Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

NURSING FACILITY PERFORMANCE IN ASSESSING RESIDENTS TIMELY AND SUBMITTING REQUIRED MINIMUM DATA SET RECORDS

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OBJECTIVE

To determine the extent to which Medicare/Medicaid-certified nursing facilities meet Federal requirements to (1) assess residents according to the required time schedule; (2) submit records to the Minimum Data Set (MDS) Repository within the prescribed timeframe; and (3) submit records for all residents in Medicare/Medicaid-certified beds, as required.

BACKGROUND

Medicare/Medicaid-certified nursing facilities are required to assess the clinical and functional status of residents and submit assessment records to States for inclusion in the national MDS Repository maintained by the Centers for Medicare & Medicaid Services (CMS). MDS data are used by nursing facilities for resident care planning and by Federal and State governments for nursing facility payment determinations and long term care quality assurance purposes. Because of the importance of these uses, it is vital that facilities meet Federal MDS requirements and that the MDS database contains current information about its intended resident population.

Federal law requires facilities to assess residents according to a set periodic schedule and submit MDS records within 1 month of completion. Facilities must submit records of all residents in certified beds for inclusion in the national MDS Repository. However, facilities must properly code records of residents in beds that are not certified by the Medicare/Medicaid programs to ensure that these records are not included in the national MDS Repository.

To determine the extent to which facilities assess residents on time and submit resulting MDS records within the prescribed timeframe, we examined data from the national MDS Repository for a representative sample of 250 certified nursing facilities. Our study covered the period of April 2002 to June 2003. To determine the extent to which facilities correctly submit resident records, we compared MDS data to a list of residents present at the time of each sample facility's latest standard survey performed during our study period.

FINDINGS

Facilities performed 95 percent of resident assessments on time. Among the various types of required assessments, facilities performed both admission and quarterly assessments according to the schedule 95 percent of the time and annual assessments 91 percent of the time. Among the 5 percent of the required admission and quarterly assessments that were late, half were dated within 7 days after the scheduled completion date.

Facilities submitted 94 percent of resident records to their State MDS databases within the prescribed 31-day timeframe. In fact, facilities submitted 70 percent of MDS records within 14 days—2 weeks earlier than the 31-day required timeframe for submitting records. Among the 6 percent of records submitted late, half were submitted within 18 days after the required submission date.

Facilities submitted records for 99.9 percent of residents in Medicare/Medicaid-certified beds, as required. This high level of performance demonstrates that facilities have virtually no problems in meeting requirements for submitting MDS records of required residents to State databases for inclusion in the national MDS Repository.

However, coding errors by facilities resulted in records for an estimated 1,812 residents in noncertified beds being inappropriately included in the national MDS Repository. Facilities in certain States (about 9 percent of facilities overall) operate with some beds that are not Medicare/Medicaid-certified. Records of residents in these beds should not be included in the national MDS Repository. However, we found records for an estimated 1,812 residents in such beds in the Repository. Staff from these facilities in our sample reported some confusion over requirements for identifying and coding records for these residents.

RECOMMENDATION

Overall, our analysis verifies a high degree of facility performance resulting in a national MDS Repository that is current and representative of its intended resident population. However, we recommend that CMS take additional action to ensure that facilities correctly code records of residents in noncertified beds so that no such records are included in the national MDS Repository.

Agency Comments

In response to our recommendation, CMS indicated specific actions it plans to take to ensure that records for residents in noncertified units are not transmitted and stored in the MDS Repository.

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OBJECTIVE

To determine the extent to which Medicare/Medicaid-certified nursing facilities meet Federal requirements to (1) assess residents according to the required time schedule; (2) submit records to the Minimum Data Set (MDS) Repository within the prescribed timeframe; and (3) submit records for all residents in Medicare/Medicaid-certified beds, as required.

BACKGROUND

The Medicare and Medicaid programs certify nursing facilities to provide skilled nursing and long term care for program beneficiaries. Federal law requires Medicare/Medicaid-certified nursing facilities (hereafter referred to as facilities) to conduct comprehensive assessments of each resident's functional capacity using a prescribed Resident Assessment Instrument.[1,2] A subset of this Resident Assessment Instrument, the MDS is "a core set of screening, clinical, and functional status elements . . . that forms the foundation of the comprehensive assessment."[3] Upon completion of each assessment, facilities are required to enter the results into a computer program and electronically submit records to the appropriate State MDS database. In turn, the Centers for Medicare & Medicaid Services (CMS) routinely retrieve MDS records from each State database to compile a large computerized database, known as the national MDS Repository.

The MDS data are used by facilities for resident care planning and by State and Federal programs for facility payment calculations and long term care oversight. Facilities use data from the assessments to develop individualized resident care plans "to meet the residents' . . . needs that are identified in the comprehensive assessment"[4] and to "track a resident's status between comprehensive assessments."[5] The Medicare Part A prospective payment system uses MDS assessment data to determine an appropriate payment for skilled nursing facilities.[6] Many State Medicaid programs also use MDS data in setting nursing facility payment rates. CMS uses MDS data to calculate a series of quality measures, including the 10 Quality Indicator (QI) scores reported on the Nursing Home Compare Web site.[7]

This inspection is part of our ongoing study of programs and systems affecting Medicare and Medicaid beneficiaries in certified nursing facilities. Because of the importance of the various uses of MDS data, it is imperative that the MDS database contains current information about its intended resident population. To that end, facilities must comply with

requirements to assess residents on time, submit records timely, and submit records for required residents.

Requirements for MDS.

Schedule for assessing residents Section 1819 of the Social Security Act, added by the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987), specifies a schedule for assessing residents and provides a specific time by which a nurse must sign the record indicating that the assessment has been completed.[8] The schedule begins with a comprehensive assessment of each newly admitted resident by day 14 of his or her stay (see Table 1).

Table 1

OBRA 1987 Schedule for Assessing Residents

Assessment Type	Deadline
Admission	By day 14 after admission to facility
Quarterly	Within 92 days of the previous assessment
Annual	Within 365 days of the previous comprehensive assessment
Significant Change	Within 14 days of the date of a significant change in clinical condition

Source: 42 CFR § 483.20(b-c), CMS Resident Assessment Instrument Version 2.0 Manual.

As a resident's stay progresses, a facility must conduct quarterly and annual assessments. Facilities must also conduct a comprehensive assessment whenever residents experience a significant change in their clinical condition. Residents whose facility stay is covered under Medicare Part A must be assessed more frequently and CMS uses assessment data to calculate facility payments under Medicare's prospective payment system.[9]

Timeframe for submitting records Facilities must electronically submit records to their State MDS database within 31 days after a particular event, such as the completion date of a resident assessment or date of discharge from, or reentry to, a facility.[10,11]

Submitting records of residents Facilities must submit records to State MDS databases for all residents who are in certified beds. As mentioned above, these data are compiled by CMS in the national MDS Repository. Because most facilities are exclusively composed of certified beds, MDS records for all their residents should be included in the national MDS Repository. However, a relatively small number of certified facilities in certain States also include beds that are not certified by the Medicare/Medicaid programs (referred to as noncertified beds). To meet MDS requirements, facilities must properly code records of residents in these noncertified beds so that no such records are included in the

national MDS Repository. In practice, CMS requires facilities to indicate, in a specific database field, the authority (Federal, State, or neither) under which the record is submitted.[12] CMS only retrieves those records with Federal authority for inclusion in the national MDS Repository.

CMS Oversight of MDS Data.

As part of its oversight of long term care, CMS has a number of management controls to facilitate proper and prompt submission of resident assessment data. The electronic MDS system used by facilities to enter assessment data uses automated warning messages to alert facility staff to questionable or inconsistent data as they submit records to State MDS databases. Further, facility and Federal and State program managers can generate reports that list or summarize these messages to identify problems or target training needs. Additionally, State survey agencies have authority to issue deficiency citations for noncompliance if surveyors find evidence of problems with late, incomplete, or inaccurate assessments during a facility inspection.[13] Finally, in September 2001, CMS awarded a contract for the Data Assessment and Verification project to assess the accuracy and completeness of MDS data.

METHODOLOGY

To meet the objectives of this inspection, we examined MDS records for a randomly selected sample of 250 Medicare/Medicaid-certified nursing facilities that had a standard survey conducted between April 1, 2002, and June 30, 2003. (See Appendix A for a detailed description of the inspection methodology.)

To determine the extent to which facilities assess residents on time, we examined sample facility MDS records for three types of assessments (admission, quarterly, and annual) to determine whether each resident was assessed according to the OBRA 1987 schedule. To determine the extent to which facilities submit MDS records within the prescribed timeframe, we determined whether each record was submitted within 31 days, as required. We also identified whether sample facilities had been cited for a deficiency related to these timeliness requirements by State survey agencies during the study period. To determine the extent to which facilities submitted records for all residents in Medicare/Medicaid-certified beds, we compared MDS records to lists of these residents present in the facility at the time of the last standard survey during the study period. This comparison also allowed us to determine whether facilities had incorrectly coded records of residents in beds not

Medicare/Medicaid certified, thereby resulting in their inclusion in the national MDS Repository.

Standards

We conducted this inspection in accordance with the "Quality Standards for Inspections" issued by the President's Council on Integrity and Efficiency.

Facilities performed 95 percent of resident assessments on time

Among the various types of required assessments, facilities performed both admission and quarterly assessments according to the required schedule 95 percent of the time and 91 percent of the time for annual assessments. (See Table 2.) Among the 5 percent of the required admission and quarterly assessments that were late, half were dated within 7 days after the scheduled completion date.

Table 2

Proportion of Resident Assessments Performed on Time

Assessments	Percent	n
All	95	122,559
Admission	95	33,872
Quarterly	95	72,542
Annual	91	16,145

Source: OIG analysis of MDS assessment records.

At the facility level, 7 percent of facilities (19) performed more than 20 percent of their assessments late and accounted for 29 percent of all late assessments. Among these 19 facilities in our sample, only 3 were cited by State surveyors for deficiencies related to the timeliness of resident assessments during the study period.

Facilities submitted 94 percent of resident records to their State MDS databases within the prescribed 31-day timeframe

In fact, facilities submitted 70 percent of MDS records within 14 days—2 weeks earlier than the 31-day required timeframe for submitting records. Among the 6 percent of records submitted late, half were submitted within 18 days after the required submission date.

At the facility level, 10 percent of facilities (22) submitted more than 20 percent of their MDS records late and accounted for 52 percent of all late submissions. Among these 22 facilities, only 1 had received a deficiency related to timely submission of resident records during the study period. Further, 3 of these 22 facilities were also among the 19 sample facilities that performed more than 20 percent of their assessments late. None of these three sample facilities were cited by State surveyors for deficiencies related to meeting MDS timeliness requirements during the study period.

Facilities submitted records for 99.9 percent of residents in Medicare/Medicaid-certified beds, as required

For 89 percent of facilities, we found records in the national MDS Repository for every resident occupying a certified bed at the time of the last standard survey during the study period. While the other 11 percent of facilities omitted records for at least 1 resident occupying a certified bed, only 1 facility out of 244 sample facilities omitted records for 3 or more required residents.[14] Projecting the small error rate to the population of residents in certified beds, records for an estimated 2,195 residents were erroneously omitted from the national MDS Repository, which contains records for about 1.5 million residents. This high level of performance demonstrates that facilities have virtually no problems meeting requirements for submitting MDS records of required residents.

Coding errors by facilities resulted in records for an estimated 1,812 residents in noncertified beds being inappropriately included in the national MDS Repository

Only an estimated 9 percent of Medicare/Medicaid-certified nursing facilities nationwide were operating any noncertified beds during the study period.[15] However, 40 percent of these facilities miscoded the submission authority for records of at least one resident in a noncertified bed, thereby causing those records to be included in the national database.

The primary cause of such records being included in the national MDS Repository was facility confusion over requirements regarding records of residents in noncertified beds. Representatives of these facilities reported an incorrect belief that their facility should submit records for all residents under Federal authority regardless of bed classification or reported that staff were unaware of the certification status of a resident's bed.[16]

RECOMMENDATION

Overall, our analysis verifies a high degree of facility performance resulting in a national MDS Repository that is current and representative of its intended resident population, with few exceptions. Nearly all facilities performed well in assessing residents on time, submitting records timely, and submitting records of residents in certified beds. However, confusion over requirements for identifying and coding records of residents in noncertified beds resulted in the inclusion of such records in the national MDS Repository.

We recommend that CMS ensure that nursing facilities correctly code records of residents in noncertified beds so that no such records are included in the national MDS Repository.

CMS could target education to facilities that include noncertified beds. We recognize that CMS has previously taken steps to instruct facilities regarding designation of the authority (Federal, State, or neither) under which a facility is submitting an MDS record. However, interviews with facility staff suggest that some confusion remains.

CMS could also enhance the MDS software it makes available to facilities to simplify the coding of record submission authority. CMS previously suggested such an enhancement to MDS third-party software vendors. In its 2001 Draft Provider Instructions Regarding Authority to Submit MDS Records and Use of the Sub_Req Field,[17] CMS suggested that vendors include a room and bed registry feature which would identify the certification status of resident locations and automatically code their MDS records with the appropriate submission authority. CMS should consider whether it would be practical and beneficial to include this enhancement in its MDS software.

OIG will separately furnish CMS with information regarding our sample records of residents whose assessment information was miscoded, so that CMS may remove these data from the national MDS Repository. For possible followup, we will also identify and provide CMS with a list of sample facilities that performed poorly in assessing residents on time and submitting records timely, yet had not been cited with deficiencies by State survey agencies.

Agency Comments

In response to our recommendation, CMS indicated specific actions it plans to take to ensure that records for residents in noncertified units are not transmitted and stored in the MDS Repository. These actions include informing State survey agencies and MDS coordinators of the need for providers to properly code MDS records to accurately reflect resident categories and conducting analysis to explore improving the next version of its MDS freeware to assist providers in making these determinations. The full text of CMS's comments is presented in Appendix C.

ENDNOTES

[1] Social Security Act, Sections 1819(b)(3) and 1919(b)(3).

[2] 42 CFR § 483.20.

[3] The Centers for Medicare & Medicaid Services, Resident Assessment Instrument Version 2.0 Manual, pp. 1-1, 1-4.

[4] 42 CFR § 483.20(k)(1).

[5] The Centers for Medicare & Medicaid Services, Resident Assessment Instrument Version 2.0 Manual, p. 2-15.

[6] The Centers for Medicare & Medicaid Services, Resident Assessment Instrument Version 2.0 Manual, p. 2-40. The MDS system assigns a Resource Utilization Group (RUG-III) code to each resident. That code determines the reimbursement rate when included on a Medicare bill. Bills submitted without a RUG-III code may only be eligible for a reduced default rate.

[7] Additionally, State survey agencies use MDS-based Quality Indicator (QI) reports to prepare for inspections of facilities. MDS data provide facility administrators and government program managers with a valuable source of information about residents and their care needs.

[8] 42 USC § 1395i-3(b)(3)(c). Parallel authority for the Medicaid Program may be found at Section 1919(b)(3) of the Social Security Act (42 USC § 1396r(b)(3)).

[9] Medicare PPS requires assessments at days 5, 14, 30, 60, and 90, and after any significant change in clinical condition. OBRA 1987 assessments may be used to meet Medicare PPS assessment requirements whenever timeframes coincide. For example, an admission assessment could be used as the 14-day Medicare PPS assessment for billing purposes.

[10] 42 CFR § 483.20(b)(3).

[11] The Centers for Medicare & Medicaid Services, Resident Assessment Instrument Version 2.0 Manual, p. 5-3.

[12] To make this designation, facilities must indicate one of three options in a field called SUB_REQ for each resident record. Federal authority (value=3) indicates an MDS record for a resident in a Medicare/Medicaid-certified unit. CMS is authorized to collect MDS information for these residents. State authority (value=2) indicates an MDS record for a resident in a unit that is neither Medicare nor Medicaid certified, but from a State that requires record submission nevertheless. No authority (value=1) indicates an MDS record for a resident in a unit that is neither Medicare nor Medicaid certified, and neither the State nor Federal governments have authority to collect MDS information for residents in this unit.

[13] The specific deficiencies include F-272, performing assessments; F-273, timely admission assessments; F-274, timely assessments for significant change in status; F-275, timely annual assessments; F-276, timely quarterly assessments; and F-287, timely submissions.

[14] We were unable to contact representatives of this facility due to an ownership change and pending legal issues.

[15] This estimate results from a projection that 1,410 of the 16,236 facilities were operating noncertified beds during the study period, based upon our sample, as verified by documentation obtained during data collection.

[16] We attempted to contact representatives for the nine sample facilities identified as having incorrectly coded records for three or more residents in noncertified beds and spoke to six of them. After multiple attempts, we were unable to speak with the appropriate individuals from the remaining three facilities.

[17] The Centers for Medicare & Medicaid Services, Long-Term Care Resident Assessment Instrument Version 2.0, Draft Provider Instructions Regarding Authority to Submit MDS Records and Use of the Sub_Req Field, Revised October 2001.

APPENDIX ~ A

Detailed Methodology

The population for this inspection is the 16,236 certified nursing facilities that had a standard survey conducted between April 1, 2002, and June 30, 2003, as identified in the Online Survey and Certification and Reporting (OSCAR) database. Because State survey agencies are required to conduct standard survey inspections every 15 months, this population includes all certified nursing facilities operating during the study period, with the exception of any facilities that were not inspected as required. The report findings are projectable to this population of facilities and, within this population and study period, to their assessments performed under the OBRA 1987 schedule, records submitted to the national MDS database, and residents in certified or noncertified beds. Report findings do not address the extent to which facilities assessed residents according to the schedule for assessments associated with the Medicare Part A prospective payment system, because over half of these records in the MDS database had neither an admission date nor a reentry date—dates required for analysis.

Sample

We used a stratified sample design to randomly select facilities for review. Using information in OSCAR, we determined whether each facility had any noncertified beds. As mentioned, facilities must code records of residents in noncertified beds differently than those of residents in certified beds. We grouped facilities into two strata: those with only certified beds and those with both certified and noncertified beds. Facilities were identified as including both certified and noncertified beds when OSCAR data indicated that the total facility bed count was greater than the total number of certified beds in the OSCAR database. We randomly selected 150 facilities from the stratum of facilities with only certified beds and 100 facilities from the stratum of facilities with certified and noncertified beds. (See Table 3.)

Table 3

Sample Design of Certified Nursing Facilities With Standard Surveys—April 2002 Through June 2003

Stratum	Population of Facilities	Sample
Facilities With Only Certified Beds	14,523	150
Facilities With Certified and Noncertified Beds	1,713	100
Total	**16,236**	**250**

Source: OIG analysis of OSCAR data.

Note that this design resulted in a sample of 250 facilities with certified beds (all facilities in both strata) and includes 100 facilities with some noncertified beds in addition to their certified beds. Facilities with certified and noncertified beds were oversampled to ensure adequate representation of these facilities for analysis purposes.

Data

MDS Records We extracted all MDS records for the 250 sample facilities from the national MDS Repository for the 15-month sample period. This process identified 272,549 resident records, which included all assessments along with discharge and reentry records. Among these records, we identified 122,559 scheduled OBRA assessment records (admission, quarterly, and annual). (See Appendix B.)

Deficiency Data We obtained information from the OSCAR database concerning any deficiencies cited by State survey agencies during the study period related to sample facility performance in assessing residents and submitting MDS records.

Lists of Residents in Certified Beds From State survey agencies, we requested lists of residents in Medicare/Medicaid-certified beds at the time of the last standard survey. State agencies provided complete listings of residents in certified beds for 244 of the 250 sample facilities, for a total of 21,349 residents in certified beds. Most State survey agencies provided Form CMS-802, Sample/Roster Matrix, a standard form used during standard survey inspections. In other cases, we obtained resident lists in other formats, such as surveyor tour notes and facility-produced census printouts or meal lists.

Lists of Residents in Noncertified Beds We also requested from State survey agencies lists of residents in beds not Medicare/Medicaid certified at the time of the last standard survey. Based on OSCAR data, we had originally selected 100 facilities identified as having some

noncertified beds in addition to certified beds. However, State survey agency documentation revealed that only 73 sample facilities were actually operating noncertified beds at the time of the survey. The 73 facilities are composed of 71 facilities that were originally identified in OSCAR as having both certified and noncertified beds and 2 facilities that were originally identified in OSCAR as having only certified beds. This difference between OSCAR and State documentation appears to be primarily due to inaccurate/out-of-date facility bed count information in the OSCAR database. State agencies provided complete listings of residents in noncertified beds for 65 of the 73 facilities, for a total of 1,268 residents in noncertified beds.

Because we did not receive lists of residents in noncertified beds for more than 10 percent of these facilities, we conducted an analysis to determine whether the nonresponse introduced bias into our statistical estimates. The nonresponse analysis compared the facility characteristics of the 65 facilities for which we did receive a list of residents in noncertified beds with the facility characteristics of the 8 facilities for which we did not receive a list of residents. We found no statistical differences between the two groups based upon bed count, provider category, type of ownership, or profit status, suggesting that no bias was introduced.

Analysis

Assessing Residents To determine the extent to which facilities assess residents according to the schedule set forth by OBRA 1987, we examined MDS records related to admission, quarterly, and annual assessments from each sample facility. While we did not review assessments performed exclusively for Medicare Part A payment purposes, we did review those Medicare-related assessments that coincided with the OBRA 1987 schedule. (See Appendix B.) We checked each assessment record to determine whether the date a nurse indicated the assessment was completed met the schedule requirement. We calculated the proportion of assessments that met the schedule and the proportion of facilities accounting for any late assessments. We also identified facilities that performed a high proportion of resident assessments late and whether those facilities had been cited for any related deficiencies by a State survey agency during the study period.

Submitting MDS Records To determine the extent to which facilities submit MDS records within the prescribed timeframe, we examined all records submitted to the national MDS Repository by sample facilities

over the study period. These records included all assessments, whether completed under the OBRA 1987 or Medicare Part A schedules, as well as resident discharge and reentry records. We assessed each record to determine whether it was submitted within 31 days of the relevant event, such as assessment completion date or date of discharge, for the particular type of record. We calculated the proportion of records that were submitted as prescribed and the proportion of facilities accounting for any late submissions. We also identified facilities that had submitted a high proportion of records late and whether those facilities had been cited for any related deficiencies by a State survey agency during the study period.

Submitting Records of Residents in Certified Beds To determine the extent to which records of residents in certified beds were reported to the national MDS Repository as required, we compared MDS records to lists of these residents identified during State surveys. This analysis was conducted for 21,349 residents in certified beds of the 244 facilities for which we obtained lists from States. Residents listed as being in certified beds at the time of the survey for whom MDS records were not found were considered missing in error, with the exception of residents with stays of fewer than 14 days. We calculated the proportion of residents in certified beds whose records were included in the national MDS Repository as required, and projected this finding to the entire database.

Submitting Records of Residents in Noncertified Beds To determine the extent to which records of residents in noncertified beds were included in the national MDS Repository, we compared MDS records to lists of these residents identified during State surveys. This analysis was conducted for 1,268 residents in noncertified beds from the 65 facilities for which we obtained lists from States. We initially considered as errors records found in the national MDS Repository of residents in noncertified beds at the time of the survey. Following this initial identification of questionable resident records, we made a final determination after further examining MDS records and contacting representatives of facilities by telephone for clarification, as needed. We calculated the proportion of residents in noncertified beds whose records were included in the national MDS Repository and projected this finding to the entire database.

Descriptive Statistics, Estimates, Projections, and Confidence Intervals

Sample and Analysis Descriptive Statistics: Assessments and Records

	Number
Assessments	
Total OBRA Scheduled Assessments	**122,559**
OBRA only	97,835
Medicare/OBRA combined	24,724
Admission Assessments	33,872
OBRA only	11,550
Medicare/OBRA combined	22,322
Quarterly Assessments	72,542
OBRA only	70,263
Medicare/OBRA combined	2,279
Annual Assessments	16,145
OBRA only	16,022
Medicare/OBRA combined	123
Submitted Records[a]	
All Submitted Records	**272,549**
Admission Assessment Records	33,009
Quarterly Assessment Records	71,692
Annual Assessment Records	15,958
Medicare PPS-Only Assessment Records	55,786
Change in Status Assessment Records	12,509
Significant Correction Records	127
Discharge Records	65,333
Reentry Records	18,135
Residents	
Total Residents on Rosters	**22,617**
Residents in Certified Beds	21,349
Residents in Noncertified Beds	1,268

[a] Submitted records, for purposes of analysis, include only the original version of records, not corrections.

Estimates and Confidence Intervals[b]

	Estimate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	n
Assessments Performed on Time				
All Assessments	**94.67%**	**93.40%**	**95.94%**	**122,559**
Admission Assessments	95.24%	93.52%	96.96%	33,872
Quarterly Assessments	95.28%	94.14%	96.42%	72,542
Annual Assessments	90.86%	88.49%	93.23%	16,145
Median Days Late (among assessments performed late) = 7				
Facilities Performing More Than 20% of Assessments Late	6.92%	3.29%	10.55%	250
Proportion of All Late Assessments by Facilities Performing More Than 20% of Assessments Late	28.49%	12.63%	44.35%	122,559
Records Submitted Within 31-Day Timeframe				
All Records	**94.07%**	**92.15%**	**95.99%**	**272,549**
Admission Assessment Records	94.41%	92.27%	96.55%	33,009
Quarterly Assessment Records	94.33%	92.06%	96.60%	71,692
Annual Assessment Records	93.03%	90.33%	95.73%	15,958
Medicare PPS Assessment Records[c]	96.37%	94.47%	98.27%	55,786
Change in Status Assessment Records	95.13%	92.93%	97.33%	12,509
Discharge Records	92.21%	90.31%	94.11%	65,333
Reentry Records	92.53%	90.18%	94.88%	18,135
Records Submitted Within 14 Days	70.39%	64.96%	75.82%	272,549
Median Days Late (Among Records Submitted Late) = 18				
Facilities Submitting More Than 20% of Records Late	10.16%	5.71%	14.61%	250
Proportion of All Late Records by Facilities Submitting More Than 20% of Records Late	51.93%	34.45%	69.41%	272,549

[b] Weighted estimates, standard errors, and projections were calculated using Sudaan statistical software.

[c] Medicare assessments used for payment purposes and not combined with OBRA.

Estimates and Confidence Intervals (continued)

	Estimate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	n
Residents in Certified Beds				
Residents with Records in MDS, as Required	99.85%	99.79%	99.91%	21,349
Residents Records Omitted from MDS **(Error rate)**	0.15%	0.09%	0.21%	
Facility Performance				
Did Not Omit Records of Residents	88.67%	84.04%	93.30%	244
Omitted Records of at Least One Resident	11.33%	6.70%	15.96%	
Projections				
Residents in Population	1,421,160	1,291,389	1,550,930	21,349
Residents in Population With Records Omitted From MDS	2,195	2,194	2,195	
Residents in Noncertified Beds				
Records Not in MDS (Coded Correctly)	92.20%	79.50%	99.58%[d]	1,268
Records Inappropriately in MDS **(Error rate)**	7.80%	0.42%[d]	20.50%	
Facility Performance				
Did Not Miscode Records of Residents	60.16%	42.46%	77.86%	65
Miscoded Records of at Least One Resident	39.84%	22.14%	57.54%	
Projections				
Residents in Population	23,230	1,268[d]	58,123	1,268
Residents in Population With Records Inappropriately in MDS	1,812	1,799	1,825	

[d] The actual lower confidence interval includes 0 and the actual upper confidence interval includes 100%. Thus, the lower and upper limits presented here are based on sample findings.

APPENDIX ~ C

Agency Comments

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Administrator
Washington, DC 20201

MAR 23 2005

TO: Daniel R. Levinson
Acting Inspector General

FROM: Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services

SUBJECT: OIG Draft Report: "Nursing Facility Performance in Assessing Residents Timely and Submitting Required Minimum Data Set Records" - OEI-06-02-00730

Thank you for the opportunity to review and comment on the above-referenced draft report. This inspection was to determine the extent to which Medicare/Medicaid-certified nursing facilities meet Federal requirements to (1) assess residents according to the required time schedule; (2) submit records to the minimum data set (MDS) repository within the prescribed timeframe; and (3) submit records for all residents in Medicare/Medicaid-certified beds, as required.

OIG Recommendation

OIG recommended CMS ensure that nursing facilities correctly code records of residents in non-certified beds so that no such records are included in the national MDS Repository.

CMS Response

1. CMS requires nursing homes to submit MDS assessments for all residents in certified units of the nursing home. CMS will inform State resident assessment instrument (RAI) Coordinators and State Survey Agencies of the need for providers to identify these categories of residents and how to code the MDS to accurately reflect each resident's submission requirement. This information will be communicated during the State Survey Agency and all State RAI coordinator conference calls, which are held the first and third Tuesday of each month, respectively. In addition, during the next national State RAI coordinators' conference, we will address the need for providers to identify such records in order that they are not transmitted and stored in the MDS Repository.

2. In addition, during the national RAI coordinators conference in 2005, we will address the need for providers to identify such records in order that they are not transmitted and stored in MDS Repository.

3. State RAI Coordinators are required to present to providers and/or MDS Coordinators educational programs regarding the MDS twice yearly. State RAI Coordinators will

be requested to include in their RAI training program the need for providers to identify residents in non-certified beds prior to transmission of the MDS record.

4. CMS will analyze the possibility of how to interface the MDS data entry freeware provided by CMS with nursing home bed registry information as part of the Consolidated Health Informatics initiatives associated with MDS 3.0.

The CMS would like to thank the OIG for their effort in issuing this report.

ACKNOWLEDGMENTS

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