



COMMISSIONER
Jon Weizenbaum

June 29, 2016

To: Nursing Facilities (NFs)

Subject: Provider Letter No. 16-20 — Provider Requirements for Minimum Data Set (MDS) 3.0 (Replaces PL 10-19)

On October 1, 2010, the Texas Department of Aging and Disability Services (DADS) began using MDS 3.0 for all MDS assessments with an assessment reference date, entry date or discharge date of October 1, 2010 or later, in accordance with Centers for Medicare & Medicaid Services (CMS) requirements. The DADS requirements for all options have been updated in the MDS 3.0 Resident Assessment Instrument (RAI) Manual where states have the authority to set requirements.

Updated information includes:

- the CMS requirement to use diagnosis codes from the International Classification of Diseases, Tenth Revision (ICD-10);
- the DADS requirement for all options in the MDS 3.0 RAI Manual where states have the authority to set requirements;
- other Medicare Required Assessments (OMRA);
- the definition of private pay residents as anyone not on Medicare Part A or Medicaid;
- the definition of private insurance MDS assessments as those not federally mandated under Omnibus Budget Reconciliation Act (OBRA) or Skilled Nursing Facility (SNF) Prospective Payment System (PPS) requirements;
- the requirement to complete discharge (return not anticipated) and new admission assessments for a resident who moves from a Medicare, Medicaid or Medicare/Medicaid dually-certified unit to a non-certified unit and vice versa;
- the Texas Health and Safety Code (THSC) §81.103 requirement that prohibits the input of select ICD-10 diagnosis codes for human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS); and
- the current Resource Utilization Group (RUG) versions for Medicaid payment and research.

Chapter 2.2: State Designation of the RAI for Nursing Homes

DADS will use the Nursing Home Quarterly (NQ) Item Set for OBRA quarterly assessments, including quarterly assessments that are combined with OMRA. DADS will use the Nursing Home PPS (NP) Item set for Medicare-required assessments. DADS will not add additional state items to any of the standard CMS-defined item sets.

Chapter 2.3: Responsibilities of Nursing Homes for Completing Assessments – Noncertified Units

DADS requires the submission of OBRA assessments for residents in licensed-only NFs and for residents in non-certified units of certified NFs. When submitting an assessment for a resident in a licensed-only NF or a non-certified unit of a certified NF, NFs must code Item A0410: Unit Certification or License Designation as a “2” for “unit is neither Medicare nor Medicaid certified but MDS data is required by the State.”

In addition, NFs must complete discharge (return not anticipated) and new admission assessments for a resident who moves from a Medicare, Medicaid or a Medicare/Medicaid dually-certified unit to a non-certified unit and vice versa.

Chapter 3, Item A0100C: State Provider Number

In Texas, the MDS State Provider number is identical to and provides the same function as the MDS FAC ID. Each number will have four to six digits. Examples: 4611, 0242, 101371 or 000128.

Please note that the four to six digit MDS State Provider number entered into MDS assessments is different from the nine-digit number also referred to as the State Provider Number in the Texas Medicaid Eligibility and Service Authorization and Verification (MESAV) system. The nine-digit number is the current Medicaid contract number for the facility and is not entered onto the MDS assessment.

Chapter 3, Item A0700: Medicaid Number

The Medicaid number is the nine-digit number assigned to a resident in the (MESAV) system. A plus sign (+) entered into this item indicates that the resident is in a Medicaid-pending status. The facility is not required to make corrections to prior assessments when the resident is assigned a Medicaid number after a + has been entered. However, it should include the number in future assessments for the resident.

Chapter 3, Item A1300 A-D: Optional Resident Items

DADS requests, but cannot require, NFs to complete the optional resident items. These items can provide useful resident information located conveniently in one location. The information includes:

- A resident’s room assignment and medical record number for quick reference.
- Personal information such as a resident’s preferred term of address and past occupation or occupations. This information would be beneficial when planning activities and communication strategies for individual residents.

Chapter 3, Item 18000: Additional Active Diagnoses

HSC §81.03 prohibits the reporting of HIV and AIDS information on the MDS. NFs shall not input the following ICD-10 diagnosis codes:

- B20 – Human immunodeficiency virus [HIV] disease
- B97.35 – Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
- O98.711 – Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester
- O98.712 – Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester
- O98.713 – Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester
- O98.719 – Human immunodeficiency virus [HIV] disease complicating pregnancy, unspecified trimester
- O98.72 – Human immunodeficiency virus [HIV] disease complicating childbirth
- O98.73 – Human immunodeficiency virus [HIV] disease complicating the puerperium
- R75 – Inconclusive laboratory evidence of human immunodeficiency virus [HIV]
- Z11.4 - Encounter for screening for human immunodeficiency virus [HIV]
- Z20.6 – Contact with and (suspected) exposure to human immunodeficiency virus [HIV]
- Z21 – Asymptomatic human immunodeficiency virus [HIV] infection status
- Z71.7 – Human immunodeficiency virus [HIV] counseling

Texas does not prohibit the reporting of ICD-10 code Z83.0, family history of [HIV] disease. It was determined that noting the existence of a family member with the disease did not violate the confidentiality of a resident's HIV/AIDS status.

Providers can complete MDS 3.0 item I8000 for sexually transmitted diseases that are not HIV, AIDS or related diagnoses.

Chapter 3, Section S

DADS did not designate a Section S. Texas will not collect any Section S items on MDS item sets.

Chapter 3, Item Z0200: State Medicaid Billing

DADS will continue to require OBRA assessments to determine the resident's RUG for Medicaid purposes. DADS will collect RUG III 34 group version 5.20, index maximizing, in item Z0200 and use it for Medicaid payment purposes. The DADS state-specific Case Mix Index (CMI) set for MDS 3.0 is located on the [DADS MDS website](#).

Chapter 3, Item Z0250: Alternate State Medicaid Billing

DADS will collect RUG-IV 48 group version 1.03, index maximizing, in item Z0250 using the default CMI set established by CMS. DADS will not use this RUG-IV group for Medicaid payment purposes at this time.

Chapter 5, Section 5.1 Transmitting MDS Data

All Medicare and Medicaid-certified nursing homes must transmit required MDS data records to CMS' Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. Required MDS data records are those assessments and tracking records that are mandated under OBRA and SNF PPS for residents receiving Medicare Part A benefits. Assessments that are completed for purposes other than OBRA and SNF PPS Part A payment are not to be submitted as these are considered private insurance. Private insurance includes SNF PPS MDS completed for Medicare Part C (e.g., Medicare Advantage Plans), the Veteran's Administration and Medicare-Medicaid Dual Demonstration programs.

DADS MDS 3.0 Resources

Updates will be posted on:

- the [DADS MDS website](#); and
- the [TMHP website](#).

If you have questions about DADS requirements for MDS 3.0, please contact DADS QIES and MDS Automation Coordinator by telephone at 512-438-2396.

Sincerely,

[signature on file]

Mary T. Henderson
Assistant Commissioner
Regulatory Services

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