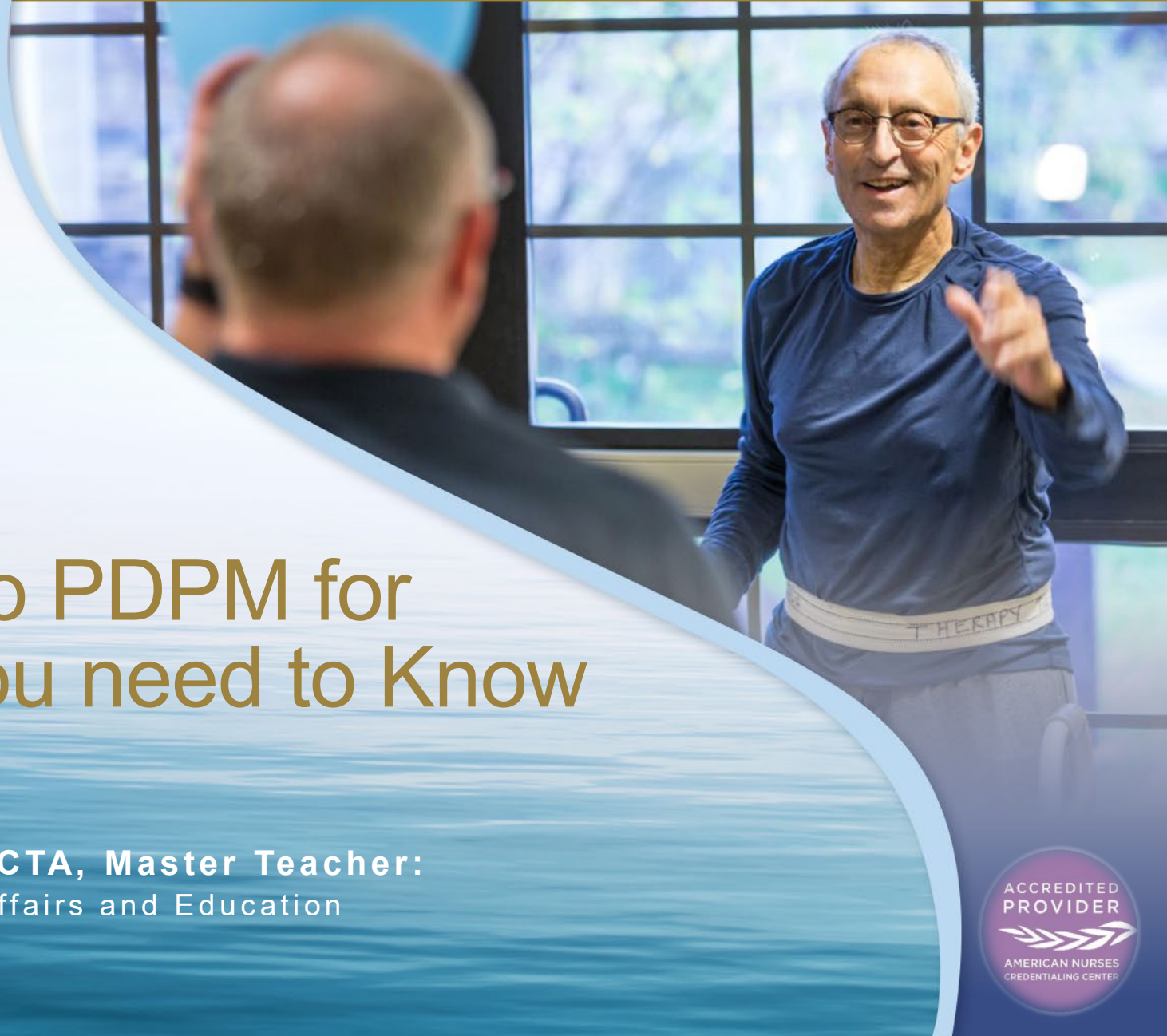


“A Knowledgeable and Compassionate partner”



Tennessee Transition to PDPM for Medicaid CMI: What you need to Know

Joel VanEaton, BSN, RN, RAC-CT, RAC-CTA, Master Teacher:
Executive Vice President of PAC Regulatory Affairs and Education



APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 1.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, in-person**
 - In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.
- **Live, virtual**
 - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.
- **Web-Based/On-Demand**
 - In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after March 1st, 2023



Learning Objectives

Transition to PDPM for Medicaid CMI

- Understand the state PDPM resource library and transition timeline
- Recognize the difference in the PDPM CMI calculation
- Identify the nursing components that contribute to the PDPM specific CMI
- Apply this understanding to facility CMI capture processes.

Transition to PDPM for Medicaid CMI

- **Transition Resources:**

- [Meyers and Stauffer](#)
- [PDPM Training FAQ](#)
- [2024 Time Weighted Calendar](#)
- [PDPM Supportive Documentation Guidelines](#)
- [Revised Resident Roster User's Guide](#)

Timeline

- **TENNCARE Memo October 28, 2022:**

- Per the State Medicaid Director's Letter (SMD# 22-005) released on September 21, 2022, the MDS items necessary for resident classification under a resource utilization group (RUG) based acuity system (RUG-III and RUG-IV) will no longer be available on the standard MDS item sets beginning October 1, 2023.
- As a result, effective July 1, 2024, Tennessee Case Mix nursing facility reimbursement rates will be set utilizing the Patient Driven Payment Model (PDPM) case mix index (CMI), and the Resource Utilization Group (RUG-IV) will no longer be utilized.
- This change will be applied to the Nursing Facility Cost Report Period Case Mix Index utilized in rate rebasing procedures, as well as the Nursing Facility-Wide Semi-Annual Average Case Mix Index utilized in the semi-annual rate setting process.
- **The July 1, 2024 rates are intended to use PDPM CMI data for the period of September 1, 2023 through February 29, 2024.**
- To ease this transition, shadow resident rosters, which show the calculation of the quarterly case mix index utilizing PDPM, will be generated for providers beginning at July 1, 2023.

Timeline

- **Meyers and Stauffer Training September 2023.**
 - Documentation guidelines were released mid September 2023, to be effective Sept. 1, 2023.
 - Live training webinars were provided mid month. Relevant webinar material reviewed the PDPM documentation guidance.
 - FAQ posted addressing questions from the webinar training sessions.
 - **Q8: The July 1, 2024 rates will be acuity adjusted utilizing PDPM data from 9/1/2023 – 2/29/2024. The direct care per diem will be normalized by the total facility PDPM nursing CMI that correlates with the base period cost report period (CRYE 2022).**
 - Q3 shadow rosters posted December 5th, 2023
 - 2024 Time-Weighted CMI Report Calendar posted December 5th, 2023
 - Q4 2023 preliminary Rosters posted January 2nd, 2024. (first PDPM CMI rosters).
 - Cut off for corrections January 31st, 2024.
 - Resident Roster User's guide posted January 19th, 2024.
 - Final Q4 rosters to be posted February 19th, 2024.

Roster Calendar

2024 Tennessee Division of Health Care Finance & Administration– Time-Weighted Case Mix Index Report Calendar

January 2024						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2024						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March 2024						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Tan Day of the Month
Cut-off date for MDS transmission of the Preliminary Time-Weighted Case Mix Index Report.

April 2024						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2024						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2024						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Blue Day of the Month
Posting of the Preliminary Time-Weighted Case Mix Index Report.
(Located on the Myers and Stauffer Web Portal)

Yellow Day of the Month
Cut-off date for MDS transmission for the Final Time-Weighted Case Mix Index Report.

July 2024						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2024						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2024						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Orange Day of the Month
Posting of the Final Time-Weighted Case Mix Index Report.
(Located on the Myers and Stauffer Web Portal)

October 2024						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2024						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2024						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

MDS Helpdesk
(800) 773-8609
TNHelpDesk@mslc.com

Tennessee PDPM Grouper

PDPM Nursing-Only Classification		CMI
Extensive Service		
ES3	Extensive Service	3.84
ES2	Extensive Service	2.90
ES1	Extensive Service	2.77
Special Care High		
HDE2	Special Care-High + Depressive Mood Symptoms	2.27
HDE1	Special Care-High	1.88
HBC2	Special Care-High + Depressive Mood Symptoms	2.12
HBC1	Special Care-High	1.76
Special Care Low		
LDE2	Special Care-Low + Depressive Mood Symptoms	1.97
LDE1	Special Care-Low	1.64
LBC2	Special Care-Low + Depressive Mood Symptoms	1.63
LBC1	Special Care-Low	1.35
Clinically Complex		
CDE2	Clinically Complex + Depressive Mood Symptoms	1.77
CDE1	Clinically Complex	1.53
CBC2	Clinically Complex + Depressive Mood Symptoms	1.47
CA2	Clinically Complex + Depressive Mood Symptoms	1.03
CBC1	Clinically Complex	1.27
CA1	Clinically Complex	0.89

PDPM Nursing-Only Classification		CMI
Behavioral Symptoms & Cognitive Performance		
BAB2	Behavioral Symptoms & Cognitive Performance + 2 or more RN Programs	0.98
BAB1	Behavioral Symptoms & Cognitive Performance	0.94
Reduced Physical Function		
PDE2	Reduced Physical Function + 2 or more RN Programs	1.48
PDE1	Reduced Physical Function	1.39
PBC2	Reduced Physical Function + 2 or more RN Programs	1.15
PA2	Reduced Physical Function + 2 or more RN Programs	0.67
PBC1	Reduced Physical Function	1.07
PA1	Reduced Physical Function	0.62
BC1	Inactive / Expired	0.62

Tennessee PDPM Time Weighted Resident Roster

Print Date: 12/22/2023
Page: 1 of 2

Tennessee Division of Health Care Finance & Administration
Time-Weighted CMI Resident Roster Report
Preliminary PDPM Time-Weighted Resident Listing for the Quarter 09/01/2023-11/30/2023
Records Received as of 12/15/2023

Provider Number:										
Provider Name:										
Resident Name	Resident ID	Record Type	Target Date	PDPM Class	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
		ND/99/99/10	11/27/2023		11/27/2023	A2000	11/27/2023			
Total Days								10		
		NT/99/99/01	09/14/2023	HBC1	09/14/2023	A1600	09/14/2023			
		NC/01/99/99	09/21/2023		09/14/2023	A1600	09/23/2023	10	1.76	Medicaid
		ND/99/99/10	09/24/2023		09/24/2023	A2000	09/24/2023			
Total Days								10		
		NC/03/99/99	08/20/2023	CBC2	09/01/2023	A2300	10/01/2023	31	1.47	Medicaid
		NQ/02/99/99	10/02/2023	HBC1	10/02/2023		11/30/2023	60	1.76	Medicaid
Total Days								91		
		NT/99/99/01	09/21/2023	CBC1	09/21/2023	A1600	09/21/2023			
		NC/01/99/99	09/28/2023		09/21/2023	A1600	10/05/2023	15	1.27	Other
		ND/99/99/10	10/06/2023		10/06/2023	A2000	10/06/2023			
Total Days								15		
		NT/99/99/01	08/29/2023	HBC1	09/01/2023	A2300	09/01/2023			
		NC/01/99/99	09/05/2023		09/01/2023		11/25/2023	86	1.76	Other
		NQ/02/99/99	11/26/2023		11/26/2023		11/30/2023	5	1.76	Other
Total Days								91		
		NT/99/99/01	10/02/2023	HBC2	10/02/2023	A1600	10/02/2023			
		NC/01/01/99	10/09/2023		10/02/2023	A1600	10/21/2023	20	2.12	Medicare
		ND/99/99/10	10/22/2023		10/22/2023	A2000	10/22/2023			
Total Days								20		
		NQ/02/99/99	07/06/2023	HBC1	09/01/2023	A2300	09/09/2023	9	1.76	Other
		NQ/02/99/99	09/10/2023	HBC1	09/10/2023		09/20/2023	11	1.76	Other
		ND/99/99/10	09/21/2023	09/21/2023	A2000		09/21/2023			
Total Days								20		
		NC/04/99/99	07/27/2023	ES1	09/01/2023	A2300	10/07/2023	37	2.77	Medicaid
		NQ/02/99/99	10/08/2023	BAB1	10/08/2023		11/30/2023	54	0.94	Medicaid
Total Days								91		
		NC/01/99/99	08/30/2023	PBC1	09/01/2023	A2000	09/12/2023	12	1.07	Other
		ND/99/99/10	09/13/2023		09/13/2023		09/13/2023			
Total Days								12		

Tennessee Division of Health Care Finance & Administration

Time-Weighted CMI Resident Roster Report

Preliminary PDPM Time-Weighted Resident Summary for the Quarter 09/01/2023-11/30/2023
Records Received as of 12/15/2023

Provider Number:
Provider Name:

PDPM Class	Medicaid Residents			All Residents		
	Days (a)	CMI (b)	CMI Points (c = a x b)	Days (d)	CMI (e)	CMI Points (f = d x e)
ES3	0	3.84	0.00	0	3.84	0.00
ES2	0	2.90	0.00	0	2.90	0.00
ES1	524	2.77	1,451.48	772	2.77	2,138.44
HDE2	105	2.27	238.35	211	2.27	478.97
HDE1	335	1.88	629.80	478	1.88	898.64
HBC2	44	2.12	93.28	85	2.12	180.20
HBC1	906	1.76	1,594.56	1,380	1.76	2,428.80
LDE2	0	1.97	0.00	13	1.97	25.61
LDE1	19	1.64	31.16	19	1.64	31.16
LBC2	0	1.63	0.00	0	1.63	0.00
LBC1	47	1.35	63.45	223	1.35	301.05
CDE2	0	1.77	0.00	0	1.77	0.00
CDE1	57	1.43	81.51	223	1.43	318.89
CBC2	31	1.47	45.57	48	1.47	70.56
CA2	0	1.03	0.00	0	1.03	0.00
CBC1	274	1.27	347.98	663	1.27	842.01
CA1	188	0.89	167.32	188	0.89	167.32
BAB2	0	0.98	0.00	0	0.98	0.00
BAB1	171	0.94	160.74	174	0.94	163.56
PDE2	0	1.48	0.00	7	1.48	10.36
PDE1	328	1.39	455.92	579	1.39	804.81
PBC2	0	1.15	0.00	0	1.15	0.00
PA2	0	0.67	0.00	0	0.67	0.00
PBC1	647	1.07	692.29	1,652	1.07	1,767.64
PA1	33	0.62	20.46	33	0.62	20.46
BC1	0	0.62	0.00	0	0.62	0.00

Totals 3,709 6,073.87 6,748 10,648.48

Medicaid Average CMI	1.6376	All Average CMI	1.5780
Total Medicare Days	663	Total Other Days	2,376
Medicare Average CMI	1.7012	Other Average CMI	1.4506

Resident Roster Detail

General Resident Roster Rules

- A.** Inactivated records (A0050 = 3) are not considered in the creation of the Resident Roster if transmitted as of the cutoff date of the Resident Roster.
- B.** Modified records (A0050 = 2) with the highest Correction Number (X0800) as of the cutoff date is considered.
- C.** For purposes of the Resident Roster process, the following types of assessment combinations are used only to obtain discharge dates (A2000) and discharge status (A2100).

(ISC)	(A0310A)	(A0310B)	(A0310C)	(A0310F)
ND	99	99	0	10, 11
NT	99	99	0	12

- D.** The calculation of days includes the day of admission. The day of discharge is not included.
- E.** Days are counted from the entry date, if entered the facility during the quarter, the first day of the quarter until either the assessment reference date (A2300) of the next assessment, the end of the quarter or until discharged (day of discharge not included), whichever comes first, unless the maximum number of days for the assessment has been reached.
- F.** Days covered by temporary home visits, temporary therapeutic leave and hospital observational stays less than 24 hours where the hospital does not admit the resident are included in the count of days since CMS does not require a discharge assessment to be completed.

Resident Roster Detail

Inactive (Expired) Assessment

- G.** CMS requirements allow no more than 92 days between assessments.
- For purposes of Tennessee Medicaid reimbursement only, each assessment is considered active for a maximum of 113 days, measured from the target date.
 - An assessment that is not followed by any other assessment or Discharge assessment or Death in Facility tracking form within 113 days of the preceding record's assessment reference date will have inactive days counted for that assessment after day 113.
 - The assessment is then considered an inactive assessment (or expired). During the inactive period following an expired assessment (beginning on day 114) until the start of the next assessment (A2300), the end of the quarter, or a discharge assessment, days are counted at the inactive PDPM classification BC1.

In the following example for Q3, the Quarterly assessment was transmitted with the following:

- Assessment reference date (A2300) 03/15/2023

The subsequent Quarterly assessment was transmitted with the following:

- Assessment reference date (A2300) 08/01/2023

Record Type	Target Date	PDPM Class	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NQ/02/99/99	03/15/2023	CDE2	06/01/2023		07/06/2023	36	1.77	Medicaid
NQ/02/99/99	03/15/2023	BC1	07/07/2023		07/31/2023	25	0.62	Medicaid
NQ/02/99/99	08/01/2023	CDE2	08/01/2023	A2300	08/31/2023	31	1.77	Medicaid
Total Days						92		

Q1

Dec	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		

Q2

Mar	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Apr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q3

June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q4

Sept	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Oct	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nov	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

Counting 113 days from the A2300 date (03/15/2023) of the first Quarterly assessment results in 07/06/2023, meaning the active days covered by the first Quarterly assessment end on this date. From the 114th day (07/07/2023) until the day prior to the A2300 date of the next Quarterly assessment (07/31/2023), the days are counted at the inactive PDPM classification BC1. The days from the second Quarterly assessment count from the ARD (08/01/2023) until the end of the quarter.

Resident Roster Detail

Late Admission Assessment

H. CMS requirements allow no more than 14 days between the admission entry date (A1600 when A1700=1, Admission) and the Admission assessment reference date (A2300).

- For purposes of Tennessee Medicaid reimbursement, when there are more than 14 days, the admission entry date is used to begin counting days for the Admission assessment up to a maximum of 14 days.
- Any remaining days beginning on day 15 through the day prior to the assessment reference date (A2300) of the Admission assessment will result in the inactive PDPM classification BC1.

In this example for Q3, Entry Tracking record was transmitted with the following:

- Entry date (A1600) 01/12/2023 with the A1700 = 1

The Admission assessment was transmitted with the following:

- Assessment reference date (A2300) 07/01/2023
- Entry date (A1600) on Admission assessment 01/12/2023

A Discharge assessment was transmitted with the following:

- Discharge date (A2000) 08/01/2023

Record Type	Target Date	PDPM Class	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NT/99/99/01	01/12/2023	BC1	06/01/2023		06/30/2023	30	0.62	Medicaid
NC/01/99/99	07/01/2023	CA2	07/01/2023	A2300	07/31/2023	31	1.03	Medicaid
ND/99/99/11	08/01/2023		08/01/2023	A2000	08/01/2023			
Total days						61		

Q1

Dec	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		

Q2

Mar	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Apr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q3

June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q4

Sept	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Oct	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nov	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

Inactive days begin on the start of the quarter (06/01/2023) because the entry date of 01/12/2023 is greater than 14 days prior to the assessment reference date of 07/01/2023 of the Admission assessment. Days begin counting on the assessment reference date of 07/01/2023 of the Admission assessment through the day prior to the discharge date of 08/01/2023.

Resident Roster Detail

Entry Tracking Record

I. If an Entry Tracking record indicates a new admission and is followed by a Discharge assessment or Death in Facility Tracking record within 14 days, the PDPM classification will automatically be assigned as follows for the days starting from the entry date (A1600 when A1700=1) to the day prior to the discharge date (A2000) up to a maximum of 14 days:

- LBC2 (CMI 1.63) – when discharge status was deceased (A2105 = 08) or discharged to an acute care setting (A2105 = 03, 05, or 09).
- CBC2 (CMI 1.47) – when discharge status was other than death or discharged to an acute care setting (A2105 = 01, 02, 04, 06, 07, or 99).

In this example for Q3, the Entry Tracking record was transmitted with the following:

- Entry date (A1600) 06/01/2023 with A1700 = 1, Admission

The Discharge assessment was transmitted with the following:

- Discharge date (A2000) 06/12/2023
- Discharge status was deceased (A2100 = 08, deceased)

Record Type	Target Date	PDPM Class	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NT/99/99/01	06/01/2023	LBC2	06/01/2023		06/11/2023	11	1.63	Medicaid
NT/99/99/12			06/12/2023	A2000	06/12/2023			
Total Days						11		

Q1

Dec	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		

Q2

Mar	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Apr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q3

June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q4

Sept	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Oct	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nov	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

When an Entry Tracking record is the first and only record for a new admission that is followed by a Discharge assessment, the PDPM classification and associated CMI are based on the discharge status (A2100); either LBC2 or CBC2. In this example, the discharge status is deceased (08); resulting in a PDPM classification of LBC2. The Entry Tracking record must be coded A1700 = 1, Admission.

Resident Roster Detail

Entry Tracking (cont.)

J. Entry Tracking records are required to be submitted for each entry or reentry into the nursing facility. The entry date (A1600) indicates the exact date of entry and is used to begin the counting of days. However, the Entry Tracking record is not an assessment and therefore is unable to be classified.

In this example, a Quarterly assessment prior to the start of the quarter was followed by a Discharge assessment (return not anticipated; code of 10). Later, an Entry Tracking record was submitted followed by an Admission/5-day PPS assessment with the following:

Quarterly assessment:

- Assessment Reference Date (A2300) 05/01/2023

Discharge assessment:

- Discharge date (A2000) 06/10/2023

Entry Tracking record:

- Entry Date (A1600) 06/20/2023 with A1700 = 1, Admission

Admission/5-day PPS assessment:

- Assessment Reference Date (A2300) 07/01/2023 and the entry date (A1600) 06/20/2023

Record Type	Target Date	PDPM Class	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NQ/02/99/99	05/01/2023	ES2	06/01/2023		06/09/2023	9	2.90	Medicaid
ND/99/99/11	06/10/2023		06/10/2023	A2000	06/10/2023			
NT/99/99/01	06/20/2023		06/20/2023	A1600	06/20/2023			
NC/01/01/99	07/01/2023	ES3	06/20/2023	A1600	08/31/2023	73	3.84	Medicare
Total Days						82		

Q1

Dec	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		

Q2

Mar	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Apr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q3

June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q4

Sept	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Oct	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nov	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

Days begin counting for the Quarterly assessment on the first day of the quarter through the day prior to the discharge date (A2000) 06/09/2023. The Entry Tracking record is transmitted followed by an Admission/5-day assessment which begins counting at the entry date, (A1600) 06/20/2023, through the end of the quarter. The Entry Tracking record must be coded A1700 = 1, Admission. Note that no days are assigned to the Entry Tracking record but instead the entry date A1600 (06/20/2023) is assigned to the days counted for the Admission/5-day assessment as noted in the "Start Date Field" column.

Resident Roster Detail

Entry Tracking (cont.)

K. If the Entry Tracking record (denoted as a reentry where A1700=2) is not followed by an assessment, but is preceded by an assessment that is active, the remainder of the active days from the preceding assessment is used for the count of days starting at the entry date (A1600).

In this example, a Quarterly assessment completed prior to the quarter was following by a Discharge assessment (return anticipated; code of 11). Later, an Entry Tracking record was submitted but was not followed by an assessment. Assessments/tracking records were transmitted with the following:

Quarterly assessment:

- Assessment Reference Date (A2300) 05/01/2023

Discharge assessment:

- Discharge date (A2000) 06/30/2023

Entry Tracking record:

- Entry Date (A1600) 07/10/2023 with A1700 = 2, Reentry

Record Type	Target Date	PDPM Class	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NQ/02/99/99	05/01/2023	LBC2	06/01/2023		06/29/2023	29	1.63	Medicaid
ND/99/99/11	06/30/2023		06/30/2023	A2000	06/30/2023			
NT/99/99/01	07/10/2023	LBC2	07/10/2023	A1600	08/31/2023	53	1.63	Medicaid
Total Days						82		

Q1

Dec	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		

Q2

Mar	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Apr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q3

June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q4

Sept	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Oct	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nov	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

The Entry Tracking record is transmitted but is not followed by an assessment. Since there is no new assessment within 14 days from the reentry date A1600 (07/10/2023), the PDPM classification is taken from the preceding active assessment and applied to the Entry Tracking record period. The Entry Tracking record must be coded A1700 = 2, Reentry.

Resident Roster Detail

Missing or Out of Order Assessments

L. When an Admission assessment is preceded by an active assessment, the days counted for the Admission assessment begin from the assessment reference date (A2300) on the Admission and not the entry date (A1600).

In this Q3 example, a Quarterly assessment was followed by an Admission assessment with the following:

Quarterly assessment:

- Assessment Reference Date (A2300) 05/29/2023

Admission/5-day Medicare assessment:

- Assessment Reference Date (A2300) 07/1/2023 including an entry date (A1600) 06/20/2023

Record Type	Target Date	PDPM Class	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NQ/02/99/99	05/29/2023	LDE1	06/01/2023		06/30/2023	30	1.64	Medicaid
NC/01/01/99	07/01/2023	ES1	07/01/2023	A2300	08/31/2023	62	2.77	Medicare
Total Days						92		

Q1

Dec	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		

Q2

Mar	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Apr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q3

June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q4

Sept	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Oct	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nov	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

An Admission assessment should only be completed on admission and should not immediately follow another active assessment with the MDS item responses necessary to assign a PDPM Nursing classification. This is considered “Out of Sequence”.

Resident Roster Detail

DETERMINATION OF PAYMENT SOURCE

The payment source (Medicare, Medicaid or Other) identified on the Time-Weighted CMI Resident Roster Report is determined from the assessment as follows:

Medicare Payment Source Determination

- All assessments with a PPS reason for assessment in MDS item A0310B = 01 (PPS 5-day) will be assigned a Medicare payment source for the duration of the assessment.
- All assessments with an OBRA Admission reason for assessment in MDS item A0310A = 01 (OBRA Admission) where the Medicare stay has not ended prior to the A1600 date will be assigned a Medicare Payment Source for the duration of the assessment.
- Any other assessment type where the Medicare stay has not ended prior to the ARD will be assigned a Medicare Payment Source up to the end date of the Medicare stay. Following the end of the Medicare stay, the payment source will be evaluated for the Medicaid and Other payment source criteria.

Medicaid Payment Source Determination

- All assessments with A0310A = 01 (OBRA Admission) where the Medicare stay has ended prior to the A1600 date or is not associated with a Medicare stay, or non-Admission assessments following the end of a Medicare stay and where MDS item A0700 Medicaid Number of the assessment is submitted with a valid recipient Medicaid number are counted as Medicaid payment source.
- A valid Medicaid recipient number is as follows:
 - o PENDING
 - o +
 - o Any sequence of letters/numbers beginning with “ZEC”
 - o Any sequence of letters/numbers that is 9-11 non-repeating digits (excluding “PRIVATEPAY”, “OUTOFSTATE”, “NOTELIGIBLE”, or “NOCOVERAGE”)

For example, 0090000000 is considered a valid Medicaid recipient number; however, 9999999999 is not considered a valid Medicaid number.

Other Payment Source Determination

- Any assessment(s) not identified as Medicare or Medicaid are assigned as “Other” payment source on the detail pages of the Resident Roster.

Determination of Payment Source Roster Examples

Example #1

In the example below, the resident began the quarter with the following:

Entry Tracking Form:

- Entry Date (A1600) 08/15/2023 with A1700 = 1, Admission OBRA Admission combined with a Medicare 5-day assessment (ARD 08/22/2023):
- Medicare Stay Begin Date 08/15/2023 (A2400B)
- Medicare Stay End Date --/--/---- (A2400C)

Record Type	Target Date	PDPM Class	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NT/99/99/01	08/15/2023		08/15/2023	A1600	08/15/2023			
NC/01/01/99	08/22/2023	HDE1	08/15/2023	A1600	08/31/2023	17	1.88	Medicare
Total Days						17		

Q1

Dec	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		

Q2

Mar	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Apr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q3

June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q4

Sept	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Oct	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nov	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

In this example, the assessment is assigned a Medicare payment source as it is a PPS 5-day assessment with no Medicare end date prior to the Admission Entry Date (A1600).

Example #2

In the example below, the resident began the quarter with the following:

Entry Tracking Form:

- Entry Date (A1600) 08/15/2023 with A1700 = 1, Admission

Medicare 5-day (ARD 08/22/2021):

- Medicare Stay Begin Date 08/15/2023 (A2400B)
- Medicare Stay End Date --/--/-- (A2400C)
- OBRA Admission Assessment (ARD 08/22/2023)

Record Type	Target Date	PDPM Class	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NT/99/99/01	08/15/2023		08/15/2023	A1600	08/15/2023			
NP/99/01/99	08/22/2023	HDE1	08/15/2023	A1600	08/21/2023	7	1.88	Medicare
NC/01/99/99	08/22/2023	HDE1	08/22/2023	A2300	08/31/2023	10	1.88	Medicare
Total Days						17		

Q1

Dec	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		

Q2

Mar	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Apr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q3

June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q4

Sept	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Oct	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nov	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

In this example, the first assessment is assigned a Medicare payment source as it is a PPS 5-day assessment. The OBRA Admission assessment is also assigned a Medicare payment source as the resident is on a Medicare stay that has not ended prior to the Admission Entry Date (A1600).

Example #3

In the example below, the resident began the quarter with the following:

OBRA Admission and PPS 5-day assessment (ARD 05/20/2023):

- Medicare Stay Begin Date 05/20/2023 (A2400B)
- Medicare Stay End Date 07/20/2023 (A2400C)
- Quarterly Assessment (ARD 08/20/2023)

Record Type	Target Date	PDPM Class	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NC/01/01/99	05/20/2023	HBC1	06/01/2023		08/19/2021	80	1.76	Medicare
NQ/02/99/99	08/20/2023	CA1	08/20/2021	A2300	08/31/2021	12	0.89	Medicaid
Total Days						92		

Q1

Dec	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		

Q2

Mar	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Apr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q3

June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q4

Sept	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Oct	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nov	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

In this example, the quarterly assessment is assigned a Medicaid payment source as the Medicare stay ended (07/20/2023) prior to the ARD date of the quarterly assessment and remains Medicaid for the remaining days the quarterly assessment is active.

Example #4

In the example below, the resident began the quarter with the following:

OBRA Admission and PPS 5-day assessment (ARD 05/20/2023):

- Medicare Stay Begin Date 07/20/2023 (A2400B)
- Medicare Stay End Date 08/25/2023 (A2400C)
- Quarterly Assessment (ARD 08/20/2023)

Record Type	Target Date	PDPM Class	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NC/01/01/99	05/20/2023	HBC1	06/01/2023		08/19/2023	80	1.76	Medicare
NQ/02/99/99	08/20/2023	CA1	08/20/2023	A2300	08/25/2023	6	0.89	Medicare
NQ/02/99/99	08/20/2023	CA1	08/26/2023		08/31/2023	6	0.89	Medicaid
Total Days						92		

Q1

Dec	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		

Q2

Mar	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Apr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q3

June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Q4

Sept	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Oct	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nov	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

In this example, the quarterly assessment is assigned a Medicare payment source through the end of the Medicare stay (8/25/2023) and then it is assigned a Medicaid payment source for the remaining days the quarterly assessment remains active.

REVIEW OF PRELIMINARY RESIDENT ROSTER

The Preliminary Time-Weighted CMI Resident Roster Report is provided as a tool for use by the facility in determining whether any missing or incorrect records are noted and allows the facility a review period to evaluate assessments/records displayed on the roster. All corrections to the Preliminary Resident Roster must be made through the modification, inactivation, and transmission process for MDS assessments and tracking records in accordance with the RAI manual (Chapter 5) and CMS correction policy on or before the cutoff date of the Final Resident Roster CMI report; no manual alterations of the Resident Roster are considered.

In reviewing the Preliminary Resident Roster, the following steps are suggested but not limited to:

- Review any BC1 classifications and, if appropriate, submit any completed missing assessments or tracking records or complete any modifications of previously transmitted records, when applicable, to correct the reason causing the PDPM classification assignment.
- Determine if each resident is identified only once. If the same resident appears as if they were two separate residents, contact the RAI Coordinator to request advice on the correction policy. If merging or splitting assessments are required please also contact the Myers and Stauffer Helpdesk as additional corrections will be required within the databases used to create the Time Weighted Rosters.
- Determine if all residents in the facility at any time during the quarter are listed on the Resident Roster.
- Review the listed assessments and tracking records for each listed resident to determine if each assessment/tracking record is accounted for on the Resident Roster.
- Review the start date and end date for accuracy.
- Determine if each Medicaid resident is correctly identified as Medicaid for any non-PPS assessment days by reviewing MDS item A0700 Medicaid Number.
- Review the PDPM Nursing classification attributed to Entry Tracking records followed by a Discharge assessment for accuracy of the discharge status (A2100).
- Keep in mind, missing or corrected (if applicable) assessments that have been transmitted and accepted by the iQIES system after the cut-off date(s) will not be reflected on the Time-Weighted CMI Resident Roster Report (both preliminary and final).
- Review for missing or corrected (if applicable) assessments that may have been transmitted and not accepted by the iQIES system. Review Validation Report for errors; make corrections and retransmit, if applicable.
- Review for accuracy of dates and or reasons for assessment by following the RAI manual instructions for modifications and inactivation's in Chapter 5.
- Review the type of Entry Tracking records (A1700=1, Admission or A1700=2, Reentry) to ensure that the reason fits the expected order of assessments/tracking forms displayed.

Any corrections including transmissions must be completed by the predetermined cutoff date for the quarterly Final CMI Resident Roster report.

Case Mix Management

- MCD grouper CMI has changed!
- Learn the Nursing Categories.
- IDT Approach.
- Daily, weekly, monthly, quarterly analysis.
- MDS schedule/ARD flexibility i.e., early and or extra.
- Pay attention to when Medicare ends.
- Analyze your rosters. Use the “clean up” period.
- Don't leave success to chance.
- Average CMI for the Q3 Shadow Roster period was 1.4451. How do you stack up for Q1?

Resident Name: _____

CMI Compare (TN case mix)

Most Recent Assessment Affecting CMI (ARD: _____)

NSG Component	GG	Depression (PHQ-2 to 9 ≥ 10)	CMI
Extensive Services			
ES3	0-14	-	3.84
ES2	0-14	-	2.90
ES1	0-14	-	2.77
Special Care High			
HDE2	0-5	Y	2.27
HDE1	0-5	N	1.88
HBC2	6-14	Y	2.12
HBC1	6-14	N	1.76
Special Care Low			
LDE2	0-5	Y	1.97
LDE1	0-5	N	1.64
LBC2	6-14	Y	1.63
LBC1	6-14	N	1.35
Clinically Complex			
CDE2	0-5	Y	1.77
CDE1	0-5	N	1.43
CBC2	6-14	Y	1.47
CA2	15-16	Y	1.03
CBC1	6-14	N	1.27
CA1	15-16	N	0.89

NSG Component	GG	Restorative Programs	CMI
Behavior Cognition			
BAB2	11-16	Y	0.98
BAB1	11-16	N	0.94
Reduced Physical Function			
PDE2	0-5	Y	1.48
PDE1	0-5	N	1.39
PBC2	6-14	Y	1.15
PA2	15-16	Y	0.67
PBC1	6-14	N	1.07
PA1	15-16	N	0.62

Projected Assessment (ARD: _____)

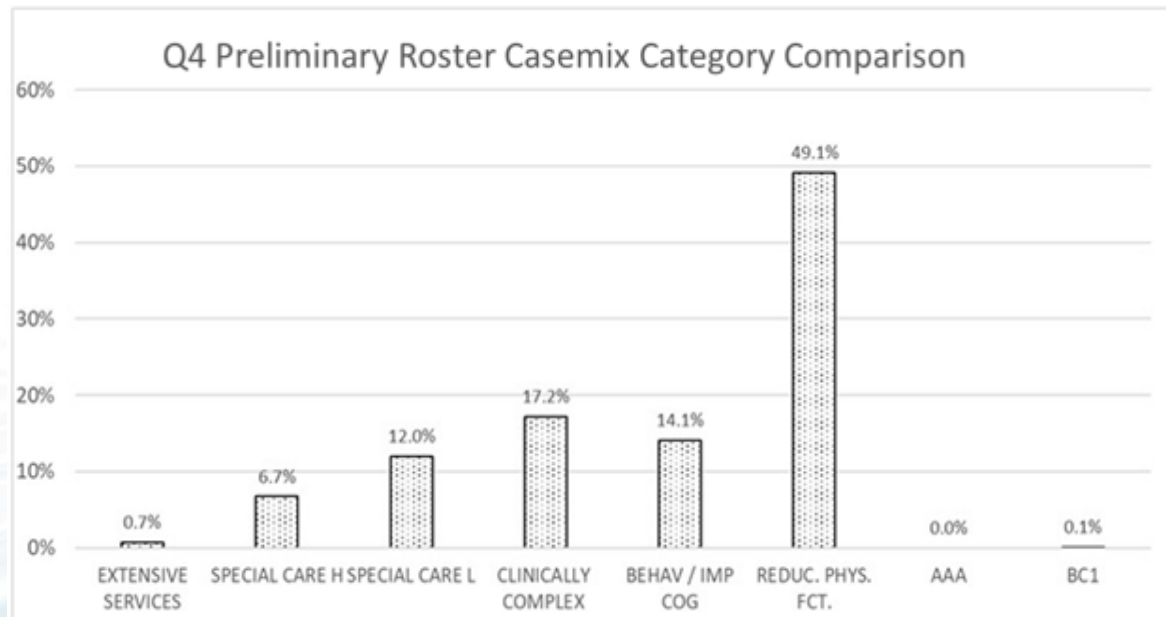
NSG Component	GG	Depression (PHQ-2 to 9 ≥ 10)	CMI
Extensive Services			
ES3	0-14	-	3.84
ES2	0-14	-	2.90
ES1	0-14	-	2.77
Special Care High			
HDE2	0-5	Y	2.27
HDE1	0-5	N	1.88
HBC2	6-14	Y	2.12
HBC1	6-14	N	1.76
Special Care Low			
LDE2	0-5	Y	1.97
LDE1	0-5	N	1.64
LBC2	6-14	Y	1.63
LBC1	6-14	N	1.35
Clinically Complex			
CDE2	0-5	Y	1.77
CDE1	0-5	N	1.43
CBC2	6-14	Y	1.47
CA2	15-16	Y	1.03
CBC1	6-14	N	1.27
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NSG Component	GG	Restorative Programs	CMI
Behavior Cognition			
BAB2	11-16	Y	0.98
BAB1	11-16	N	0.94
Reduced Physical Function			
PDE2	0-5	Y	1.48
PDE1	0-5	N	1.39
PBC2	6-14	Y	1.15
PA2	15-16	Y	0.67
PBC1	6-14	N	1.07
PA1	15-16	N	0.62

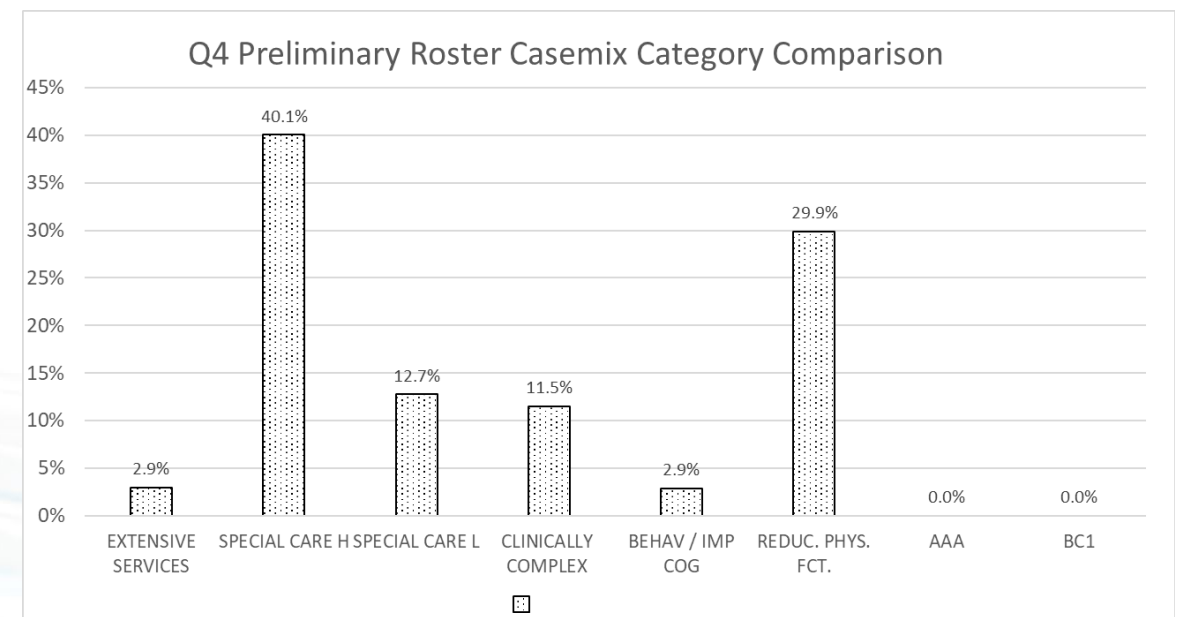
PDPM Nursing Category Checklist

Extensive Services
(Nsg GG Fctn Score 14 or less)
___ O0110E1b Tracheostomy care and O0110F1b ventilator/respirator, while a resident
___ O0110E1b Tracheostomy care or O0110F1b ventilator/respirator while a resident
___ O0110M1b Isolation or quarantine for active infectious disease while a resident without O0110E1b tracheostomy care and without O0110F1b ventilator/respirator while a resident
Special Care High
(Nsg GG Fctn Score 14 or less unless otherwise noted)
___ B0100, Section GG Items: Comatose and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
___ I2100 Septicemia
___ I2900, N0350A, B Diabetes with both of the following: Insulin injections (N0350A) for all 7 days and Insulin order changes on 2 or more days (N0350B)
___ I5100, Quadriplegia with Nursing Function Score <= 11
___ I6200, J1100C Chronic obstructive pulmonary disease and shortness of breath when lying flat
___ J1550A, others Fever and one of the following: I2000 Pneumonia J1550B Vomiting K0300 Weight loss (1 or 2) K0520B2 or K0520B3 Feeding tube*
*Tube feeding classification requirements: (1) K0710A3 is 51% or more of total calories OR (2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.
___ K0520A2 or K0520A3 Parenteral/IV feedings
___ O0400D2 Respiratory therapy for all 7 days
Special Care Low
(Nsg GG Fctn Score 14 or less unless otherwise noted)
___ I4400 Cerebral palsy, with Nursing Function Score <= 11
___ I5200 Multiple sclerosis, with Nursing Function Score <= 11
___ I5300 Parkinson's disease, with Nursing Function Score <= 11
___ I6300, O0110C1b Respiratory failure and oxygen therapy while a resident
___ K0520B2 or K0520B3 Feeding tube*
*Tube feeding classification requirements: (1) K0710A3 is 51% or more of total calories OR (2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.
___ M0300B1 Two or more stage 2 pressure ulcers with two or more selected skin treatments**
___ M0300C1, D, F Any stage 3 or 4 pressure ulcer or any unstageable pressure ulcer due to slough and/or eschar with two or more selected skin treatments**
___ M1030 Two or more venous/arterial ulcers with two or more selected skin treatments**
___ M0300B1, M1030 1 stage 2 pressure ulcer and 1 venous/arterial ulcer with 2 or more selected skin treatments**
**Selected skin treatments: M1200A B Pressure relieving chair and/or bed, M1200C Turning/repositioning program, M1200D Nutrition or hydration intervention, M1200E Pressure ulcer/injury care, M1200G Application of nonsurgical dressings (not to feet), M1200H Application of ointments/medications (not to feet), #Count as one treatment even if both provided
___ M1040A, B, C; M1200I Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet
___ O0110B1b Radiation treatment while a resident
___ O0110J1b Dialysis treatment while a resident
Clinically Complex
___ I2000 Pneumonia
___ I4900, Hemiplegia/hemiparesis with Nursing Function Score <= 11
___ M1040D, E Open lesions (other than ulcers, rashes, and cuts) or surgical wounds with any selected skin treatments*
*Selected Skin Treatments: M1200F Surgical wound care, M1200G Application of nonsurgical dressing (other than to feet), M1200H Application of ointments/medications (other than to feet)
___ M1040F Burns (second or third degree)
___ O0110A1b Chemotherapy while a resident
___ O0110C1b Oxygen therapy while a resident
___ O0110H1b IV Medications while a resident
___ O0110I1b Transfusions while a resident

Case Mix Management



CMI: 1.1348
State Average: 1.4451



CMI: 1.6376

QUESTIONS?