

Case Mix Accuracy Review (CMAR) Overview

Residential Care Services (RCS) is responsible for monitoring the accuracy of the Minimum Data Set (MDS) data used to establish resident classification and payment of Medicaid rates. Within RCS, the Case Mix Accuracy Review (CMAR) unit is responsible to carry out a review process that is thorough and efficient in detecting errors in resident assessment data submitted for payment and resident care plans. The CMAR process is a method of assuring nursing facility payments or reimbursements are correctly matched to resident care needs. The MDS 3.0 resident assessment data forms the basis for the RUG-IV and/or other case mix model classification systems, which are factored into the payment rate. The case mix accuracy review process determines whether the MDS 3.0 data is accurate.

The State RAI Coordinator at ALISA/RCS headquarters reviews CMAR Summary Reports for each facility reviewed by the CMAR Nurse and finalizes MDS Inaccuracies in the QAN application. The RAI Coordinator reviews all appeals and rules on them using standards established by DSHS/ALISA and the RAI Manual's guidelines. After the RAI Coordinator approves the MDS inaccuracies found during the CMAR visit and rules on nursing home appeals, the data is finalized in the CMAR database.

The CMAR process is run on a quarterly basis as follows: NH rates downloads all MDS assessments and then replaces any MDS data changed and finalized through the CMAR process. The finalized data from the QAN application overwrites the NH data for each assessment changed.

If the review by the CMAR nurse creates a change in the RUG category or payment model classification, the new RUG category or payment model classifications will be used on the RUG report for the stay periods affected.

Authority

[TITLE 42 C.F.R. §483.20](#) - RESIDENT ASSESSMENT

[RCW CHAPTER 74.46](#) – NURSING FACILITY MEDICAID PAYMENT SYSTEM

[RCW 74.46.485](#) - Case mix classification methodology.

[RCW 74.46.501](#) - Quarterly Average case mix indexes – Facility and Medicaid

WAC 388-96 – NH Medicaid payment system

[WAC 388-96-011](#) - Nursing facility Medicaid payment system - Conditions of participation

[WAC 388-96-738](#) - Default case mix group and weight when there is no MDS assessment

[WAC 388-96-905](#) - Case mix accuracy review of MDS nursing facility resident assessments

[WAC 388-96-904](#) - Administrative Review

[WAC 388-96-901](#) - Disputes

[WAC 388-97-0100](#) - Utilization review

[WAC 388-97-1000](#) - Resident assessment.

Subject Matter Experts

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