

Update for the MDS 3.0 section of the OHCQ DHMH Long Term Care Website

12/2011

Many clarifications and updates continue to be prepared and distributed by CMS that pertain to the adjustments made to the MDS 3.0 requirements effective October 2011. The CMS sponsored “ SNF Open Door Forums” have been devoted to many issues found by providers as they navigate the use of the RAI instrument under the new guidelines and requirements.

On November 29th, CMS released the *November 3, 2011 National Provider Call Follow-Up and Clarifications document*.

Transcripts, slides and clarification documents for both the August 23 National Provider Call and the November 3 Provider Call are available on the CMS FY 2012 RUG IV Education and Training webpage.

Please refer to this document as it contains many helpful items that will assist the MDS Coordinator and Billing Office in working through the new processes needed for the latest iteration of the MDS. In particular, one area that has been open for questions is that of the Resident Interviews timing with the increase in the number of assessments being done for Medicare residents . (EOT-OMRA and COT-OMRAs)

The following instructions are included in the November 3 Follow-up and Clarifications document regarding these assessments and interviews :

“As stated in the previous SNF PPS clarification memo posted to the CMS website, providers completing a COT-OMRA may complete the interview items one or two days after Day 7 of the COT observation period---the ARD for the COT OMRA. We do not expect this will be necessary in all cases, as providers should be continually monitoring the progress of residents toward meeting the requirements of the RUG-IV therapy category to which they have been assigned.

“We would also note that providers should not routinely dash interview items or substitute the staff assessment for the resident interview due to either logistical concerns or in cases where a separate PPS assessment which included the interview items was completed recently. While additional assessments have been added to the SNF PPS, CMS regards the frequency of interviews and the manner in which they are conducted to be sufficiently within the control of providers to ensure that that the assessments are completed as fully and accurately as possible without compromising the integrity of the assessment or the ability of the resident to speak for themselves. “

This clarification “is what will be reflected in the RAI Manual that will be posted in January, and that is what you should be following,” stressed CMS officials during the last SNF ODF for 2011, held on 12/1/2011.

Several other items discussed during the 12/1/11 call included;

- RAI Manual updates are on track for April 1,2012 implementation
- To review some of the pending changes the submission specifications can be accessed at the MDS 3.0 Technical Information webpage.
- See the *QIES Technical Support Office’s MDS Vendor Information* page
- A Free (exclusive of travel and hotel costs) MDS National Conference in St. Louis, Mo., will be held in March 2012. Providers have until December 30 to register for the March 6-7 (or the identical program again on March 8-9) conference that will address the changes to the MDS 3.0 and MDS related activities. Registration is through a conference home page at CMS.gov website, use the Search Function for the quickest access. “Registration” button is at the top of the page to access that function.
- Billing issues also were commented on in this call-the start of use of the COT-OMRA and EOT-R-OMRAs resulted in the creation of new assessment indicator codes used for billing MC Part A claims in FY 2012, those new codes required CMS to add over 1500 new HIPPS codes to the FISS (Fiscal Intermediary Shared System) and there was a “lag in the implementation of

the new HIPPS codes that are produced”. During the lag time there was an option of holding claims or submitting them via the DDE (direct data entry) screens. As of Dec. 5, 2011 the new codes are being accepted so the November billing cycle should be able to be billed electronically per officials.

- The HIPPS code AAxx where xx is varying digits also poses a continuing issue as it is causing errors when in the FISS system. No date for a fix was announced but officials stated that the contractor will release any affected claims when the fix is complete. The officials suggested “if you have any affected claims that include both a covered skilled stay and days at a nonskilled level of care ; you can actually split those claims out, meaning you can bill the covered portion and have a separate claim for that no-pay period in that month.” Officials hope to have a workaround established for future scenarios so that “these situations where the assessment related information is causing errors in our system so that we can come up with some bypasses and implement them on the spot to providers so that your claims aren’t held up, as has been done for the past few months”.

In another but related release, CMS requested comments via an announcement in the Federal Register, Vol.76,Number 223,pp71568-71569.

Nursing Home Quality Improvement Questionnaire

This notice has to do with the CMS proposal to collect current information about Nursing Homes quality assurance and performance improvement to identify technical assistance that will be useful to nursing facilities as they prepare to meet the new QAPI regulation recently mandated. For policy questions you may contact: Debra Lyons @ (410)-786-6780, for other issues call (410)-786-1326.

One last item for this posting: Happy Holidays to All and a Very Happy 2012 to come.