Department of HUMAN SERVICES

# CASE MIX FREQUENTLY ASKED QUESTIONS

Updated July 2021

**What is case mix?**
A case mix classification system is a means of classifying care based on the intensity of care and services provided to the resident. It takes into account diagnoses, conditions, treatments, and assistance with activities of daily living as identified on the Minimum Data Set (MDS) completed by the nursing facility. It classifies residents into groups based on their use of resources/diagnosis.

The Iowa Medicaid Enterprise (IME) Quality Improvement Organization (QIO) Unit contracts with DHS to calculate the case mix index for Iowa nursing facilities. The case mix index is used in the calculation of a portion of the direct care component of each facility's rate.

**How often is the case mix completed?**
Iowa completes the case mix four times annually, once each quarter.

The following chart identifies the date range used for each quarter and when the rate will be effective.

| Case Mix Index Date Range Applicable for Each Quarter | Rate Effective Date |
|---|---|
| January 1 – March 31 | October 1 |
| April 1 – June 30 | January 1 |
| July 1 – September 30 | April 1 |
| October 1 – December 31 | July 1 |

**What MDS assessments are used to generate Iowa case mix?**

- Admission Assessment
- Annual Assessment
- Significant Change in Status Assessment
- Quarterly Assessment

Case mix also uses modifications to the most recent qualifying assessment (as outlined above) to calculate a classification if the modification is submitted before the final cutoff date.

**What methodology does Iowa use for case mix classification?**
Each resident in the nursing facility is classified into a distinct reimbursement group called Resource Utilization Groups (RUGs). The RUGS are based on the care the resident was receiving at the time of the assessment. Residents are assigned to these groups and classifications based on the MDS assessment completed by the nursing facility using the Resident Assessment Instrument (RAI).

IME determines the case mix index for each facility and the statewide (Medicaid) case mix index utilizing the most current classifiable MDS assessment for each resident in each facility on the last day of each quarter. The case mix index is calculated using the MDS 3.0 Resource Utilization Group (RUG III-34 group model, version 5.20) and index maximizing methodology.

The resident listing on the case mix roster is based on a snapshot of residents that were in the nursing facility on the last day of the quarter **and** had an assessment that calculated a RUG score with an Assessment Reference Date (ARD) prior to or on the last day of the quarter. This does not include bed holds.

**Resource Utilization Groups (RUGs)**
RUGs are a type of case mix classification system. These groups are determined by the coding of specific MDS items related to the amount of assistance the resident received with activities of daily living and selected treatments, health conditions, diagnoses, behavior and cognitive status. See Table of RUG-III Indices.

**What is index maximization?**
Iowa uses index maximizing for the case mix if a resident qualifies for more than one case mix classification. Index maximizing is when the resident qualifies for multiple RUG classifications, and then the resident will be assigned the classification with the highest index or weight for case mix. This is referred to as index maximization. For example, if a resident qualifies for both the RUG-III case mix classification RAA, with an index of 1.07, and SSA, with an index of 1.28, the resident would be assigned the SSA classification because it has the highest index.

**What is electronic submission of MDS data?**
Facility staff are required to submit completed MDS assessments to the QIES ASAP System. The “Provider’s Users Guide” includes instructions for electronic submission. This manual can be downloaded from the QIES Technical Support Office (QTSO) https://qtso.cms.gov/reference-and-manuals/mds-30-provider-users-guide. Any questions about electronic submission should be directed to the MDS Automation Coordinator. You may call **888-853-4001** or send an email to **MDSCoordinatorIA@Telligen.com**

**What is a case mix roster**?
The facility case mix roster is a report, displaying residents who resided in the facility on the last day of the quarter. The case mix roster is based on MDS assessments and tracking forms that have been completed and transmitted to and accepted by the QIES ASAP System. Each MDS assessment completed calculates a RUG score, that RUG score has a pre-defined case mix index (CMI) that is assigned to it. See Table of RUG-III Classifications. Refer to the RUG-III Distribution Comparison for indices on the DHS website.

**Table of RUG-III Classifications**

| RUG | Classification |
|---|---|
| | |
| SE3 | Extensive Services |
| SE2 | |
| SE1 | |
| | |
| RAD | Rehabilitation |
| RAC | |
| RAB | |
| RAA | |
| | |
| SSC | Special Care |
| SSB | |
| SSA | |
| | |
| CC2 | Clinically Complex |
| CC1 | |
| CB2 | |
| CB1 | |
| CA2 | |
| CA1 | |

| RUG | Classification |
|---|---|
| IB2 | Impaired Cognition |
| IB1 | |
| IA2 | |
| IA1 | |
| | |
| BB2 | Behavior Problems |
| BB1 | |
| BA2 | |
| BA1 | |
| | |
| PE2 | Reduced Physical Function |
| PE1 | |
| PD2 | |
| PD1 | |
| PC2 | |
| PC1 | |
| PB2 | |
| PB1 | |
| PA2 | |
| PA1 | |

**What am I supposed to do with the case mix roster?**
The preliminary case mix index report is provided to the facility to determine if any missing or incorrect records are noted and allow a review period for facilities to make corrections as needed.

All corrections to the preliminary case mix index report must be done by completing a modification, inactivation and/or transmission of the MDS assessment and tracking record (in accordance with Chapter 5 of the RAI manual and CMS correction policy) on or before the cutoff date for preliminary corrections. Important Case Mix Dates for quarterly cutoffs are available on the DHS website or on IMPA.

Once the facility has access to the roster, they should review the roster for accuracy. The facility should check to ensure that all residents who should be listed are on the roster and that the correct payer source is identified for that assessment.

The resident should be listed on the case mix roster if the resident:

- Resided in the facility on the last day of the quarter
  ***and***
- Had a MDS assessment completed that met all of the following:
  - ARD within the date range for that quarter
  - Calculated a RUG score
  - Transmitted **and** accepted by the QIES ASAP System

The payer source is identified by the most recent assessment completed that calculated a RUG score. There are three payer type groups: Medicare, Medicaid, and Other.

- *Medicare*: The most recent assessment excluding discharge assessment was an Other State Assessment (OSA) or Perspective Payment System (PPS) assessment (A0300=1 ***or*** A0310B=01 or 08).
- *Medicaid*: The most recent assessment excluding discharge assessment was an OBRA assessment and had a Medicaid number entered in A0700.
- *Other*: The most recent assessment excluding discharge assessment was an OBRA and no Medicaid entered in A0700.

**What if a resident appears twice on the facility roster?**
If the same resident is listed as if they were two separate residents, contact the Iowa MDS Automation Coordinator at **MDSCoordinator@Telligen.com** to request that the resident assessments be merged.

**What if a resident is missing from the facility roster?**
Ensure that the resident was in the facility on the last day of the quarter and has an assessment completed with the Assessment Reference Date (ARD) within the date span for the quarter that was submitted and accepted to the QIES ASAP system.

If the resident had an acute discharge and readmitted to the facility within a 30-day window, ensure that an entry tracking form was completed, submitted and accepted to QIES ASAP upon readmission.

If the resident had a discharge and readmitted to the facility **outside** of a 30-day window, ensure that a new assessment that calculates a RUG score was completed, submitted, and accepted to QIES ASAP upon readmission.

Review for missing or corrected (if applicable) assessments were transmitted but may not have been accepted by the QIES ASAP system. Review the CMS Validation report for errors; make corrections and retransmit, if applicable.

**What if a resident is listed that should not be on the roster?**
If a resident listed on the CMI roster was discharged on or before the last day of the quarter, make sure that a discharge assessment was completed, transmitted and accepted to the QIES ASAP system. If the discharge has been accepted, contact the Iowa MDS Automation Coordinator at **MDSCoordinator@Telligen.com**.

**What is a Payer Source Change Form?**
Nursing facilities may submit a payer change form to change the payer type indicated on the Case Mix Index Roster. **The Case Mix Payer Change form can ONLY update the PAYER SOURCE.** This form should not be used for RUG discrepancies or changes to Medicaid numbers. If the Medicaid number has been entered incorrectly in A0700 **OR**, the member was pending Medicaid and was approved for Medicaid with the effective date being the month or months prior to the assessment listed on the preliminary roster, you **MUST** modify that assessment to correct or add the Medicaid number in A0700 and successfully transmit to the QIES ASAP system by the cutoff date.

**Note**: If the most recent assessment is a PPS assessment, the resident will be identified as Medicare for payer type. If the resident transitions from Medicare skilled to Intermediate level of care before the end of the quarter, a non-PPS assessment should be completed with an ARD within the date range for the quarter. *Payer change forms should not be used to change from Medicare to Medicaid.*

**DOWNLOAD THE CASE MIX PAYER CHANGE FORM ONLINE:**

470-5667, Case Mix Payer Change Form (iowa.gov)

Additional questions may be submitted via email to **casemix@dhs.state.ia.us.**