INTRODUCTION TO TIME-WEIGHTED CMI RESIDENT ROSTERS

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

Roster Report

■ INTRODUCTION TO CONNECTICUT CASE MIX

- The source of the case mix rate element is the Minimum Data Set (MDS) which is transmitted electronically to the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) System

- The Time-Weighted CMI Resident Roster Report User Guide describes the process in which these MDS assessments are used to develop the average case mix index used in the reimbursement rate

- The Case Mix Index (CMI) is assigned using the standard nursing-only CMI set published by CMS for RUG-IV 1.03, 48-Group identified as F01

CASE MIX ROSTER REPORT

- **Resident Roster Reports are a list of residents for each Medicaid certified nursing facility, displaying:**
  - **Each resident who resided in the nursing facility during the roster quarter based on MDS assessments <u>AND</u> tracking forms**
  - **Transmitted to and accepted by the QIES ASAP System**

- **A Case Mix Index (CMI) is assigned to each MDS assessment and tracking form:**
  - **From this information, a day weighted average case mix index is calculated**

Roster Report

■ IDENTIFICATION OF OBRA RECORDS

Identification of the MDS assessments on the Roster Report depends on the assessment coding at A0310 as shown in the following tables:

OBRA Assessments (A0310A)	MDS 3.0 Item Set Code (ISC)	MDS 3.0 (A0310A)	MDS 3.0 (A0310B)	MDS 3.0 (A0310F)
Admission	NC	01	99	99
Quarterly	NQ	02	99	99
Annual	NC	03	99	99
Significant change in status	NC	04	99	99
Significant correction of prior full assessment	NC	05	99	99
Significant correction of prior quarterly assessment	NQ	06	99	99

Roster Report

IDENTIFICATION OF SCHEDULED PPS RECORDS

PPS (Medicare) Assessments (A0310B)	MDS 3.0 Item Set Code (ISC)	MDS 3.0 (A0310A)	MDS 3.0 (A0310B)	MDS 3.0 (A0310F)
5-day assessment	NP	99	01	99

Roster Report

■ IDENTIFICATION OF OBRA DISCHARGE RECORDS

Discharge Assessments (A0310F)	MDS 3.0 Item Set Code (ISC)	MDS 3.0 (A0310A)	MDS 3.0 (A0310B)	MDS 3.0 (A0310F)
Discharge – return not anticipated assessment	ND	99	99	10
Discharge – return anticipated assessment	ND	99	99	11

Roster Report

IDENTIFICATION OF OBRA TRACKING RECORDS

MDS Tracking Forms (A0310F)	MDS 3.0 Item Set Code (ISC)	MDS 3.0 (A0310A)	MDS 3.0 (A0310B)	MDS 3.0 (A0310F)
Entry/Re-entry tracking	NT	99	99	01
Discharge – death in facility tracking	NT	99	99	12

Roster Report

■ IDENTIFICATION OF MDS RECORDS

- In many instances, facilities combine reasons for an assessment

- The MDS assessments/records are identified on the Roster Report using the item set code followed by the values submitted in A0310A, A0310B and A0310F

- A complete list of the Item Set Codes can be found in the RAI manual in Chapter 2

Roster Report

■ DISTRIBUTION SCHEDULE

- **The Connecticut Web Portal is used to distribute Preliminary and Final Time-Weighted CMI Resident Roster Reports for each quarter. http://ctcasemixreports.mslc.com**

- **One (1) Preliminary and One (1) Final Roster Report will be posted per quarter**

- **The facility can submit MDS data through the fifteenth day of the second month following the quarter end**

Roster Report

■ DISTRIBUTION SCHEDULE (CONTINUED)

Resident Roster Report Schedule	12/31	03/31	06/30	9/30
Preliminary Report Cutoff Date	01/15	04/15	07/15	10/15
Preliminary Report Posting Date	Last Day of Month of January	Last Day of Month of April	Last Day of Month of July	Last Day of Month of October
Final Report Cutoff Date	02/15	05/15	08/15	11/15
Final Report Posting Date	10th Day of March	10th Day of June	10th Day of September	10th Day of December

Roster Report

■ CLEAN-UP PERIOD

- Preliminary resident rosters will be issued in the fall of 2019 for the base year rate-setting period (10/1/17-9/30/18).

- Four sets of quarterly rosters will be issued for each facility to review for accuracy.

- If discrepancies are noted MDS information should be re-submitted.

- After allowing for a period of review, revised MDS information will be gathered and Final rosters for the base year period will be issued and utilized for the cost normalization process.

Roster Report

■ SELECTION OF RESIDENTS AND RECORDS

- **Residents discharged prior to or on the first day of the quarter will not be listed on the Roster Report**
- **All resident admissions during the quarter will be listed**
- **Assessments and tracking forms are displayed in sequential date order**
- **Assessments/tracking forms include:**
  - **Latest assessment/tracking form completed, transmitted, accepted on or prior to the beginning of the quarter**
  - **All active assessments/tracking forms completed during the quarter**
  - **Residents admitted during the quarter**

Roster Report

■ SELECTION OF RESIDENTS AND RECORDS
(CONTINUED)

- Transmitted and accepted before the cutoff date

- Target dates include:
  - A1600 – entry date
  - A2300 – assessment reference date (ARD)
  - A2000 – discharge date
  - Resident ID is assigned by CMS based on SSN, gender, DOB, first and last name

Roster Report

FORMAT

Resident Identifiers:

MDS 3.0 Location	Description
A0500A	First name
A0500C	Last name
A0600	Social Security Number
A0800	Gender
A0900	Birth Date
Assigned by QIES ASAP System	Resident ID

Roster Report

Connecticut Department of Social Services
Time-Weighted CMI Resident Roster Report
Preliminary Time-Weighted Resident Summary for the Quarter 10/01/2018-12/31/2018
RUG IV - 48 Grouper
Records Received as of 02/28/2019

Provider Number: 999999999

Provider Name: ABC Nursing Home, Inc.

Resident Name	Resident ID	Record Type	Target Date	RUG Class	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
Resident #1	00000001	NC/01/99/99	09/02/2018	LD1	10/1/2018		10/30/2018	30	1.21	Medicaid
		NQ/02/99/99	10/31/2018	PE1	10/31/2018	A2300	12/11/2018	42	1.17	Other
		NC/04/99/99	12/12/2018	PE1	12/12/2018	A2300	12/14/2018	3	1.17	Medicaid
		ND/99/99/10	12/15/2018		12/15/2018	A2000	12/15/2018			
							Total Days	75		
Resident #2	00000002	NQ/02/99/99	08/17/2018	PC1	10/1/2018		10/30/2018	30	0.85	Medicaid
		NC/03/99/99	10/31/2018	RAC	10/31/2018	A2300	12/4/2018	35	1.36	Medicaid
		NC/03/99/99	10/31/2018	PC1	12/5/2018	A2300	12/31/2018	27	0.85	Medicaid
							Total Days	92		

Roster Report

Connecticut Department of Social Services
Time-Weighted CMI Resident Roster Report
Preliminary Time-Weighted Resident Summary for the Quarter 10/01/2018-12/31/2018
RUG IV - 48 Grouper
Records Received as of 02/28/2019

Provider Number: 999999999
Provider Name: ABC Nursing Home, Inc.

RUG-IV Group	Medicaid Residents			All Residents		
	Days (a)	CMI (b)	CMI Points (c = a x b)	Days (d)	CMI (e)	CMI Points (f = d x e)
PE2	0	1.25	0.00	0	1.25	0.00
PE1	63	1.17	73.71	105	1.17	122.85
PD2	0	1.15	0.00	0	1.15	0.00
PD1	32	1.06	33.92	32	1.06	33.92
PC2	0	0.91	0.00	0	0.91	0.00
PC1	149	0.85	126.65	207	0.85	175.95
PB2	0	0.70	0.00	0	0.70	0.00
PB1	11	0.65	7.15	47	0.65	30.55
PA2	0	0.49	0.00	0	0.49	0.00
PA1	0	0.45	0.00	0	0.45	0.00
AAA	0	0.45	0.00	0	0.45	0.00
BC1	0	0.45	0.00	0	0.45	0.00
Totals	401		386.08	609		596.22

Medicaid Average CMI	0.96

All Average CMI	0.98

Total Medicare Days	24
Medicare Average CMI	1.30

Total Other Days	184
Other Average CMI	0.97

CALCULATION OF DAYS

- **General Rule A**
  - **Inactivated Records (A0050 = 3) are not considered in the creation of the Roster Report**

- **General Rule B**
  - **Modified records (A0050 = 2), only the record with the highest Correction Number (X0800) is considered**

Roster Report

■ CALCULATION OF DAYS (CONTINUED)

- **General Rule C**
    - **For purposes of the Resident Roster process, the following types of assessment combinations are used only to obtain discharge dates (A2000) and discharge status (A2100)**

(ISC)	(A0310A)	(A0310B)	(A0310F)
ND	99	99	10, 11
NT	99	99	12

■ CALCULATION OF DAYS (CONTINUED)

General Rule D

- The calculation of days includes the day of admission
- The day of discharge is <u>not</u> included

Record Type	Target Date	RUG	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NT/99/99/01	01/03/18		01/03/18	A1600	01/03/18			
NC/01/99/99	01/11/18	CC2	01/03/18	A1600	03/01/18	58	1.08	Medicaid
ND/99/99/11	03/02/18		03/02/18	A2000	03/02/18			
					Total Days	58		

Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28			
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

■ CALCULATION OF DAYS (CONTINUED)

General Rule E

- Days counted for the Roster Report:
  - From the first day of the quarter
  - Admission date if admitted after the beginning of the quarter
  - Assessment reference date (ARD) of the next assessment
  - The end of the quarter
  - Discharge
- Whichever comes first, unless the maximum number of days for the assessment has been reached

■ CALCULATION OF DAYS (CONTINUED)

General Rule F

- **Days covered by temporary home visits, temporary therapeutic leave and hospital observational stays less than 24 hours where the hospital does not admit the resident are included in the count of days since CMS does not require a discharge assessment to be completed**

■ CALCULATION OF DAYS (CONTINUED)

Rule G - Expired assessment

- **Assessments are active for a maximum of 92 days (for purposes of Connecticut Medicaid reimbursement only)**

- **Beginning on day 93 until the start of the next assessment or the end of the quarter, days are counted as inactive/delinquent**

- **Inactive/delinquent days are assigned a BC1 classification and CMI of 0.45 beginning day 93**

CALCULATION OF DAYS (CONTINUED)

Rule G - Expired assessment (continued)

Record Type	Target Date	RUG	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NQ/02/99/99	11/17/17	RAA	01/01/18		02/16/18	47	0.82	Medicaid
NQ/02/99/99	11/17/17	BC1	02/17/18		03/31/18	43	0.45	Medicaid
					Total Days	90		

Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1			
March	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1

■ CALCULATION OF DAYS (CONTINUED)

Rule G - Expired assessment (continued)

- ARD = 04/1/2017

Record Type	Target Date	RUG	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NC/03/99/99	04/01/17	BC1	01/01/18		03/31/18	90	0.45	Other
					Total Days	90		

Jan	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1
Feb	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1			
March	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1

Roster Report

■ ADMISSION ASSESSMENT REQUIREMENTS

- Resident's first stay, OR

- Resident returned after being discharged "return not anticipated" (Discharge/10), OR

- Resident returned after being discharged "return anticipated" (Discharge/11) but more than 30 days have lapsed

- CMS allows no more than 14 days between the admission date and the assessment reference date (ARD)

- When there are more than 14 days between the admission date and the assessment reference date (ARD):
  - The admission date begins the counting of days up to 14 days
  - Any remaining days beginning on the 15th day until the day prior to the ARD date of the admission assessment will be classified as a BC1

■ CALCULATION OF DAYS (CONTINUED)

Rule H - Late admission assessment

Record Type	Target Date	RUG	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NT/99/99/01	04/12/17	BC1	01/01/18		01/23/18	23	0.45	Other
NC/01/99/99	01/24/18	CC2	01/24/18	A2300	03/01/18	37	1.08	Other
ND/99/99/11	03/02/18		03/02/18	A2000	03/02/18			
					Total Days	60		

Jan	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	BC1	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28			
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

■ DISCHARGE ASSESSMENTS

- **Discharge Assessment 10 (return not anticipated)**

- **Discharge with no expectation of return**

- **If the resident returns, requires:**

  - **Entry tracking record (A1700=1)**

  - **Followed by an Admission Assessment**

Goodbye

■ DISCHARGE ASSESSMENTS (CONTINUED)

- Discharge Assessment 11 (return anticipated)

- Discharge with expectation of return

- Entry tracking record must be completed (A1700=2)

- If the resident returns more than 30 days after the discharge date:

    - Entry tracking record (A1700=1)

    - Followed by Admission Assessment

Roster Report

■ENTRY TRACKING RECORDS

- Required upon <u>every</u> entry or reentry

- The entry date (A1600) indicates the exact date of entry

- The entry date (A1600) begins the counting of days

- Type of entry (A1700) <u>MUST</u> be accurate
  - Type of entry used to make report display decisions

- Entry Tracking record is not an assessment and therefore is unable to be classified

CALCULATION OF DAYS (CONTINUED)

Rule I - Entry Tracking Record

Resident who entered a facility without a completed Assessment

Record Type	Target Date	RUG	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NT/99/99/01	03/26/18	BC1	03/26/18		03/31/18	6	0.45	Other
					Total Days	**6**		

Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28			
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	BC1	BC1	BC1	BC1	BC1	BC1	

■ CALCULATION OF DAYS (CONTINUED)

RULE J - Entry Tracking Record

- **If an Entry Tracking record indicates a new admission and is followed by a Discharge assessment or Death in Facility Tracking record within 14 days:**

  - **LC2 – when discharge status was deceased (A2100 = 08) or discharged to an acute care setting (A2100 = 03, 05, or 09)**

  - **RAB – when discharge status was other than death or discharged to an acute care setting (A2100 = 01, 02, 04, 06, 07, or 99)**

CALCULATION OF DAYS (CONTINUED)

Rule J - Entry Tracking Record (Continued)

Record Type	Target Date	RUG	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NT/99/99/01	12/25/17	LC2	01/01/18		01/06/18	6	1.30	Other
NT/99/99/12	01/07/18		01/07/18		01/07/18			
					Total Days	6		

Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28			
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Roster Report

CALCULATION OF DAYS (CONTINUED)

Rule K - Entry Tracking Record Followed by an Assessment

Record Type	Target Date	RUG	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NQ/02/99/99	11/15/17	ES2	01/01/18		01/05/18	5	2.23	Medicaid
ND/99/99/11	01/06/18		01/06/18	A2000	01/06/18			
NT/99/99/01	03/01/18		03/01/18	A1600	03/01/18			
NC/01/01/99	03/13/18	ES3	03/01/18	A1600	03/31/18	31	3.00	Medicare
					Total Days	36		

Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28			
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

■ CALCULATION OF DAYS (CONTINUED)

Rule L - Entry Tracking Record

- **An Entry Tracking Record that is not followed by an assessment, but is preceded by an active assessment:**

    - **Entry reason must be "reentry" (A1700=2)**

    - **Entry Tracking Record will begin counting days starting from the entry date (A1600)**

    - **Entry Tracking days will equal the preceding assessment RUG and CMI**

    - **Entry Tracking days will end when the preceding assessment expires, or the day prior to the next assessment, or the end of the quarter date**

■ CALCULATION OF DAYS (CONTINUED)

Rule L - Entry Tracking Record (continued)

Record Type	Target Date	RUG	Start Date	Start Date Field	End Date	Days	Case Mix Index	Payment Source
NQ/02/99/99	12/30/17	ES2	01/01/18		01/05/18	5	2.23	Medicaid
ND/99/99/11	01/06/18		01/06/18	A2000	01/06/18			
NT/99/99/01	01/15/18	ES2	01/15/18	A1600	03/31/18	76	2.23	Medicaid
					Total Days	81		

Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28			
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

DETERMINATION OF PAYMENT SOURCE

- **MEDICAID: Days counted from a non-PPS assessment or tracking form where MDS item A0700 Medicaid Number is submitted with a valid recipient number are counted as Medicaid payment source. A valid Medicaid recipient number is as follows:**
  - ➢ **+**
  - ➢ **A valid recipient Medicaid number is a nine digit non-repeating number that begins with 00 or 10.**

Roster Report

■ DETERMINATION OF PAYMENT SOURCE (CONTINUED)

- **MEDICARE: All assessments with a PPS reason for assessment in MDS item A0310B=01 are identified as Medicare payment source on the detail pages of the Resident Roster**

- **OTHER: Any assessment not identified as either Medicare or Medicaid are assigned as Other payment source on the detail pages of the Resident Roster**

REVIEW OF PRELIMINARY ROSTER REPORT

- **The purpose of the period between the posting of the Preliminary Roster and the final transmission date (cutoff date) for the Final Roster is to review the assessment listing for accuracy**

REVIEW OF PRELIMINARY ROSTER REPORT (CONTINUED)

- Check the last page for BC1 days
  - Identify resident(s) on report with BC1 days
  - Evaluate the reason for BC1
    - Was the assessment transmitted after the cut-off date?
    - Check for duplicate residents
      - Contact State RAI Coordinator for assistance
    - Transmit any missing completed assessments and/or discharges
    - Contact Myers and Stauffer Helpdesk for assistance

Roster Report

■ REVIEW OF PRELIMINARY ROSTER REPORT (CONTINUED)

- **Example #1: BC1 Days**
    - John H. Smith listed
    - John Smith listed and displays 20 BC1 days
- **Review**
    - Is this the same person?
        - Contact your State RAI Coordinator for assistance
    - Are these two distinct residents?
        - Evaluate for reason(s) for BC1 days

Roster Report

■ REVIEW OF PRELIMINARY ROSTER REPORT (CONTINUED)

- **Example #2: BC1 Days**

Record Type	Target Date	RUG	Begin Date	End Date
NQ/02/99/99	10/08/17	LC2	01/01/18	01/07/18
NQ/02/99/99	10/08/17	BC1	01/08/18	03/31/18

- **Review**

  - Do you need to transmit a completed assessment or discharge tracking record?

    - Transmit any completed assessments/tracking records

  - Did you miss an assessment?

    - Complete (use date error was discovered as ARD) and transmit a completed assessment

    - Complete and transmit a discharge tracking record

Roster Report

REVIEW OF PRELIMINARY ROSTER REPORT (CONTINUED)

- **Is the RUG classification accurate?**

- **Is the assessment / record sequence accurate?**

- **Are there any missing assessments or tracking records?**

- **Are the dates and reason(s) for assessments accurate?**

- **Is Entry type (A1700) correct?**

■ REVIEW OF PRELIMINARY ROSTER REPORT (CONTINUED)

- **Example #3: Do RUG classifications look accurate?**

Record Type	Target Date	RUG	CMI
▪ NQ/02/99/99	06/08/18	HB2	1.55

- **Review**

  – You expected a Rehab RUG as resident was receiving more than 5 distinct days and 150 minutes of therapy

    ▪ **Check CMI for index maximizing**

    ▪ **RAB (ADLs 2-5) has a CMI of 1.11**

    ▪ **HB2 (ADLs 2-5) has a CMI of 1.55**

Roster Report

■ REVIEW OF FINAL ROSTER REPORT

- **Compare the Preliminary with the Final roster report**

- **Identify all new transmissions for expected results**

- **Check number of BC1 days to determine reduction in days if applicable**

- **If the Preliminary roster reports are checked and corrections made as indicated (or allowed) the Final roster report should be accurate as of last cut-off date**

Roster Report

■ CMI CALCULATION

- The time-weighted calculations are completed for the facility on the summary page of the Resident Roster. The CMI averages are calculated for Medicaid, Medicare, Other and All Residents quarterly.

- The calculated days from the detail pages of the Resident Roster for each source of payment are summarized by RUG-IV classification.

- For each RUG-IV classification, the assigned CMI is multiplied by the total number of days to arrive at the total CMI points. The sum of all of the CMI points divided by the sum of all days is the day weighted average for the payment source.

- The Final CMI Resident Roster report averages are used in the determination of the facility's case mix index rate adjustment.

■ QUESTIONS?

- **Connecticut MDS Help Desk**

  - **(800) 763-2278**

  - **CTHelpdesk@mslc.com**

- **Resident information is considered Protected Health Information (PHI). Email is not a secure format for communicating this type of sensitive information. Please do not send in email containing PHI.**

Roster Report

■ SUMMARY

- **The Connecticut Time-Weighted CMI Resident Roster Report is linked with the federal requirements for completion and submission of the MDS**

- **It is the responsibility of the facility to comply with the assessment schedules as outlined in the RAI manual**

- **Facilities must periodically view the CMS websites to comply with updates**

- **User Guides are available for download at:**

  - **http://www.mslc.com/connecticut**

- **Time-Weighted CMI Resident Roster Reports will posted and available for download at the Connecticut Web Portal:**

  - **http://ctcasemixreports.mslc.com**

THANK YOU!

DEDICATED TO GOVERNMENT HEALTH PROGRAMS