***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

***Office of Medicaid***

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MassHealth

# Nursing Facility Bulletin 168

September 2021

**TO**: Nursing Facilities Participating in MassHealth

**FROM**: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth [signature of Amanda Cassel Kraft]

**RE: Minimum Data Set Requirements for MassHealth Nursing Facility Residents**

## Background

MassHealth nursing facilities are required by the federal government to complete reporting through the Centers for Medicare and Medicaid Services (CMS) Minimum Data Set 3.0 (MDS) as part of the clinical assessment of nursing facility residents, regardless of payer. Certain portions and fields of the MDS are optional under federal rules but may be required by individual states. On May 18, 2020, CMS released an updated item set for the MDS. The item set, [version 1.17.2](https://www.cms.gov/files/zip/mds30finalitemsetsv1172-october-1-2020-zip.zip), enables states to collect additional data on Omnibus Budget Reconciliation Act (OBRA) assessments to support the calculation of Patient Driven Payment Model (PDPM) classification codes. MassHealth will be collecting this additional information to support analyses and research activities.

This bulletin applies to all nursing facilities that are enrolled as MassHealth providers.

## Reporting Requirements for MassHealth Residents

**New Reporting Requirements**

**Effective October 1, 2021**, MassHealth will require that nursing facilities complete the additional fields found in **section GG** of the MDS that are associated with PDPM classification and **additional fields in sections I and J** of the MDS that are required for the PDPM classification for all OBRA assessments of MassHealth members residing in a nursing facility. The additional fields in sections GG, I, and J of the MDS, required for the PDPM classification, include:

* *Items GG0130. Self-Care* and *GG0170. Mobility*, including all sub-items, in the portion of Section GG requesting information on functional abilities and goals at the start of SNF PPS stay or state PDPM.
* *Item I0020. Indicate the Resident’s Primary Medical Condition Category*, including *I0020B. ICD Code* (for primary diagnosis).
* *Item J2000. Prior Surgery.*
* *Item J2100. Recent Surgery Requiring Active SNF Care.* If the response to *Item J2100* is ‘Yes’, then *Items J2300* through *J5000 must also be completed.*

Providers are encouraged to work with their software vendors to ensure the requisite MDS fields required for PDPM classification are available for entry and transmission on OBRA assessments.

**Continuing Reporting Requirements**

As stated above, MDS reporting is required by federal law and nursing facilities are reminded to continue submitting their complete MDS information in a timely manner. In particular, nursing facilities are reminded that they are required to include the following information on their MDS submissions:

* *Item A0100C. State Provider Number.* Nursing facilities must report the appropriate MassHealth provider number. The MassHealth provider number is always a ten-digit item, beginning with “11” and ending in a letter.
* *Item A0700. Medicaid Number.* In completing MDS assessments for MassHealth members, providers are reminded to complete this field with the member’s MassHealth identification number.

Note that there is **no change** to the requirements to submit Management Minute Questionnaire (MMQ) data.

## MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](http://www.mass.gov/masshealth-provider-bulletins) web page.

[Sign up](https://www.mass.gov/forms/email-notifications-for-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

## Questions

If your facility does not have experience coding section GG of the MDS and you require assistance, or if you have questions generally about this bulletin, please email your inquiry to support@masshealthltss.com. Include the subject heading “MDS Requirement for MH NF Residents.”