does not appear or is incorrect on the Minnesota Case Mix Review Validation Report in the PMI number column, contact CMR staff at 651-201-4200. See Appendix F for an example of the Minnesota Case Mix Validation Report.
- "No case mix on file" does not mean that a 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.
- CMR creates a payment file for DHS on Monday night that includes all assessments and records that were submitted and accepted into iQIES no later than the preceding Sunday. This payment file is processed by DHS on Thursday.
- If the MA number is in the CMR 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 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 eight (8) digit MA number on the most recent MDS 3.0 assessment or Tracking Record for the resident, please contact CMR staff at 651-201-4200.

Request for Reconsideration of a Resident's Case Mix Classification

The resident, the resident's representative, nursing facility staff, or boarding care home staff may request a reconsideration of the resident's assigned case mix classification using the Request for Reconsideration form found at the bottom of this document. A facility can also request a reconsideration for any quality measure item changed during an audit.

Resident- or Representative-Initiated Reconsideration

The resident or their representative must submit, in writing, a reconsideration request to the facility administrator within 30 days of receipt of the resident Case Mix classification notice. Within three business days of receiving the request, the nursing facility must submit to the Case Mix Review Program:

- A completed Request for Reconsideration form.
- A copy of the resident or resident representative's written request.
- All documentation used to support the MDS coding of the assessment being reconsidered.

The facility is responsible to submit all the required documentation to the CMR Program within 3 days of receiving the reconsideration request from the resident or resident representative.

Within 15 business days of receiving the request for reconsideration, the Case Mix Review Program staff will review the clinical documentation provided to determine and notify the facility staff if the resident's classification was accurate. The decision made by the Case Mix Review Program staff is final.

Upon written request, the nursing facility staff must give the resident, or their representative, the following items:

- Copy of the MDS assessment form.
- Documentation supporting the request.
- 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 and within three business 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 Minnesota Statutes, section 144.653 (https://www.revisor.mn.gov/statutes/cite/144.653) and Minnesota Statutes, section 144A.10 (https://www.revisor.mn.gov/statutes/cite/144A.10). The correction order will require that the nursing facility immediately comply with the request for information. Non-compliance with this requirement may result in fines.

Facility-Initiated Reconsideration

A reconsideration request initiated by the nursing facility staff must contain the following additional information:

- A completed Request for Reconsideration form.
- All documentation used to support the MDS coding of the assessment being reconsidered.
- A copy of the notice sent to the resident, or their representative, informing them that a reconsideration of the resident's case mix classification was requested. The notice must:

- Provide the reason for the reconsideration request.
- Include that the resident's rate will change if the request is approved and the extent of the change.
- State that copies of the facility's request and supporting documentation are available for review.
- Include that the resident or the resident's representative also has the right to request a reconsideration.

All the required documents must be faxed to the Case Mix Review Program at 1-800-348-0191 within 30 days of receiving the Case Mix Classification Notice or within 30 days of receiving the Audit Exit Report if requesting a reconsideration of a quality item that was changed during a case mix audit. If the facility fails to provide the required information, the reconsideration request may be denied, and the facility may not make further reconsideration requests on this classification.

Within 15 business days of receiving the request for reconsideration, the Case Mix Review Program staff will review the clinical documentation provided to determine and notify the facility staff if the resident's classification was accurate. The decision made by the Case Mix Review Program staff is final.

The following is an excerpt from Minnesota Statutes 144.0724, subdivision 8 (https://www.revisor.mn.gov/statutes/cite/144.0724):

> *"If the facility fails to provide the required information, the reconsideration request may be denied, and the facility may not make further reconsideration requests on this classification."*

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 **[insert 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 MDS Coordinator. You or your representative also have the right to request a reconsideration if you do not agree with the determination.

Sincerely,

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 as desk audits or on-site audits. On site audits are unannounced and may include medical record reviews, observations of residents, and interviews with residents, staff, and families. Residents will be reclassified if CMR staff determine that the resident was incorrectly classified.

Within 15 working days of the audit completion, CMR will post an electronic case mix classification notice for each resident whose case mix classification changed because of the audit.

Audits consist of annual audits for all facilities or special audits if concerns 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 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 is 35 percent or greater, 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:

- Frequent changes in the administration or management of the facility.
- An unusually high percentage of residents in a specific case mix classification.
- A high frequency in the number of reconsideration requests received from a facility.
- Frequent adjustments of case mix classifications as the result of reconsiderations or audits.
- A criminal indictment alleging provider fraud.
- Other similar factors that relate to a facility's ability to conduct accurate assessments.
- An atypical pattern of scoring minimum data set items.
- Non-submission of assessments.
- Late submission of assessments.
- A previous history of audit changes of 35 percent or greater.

Sample Audit Exit Letter

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Case Mix Review Audit Exit Letter

Case Mix Review Program (CMR) staff exited your audit today. In addition to the verbal information presented at the exit, this information has been prepared to ensure facility staff understand the CMR procedures related to the MDS assessment coding changes made by the CMR staff.

You will receive a Case Mix Classification Notice for each resident whose classification changed because of this audit. The classification notices will NOT be mailed. The Audit Exit Report, Audit Classification Notice/s, and Audit Notification Checklist will be posted on the CMR Portal, facility CMR Portal user's will receive email/s when the files are available to print. The facility has three (3) business days from the time the Case Mix Classification Notices are posted on the CMR Portal website to download, print (with no modifications or additions), and distribute the notices to the resident or resident's representative.

Changes made by the CMR staff during the audit will change only the MDS assessments in the CMR Database. The audit does NOT change the information in the federal Internet Quality Improvement and Evaluation System Assessment Submission and Processing (IQIES) system. Information in the IQIES system is used to generate the Federal Quality Measures. MDS' submitted to the IQIES ASAP system must be accurate to ensure that the Quality Measures are calculated correctly.

If you agree with the CMR changes, you must modify the MDS assessment to match the audit, DO NOT INACTIVATE THE ASSESSMENT. Errors identified in the IQIES ASAP system must be corrected within 14 days after identifying the errors. For information on how to modify an assessment see Chapter Five of the Long-Term Care Resident Assessment Instrument User's Manual.

If you disagree with the CMR changes, you should complete the Request for Reconsideration of a Resident's Case Mix Classification. The request for reconsideration must be submitted in writing to the Case Mix Review Program within 30 days of receipt of the audit classification notice or the audit exit date if the audit did not result in a classification change. DO NOT modify the assessment until you receive the results of the reconsideration process.

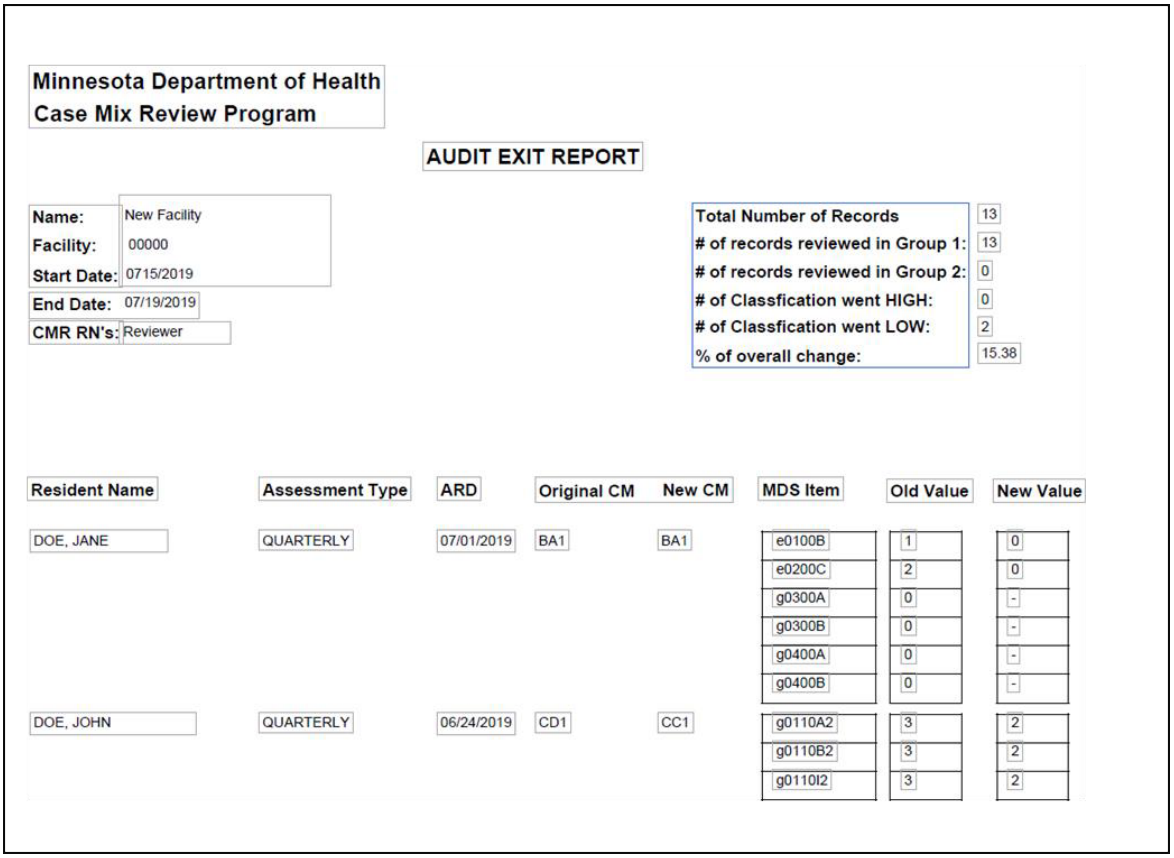
The Reconsideration Classification Notice and the Reconsideration Notice Checklist will be posted on the CMR Portal.

For information about the reconsideration process, see the Minnesota Case Mix Review Manual on the Minnesota Case Mix Review Program website (http://www.health.state.mn.us/facilities/regulation/casemix/index.html).

If you have any questions, please contact the Case Mix Review Program staff at 651-201-4200.

Audit Exit Report Sample

The Audit Exit Report lists all MDS items changed on the audited assessment for a resident. The MDS Coordinator and facility staff use this report to modify the resident's assessment in iQIES.



Minnesota Department of Health
Case Mix Review Program

AUDIT EXIT REPORT

Name:	New Facility
Facility:	00000
Start Date:	0715/2019
End Date:	07/19/2019
CMR RN's:	Reviewer

Total Number of Records	13
# of records reviewed in Group 1:	13
# of records reviewed in Group 2:	0
# of Classfication went HIGH:	0
# of Classfication went LOW:	2
% of overall change:	15.38

Resident Name	Assessment Type	ARD	Original CM	New CM	MDS Item	Old Value	New Value
DOE, JANE	QUARTERLY	07/01/2019	BA1	BA1	e0100B	1	0
					e0200C	2	0
					g0300A	0	-
					g0300B	0	-
					g0400A	0	-
					g0400B	0	-
DOE, JOHN	QUARTERLY	06/24/2019	CD1	CC1	g0110A2	3	2
					g0110B2	3	2
					g0110I2	3	2

Appendix A: MDS 3.0 PDPM Nursing Component Decision Tree

Nursing classification under PDPM employs the hierarchical classification method. In the hierarchical approach, start at the top and work down through the PDPM nursing classification model steps discussed below; the assigned classification is the first group for which the resident qualifies.

In other words, start with the Extensive Services groups at the top of the PDPM nursing classification model. Then go down through the groups in hierarchical order: Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behavioral Symptoms and Cognitive Performance, and Reduced Physical Function. When you find the first of the 25 individual PDPM nursing groups for which the resident qualifies, assign that group as the PDPM nursing classification.

Minnesota Case Mix System

Category (Description)	PDPM Nursing Function Score	End Splits or Special Requirements	MN PDPM Group
Extensive Services (At least one of the following.) ▪ Tracheostomy Care while a resident (O0110E1b) ▪ Ventilator or respirator while a resident (O0110F1b) ▪ Infection isolation while a resident (O0110Mlb) If a resident qualifies for Extensive Services but the ADL score is >=15, then the resident classifies as Clinically Complex.	<=14	Tracheostomy care **and** ventilator/respirator	ES3
	<=14	Tracheostomy care **or** ventilator/respirator	ES2
	<=14	Infection isolation: **without** tracheostomy care **without** ventilator or respirator care	ES1

Category (Description)	PDPM Nursing Function Score	End Splits or Special Requirements	MN PDPM Group

Special Care High (PDPM Nursing Function Score <=14 and at least one of the following.)
- Comatose (B0100) and completely ADL dependent or ADL did not occur (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
- Septicemia (I2100)
- Diabetes (I2900) with both of the following:
  - Insulin injections for all 7 days (N0350A = 7)
  - Insulin order changes on 2 or more days (N0350B >=2)
- Quadriplegia (I5100) with Nursing Function Score <=11
- Asthma or COPD (I6200) AND shortness of breath while lying flat (J1100C)
- Fever (J1550A) and one of the following:
  - Pneumonia (I2000)
  - Vomiting (J1550B)
  - Weight loss (K0300 = 1 or 2)
  - K0520B2 or K0520B3 Feeding tube with at least one of the following:
  - 51% or more of the total calories, or
  - 26-50% of the total calories and K0710B3 is 501cc or more per day.
- Parenteral/IV feedings (K0520A2 or K0520A3)
- Respiratory therapy for all 7 days (O0400D2 = 7)
- If a resident qualifies for Special Care High but the PDPM Nursing Function Score is >=15, the resident is classified as Clinically Complex.
	0-5	Depression	HDE2

	0-5	No Depression	HDE1
	6-14	Depression Note: See description of depressions indicator	HBC2
	6-14	No Depression	HBC1

Category (Description)	PDPM Nursing Function Score	End Splits or Special Requirements	MN PDPM Group

Special Care Low (PDPM Nursing Function Score <=14 and at least one of the following.)
- Cerebral palsy (I4400) with a Nursing Function Score <=11
- Multiple sclerosis (I5200) with a Nursing Function Score <=11
- Parkinson's disease (I5300) with a Nursing Function Score <=11
- Respiratory failure (I6300) and oxygen (O0110C1b) therapy while a resident
- Feeding tube (K0520B2 or K0520B3) with one of the following:
  - K0710A3 is 51% or more total calories, OR
  - K0710A3 is 26% to 50% of total calories **and** K0710B3 is 501cc or more per day fluid enteral intake in the last 7 days
- Two or more stage 2 pressure ulcers (M0300B1) with two or more selected skin treatments**
- Any stage 3 or 4 pressure ulcer or any unstageable pressure ulcer due to slough and/or eschar (M0300C1, D1, F1) with two or more selected skin treatments**
- Two or more venous or arterial ulcers (M1030) with two or more selected skin treatments**
- One stage 2 pressure ulcer (M0300B1) and one venous/arterial ulcer (M1030) with two or more selected skin treatments**
- Foot Infection (M1040A), Diabetic Foot Ulcer (M1040B), or Open lesion on the foot (M1040C) with application of dressings to the feet (M1200I)
- Radiation treatment while a resident (O0110B1b)
- Dialysis treatment while a resident (O0110J1b)
 	
** Selected Skin Treatments:
  - M1200A/B Pressure relieving chair and/or bed counts as one treatment even if both provided
  - M1200C Turning/Repositioning Program
  - M1200D Nutrition/Hydration Intervention
  - M1200E Pressure Ulcer Care
  - M1200G Application of nonsurgical dressing (not to feet)
  - M1200H Application or ointment/medications (not to feet)
 	
If a resident qualifies for Special Care Low but the PDPM Nursing Function Score is >=15, the resident is classified as Clinically Complex.
	0-5	Depression
		Note: See description of depressions indicator.
			LDE2

	0-5	No Depression	LDE1
	6-14	Depression Note: See description of depressions indicator	LBC2
	6-14	No Depression	LBC1

Category (Description)	PDPM Nursing Function Score	End Splits or Special Requirements	MN PDPM Group
Clinically Complex (at least one of the following) ▪ Pneumonia (I2000) ▪ Hemiplegia/hemiparesis (I4900) with Nursing Function Score <=11 ▪ Surgical wounds (M1040E) or open lesion [M1040D] with any selected skin treatment* ▪ *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 (O0110A1b) ▪ Oxygen therapy while a resident (O0110C1b) ▪ IV Medications while a resident (O0110H1b) ▪ Transfusions while a resident (O0110I1b) ▪ *If a resident qualifies for Extensive Services, Special Care High, or Special Care Low, and the Nursing Function Score is 15 or 16 the resident is classified as Clinically Complex.	0-5	Depression	CDE2
	0-5	No Depression	CDE1
	6-14	Depression	CBC2
	6-14	No Depression	CBC1
	15-16	Depression	CA2
	15-16	No Depression Note: See description of depressions indicator.	CA1

Category (Description)	PDPM Nursing Function Score	End Splits or Special Requirements	MN PDPM Group
Behavioral Symptoms and Cognitive Performance BIMS score of 9 or less AND Nursing Function Score is >=11 OR	11-16	2 or more Restorative Nursing Programs	BAB2
Defined as Impaired Cognition by the Cognitive Performance Scale AND a Nursing Function Score of >=11 (See description of BIMS Cognitive performance scale) OR Nursing Function Score is >=11 AND the resident presents with one of the following behavior symptoms: ▪ 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)	11-16	0-1 Restorative Nursing Programs Note: See description of Restorative Nursing Programs.	BAB1

Category (Description)	PDPM Nursing Function Score	End Splits or Special Requirements	MN PDPM Group
Reduced Physical Function Residents who do not meet the conditions of any of the previous categories, including those who would meet the criteria for the Behavioral Symptoms and Cognitive Performance category but, have a PDPM Nursing Function Score less than 11, are placed in the Reduced Physical Function category. No Clinical Conditions	0-5	2 or more Restorative Nursing Programs	PDE2
	0-5	0-1 Restorative Nursing Programs	PDE1
	6-14	2 or more Restorative Nursing Programs	PBC2
	6-14	0-1 Restorative Nursing Programs	PBC1
	15-16	2 or more Restorative Nursing Programs	PA2
	15-16	0-1 Restorative Nursing Programs	PA1
Minnesota-Specific Classifications Short Stay for New Admissions with a stay of 14 consecutive days or less. Facility makes an annual election for all residents with a 14 day or less stay.	N/A		DDF
Penalty for an assessment that is not completed or submitted within the time frame required by CMS	N/A		AAA

Nursing Function Score

See Chapter 6 of the RAI Manual for further guidance

ADL	Performance	Function Score
Sitting to lying (GG0170B) Lying to Sitting on the side of the bed (GG0170C) **Calculate the average score for the two bed mobility items** Sit to Stand (GG0170D) Chair/Bed to Chair (GG0170E) Toilet Transfer (GG0170F) **Calculate the average score for the three transfer items**	Coded 01, 07, 09, 88, 10	0
	Coded 02	1
	Coded 3	2
	Coded 4	3
	Coded 05, 06, or a dash	4
Eating (GG0130) Toileting Hygiene (GG0130C)	Coded 01, 07, 09, 88, 10	0
	Coded 02	1
	Coded 3	2
	Coded 4	3
	Coded 05, 06, or a dash	4

Depression Indicator

The depression end split is determined by either the total severity score from the resident interview in section D0160 (PHQ-2 to 9©) or from the total severity score from the staff assessment of mood D0600 (PHQ-9-OV©). The resident qualifies as depressed for PDPM classification in either of the two following cases:

- The D0160 Total Severity Score is greater than or equal to 10 but not 99, or
- The D0600 Total Severity Score is greater than or equal to 10.

Restorative Nursing

- Restorative Nursing Programs – 2 or more programs provided for 15 or more minutes a day for 6 or more of the last 7 days.
  - 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)
- 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-C0400 (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 Cognitive Performance Scale (CPS) is used to determine cognitive impairment.

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

B0100	Coma (B0100 = 1) and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
C1000	Severely impaired cognitive skills for daily decision making (C1000 = 3)
B0700, C0700, C1000	Two or more of the following impairment indicators are present: B0700 > 0 Usually, sometimes, or rarely/never understood C0700 = 1 Short-term memory problem C1000 > 0 Impaired cognitive skills for daily decision making **and** One or more of the following severe impairment indicators are present: B0700 >= 2 Sometimes or rarely/never makes self understood C1000 >= 2 Moderately or severely impaired cognitive skills for daily decision making

Appendix B: Admission Scenarios

Facility has elected to complete an admission assessment (A0310A = 01) for all residents regardless of length of stay or payment source.

To establish a Minnesota Case Mix Classification for a resident in the Case Mix System the following must be submitted and accepted into the iQIES System:

- Entry tracking record (A0310F = 01)
- 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.

Note: The admission assessment is not required when the resident is admitted and dies or discharges on the admission date.

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.	Submit entry tracking record (A0310F = 01 and A1700 = 1)

Scenario	Facility Action
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 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)

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 is admitted and dies or is discharged on the admission date.	Submit entry tracking record (A0310F = 01 and A1700 = 1) Submit discharge return not anticipated assessment (A0310F = 10) or submit discharge return anticipated assessment (A0310F = 11) or submit death in facility tracking record (A0310F = 12) Note: The admission assessment is not required when the resident is admitted and dies or discharges on the admission date.
Resident dies prior to completion of admission assessment	Submit entry tracking record (A0310F = 01 and A1700 = 1) Submit admission assessment (A0310A= 01) * Submit death in facility tracking record (A0310F = 12) When a resident dies prior to completion of the admission assessment, adjust the ARD to the date of death.
Resident discharged return not anticipated prior to completion of admission assessment	Submit entry tracking record (A0310F = 01 and A1700 = 1) Submit admission assessment (A0310A= 01) * Submit discharge assessment (A0310F = 10) When a resident discharges and return not anticipated prior to completion of the admission assessment, adjust the ARD to the date of discharge. The admission and discharge return not anticipated assessments may be combined.

Resident discharged return anticipated prior to completion of admission assessment and does not return 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 discharge assessment (A0310F = 11) Submit admission assessment (A0310A = 01) * **Plan ahead:** When a resident discharges and return is anticipated prior to completion of the admission assessment, adjust the ARD to the date of 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 and resident returns to facility within 30 days of discharge. The day of discharge from the facility is not counted in the 30 days. The original admission date for this episode 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) Set the ARD and complete the admission assessment within 14 days of re-entry. The re-entry date counts as day one. **Plan ahead:** When a resident discharged return anticipated prior to completion of the admission assessment, adjust the ARD to the date of 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.

Appendix C: Short Stay Scenarios

Facility elected the short stay rate for all residents who stay 14 consecutive 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 iQIES 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 (DDF) for all residents who stay 14 days or less in lieu of submitting an Admission assessment.

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.	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.	Submit entry tracking record (A0310F = 01 and A1700 = 1) Submit discharge assessment (A0310F = 10)
Resident discharged return anticipated prior to completion of admission assessment and resident does not return to the facility.	Submit entry tracking record (A0310F = 01 and A1700 = 1) Submit discharge assessment (A0310F = 11)

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 consecutive days or less).

Scenario	Facility Action
Resident discharged return anticipated prior to completion of admission assessment (A0310A = 01). Resident returns to the facility and dies prior to the end of day 14.	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)
Resident discharged return anticipated prior to completion of admission assessment (A0310A = 01). Resident returns to the facility and is discharged return not anticipated prior to the end of day 14.	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)
Resident discharged return anticipated prior to completion of admission assessment (A0310A = 01). Resident returns to the facility and is discharged return anticipated prior to the end day of 14.	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)
Resident discharged return anticipated prior to completion of admission assessment (A0310A = 01). Resident returns to facility and remains in facility longer than 14 consecutive days.	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) Set the ARD and complete the admission assessment within 14 days of re-entry. The re-entry date counts as day one.

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 consecutive 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 & 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 D: Section S

Section S: Strict Isolation

Section S is a new section on the OBRA assessment containing three new data elements, S6060A, S6060B, and S6060C. These data elements identify whether strict isolation services were provided in the observation period. The isolation coding criteria has not changed; only strict isolation is coded on the MDS.

- S6060A- Strict Isolation, Has the resident been in strict isolation at any time since the prior OBRA assessment? The response is simply, Yes or No.
- S6060B- Start Date of Strict Isolation, If the response to S6060A is Yes, enter the start date of strict isolation in this data element and proceed to S6060C.
- S6060C- End Date of Strict Isolation, Enter the last day the resident was in strict isolation since Admission, Reentry, or the prior OBRA assessment whichever is more recent? If strict isolation was ongoing after the ARD of the assessment, enter dashes.

Appendix E: MDS Resources

CMS Nursing Home Quality Initiative Page is found at: https://www.cms.gov/medicare/quality/nursing-home-improvement

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: https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf

iQIES MDS User Guides and Manual Minimum Data Set (MDS) Error Message Reference Guide: this guide is a resource to help interpret messages from the CMS final validation report. https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals

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: https://www.cms.gov/medicare/quality/nursing-home-improvement/quality-measures. 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: https://www.cms.gov/training-education/open-door-forums/skilled-nursing-facilities-snf

- **Sign up for SNF ODF Notifications** at: https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&amp%3Btopic_id=USCMS_515

CMS Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Training:

- https://www.cms.gov/medicare/quality/snf-quality-reporting-program/training

For MDS Clinical Coding Questions contact the State RAI Coordinator at 651-201-4313 or email: health.mds@state.mn.us.

For MDS Technical, Submission or CMS Final 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:
https://www.health.state.mn.us/facilities/regulation/casemix/index.html

Minnesota Case Mix Manual:
https://www.health.state.mn.us/facilities/regulation/casemix/docs/cmrmanual.pdf

Minnesota Case Mix PDPM Consumer Fact Sheets:
https://www.health.state.mn.us/facilities/regulation/casemix/pdpm/index.html

CMR Portal Login: https://cmrportal.web.health.state.mn.us

Subscribe to Minnesota Case Mix Review Updates:
https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_174

For Minnesota Case Mix Assessment Processing, Penalty, and Notices Questions call: 651-201-4200 or email: health.FPC-CMR@state.mn.us

Statutes:

- Minnesota Statutes, section 144.0724 Resident Reimbursement Classification https://www.revisor.mn.gov/statutes/cite/144.0724
- Minnesota Statutes, chapter 256R. Nursing Facility Rates https://www.revisor.mn.gov/statutes/cite/256R

The Health Regulation Division Federal CMS Nursing Home Regulation Resources webpage includes additional training resources:
https://www.health.state.mn.us/facilities/regulation/nursinghomes/fedresources

Appendix F: Case Mix Review Portal Instructions

Background

In January 2014, the Center for Medicare and Medicaid Services (CMS) announced the discontinuation of the MDS State Reports link on the CMS MDS System website also referred to as Internet Quality Improvement and Evaluation System (iQIES). The MDS State Reports website had been used by the CMR Program to post online Minnesota Case Mix Review Reports, Checklists, and Resident Classification Notices. In October 2014, MDH began using the CMR Portal, this portal was replaced in October 2020.

In October 2020, the Minnesota Department of Health (MDH) released/introduced a new Case Mix Review (CMR) Portal to update CMR Portal security. The CMR Portal is used to access Minnesota Case Mix Review Reports, Checklists, and Resident Classification Notices.

CMR Portal Login

CMR Portal Login (https://cmrportal.web.health.state.mn.us/)

For best user experience, use the Google Chrome browser to access the CMR Portal.

Types of CMR Portal User Accounts

There are two types of user accounts in the CMR Portal: Facility User and Facility CMR Portal Director. The rights and responsibilities of those accounts are outlined below.

Facility User (User): has the ability to access CMR checklists, notices, and reports for the facility.

Facility CMR Portal Director (CMR Director): has the same access to CMR checklists, notices, and reports for their facility as other users for the facility. The CMR Director creates the account for new facility users. The CMR Director is responsible to immediately inactivate a user who is no longer employed by the facility or the corporation to prevent unauthorized access to the CMR Portal. When the CMR Director is ending employment with the facility or corporation, the current CMR Director must change the CMR Director role to an active user for the facility in the CMR Portal prior to ending employment.

Who should be the CMR Director and CMR Portal Users? The Business Office Manager, facility staff who distribute the case mix classification notices to residents and resident's representative, and billing staff are encouraged to be the CMR Director and Users. The facility administrator, DON, and MDS coordinator are not required to be the CMR Director or Users.

CMR Portal Tips

1. For best user experience, use Google Chrome to work in the CMR Portal.
2. The CMR Portal includes residents' private information. DO NOT SHARE emails and passwords for other staff to access the CMR Portal.
3. 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 of the notices.
4. Files are deleted from the CMR Portal within 60 days of being posted to the CMR Portal. There is no backup copy of portal files at CMR.
5. Each facility is limited to three CMR Portal users, including the CMR Director. Users may save the files to a facility secure electronic file or print copies for facility staff to review and use the information on the documents.

6. All active Users and the CMR Director can reset or change their passwords.
7. The email when CMR reports, checklists, and classification notices are posted to the CMR Portal will be sent to the email in the User's or CMR Director's account.
8. All active Users and the CMR Director will receive an email prior to their account being inactivated. If the User or CMR Director does not log in their account will be inactivated.
9. When email addresses change, **DO NOT** create a new account. Update your current account with new email.
10. The CMR Director is responsible to immediately inactivate a user who is no longer employed by the facility or the corporation to prevent unauthorized access to the CMR Portal. When the CMR Director is ending employment with the facility or corporation, the current CMR Director must change the CMR Director role to an active user for the facility in the CMR Portal prior to ending employment.
11. A corporate employee can be an approved CMR Portal user. The corporate employee will count as one of the three users for the facility.
12. There are tips throughout the CMR Portal Instructions for the specific process.

13. Following each submission of MDS OBRA assessments, discharge assessments, and tracking records, CMR generates a Minnesota Case Mix Review Validation Report. The Case Mix Review Validation Reports must be treated as private data. CMR Portal users do not receive an email when a Case Mix Review Validation Report is available on the CMR Portal.

Minnesota Case Mix Review Validation Report

Minnesota Case Mix Review Validation Report has four sections:

Section 1: Assessments and records accepted into the Minnesota Case Mix Review database.

- Assessments and records accepted by CMR. The classification, CMR effective date, and effective dates for penalties are listed for OBRA assessments.
- Facility staff are encouraged to call CMR staff when an assessment receives a penalty.

Section 2: Assessments and records being reviewed by CMR staff – expect a call from CMR staff if facility action is required.

- The assessments and records may be listed in this section because of the order assessments and records were processed by iQIES. If action is required, CMR staff will contact the facility MDS Coordinator.

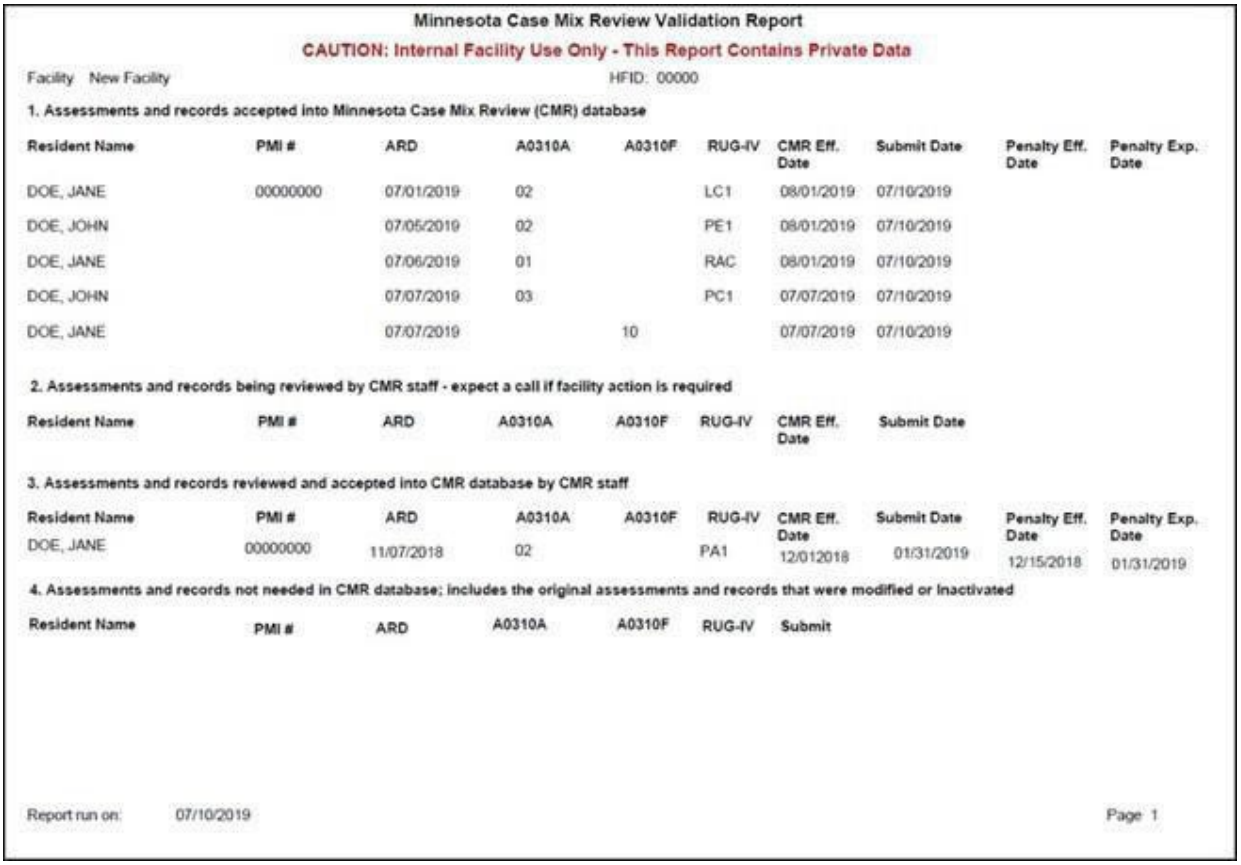
Section 3: Assessments and records reviewed and accepted into CMR database by CMR staff.

- Assessments and records in this section have been reviewed and processed by CMR staff. The assessments and records were previously listed in Section 2.

Section 4: Assessments and records not needed in the CMR database; includes the original assessments and records which were modified or inactivated.

- If facility staff believe the deleted assessment or record was required for payment, contact CMR staff.

Minnesota Case Mix Review Validation Report Sample



Minnesota Case Mix Review Validation Report

CAUTION: Internal Facility Use Only - This Report Contains Private Data

Facility New Facility HFID: 00000

1. Assessments and records accepted into Minnesota Case Mix Review (CMR) database

Resident Name	PMI #	ARD	A0310A	A0310F	RUG-IV	CMR Eff. Date	Submit Date	Penalty Eff. Date	Penalty Exp. Date
DOE, JANE	00000000	07/01/2019	02		LC1	08/01/2019	07/10/2019		
DOE, JOHN		07/05/2019	02		PE1	08/01/2019	07/10/2019		
DOE, JANE		07/06/2019	01		RAC	08/01/2019	07/10/2019		
DOE, JOHN		07/07/2019	03		PC1	07/07/2019	07/10/2019		
DOE, JANE		07/07/2019		10		07/07/2019	07/10/2019		

2. Assessments and records being reviewed by CMR staff - expect a call if facility action is required

Resident Name	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	PMI #	ARD	A0310A	A0310F	RUG-IV	CMR Eff. Date	Submit Date	Penalty Eff. Date	Penalty Exp. Date
DOE, JANE	00000000	11/07/2018	02		PA1	12/012018	01/31/2019	12/15/2018	01/31/2019

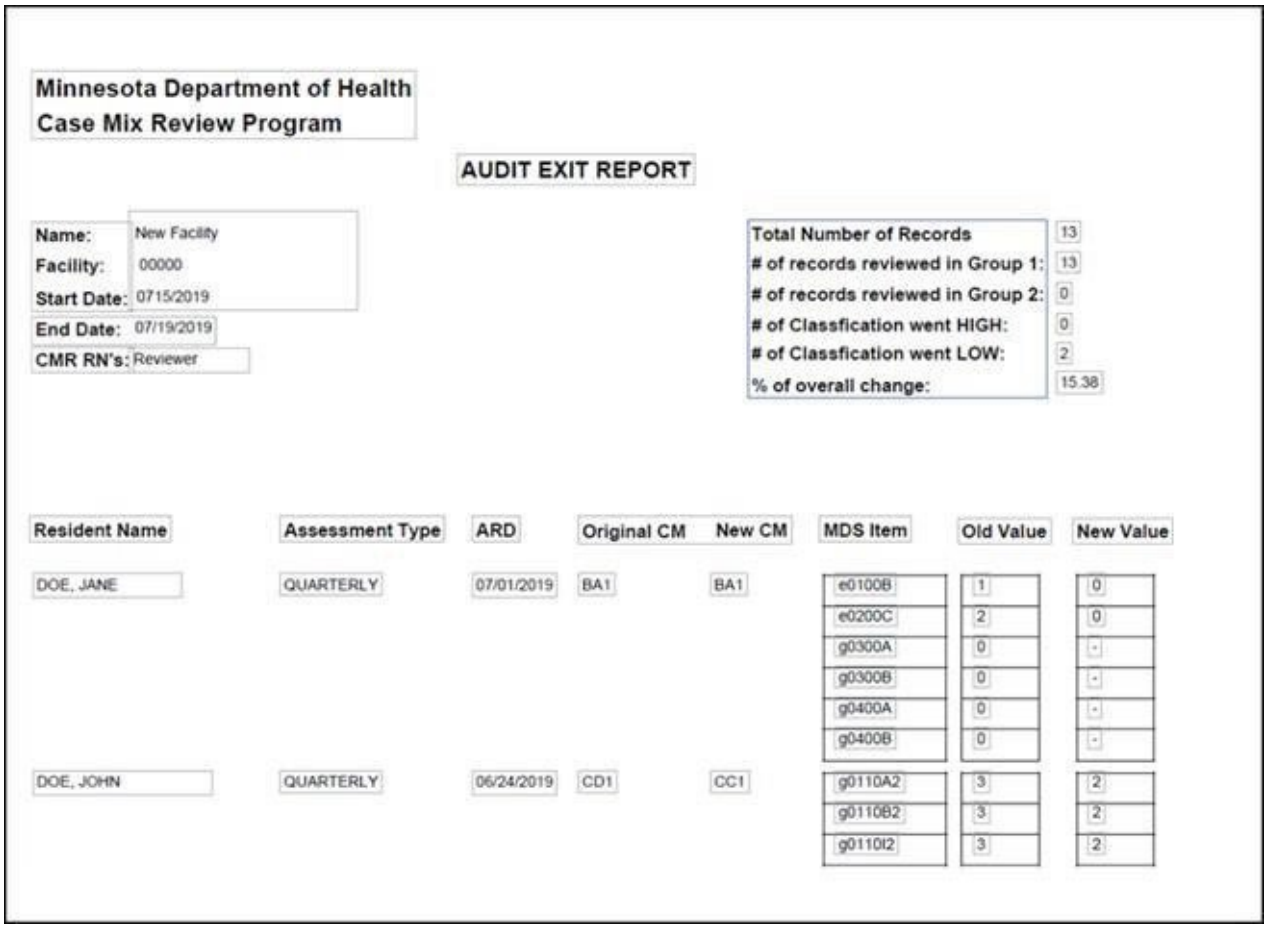
4. Assessments and records not needed in CMR database; includes the original assessments and records that were modified or inactivated

Resident Name	PMI #	ARD	A0310A	A0310F	RUG-IV	Submit

Report run on: 07/10/2019 Page 1

The Audit Exit Report lists all MDS items changed on the audited assessment for a resident. The MDS Coordinator and facility staff use this report to modify the resident's assessment in iQIES.

Audit Exit Report Sample



Minnesota Department of Health
Case Mix Review Program

AUDIT EXIT REPORT

Name:	New Facility
Facility:	00000
Start Date:	07/5/2019
End Date:	07/19/2019
CMR RN's:	Reviewer

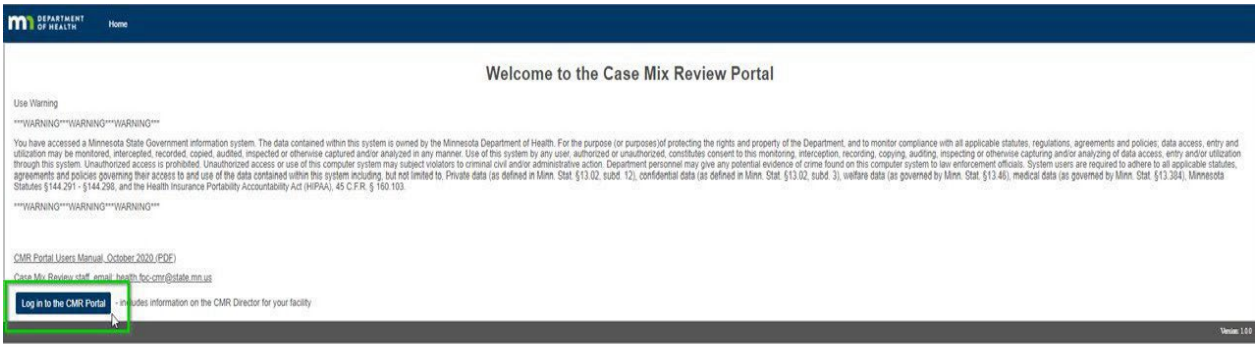
Total Number of Records	13
# of records reviewed in Group 1:	13
# of records reviewed in Group 2:	0
# of Classfication went HIGH:	0
# of Classfication went LOW:	2
% of overall change:	15.38

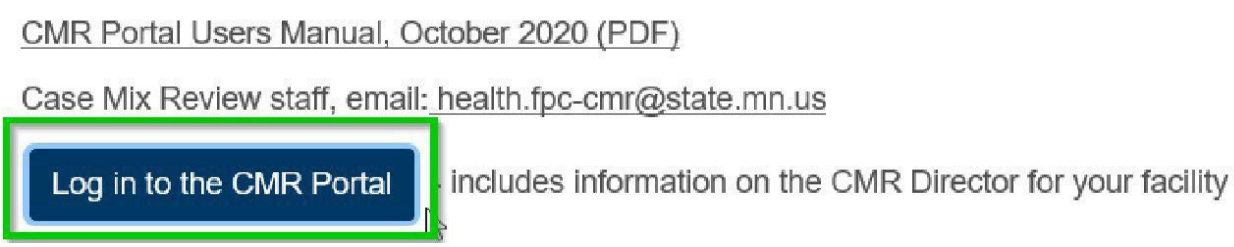
Resident Name	Assessment Type	ARD	Original CM	New CM	MDS Item	Old Value	New Value
DOE, JANE	QUARTERLY	07/01/2019	BA1	BA1	e0100B	1	0
					e0200C	2	0
					g0300A	0	-
					g0300B	0	-
					g0400A	0	-
					g0400B	0	-
DOE, JOHN	QUARTERLY	06/24/2019	CD1	CC1	g0110A2	3	2
					g0110B2	3	2
					g0110I2	3	2

Log in/Log out Process

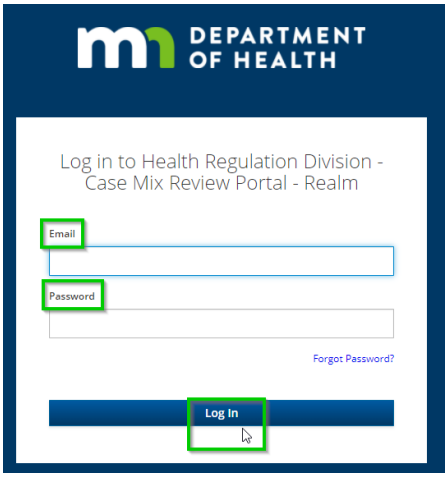
For best user experience, use the Google Chrome browser to access the CMR Portal.

1. Navigate to the CMR Portal (https://cmrportal.web.health.state.mn.us/)
   a. Read the Use Warning.
   b. Click Log in to the CMR Portal.





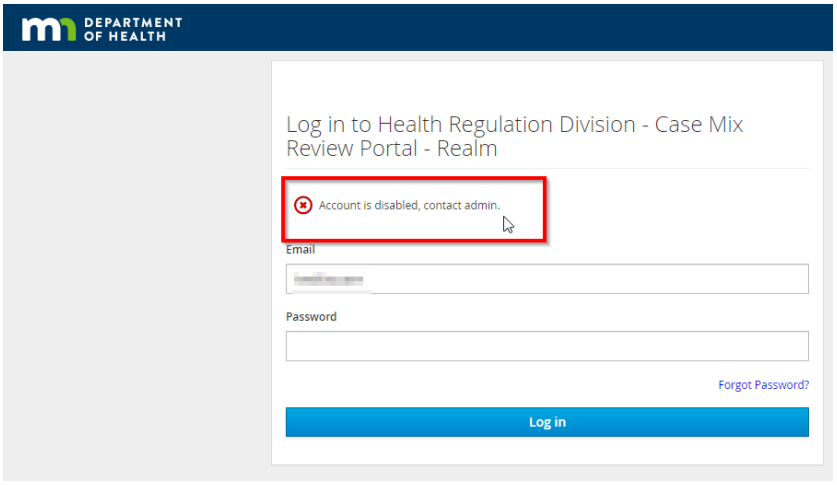
   c. Type in your email and password. Click **Log in**.



If this is your first login, you will need to create a password. Click on "**Forgot Password?**" Refer to the "Forgot Password" section below for instructions to create your password.

When the following message appears, the account is inactive: **Account is disabled, contact admin.**

- **Facility Users** should contact their facility CMR Portal Director.
- **CMR Portal Directors** should email health.fpc-cmr@state.mn.us with the subject **Inactive Account**.

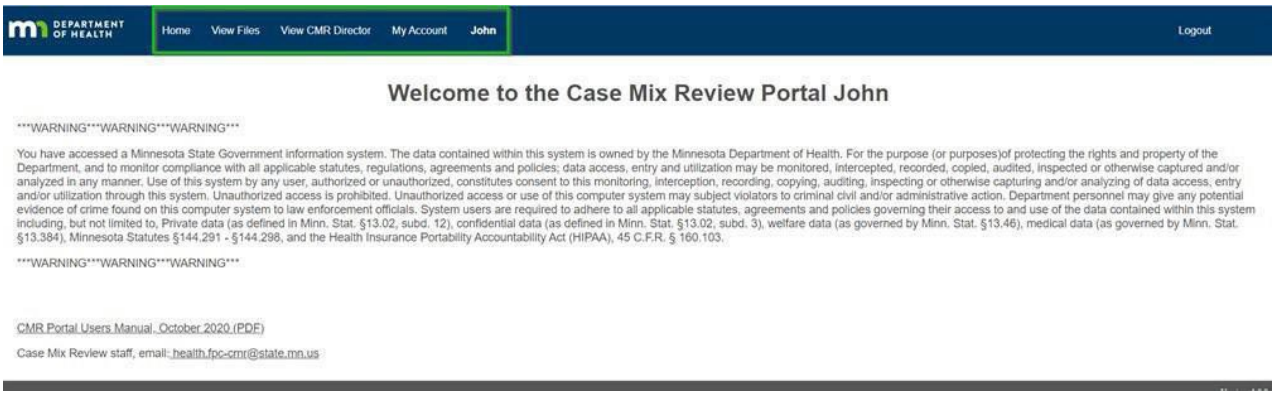


Welcome Screen

Facility Users and CMR Directors have different screens on this welcome page.

- The home page button will always appear on the upper left corner of the page.
- The logout button will always appear on the upper right corner of the page.

The updated Case Mix Review Portal is intuitive and easy to use. By clicking on the buttons in the blue bar at the top of each CMR Portal screen, users and CMR Directors will access files and information; and manage accounts in the CMR Portal. This manual will go into greater detail of how to use and navigate within the buttons.



1: Welcome page for a facility user

2: Closer view of welcome page for a facility user

3: Welcome page for a CMR Director

4: Closer view of welcome page for a CMR Director

View Files

For best user experience, use the Google Chrome browser to access the CMR Portal.

Files on the CMR Portal

There are eight (8) files available for nursing facilities to print from the CMR Portal. Each file name includes a short descriptor of what is contained in the file and the report date of the file. Files will be listed by date, with the newest files at the top of the list on page 1.

Files over 60 days old are removed from the CMR Portal. There is no backup copy of portal files at CMR.

- MDS3CmrValidationMMDDYYYY.pdf
- MDS3CmrAssessmentChecklistMMDDYYYY.pdf
- MDS3CmrAssessmentNoticeMMDDYYYY.pdf
- MDS3AuditExitReportMMDDYYYY.pdf
- MDS3CmrAuditChecklistMMDDYYYY.pdf
- MDS3CmrAuditClassificationNoticeMMDDYYYY.pdf
- MDS3ReconClassificationChecklistMMDDYYYY.pdf
- MDS3ReconClassificationNoticeMMDDYYYY.pdf

Access Files

Files over 60 days old will be removed from the CMR Portal. There is no backup of portal files at CMR. CMR staff encourages facilities to keep electronic files in a secure area on the facility network.

- Click View Files.

Click on the **Filename** to view.

Date	Filename
09/18/2020	MDS3CmrAssessmentNotice09172020.pdf
09/18/2020	MDS3CmrAssessmentChecklist09172020.pdf
09/18/2020	MDS3CmrAuditChecklist09172020.pdf
09/18/2020	MDS3CmrAuditClassificationNotice09172020.pdf
09/18/2020	MDS3AuditExitReport09172020.pdf
09/18/2020	MDS3ReconClassificationNotice09172020.pdf
09/18/2020	MDS3ReconClassificationChecklist09172020.pdf
08/27/2020	MDS3ReconClassificationChecklist08262020.pdf
08/27/2020	MDS3ReconClassificationNotice08262020.pdf
08/13/2020	MDS3CmrValidation08122020.pdf

Examples of the three (3) most common files

MDS3CmrValidationMMDDYYYY.pdf

Minnesota Case Mix Review Validation Report

CAUTION: Internal Facility Use Only - This Report Contains Private Data

Facility [redacted] **HFID:** [redacted]

1. Assessments and records accepted into Minnesota Case Mix Review (CMR) database

Resident Name	PMI #	ARD	A0310A	A0310F	RUG-IV	CMR Eff. Date	Submit Date	Penalty Eff. Date	Penalty Exp. Date

MDS3CmrAssessmentChecklistMMDDYYYY.pdf

Assessment Notification Checklist

Report Generated on: 08/13/2020

Name: [redacted] **HFID:** [redacted]

Resident Name	PMI #	Type of Assessment	MN CM Class	CMR Eff. Date	Penalty Eff. Date	Penalty Exp. date

MDS3CmrAssessmentNoticeMMDDYYYY.pdf.

Print and distribute classification notices as required by state statute.

MINNESOTA DEPARTMENT OF HEALTH
Case Mix Review Program, Health Regulation Division
85 East Seventh Place, Suite 300, P.O.Box 64938, St Paul, MN 55164-0938

THIS IS NOT A BILL

Print or download electronic files to save files per facility policy.

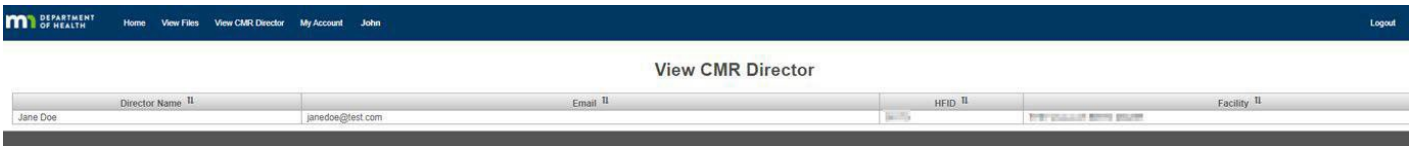
Account Management

For best user experience, use the Google Chrome browser to access the CMR Portal.

Facility User

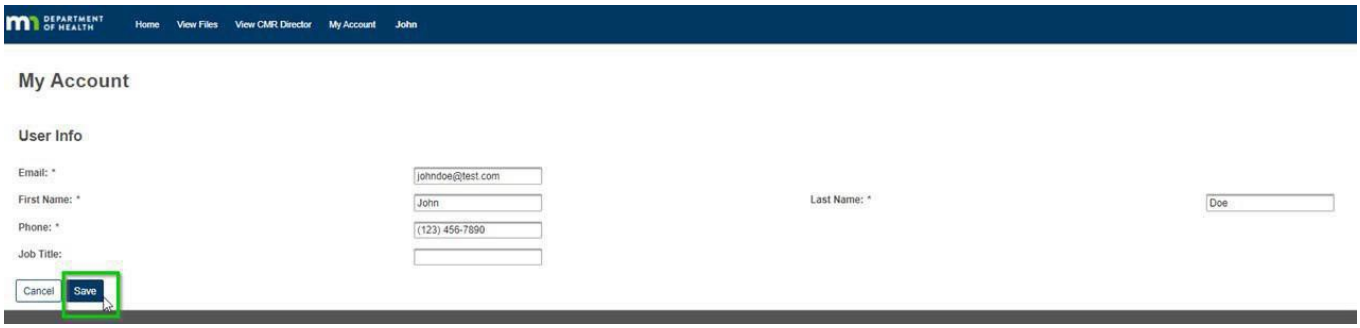
1. Click “View CMR Director” for the name and email address of the facility CMR Director

2. CMR Director Information:



3. Click “My Account” to update your name, email address, phone number, and job title.

4. Update your account and click “Save” when updated.



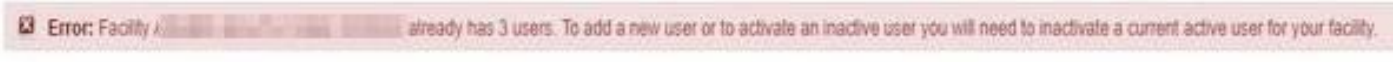
CMR Director

User Management

CMR Directors update their account or facility user account information by clicking **User Management,** then **View Users.**

Facility Users can log in to their account and update their account information in **My Account.**

A facility is limited to three (3) active users. The error message below will appear with attempts to add a fourth user or activate an inactive user as a fourth user.

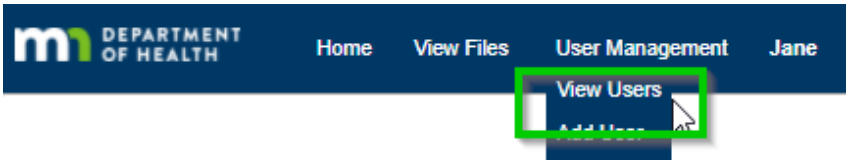


Accessing View Users

1. Move mouse over **User Management**.

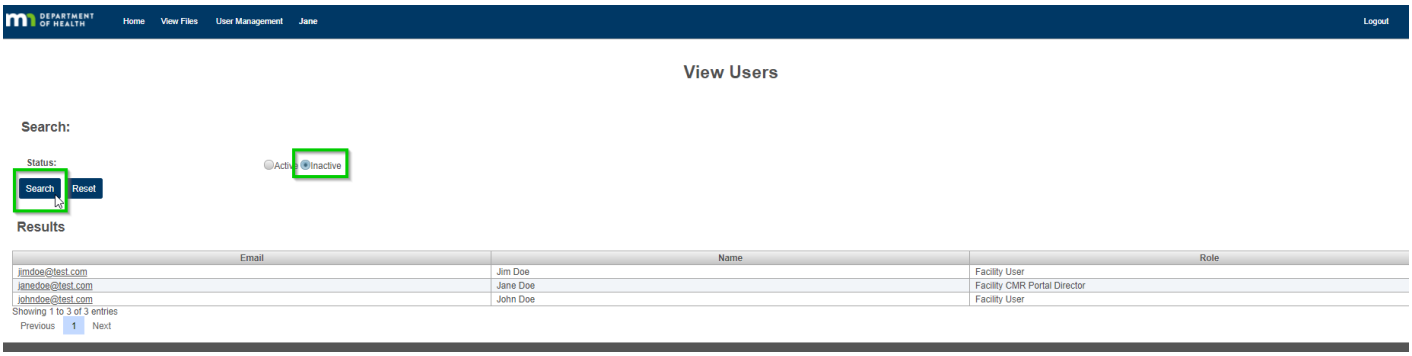
2. With mouse over **User Management**, **View Users** and **Add User** options will appear.

3. Click View Users.



4. Active users for the facility are listed.

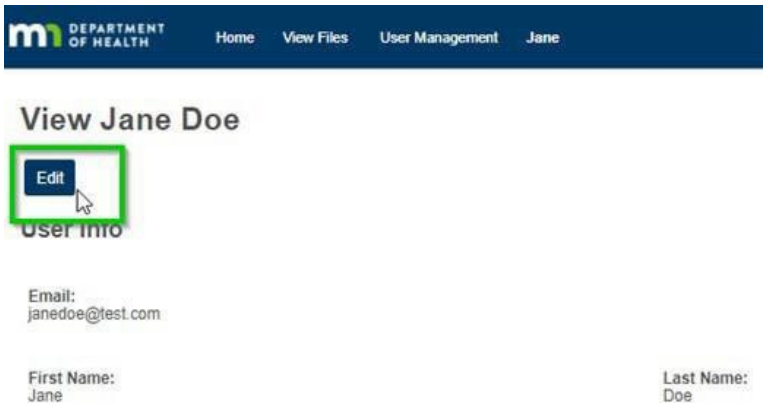
To view inactive users, select the **Inactive** option, then click **Search** to return the list of inactive users.



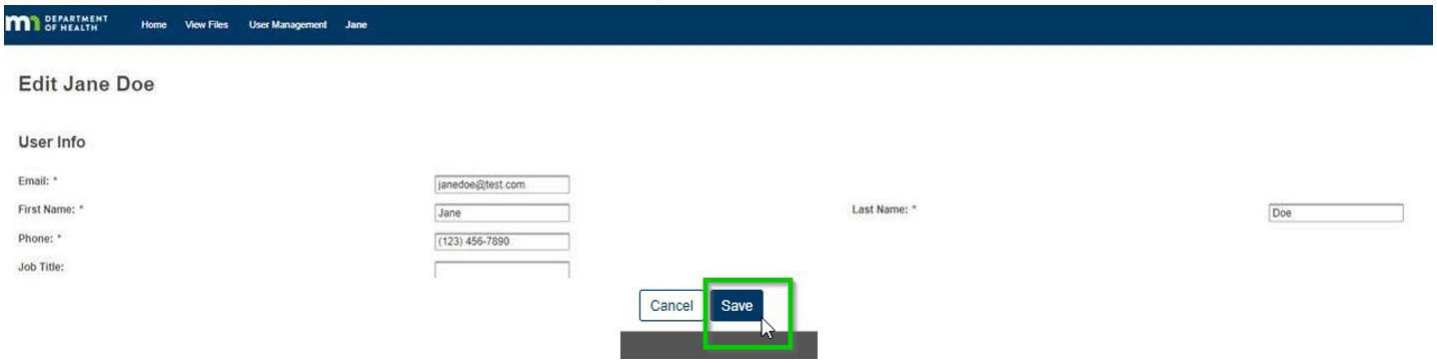
Updating Account Information

1. Accessing the Account to be Updated
2. To update account information, click on the email address associated with the CMR Director or User

3. Click **Edit**

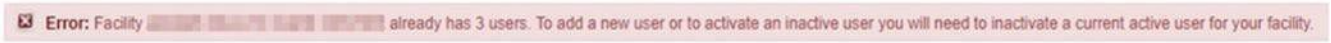


4. Update account and click **Save** when finished.



Deactivating or Activating a User's Account

A facility is limited to three (3) active users. The **error message** below will appear with attempts to add a fourth user or activate an inactive user as a fourth user.

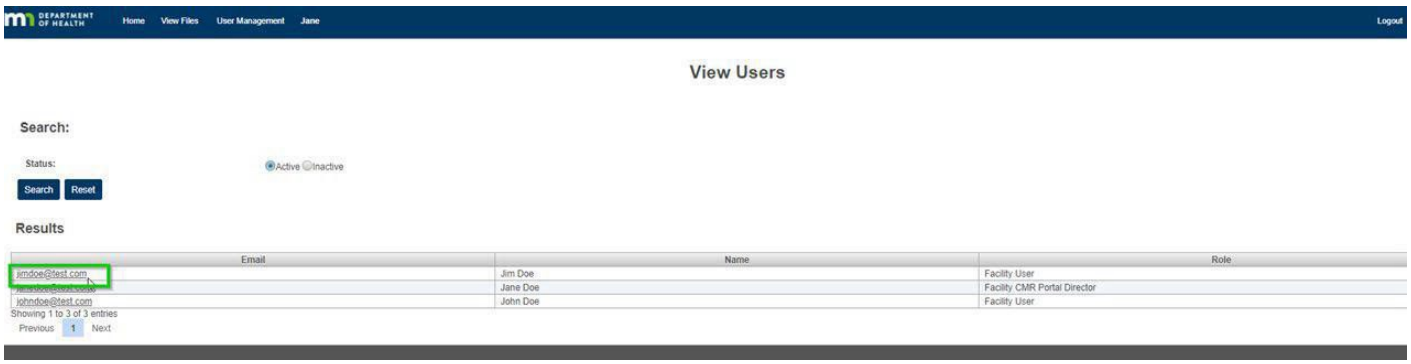


An inactive user's account is deleted six (6) months after the account is changed to Inactive status. Activation of the user's account will prevent the account from being removed.

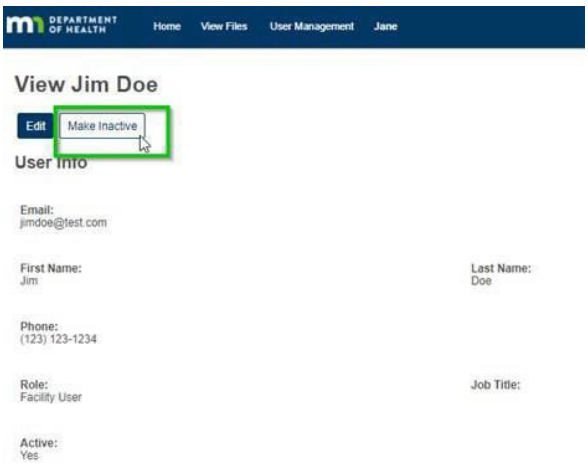
The CMR Director is responsible for immediately deactivating a user who is no longer employed by the facility or the corporation to prevent unauthorized access to the CMR Portal. When the CMR Director is ending employment with a facility or corporation, the current CMR Director must change the CMR Director role to an active user for the facility in the CMR Portal prior to ending employment.

Deactivating a User's Account

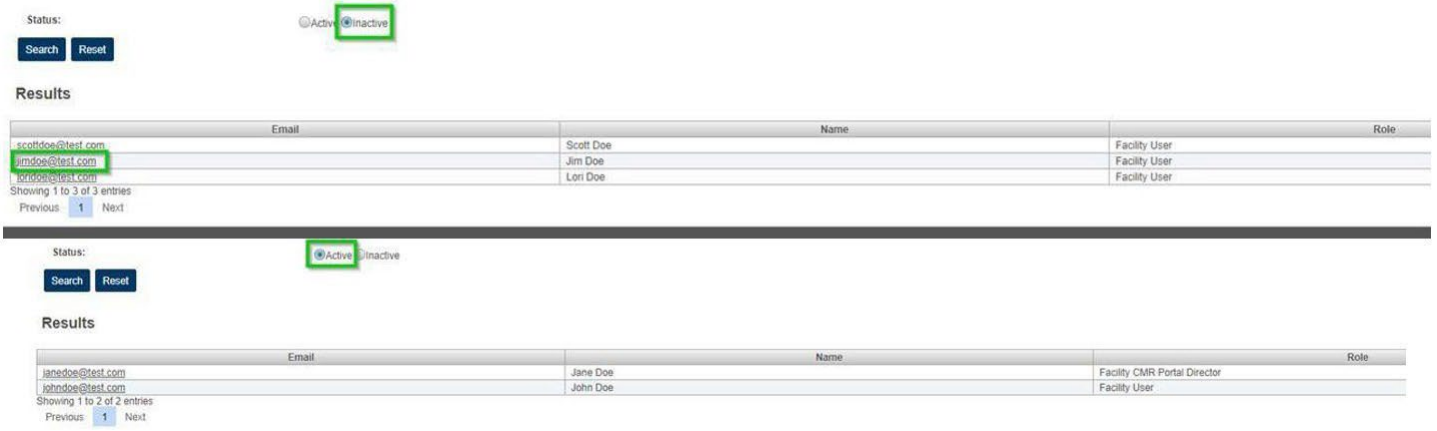
1. To deactivate a User, click email address for the user.



2. Click **Make Inactive**. A message appears for a successful deactivation. **Active** will be **No**.



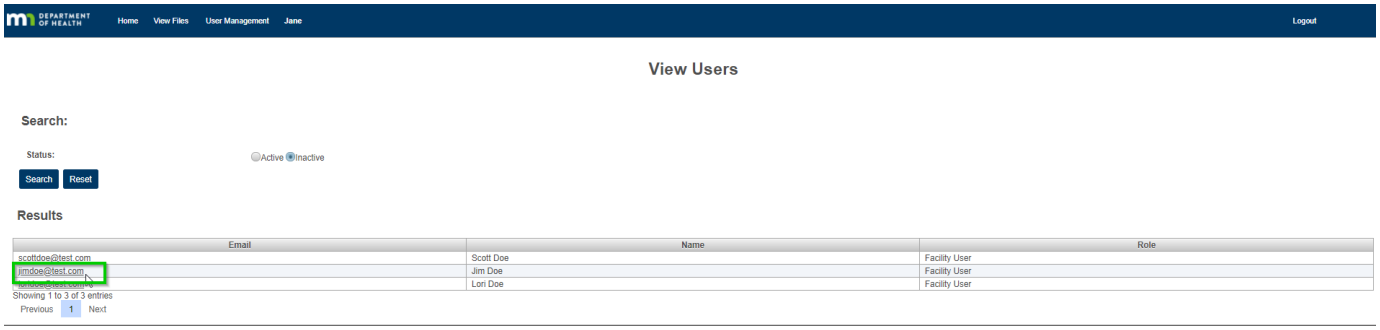
3. The user's account is listed in Inactive status and is removed from Active status.



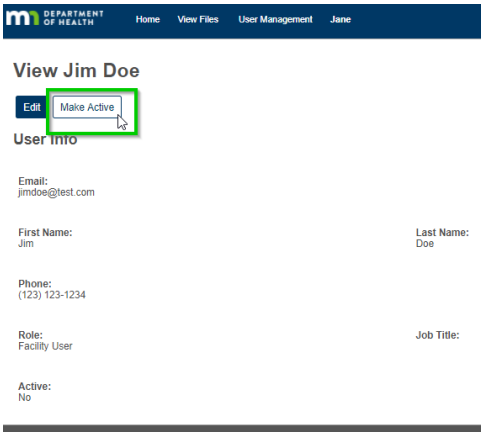
Activating a User's Account

1. Click the button for **Inactive** status, then click **Search.**

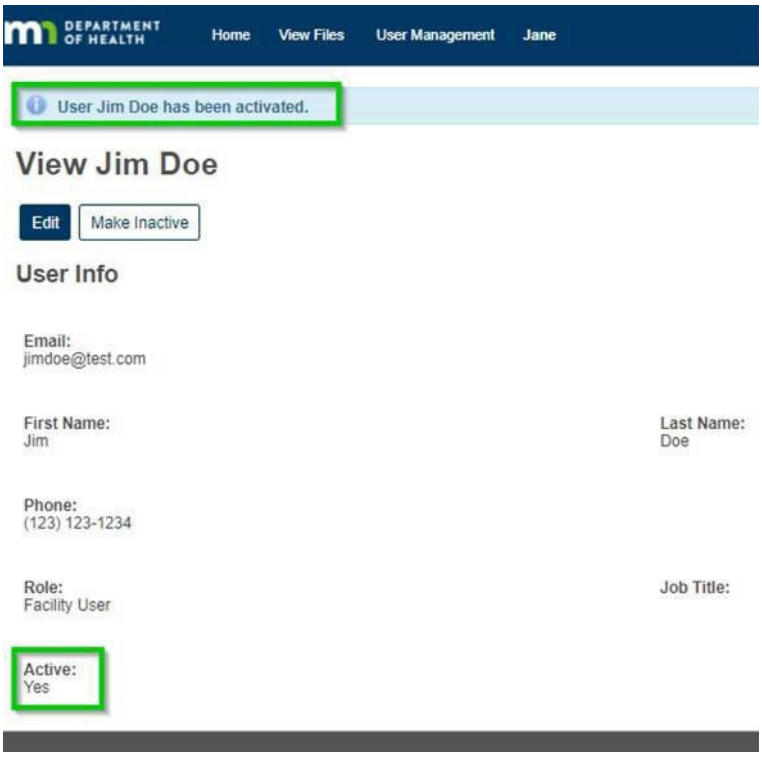
2. To activate a user, click email address for the user.



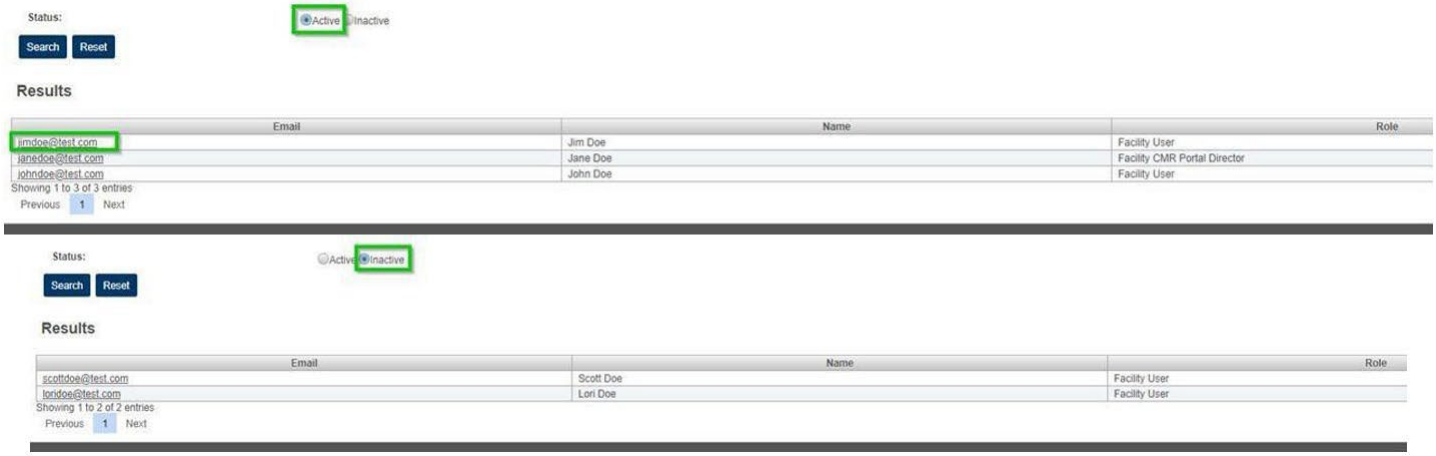
3. Click Make Active.



4. A message appears for successful activation. **Active** will be **Yes**.



5. Jim Doe's account is listed in Active status and removed from Inactive status.

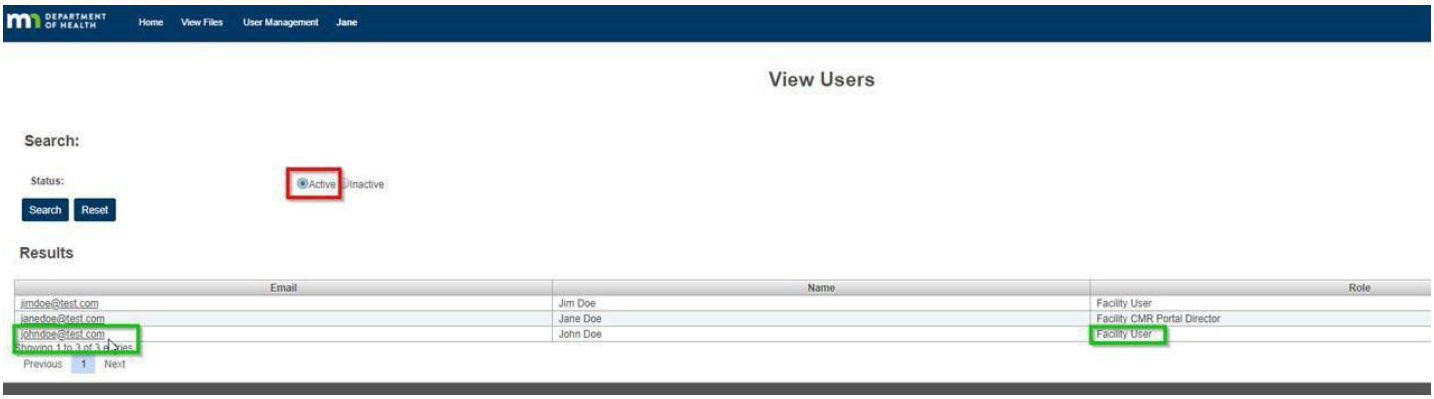


Changing the CMR Director

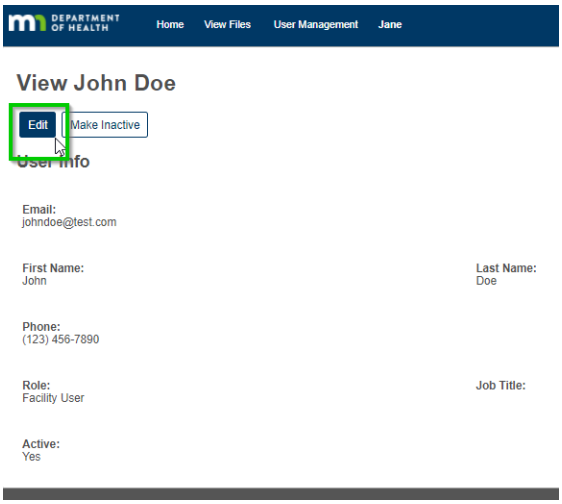
The user must be Active to change role from User role to CMR Director Role.

When the CMR Director is ending employment with a facility or corporation, the current CMR Director must change the CMR Director role to an active user for the facility in the CMR Portal prior to ending employment.

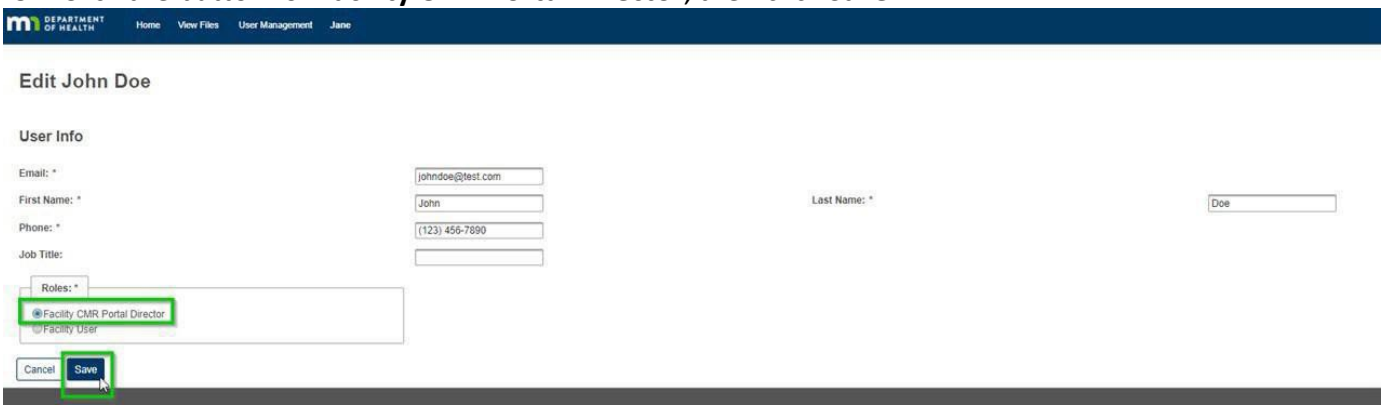
1. Click the email address of the User who will be the new CMR Director.



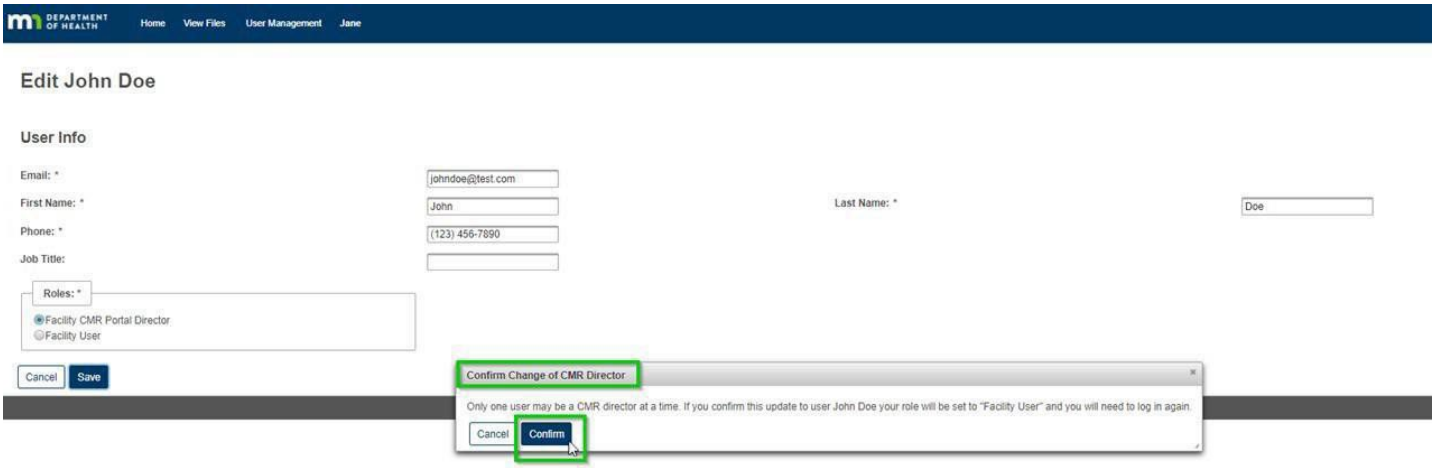
2. Click **Edit.**



3. Click the button for **Facility CMR Portal Director**, then click **Save**.

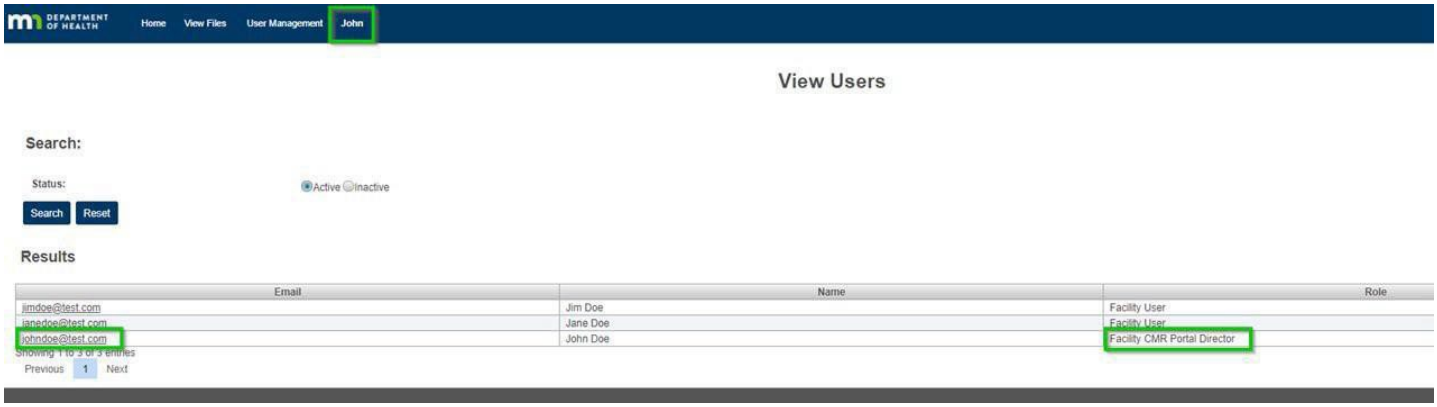


4. To confirm change of CMR Director, click **Confirm**.



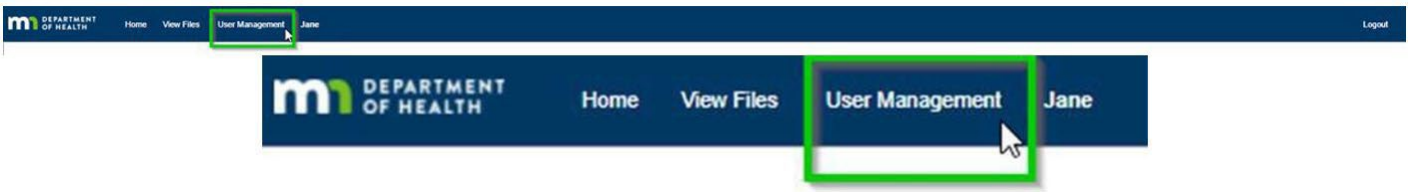
5. The login page will appear.

6. The selected user is now the CMR Director.



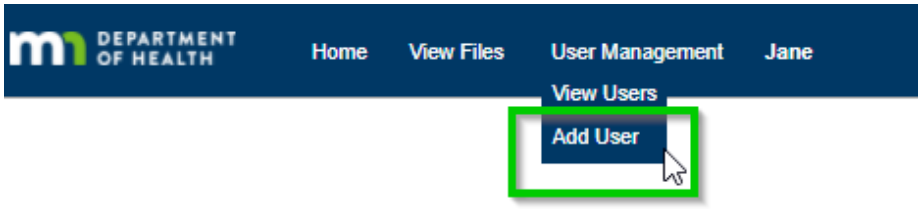
Adding a User

1. Move mouse over **User Management.**



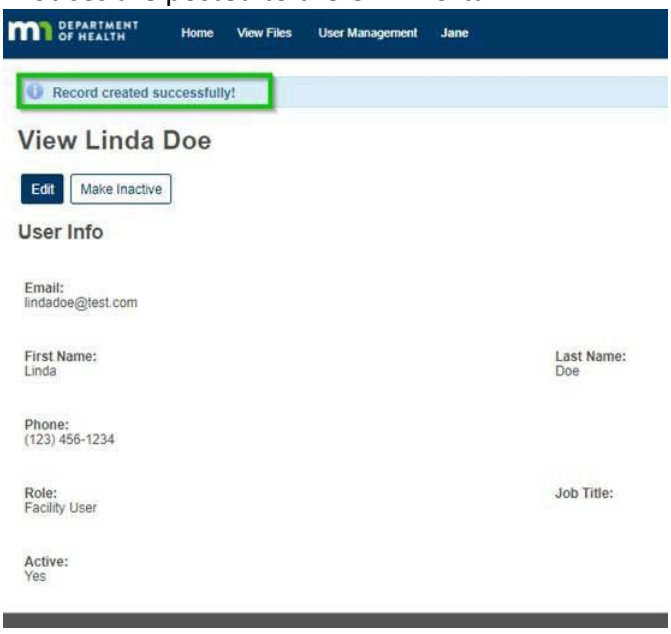
2. With mouse over **User Management**, **View Users** and **Add User** options will appear.

3. Click "**Add User**"



4. Complete required fields: Email, First Name, Last Name, and Phone. Click **Save.**

5. A new user was successfully added to the CMR Portal. All users will receive an email when CMR reports, checklists, and classification notices are posted to the CMR Portal.



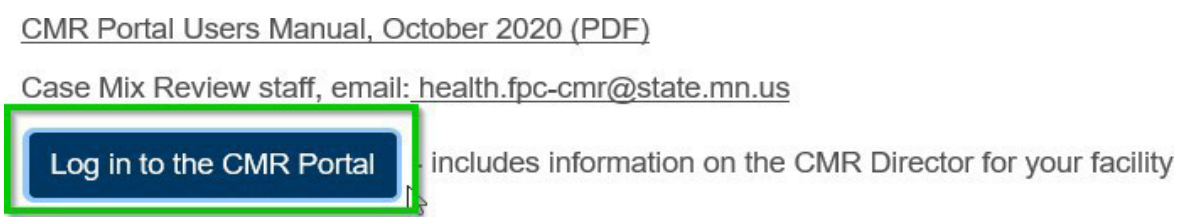
The following email is sent to the new user:

> ***Subject:*** *Welcome to the CMR Portal*
>
> *Welcome to the CMR Portal application. Your registered email is (**User email**). Please follow the directions below in order to create your password.*
>
> 1. *Navigate to the CMR Portal*
> 2. *Click the **Log in** button*
> 3. *On the Log in page, click the **Forgot Password?** button.*
> 4. *Enter your registered email address and click **Submit***
>
> *You will receive an email with the subject **Reset Password**. Click the **Link to reset credentials** link in this email and follow the directions on-screen. You must do this **within FIVE (5) MINUTES of receiving this email,** or the password reset request will expire. If this happens, you can request another reset link by following these steps again.*
>
> *If you have any questions, please contact the CMR Portal Director at (**CMR Director email**).*

6. The new user will follow the **Forgot Password?** instructions to create a secure password.

“Forgot Password?”

1. Navigate to the Case Mix Review Portal (https://cmrportal.web.health.state.mn.us/). Read the **Use Warning**. Click **Log in to the CMR Portal.**



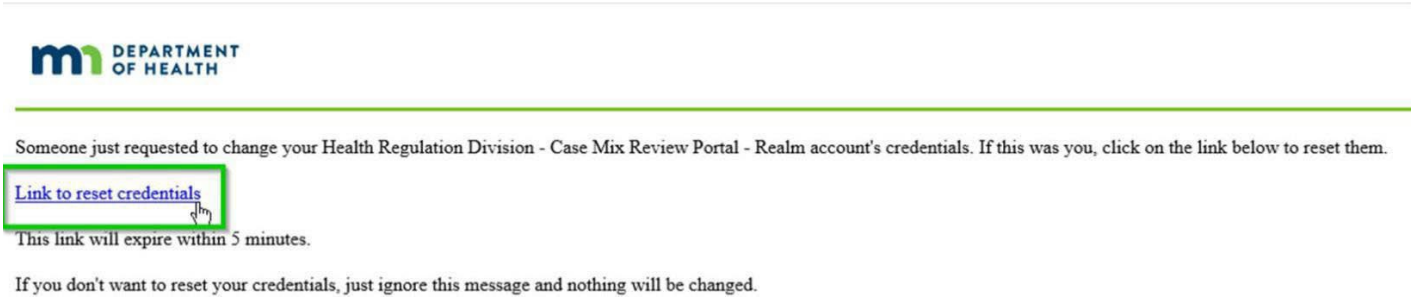
2. On the log in page, click the **Forgot Password?** button.

3. Enter your registered email address and click **Submit**.

4. This screen will appear.

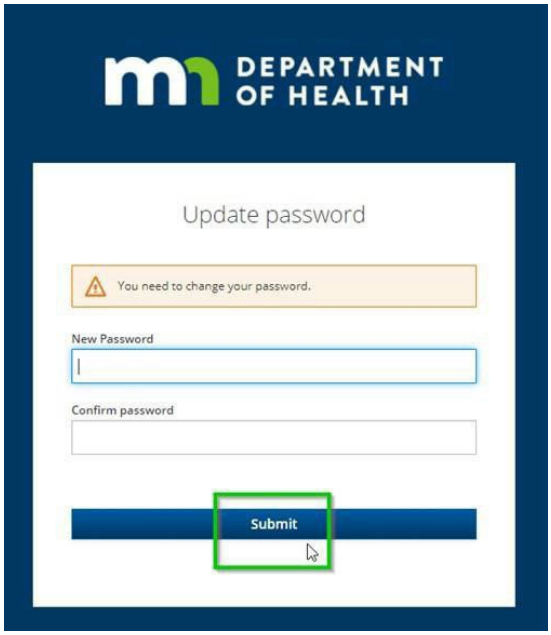
5. You will receive an email with the subject **Reset password**. Click the **Link to reset credentials** in this email and follow the on-screen directions.

You must reset the password **WITHIN FIVE (5) MINUTES** of receiving this email, or the password reset request will expire. If this happens, you can request another reset link by following these steps again.

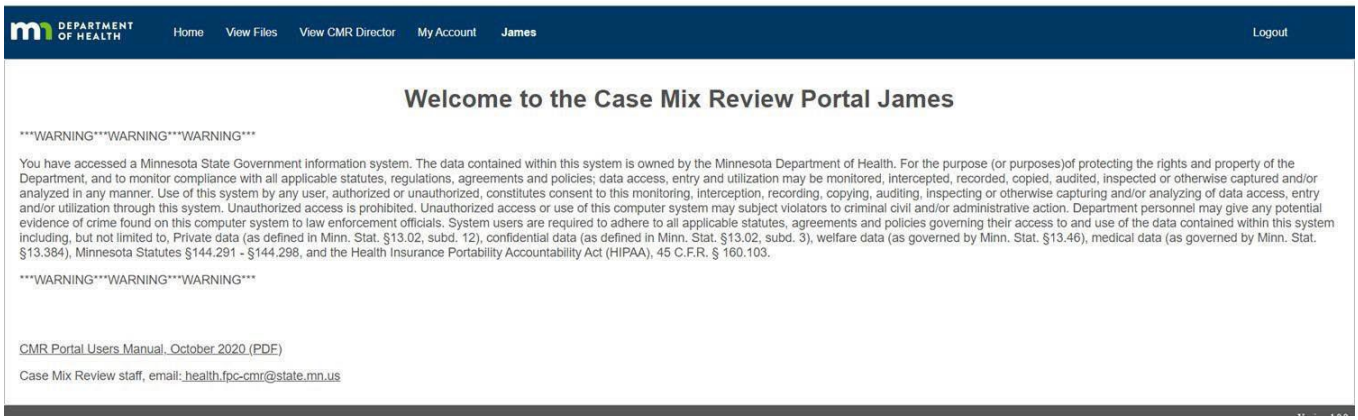


6. Type in your new password. Confirm your new password. Click **Submit.**

The password must be eight (8) characters long and include a lowercase character, an uppercase character, a special character, and a number.



7. This screen will appear upon successful completion of setting or updating your password.



Short Stay Annual Election

The Short Stay Annual Election button identifies the facility's current annual election choice to either:

- Accept the Short Stay Rate (DDF) with a Case Mix Index of 1.00 for all residents who stay 14 consecutive days or less, **or**
- Complete and submit an OBRA Admission assessment for all residents admitted to the facility regardless of length of stay or payment source.

The Short Stay Annual Election button is also used in late May and early June each year to choose the facility's election for the upcoming State of Minnesota fiscal year, July 1st through June 30th.

Short Stay Annual Election Instructions

1. Log into the Case Mix Review Portal (https://cmrportal.web.health.state.mn.us/).

2. Click on “Short Stay Annual Election” button located at the far right of the tool bar at the top of the screen.
3. The next screen displays the facility’s current election for all residents who stay 14 consecutive days or less. This election expires annually on June 30th.
4. To choose an election for the upcoming State of Minnesota fiscal year, July 1st through June 30th, click on the “Make Election” button below. This button is available only during the election period, in late May and early June.
5. On the next screen select one option:
6. The facility elects to accept the short stay rate (DDF) for all residents who stay 14 consecutive days or less. An Admission assessment is not required for any resident who stays in the facility for 14 consecutive days or less

OR

7. The facility elects to complete an Admission assessment for all residents who are admitted to the facility regardless of their length of stay or payer source.
8. Click **Submit**.
9. On the next screen confirm the election is correct. The CMR Portal Director may change the election multiple times until the election window closes.
10. If the option displayed is correct, click on Exit.
11. If the option displayed is incorrect, click on the back arrow and go back to step three.
12. Log out of the Case Mix Review Portal.

DEPARTMENT OF HEALTH

Request for Reconsideration Form

CASE MIX REVIEW

This form is to be completed for reconsideration requests. 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 Minnesota Case Mix Review Manual for more information.

Resident Information

Resident Name: _____

Resident Social Security Number (SSN#): _____

Resident Date of Birth (DOB): _____

Resident Phone Number: _____

Facility Information

Facility Name: _____

Health Facility ID (HFID - 5 digit #): _____

MDS Nurse Name: _____

MDS Nurse Telephone Number: _____

MDS Nurse Email: _____

Reconsideration Request

Who Requested the Reconsideration?

☐ Facility ☐ Resident ☐ Resident's

Representative If requested by resident's representative, please include:

- Representative's Name: _____
- Representative's Phone Number: _____

Assessment

Type of Assessment:

☐ Admission

☐ Quarterly

☐ Annual

☐ Significant Change in Status

☐ Significant Correction

Assessment ARD: _____

Case Mix Classification: _____

Date Facility *received* classification notice: _____

Date Facility *distributed* the classification notice: _____

Requester Contact Information

Please include the name and contact information of the person completing this form.

Name: _____

Phone Number: _____

Date: _____

Submit the following documents to MDH

☐ Completed Request for Reconsideration Form (this form)

☐ Copy of resident notice of the reconsideration request

☐ Copy of the documentation utilized to support the coding of the MDS

Note: Do not send a copy of the MDS assessment.

Return Completed Documents

Fax completed Request for Reconsideration form and all required documents to the Minnesota Case Mix Review Program at: 1-800-348-0191.

Minnesota Department of Health
Health Regulation Division
Case Mix Review PO Box 64975
St. Paul, MN 55164-0975 651-201-4200
health.fpc-cmr@state.mn.us
www.health.state.mn.us