Skilled Nursing Facility
Quality Reporting Program Provider Training

Skilled Nursing Facility (SNF) Follow-Up Webinar on Section N

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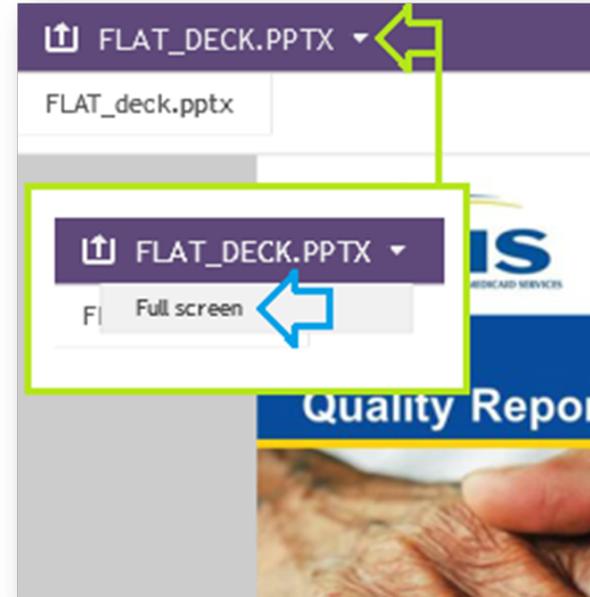
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Today's Presenter

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Acronyms in This Presentation

- Centers for Medicare & Medicaid Services (CMS)
- Drug Regimen Review (DRR)
- Improving Medicare Post-Acute Care Transformation (IMPACT) Act
- International Normalized Ratio (INR)

Acronyms in This Presentation (cont.)

- Minimum Data Set (MDS)
- Prospective Payment System (PPS)
- Quality Measure (QM)
- Skilled Nursing Facility (SNF)
- Total Parenteral Nutrition (TPN)

Overview

- Define the new Section N items
- Explain the intent of the new Section N items
- Explain new items added to the Minimum Data Set 3.0 (MDS)
- Discuss coding instructions for items
- Provide practice coding scenarios
- Explain how the Drug Regimen Review (DRR) Quality Measure (QM) is calculated

Objectives

- Identify the intent of the DRR items
- Recall the purpose of the new items and coding options
- Apply coding instructions to accurately code practice scenarios and the case study
- Recognize the elements of the new DRR QM

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Drug Regimen Review Conducted With Follow-Up for Identified Issues

- DRR is an assessment-based, cross-setting process QM, adopted to meet the requirements of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act domain of medication reconciliation

- Data collection for Skilled Nursing Facilities (SNFs) begins October 1, 2018

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New Section N Items

- **N2001. Drug Regimen Review**

- **N2003. Medication Follow-Up** have been added to the *Admission (Start of Prospective Payment System (PPS) Stay) Assessment*

Section N	Medications
N2001. Drug Regimen Review	
Enter Code ☐	**Did a complete drug regimen review identify potential clinically significant medication issues?** 0. **No** – No issues found during review → Skip to O0100, Special Treatments, Procedures, and Programs 1. **Yes** – Issues found during review → Continue to N2003, Medication Follow-up 9. **NA** – Resident is not taking any medications → Skip to O0100, Special Treatments, Procedures, and Programs
N2003. Medication Follow-up	
Enter Code ☐	**Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?** 0. **No** 1. **Yes**

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New Section N Items (cont.)

- **N2005. Medication Intervention** has been added to the *Part A PPS Discharge Assessment*

N2005. Medication Intervention

Enter Code | Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?
0. **No**
1. **Yes**
9. **NA** – There were no potential clinically significant medication issues identified since admission or resident is not taking any medications

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DRR Data Elements: Intent

- The intent of the DRR items is to document whether:

  - A DRR was conducted upon the resident's admission (start of SNF PPS stay) and throughout the stay (through Part A PPS discharge), and

  - Clinically significant medication issues were addressed in a timely manner when identified.

Section N: Medications

Definitions

Drug Regimen Review (DRR)

- A DRR includes:
  - Medication reconciliation
  - A review of all medications a resident is currently using
  - A review of the drug regimen to identify, and, if possible, prevent potential clinically significant medication adverse consequences

What Does the DRR Include?

- The DRR includes all medications:
  - Prescribed and over the counter, including nutritional supplements, vitamins, and homeopathic and herbal products
  - Administered by any route
- The DRR also includes total parenteral nutrition (TPN) and oxygen

Potential or Actual Clinically Significant Medication Issue

- A clinically significant medication issue is a potential or actual issue that, in the clinician's professional judgment, warrants:
  - Physician (or physician-designee) communication and
  - Completion of prescribed/recommended actions by midnight of the next calendar day (at the latest)

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Potential or Actual Clinically Significant Medication Issue (cont. 1)

- Clinically significant means effects, results, or consequences that materially affect or are likely to affect an individual's mental, physical, or psychosocial well-being either:
  - Positively by preventing a condition or reducing a risk or
  - Negatively by exacerbating, causing, or contributing to a symptom, illness, or decline in status

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Potential or Actual Clinically Significant Medication Issue (cont. 2)

- Any circumstance that does not require this immediate attention is ***not considered a potential or actual clinically significant medication issue*** for the purpose of the DRR items

Clinically Significant Medication Issues

- Clinically significant medication issues may include, but are not limited to:
    - Medication prescribed despite documented medication allergy or prior adverse reaction
    - Excessive or inadequate dose
    - Adverse reactions to medication
    - Ineffective drug therapy
    - Drug interactions
    - Duplicate therapy
    - Wrong resident, drug, dose, route, and time errors

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Clinically Significant Medication Issues (cont.)

- Clinically significant medication issues may include, but are not limited to (cont.):
  - Medication dose, frequency, route, or duration not consistent with resident's condition, manufacturer's instructions, or applicable standards of practice
  - Use of a medication without evidence of adequate indication for use
  - Presence of a medical condition that may warrant medication therapy
  - Omissions
  - Nonadherence

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Contact with Physician

- Communication to the physician to convey an identified potential or actual clinically significant medication issue AND

- A response from the physician to convey prescribed/recommended actions in response to the medication issue

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Contact With Physician (cont. 1)

- Examples of communication methods:
  - In person
  - Telephone
  - Voice mail
  - Electronic means
  - Fax
  - Any other means that appropriately conveys the resident's status

Contact With Physician (cont. 2)

- Communication is directly with the physician/physician-designee

How is Physician-Designee Defined?

- According to *Appendix PP of the State Operations Manual,* "Physician/practitioner" (physician assistant, nurse practitioner, clinical nurse specialist) means the individual who has responsibility for the medical care of a resident
- The role of physician-designee (non-physician practitioner) is defined by Federal and State licensure regulations
- Please refer to these regulations to determine which clinicians are licensed to act as physician-designees

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Medication Follow-Up

- Medication follow-up includes the process of:

  – Contacting a physician to communicate the identified medication issue and

  – Completing all physician-prescribed/recommended actions by midnight of the next calendar day (at the latest)

New Section N Items: Coding Guidance

Data Sources/Resources for Coding the DRR Items

- Medical record sources include:
  - Medical records received from facilities where the resident received healthcare
  - The resident's most recent history and physical
  - Transfer documents
  - Discharge summaries
  - Medication lists/records
  - Clinical progress notes
  - Other resources as available

Data Sources/Resources for Coding the DRR Items (cont.)

- Discussions may supplement and/or clarify the information gleaned from the resident's medical records, including discussions with:
  - The acute care hospital
  - Other staff and clinicians responsible for completing the DRR
  - The resident
  - The resident's family/significant other

Key Point!

Data in the MDS should be consistent with information reported in the resident's medical record.

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Who Can Code DRR Items?

- The Centers for Medicare & Medicaid Services (CMS) does not provide guidance on who can or cannot code the DRR items
- Please refer to facility, Federal, and State policies and procedures to determine which SNF staff members may complete a DRR
- Each facility determines their policies and procedures for completing the assessments
- Each facility provides resident care according to their unique characteristics and standards (e.g., resident population)

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N2001: Drug Regimen Review (Admission)

0. **No** - No issues found during review
1. **Yes** - Issues found during review
9. **NA** - Resident is not taking any medications

Section N	Medications

N2001. Drug Regimen Review

Enter Code	Did a complete drug regimen review identify potential clinically significant medication issues?
	0. **No** - No issues found during review → Skip to O0100, Special Treatments, Procedures, and Programs
	1. **Yes** - Issues found during review → Continue to N2003, Medication Follow-up
	9. **NA** - Resident is not taking any medications → Skip to O0100, Special Treatments, Procedures, and Programs

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N2001 Item Rationale

- Health-Related Quality of Life
  - Potential and actual resident medication adverse consequences and errors are prevalent among healthcare settings and often occur during transitions in care
  - Adverse consequences related to medications may result in serious harm or death, emergency department visits, and/or re-hospitalizations, and affect the resident's health, safety, and quality of life
  - DRR is intended to improve resident safety by identifying and addressing potential and actual clinically significant medication issues at the time of resident admission (start of SNF PPS stay) and throughout the resident stay (through Part A PPS discharge)

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N2001 Item Rationale (cont.)

- Planning for Care
  - DRR is an important component of the overall management and monitoring of a resident's medication regimen
  - Prevention and timely identification of potential and actual medication-related adverse consequences reduces the resident's risk for harm and improves quality of life
  - Educate staff in proper medication administration techniques, adverse effects of medications, and observing these adverse effects
  - Implement a system to ensure that each resident's medication usage is evaluated upon admission and on an ongoing basis, and that risks and problems are identified and acted upon

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N2001 Steps for Assessment

1. Complete a DRR upon admission (start of SNF PPS stay) or as close to the actual time of admission as possible to identify any potential or actual clinically significant medication issues

2. Review the medical record documentation to determine whether a DRR was conducted upon admission (start of SNF PPS stay), or as close to the actual time of admission as possible, to identify any potential or actual clinically significant medication issues

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N2001 Coding Instructions

Completed only if: A0310B = 01

- Code **0, No:** if no clinically significant medication issues were identified during the DRR

- Code **1, Yes:** if one or more clinically significant medication issues were identified during the DRR

- Code **9, N/A:** if the resident was not taking any medications at the time of the DRR

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N2003: Medication Follow-Up (Admission)

0. **No**
1. **Yes**

Section N	Medications
N2003. Medication Follow-up	
Enter Code	Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues? 0. No 1. Yes

Completed if one or more potential or actual clinically significant medication issues were identified during the admission DRR (N2001 = 1).

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N2003 Item Rationale

- Health-Related Quality of Life
  - Integral to the process of safe medication administration practice is timely communication with a physician when a potential or actual clinically significant medication issue has been identified
  - Physician-prescribed/recommended actions in response to identified potential or actual clinically significant medication issues must be completed by the clinician in a time frame that maximizes the reduction in the risk for medication errors and resident harm

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N2003 Item Rationale (cont.)

- Planning for Care
  - When a potential or actual clinically significant medication issue is identified, prompt communication with the physician and implementation of prescribed actions is necessary to protect the health and safety of the resident

N2003 Steps for Assessment

1. Review the medical record to determine whether the following criteria were met for any potential and actual clinically significant medication issues that were identified upon admission:

   – Two-way communication between the clinician(s) and the physician was completed by midnight of the next calendar day, AND

   – All physician-prescribed/recommended actions were completed by midnight of the next calendar day

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N2003 Coding Instructions

- **Code 0, No:** if the facility did not contact the physician and complete prescribed/recommended actions in response to each identified potential or actual clinically significant medication issue **by midnight of the next calendar day**

- **Code 1, Yes:** if the facility **contacted the physician** AND **completed the prescribed/recommended actions by midnight of the next calendar day** after each potential or actual clinically significant medication issue was identified

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N2001 and N2003 Coding When DRR Is Not Completed

- If the DRR was not completed upon admission, then N2001 and N2003 are coded with a dash (–)

- CMS expects dash use to be a rare occurrence

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N2005: Medication Intervention (Discharge)


```
0. No
1. Yes
9. NA
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Section N	Medications
N2005. Medication Intervention	
Enter Code ☐	Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission? 0. No 1. Yes 9. NA - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications

The observation period for this item is from the date of admission (start of SNF PPS stay) through discharge (Part A PPS discharge).

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N2005 Item Rationale

- Health-Related Quality of Life
  - Integral to the process of safe medication administration practice is timely communication with a physician when a potential or actual clinically significant medication issue has been identified
  - Physician-prescribed/recommended actions in response to identified potential or actual clinically significant medication issues must be completed by the clinician in a time frame that reduces the risk for medication errors and resident harm
  - Potential or actual clinically significant medication issues can occur throughout the resident's stay

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N2005 Item Rationale (cont.)

- Planning for Care
  - Every time a potential or actual clinically significant medication issue is identified throughout the resident stay, it must be communicated to a physician, and the physician-prescribed/recommended actions must be completed by the clinician in a time frame that maximizes the reduction in risk for medication errors and resident harm

N2005 Steps for Assessment

- Review the medical record to determine whether the following criteria were met for any potential and actual clinically significant medication issues that were identified upon admission or at any time during the resident's stay:
  - Two-way communication between the clinician(s) and the physician was completed by midnight of the next calendar day, AND
  - All physician-prescribed/recommended actions were completed by midnight of the next calendar day

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N2005 Coding Instructions

- Complete N2005 only if A0310H = 1

- **Code 0, No:** if the facility did not contact the physician and complete prescribed/recommended actions by midnight of the next calendar day each time a potential or actual clinically significant medication issue was identified since admission (start of SNF PPS stay)

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N2005 Coding Instructions (cont.)

- **Code 1, Yes:** if the facility contacted the physician and completed prescribed/recommended actions by midnight of the next calendar day each time a potential or actual clinically significant medication issue was identified since admission (start of SNF PPS stay)

- **Code 9, NA** (Not applicable): if there were no potential or actual clinically significant medication issues identified at admission or throughout the resident's stay or the resident was not taking any medications at admission or at any time throughout the stay

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Coding Tips

- If the physician prescribes/recommends an action that will take longer than midnight of the next calendar day to complete, then code **1, Yes,** should still be entered, if by midnight of the next calendar day the facility has taken the appropriate steps to comply with the prescribed/recommended action

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Coding Tips (cont. 1)

- Example of a physician-recommended action that would take longer than midnight of the next calendar day to complete:
  - The physician writes an order instructing the clinician to monitor the medication issue over the next 3 days and call if the problem persists

Coding Tips (cont. 2)

- Examples of by midnight of the next calendar day:
  - A clinically significant medication issue is identified at 10:00 a.m. on 9/12/2017. The physician-prescribed/-recommended action is completed on or before 11:59 p.m. on 9/13/2017.
  - A clinically significant medication issue is identified at 11:00 p.m. on 9/12/2017. The physician-prescribed / recommended action is completed on or before 11:59 p.m. on 9/13/2017.

Frequently Asked Question (FAQ)

If a provider coded item N2003 as **0, No,** on the Admission Assessment, indicating that the required follow-up action did not take place, is there a way for the facility to code N2005 as **1, Yes?**

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Answer to the FAQ

- **Answer:** If N2003 is coded as **0, No,** then in accordance with the DRR measure requirements, item N2005 (which includes admission and throughout the resident stay), must also be coded **0, No**

- **Rationale:** Follow-up for ALL identified potential or actual clinically significant medication issues was not completed by midnight of the next calendar day throughout the stay

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Section N: Medications

Practice Scenarios

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N2001 Practice
Coding Scenario 1

- The admitting nurse reviewed and compared the acute care hospital discharge medication orders and the physician's admission medication orders for Ms. D

- The nurse interviewed Ms. D, who confirmed the medications she was taking for her current medical conditions

- The nurse found no discrepancies between the acute care hospital discharge medications and the admitting physician's medication orders

- After the nurse contacted the pharmacy to request the medication, the pharmacist reviewed and confirmed the medication orders as appropriate for Ms. D

- As a result of this collected and communicated information, the nurse determined that there were no identified potential or actual clinically significant medication issues

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How would you code N2001 on the Admission Assessment?

Did a complete DRR identify potential clinically significant medication issues?

A.   **0, No** – No issues found during review

B.   **1, Yes** – Issues found during review

C.   **9, NA** – Resident is not taking any medications

D.   Enter a **dash (–)**

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N2001 Practice
Coding Scenario 2

- Mr. H was admitted to the SNF after undergoing cardiac surgery for a mitral valve replacement

- The acute care hospital discharge information indicated that Mr. H had a mechanical mitral heart valve and was to continue receiving anticoagulant medication

- While completing a review and comparison of Mr. H's discharge records from the hospital with the physician's admission medication orders and admission note, the nurse noted that the admitting physician had ordered Mr. H's anticoagulation medication to be held if the international normalized ratio (INR) was below 1.0
- However, the physician's admission note indicated that the desired therapeutic INR parameters for Mr. H was 2.5–3.5

N2001 Practice
Coding Scenario 2 (cont. 2)

- The nurse questioned the INR level listed on the admitting physician's order, based on the therapeutic range of 2.5 to 3.5 documented in the physician's admission note

- This prompted the nurse to call the physician immediately to address the issue

How would you code N2001 on the Admission Assessment?

Did a complete DRR identify potential clinically significant medication issues?

A.   **0, No** – No issues found during review

B.   **1, Yes** – Issues found during review

C.   **9, NA** – Resident is not taking any medications

D.   Enter a **dash (–)**

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N2003 Practice Coding Scenario 3

- Mr. P was admitted to the SNF with active diagnoses of pneumonia and atrial fibrillation

- The acute care facility medication record indicated that the resident was on a 7-day course of antibiotics and the resident had 3 remaining days of this treatment plan

- The nurse reviewing the discharge records from the acute care facility and the SNF admission medication orders noted that the resident had an order for an anticoagulation medication that required INR monitoring as well as the antibiotic

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N2003 Practice
Coding Scenario 3 (cont. 1)

- On the date of admission, the nurse contacted the physician caring for Mr. P and communicated a concern about a potential increase in Mr. P's INR with this combination of medications that could place the resident at greater risk for bleeding

- The physician provided orders for laboratory testing so that the resident's INR levels would be monitored over the next 3 days, starting that day

- However, the nurse did not request the first INR laboratory test until after midnight of the next calendar day

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How would you code N2001 on the Admission Assessment?

Did a complete DRR identify potential clinically significant medication issues?

A. **0, No** – No issues found during review

B. **1, Yes** – Issues found during review

C. **9, NA** – Resident is not taking any medications

D. Enter a **dash (–)**

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How would you code N2003 on the Admission Assessment?

Did the facility contact a physician by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

A. **0, No**

B. **1, Yes**

C. Enter a **dash (–)**

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N2003 Practice
Coding Scenario 4

- Ms. S was admitted to the SNF from an acute care hospital

- During the admitting nurse's review of the Ms. S's acute care hospital discharge records, it was noted that the resident had been prescribed metformin

- However, admission labs indicated that Ms. S had a serum creatinine of 2.4, consistent with renal insufficiency

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- The admitting nurse contacted the physician to ask whether this drug would be contraindicated with Ms. S's current serum creatinine level.

- Three hours after the resident's admission to the facility, the physician provided orders to discontinue the metformin and start Ms. S on a short-acting sulfonylurea for ongoing diabetes management. These medication changes were implemented within the hour.

How would you code N2001 on the Admission Assessment?

Did a complete DRR identify potential clinically significant medication issues?

A.   **0, No** – No issues found during review

B.   **1, Yes** – Issues found during review

C.   **9, NA** – Resident is not taking any medications

D.   Enter a **dash (–)**

How would you code N2003 on the Admission Assessment?

Did the facility contact a physician by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

A. **0, No**

B. **1, Yes**

C. Enter a **dash (–)**

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N2005 Practice
Coding Scenario 5

- At the end of her Part A PPS stay, the discharging nurse reviewed Ms. T's medical records from the time of admission (start of SNF PPS stay) through her entire Part A PPS stay (Part A PPS discharge) and noted that a clinically significant medication issue was documented during the admission assessment

N2005 Practice
Coding Scenario 5 (cont. 1)

- Ms. T's medical records indicated that a nurse had attempted to contact the physician several times about the clinically significant medication issue

- After midnight of the second calendar day, the physician communicated to the nurse, via telephone, orders for changes to Ms. T's medications to address the potentially significant medication issue

- The nurse implemented the physician's orders

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- Upon further review of Ms. T's medical records, the discharging nurse determined that no additional issues had been recorded throughout the remainder of Ms. T's stay

How would you code N2005 on the Discharge Assessment?

Did the facility contact and complete physician-prescribed/-recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

A. **0, No**

B. **1, Yes**

C. **9, N/A**

D. Enter a **dash (–)**

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N2005 Practice
Coding Scenario 6

- At discharge, the nurse completing a review of Ms. K's medical records found that two clinically significant medication issues had been identified during the resident's stay

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N2005 Practice
Coding Scenario 6 (cont. 1)

- During the admission DRR, the nurse identified a clinically significant medication issue, contacted the physician, and implemented new physician orders on the same day

- Another potentially significant medication issue was identified on day 12 of Ms. K's stay; the nurse communicated with the physician and carried out the orders within 1hour of identifying the potential issue

How would you code N2005 on the Discharge Assessment?

Did the facility contact and complete physician-prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

A. **0, No**

B. **1, Yes**

C. **9, N/A**

D. Enter a **dash (–)**

DRR Conducted With Follow-Up for Identified Issues QM

DRR Conducted With Follow-Up for Identified Issues QM

- **QM Description:**
- Reports the percentage of resident stays in which:
  - A DRR was conducted at the time of admission AND
  - Timely follow-up with a physician occurred each time potential and actual clinically significant medication issues were identified throughout the resident's stay

DRR Conducted With Follow-Up for Identified Issues QM (cont. 1)

The numerator is the number of short-stay residents with an MDS 3.0 assessment during the selected time window for which all of the following are each true:

- The facility conducted a DRR at the admission (N2001= [0,1]) or resident is not taking any medications (N2001= [9]); and

- If potential clinically significant medication issues were identified at the admission (N2001 = [1]), then the facility contacted a physician (or physician-designee) by midnight of the next calendar day and completed prescribed/recommended actions in response to the identified issues (N2003= [1]); and

- The facility contacted a physician (or physician-designee) and completed prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission (N2005 = [1]) or no potential clinically significant medications issues were identified since the admission (N2005 = [9]). This condition is evaluated at discharge.

Numerator

=

Denominator

The denominator is the number of stays in the selected time window for SNF residents with a SNF PPS Part A Discharge Assessment (A0310H = 1) during the reporting period

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DRR Conducted With Follow-Up for Identified Issues QM (cont. 2)

- **Denominator Exclusions**
  - This measure has no denominator exclusions

- **Risk Adjustment**
  - This measure is not risk adjusted or stratified

DRR Conducted With Follow-Up for Identified Issues QM (cont. 3)

- **MDS 3.0 items included in the QM:**
  - N2001. Drug Regimen Review
  - N2003. Medication Follow-Up
  - N2005. Medication Intervention
- **If a dash is entered for any of these three items:**
  - The resident stay will not be included in the numerator count
  - The resident stay will be included in the denominator count

Summary

- Section N is **new** to the MDS 3.0 and includes the following items:
  - N2001. Drug Regimen Review
  - N2003. Medication Follow-Up
  - N2005. Medication Intervention
- The DRR measure assesses whether SNF providers conducted a DRR upon the resident's admission and throughout the resident's stay and whether any potential or actual clinically significant medication issues identified were addressed in a timely manner