

## **Use of Dashes in Completing the MDS 3.0 Assessment: Potential Impact to Beneficiaries and Nursing Home Facilities**

June 2011

This memo conveys information to providers on a data issue – regarding the possible overuse of dashes. This memo is intended to help providers understand both when to code dashes and the potential adverse impact of inappropriate use of a dash (-) when completing a MDS assessment.

CMS's initial analysis of the first five months of MDS 3.0 data for the discharge assessment shows a large percentage of dashes (up to 40%), especially for quality measure items such as pain and pressure ulcers. CMS is asking providers to take steps now to immediately correct inappropriate coding of dashes. Inappropriate use of a dash (-) has implications for the accuracy of quality measures and for communicating resident status at discharge to support coordination and continuity of care.

Excessive use of dashes in any assessment item affects the accuracy of the quality measures reported on Nursing Home Compare and the 5-Star Nursing Home Quality Rating System. Using a dash may reduce the size of the facility's quality measure resident sample and result in an inaccurate representation of the facility's actual resident population. Important clinical information regarding resident condition may be missing, and missing data will also skew the quality measures. This will impede facilities' ability to be able to demonstrate quality improvement and to accurately determine appropriate care for its residents.

Several quality measures use data from the sections of the MDS 3.0 that assess mental status, depression, and pain. These measures also use data from the discharge assessment under certain circumstances. In all cases, these measures will use data from the resident interviews, if those sections are complete. If the resident interviews are not complete, the measures will use data from the staff assessments. If neither the resident interview nor the staff assessment is available for one of these three sections because of the use of dashes, the resident may be excluded from the quality measure calculation, thereby reducing the facility's sample size when calculating the measure and compromising the accuracy of the quality measure. It is therefore important on all assessments, including discharges, that facilities make every effort possible to complete the resident interviews and, if this is not feasible, to complete the staff assessments. This will ensure that the sample used for the facility's quality measures is as representative as possible.

The following coding instruction is applicable for coding resident interviews on unplanned discharge:

**For the BIMS, PHQ-9 and Pain interviews, if the resident is discharged unexpectedly and the resident interview has not yet been completed the staff assessment should be completed if appropriate clinical record information is available. In this case the gateway questions, C0100, D0100 and/or J0200 should be coded No (0) and the staff assessment should be completed.**

Future manual updates will provide more detailed guidance and training to appropriately code clinical items to accurately reflect care provided. In the meantime, we stress to all providers that the assessments must be fully completed with all available information at the time of assessment.

CMS will continue to review the quality as data becomes available, and intends to share this information with providers to facilitate resolution of issues that detract from data quality, accuracy and reliability.

### **Excerpts From the MDS 3.0 Manual Describing the Appropriate Use of a Dash:**

#### **Chapter 2**

For unplanned discharges, the facility should complete the Discharge assessment to the best of its abilities. The use of the dash, “-“, is appropriate when the staff are unable to determine the response to an item, including the interview items. In some cases, the facility may have already completed some items of the assessment and should record those responses or may be in the process of completing an assessment. The facility may combine the Discharge assessment with another assessment(s) when requirements for all assessments are met

#### **Chapter 3**

Almost all MDS 3.0 items allow a dash (-) value to be entered and submitted to the MDS QIES ASAP system.

A dash value indicates that an item was not assessed. This most often occurs when a resident is discharged before the item could be assessed.

Dash values allow a partial assessment to be submitted when an assessment is required for payment purposes.

There are five date items (A2400C, M0300B3, O0400A6, O0400B6, and O0400C6) that use a dash-filled value to indicate that the event has not yet occurred. For example, if there is an ongoing Medicare stay, then the end date for that Medicare stay (A2400C) has not occurred, therefore, this item would be dash-filled.

The few items that do not allow dash values include identification items in Section A (e.g., reasons for assessment, resident name, assessment reference date) and ICD-9 diagnosis codes (Item I8000).

➤ *To determine whether a specific item allows a dash value or not, refer to the MDS 3.0 Data Submission Specifications at:*

[http://www.cms.gov/NursingHomeQualityInits/30\\_NHQIMDS30TechnicalInformation.asp](http://www.cms.gov/NursingHomeQualityInits/30_NHQIMDS30TechnicalInformation.asp)