

Utah Department of Health Division of Health Care Financing

Minimum Data Set - Data Use Agreement - Protocol

Executive Summary

The Utah Department of Health, Division of Health Care Financing hereby requests Long Term Care Minimum Data Set (LTC/MDS) data use authority under the most recent *Medicaid Agency Data Use Agreement* (Agreement). The State confirms that its use of this data complies with the language set forth in Section 6 of the Agreement.

Specifically, the Utah DOH will use these data for setting long term care Nursing Facility reimbursement rates in the State that are directly related to the administration of the State Medicaid Program and to provide reports to the Nursing Facilities, such that they are able to validate their facility's case mix calculation.

In addition, also per item 6 of the DUA, the State requests to use these data to "issue reports, based on data covered by [the] agreement, that are directly related to the administration of the State Medicaid Program to the specific long term care Nursing Facility that has submitted the data."¹ The reports the State intends to generate will be detailed to the resident level, in order to provide each Nursing Facility an opportunity to validate the State's case mix calculations which directly impact their Medicaid reimbursement rate.

Unless the State is notified otherwise, we intend to release these reports to the Nursing Facilities on a quarterly basis. Additionally, the State assumes that acceptance of this Protocol will grant authority to release these reports on a quarterly basis, without the need for additional approval from CMS.

Purpose

Purpose I: The State intends to use these data in calculating facility specific case mix, etc. The case mix scores are used in setting long term care Nursing Facility reimbursement rates. This rate setting process is documented in the Utah State Plan.

Purpose II: On a quarterly basis, the State calculates a Medicaid case mix score for each Nursing Facility. That score is used in setting each facility's daily reimbursement rate. The State has received numerous requests from facilities wanting information used by the State to generate their case mix score. The sharing of this information with facilities is vital to validating that the process used to determine long term care Nursing Facility reimbursement rates in the State are correct, and that the State Medicaid Program is being

¹ Medicaid Agency Data Use Agreement, CMS, Section 6, Paragraph 3.

appropriately administered. As a result, the State's intention is to make available quarterly reports to each facility requesting this information. Facilities will only be given access to information on residents served in their facilities.

What data will be shared?

The State intends to provide the following data, which is believed to be the *minimum* information needed by the facilities to evaluate the State's case mix calculation:

MDS:

- Facility Name
- Facility Medicaid ID (AA6A)
- Assessment Type Description
- Medicare Code Qualifier (AA8B)
- SSN (AA5A)
- Last Name (AA1C)
- First Name (AA1A)
- Resident Medicaid ID (AA7)
- Admit Date (AB1)
- Date of Re-entry (A4A)
- Assessment Date (A3A and/or R2B)
- Discharge Date (R4)

State Calculated Data:

- Calc Date: This is a State calculation.
- State Calculated Medicaid RUG
- Assessment Internal ID
- Calc Begin: This is a State calculation.
- Calc End: This is a State calculation.
- Calc Days: This is a State calculation.
- Calc RUG: This is a State calculation.
- Calc Assessment ID: This is a State calculation.
- Caid: This is a State calculation.
- Other State calculated fields as needed

This report will show all records used in the calculation and will show, on each record, if days were calculated, what RUG was used, etc.

How will the Data be shared?

Upon written request from the Nursing Facility to the State, a hard copy report will be prepared to be sent out via means that require the receiving party's signature upon receipt of the parcel (e.g., USPS - certified return receipt requested, FedEx, etc.).

To whom will the data be shared?

A Nursing Facility, or Nursing Facility ownership group, will be required to submit a written request for each quarter's report. They will only be able to receive data for the facility or facilities they own. They must specify who is designated to receive the report and that person's address.

How will the Nursing Facilities maintain and eventually destroy the reports?

The State will include the following confidentiality statement on each report:

Confidentiality Statement: The following report contains confidential health information that is legally privileged. This information is intended only for the use of the individual(s) listed above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is **Strictly Prohibited**. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

The State will require each Nursing Facility to destroy the report, and any copies made of that report, within sixty (60) days of receiving the report. Further, the Nursing Facility must submit a written letter stating that the previously received report has been destroyed. If the facility fails to comply with this provision, they will be precluded from receiving future reports.

Summary

The Utah Department of Health, Division of Health Care Financing, requests renewal of the Medicaid Agency Data Use Agreement for the purposes contained in Section 6 of the new Agreement. Without this renewal, the State's administration of its Medicaid program will be severely impaired.