MDS Part 1: Section GG
What You Need to Know about Coding the New Section GG

Presented by:
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Faculty Disclosure

• I have no financial relationships to disclose
• I have no conflicts of interests to disclose
• I will not promote any commercial products or services
Learning Objectives

• Describe the charting and coding requirements for Section GG.
• Systematically review the coding instructions and describe each of the new items in detail
• Understand how nursing and therapy can collaborate in completing the required Section

Section GG

Functional Abilities and Goals
Start Date 10-01-2016
SNF PPS Final Rule

• Background and Overview of the FY2016
  – Updates the PPS rates
  – First step in moving away from Fee-for-Service to Value Based Purchasing (VBP)
  – Implements the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) SNF Quality Reporting Program (QRP)
  – Implements the Affordable Care Act’s mandate that nursing homes submit payroll-based staffing data

IMPACT Act History

• IMPACT Act requires the submission of quality measure data through the use of a Post Acute Care (PAC) assessment instrument and the modification of an instrument necessary to enable use
  – For SNF settings, this refers to the Minimum Data Set (MDS)
• Failure to comply with the submission requirements will result in financial penalty of 2 percent beginning with FY2018 (October 2017)
Three QRP Data Collection of QMs Starts October 2016

Application of Percent of Long-Term Care Hospital Patients with an Admission & Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)

Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)

More QRP QMs coming in the future

Application of Percent of Residents Experiencing One of More Falls with Major Injury (Long Stay) (NQF #0674)

SNF QRP QM Medicare Part A ONLY

QM: Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

- Reports the percent of residents with an admission and a discharge functional assessment and a goal that addresses function
- Requires collection of admission and discharge functional status data about the resident current functional abilities and mobility by clinicians
  - Medicare PPS 5-day Admission & Discharge Item Set (MDS)
  - Collect data source Section GG
    - Begins October 2016 through December 2016
    - Payment Determination is May 2017
    - 2% penalty FY 2018 (Oct. 2017)
The Process

Understanding all the parts prior to coding Section GG

Section GG: Functional Abilities & Goals - Intent

Focus: Self-Care and Mobility
- Admission Performance
  Over the first 3 days of admission
  Assess & Interview
  • Resident, Family, Direct Care Staff & Rehabilitation Team
- Establish Discharge Goals
  Over the first 3 days of admission
  Review prior functional abilities
- Discharge Performance
  Over the last 3 days before a planned discharge
  Assess & Interview
  • Goal achieved

Medicare Part A
Residents ONLY
Medicare FFS Only.
Remember: Managed Care should not be coded here.

Section GG: Start of SNF PPS Stay
Admission Performance & Discharge Goal
New: Safety & Quality of Performance Scale

<table>
<thead>
<tr>
<th>Section GG</th>
<th>Functional Abilities and Goals - Admission (Start of SNF PPS Stay)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GG0130. Self-Care</td>
<td>(Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01</td>
</tr>
<tr>
<td>Code the resident's usual performance at the start of the SNF PPS stay for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay, code the reason. Code the patient's end of SNF PPS stay goal(s) using the 6-point scale.</td>
<td></td>
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</table>

Coding:

- Safety and Quality of Performance - if helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.
- If activity was not attempted, code reason:
  - 07. Resident refused.
  - 09. Not applicable.
  - 88. Not attempted due to medical condition or safety concerns.

06 - Independent - Resident completes the activity by him/herself with no assistance from a helper.
05 - Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04 - Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03 - Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02 - Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01 - Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.

Admission Performance

GG0130. Self Care & GG0170. Mobility

Assessment Period day 1 through day 3
- Item Set: A0310B. 01 = 5 day PPS MDS
- A2400.B = Start Date
- Can be combined with OBRA MDS
- Awaiting CMS Clarification on Combining with Unscheduled PPS Item Sets

Utilizing the Safety and Quality of Performance Scale
- 06 = Independence
- 05 = Setup or Clean Up
- 04 = Supervision or Touching
- 03 = Partial/Moderate
- 02 = Substantial/maximal
- 01 = Dependent

Medicare Stay dates dictate when to code Section GG and your look-back is three days depending on which portion of the Medicare stay you are coding.
First Day of Medicare Part A: Item A2400A is coded “Yes” to a Medicare Stay then code A2400B: start of Medicare stay date, at Section GG the look-back is on day three of the Medicare stay, so data collection includes Day 1, 2, and 3 of the Medicare stay. Day one being the date at A2400B.
**Discharge Goal**

GG0130. Self Care & GG0170. Mobility

Assessment Period day 1 through day 3
- Item Set: A0310B, 01 = 5 day PPS MDS
- A2400.B = Start Date
- Can be combined with OBRA MDSs
- Awaiting CMS Clarification on Combining Unscheduled PPS Item Set

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**New Item Set: Discharge Performance**

<table>
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<tr>
<th>Section A</th>
<th>Identification Information</th>
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<td>A0310. Type of Assessment - Continued</td>
<td></td>
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F. Entry/discharge reporting
- 01. Entry tracking record
- 10. Discharge assessment - return not anticipated
- 11. Discharge assessment - return anticipated
- 12. Death in facility tracking record
- 99. None of the above

G. Type of discharge - Complete only if A0310F = 10 or 11
- 01. Planned
- 02. Unplanned

H. Is this a SNF PPS Part A Discharge (End of Stay) Assessment?
- 0. No
- 1. Yes

0310F. 10 or 11 for a complete stay

Must be a Planned Discharge
Discharge Performance
End of SNF PPS Stay

A2400. Medicare Stay

A. Has the resident had a Medicare-covered stay since the most recent entry?
   0. No ➔ Skip to B0100, Comatose
   1. Yes ➔ Continue to A2400B, Start date of most recent Medicare stay

B. Start date of most recent Medicare stay:
   Month: 10
   Day: 01
   Year: 2016

C. End date of most recent Medicare stay - Enter dashes if stay is ongoing:
   Month: 10
   Day: 11
   Year: 2016

Discharge Performance

Section GG - Functional Abilities and Goals - Discharge (End of SNF PPS Stay)

GG0130. Self-Care (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C)
Complete only if A0310G is not 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not 03

Code the resident’s usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason.

Coding:
Safety and Quality of Performance - If help/attention is required because resident’s performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices.

If activity was not attempted, code reason:
07. Resident refused.
Discharge Performance
GG0130. Self Care & GG0170. Mobility

Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C
Complete only if:
• A0310G is not = 2
• and A0310H = 1
• and A2400C minus A2400B is greater than 2
• and A2100 is not = 03
• Awaiting CMS clarification on Combining Unscheduled PPS Item Set

Utilizing the Safety and Quality of Performance Scale
06 = Independence
05 = Setup or Clean Up
04 = Supervision or Touching
03 = Partial/Moderate
02 = Substantial/maximal
01 = Dependent

Also complete when Medicare Part A coverage has ended and remains in the facility!

A2400. Medicare Stay Dates Dictate
When To Code Section GG
Look-Back Is Three Days

First Day of Medicare Part A:
• Item A2400A is coded Yes to a Medicare Stay
• Item A2400B: start of Medicare stay date
• Section GG the
  – look back is on day three of the Medicare stay
  – Data collection includes Day 1, 2, and 3 of the Medicare stay.
  – Day one being the date at A2400B.

Last Day of Medicare Part A:
• Item A2400.C End of Medicare Stay date
• Last covered day
• Day of Discharge
• Which ever is first
Section GG:
• look back is 3 days prior to discharge or covered day
• Data Collection includes:
  • Day 3 discharge, 2nd to last day, then 3rd to the last day
  • Day 3 being the date at A2400.C
Safety & Quality Performance Score

Definitions

GG0130 & GG070
Admission & Discharge Goal
or Discharge Performance

Helper Assistance
• Only required because resident's performance is unsafe or of poor quality
• Score according to amount of assistance provided
• Activities may be completed with or without assistive devices
• Does not include: Hospice, Private Duty, Student Nurses/Nurses Aide
GG0130 & GG070
Admission & Discharge Goal
or Discharge Performance

Usual Performance

• Over the course of three days
• Compare prior function from the acute event
  • Think about each Self-Care/Mobility item as separate when completing Admission and Discharge Performance and Discharge Goal

6-Point Rating Scale

- Code 06
  • **Independent** – Resident completes the activity by him/herself with no assistance from a helper.

- Code 05
  • **Setup or Clean-Up Assistance** – Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity.

- Code 04
  • **Supervision or touching assistance** – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
6-Point Rating Scale

**Code 03**
- **Partial/Moderate Assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

**Code 02**
- **Substantial/Maximal Assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

**Code 01**
- **Dependent** – Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If Activity was not Attempted

**Code 07**
- **Resident Refused** – If the resident refused to complete the activity.

**Code 09**
- **Not Applicable** – If the resident did not perform this activity prior to the current illness, exacerbation, or injury.

**Code 88**
- **Not attempted due to medical condition or safety concerns**
Section GG: Functional Abilities, Goals and Discharge Performance

GG130.A Eating
- The ability to use suitable utensils to bring food to the mouth and swallow food
- Once the meal is presented on a table/tray
- Includes modified food consistency

GG130.B Oral Hygiene
- The ability to use suitable items to clean teeth
- Dentures:
  - The ability to remove and replace dentures from and to the mouth,
  - and manage equipment for soaking and rinsing them.

GG130.C Toileting Hygiene
- The ability to maintain perineal hygiene,
- Adjust clothes before and after using the toilet, commode, bedpan, or urinal.
- If managing an ostomy, include wiping the opening but not managing equipment

GG0130. Self-Care

GG0170.B Sit To Lying
- The ability to move from sitting on side of bed to lying flat on the bed

GG0170.C Lying To Sitting On Side Of Bed
- The ability to safely move from lying on the back to sitting on the side of the bed
- With feet flat on the floor
- And with no back support

GG0170D. Sit To Stand
- The ability to safely come to a standing position from sitting in a chair
- Or on the side of the bed

GG0170. Mobility
GG0170.E Chair/Bed-to-Chair Transfer

- The ability to safely transfer to and from a bed to a chair (or wheelchair)

GG0170.F Toilet Transfer

- The ability to safely get on and off a toilet or commode

GG0170. Mobility

GG0170. J Walk 50 Feet With Two Turns

- Once standing, the ability to walk at least 50 feet and make two turns

GG0170. K Walk 150 Feet

- Once standing, the ability to walk at least 150 feet in a corridor or similar space

GG170.R Wheel 50 Feet With Two Turns

- Once seated in wheelchair/scooter (manual or motorized), can wheel at least 50 feet and make two turns

GG170.S Wheel 150 Feet

- Once seated in wheelchair/scooter (manual or motorized), can wheel at least 150 feet in a corridor or similar space

GG0170. Mobility
Helper Effort

2 Helpers

- 01. Dependent
  - Even if the resident participates

Less Than Half

- 03. Partial/Moderate Assist
  - Resident performed more than half
  - May Lift or Hold or Support Trunk or Limbs

More Than Half

- 04. Substantial/Maximal Assist
  - Resident performed less than half
  - May Lift or Hold or Support Trunk or Limbs
Refusal vs. Medical & or Safety

- Refused
- Resident or Staff

07

- Not applicable
- Did not do prior to this stay
- Independent in admit performance

09

- Medical or Safety Concern
- SOB, Pain uncontrolled
- Documentation expected

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Team Meeting to Review the Following

☐ Ask your team:
  • Who will be the expert coder of GG and who will be the back-up?
  • Who will help when Rehab is not treating the Patient?
  • When should we start practicing?
  • Usual Performance team discussion?
    o Not Worst or Best
    o Compare prior to the event
    o Which documents do you need?
  • Would a Questionnaire be helpful?
  • When will the software have your new item set available to practice?

☐ Seek your Rehab team for discharge goal setting advice

☐ A2400.B equals 10-1-16 Section GG is to be completed

Remember this is for Medicare Part A ONLY

Section GG Documentation

• What POC charting resources is your software vender providing?
• Consider a Data Tracking Tool
• Get free downloadable charting tools here: www.AANAC.org/Section-GG-Resources
Resources

QRP Manual updated April 2016


Section GG Data Collection Tools Link:

- [www.AANAC.org/Section-GG-Resources](http://www.AANAC.org/Section-GG-Resources)
Hand Outs

• Section GG Key coding Q&A tool
• DRAFT: MDS-30-SECTIONS-A-AND-GG-DOCUMENT

About AANAC

• Founded in 1999, AANAC is dedicated to supporting long-term care nurses and professionals who provide quality care for nursing home residents.
• Who are our members?
  – NACs, RNs, LPNs, DONs, billing professionals, therapists, and other IDT members.
• What do we offer?
  – AANAC keeps members up to date on the ever-changing body of knowledge for long-term care resident assessment and care planning, including RAI/MDS 3.0 process, assessment and care planning, Medicare reimbursement, regulatory requirements, QMs, QIS and traditional survey process.
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