

Long-Term Care Survey Alert

MDS, Compliance & Clinical News to Use

The FY 2012 proposed SNF PPS rule seeks to roll out two new rehab-related MDS assessments -- and places limits on use of group therapy for RUG-IV placement. The rule would also shorten the assessment windows for PPS assessments beyond the 5-day assessment. You can access the rule at www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10555.pdf.

Upside: The proposed rule continues the existing 128 percent RUG add-on for Part A patients with AIDS. Experts note that the add-on is in effect now, which your SNF should take advantage of if cares for patients with AIDS. To get the extra payment, you have to put the ICD-9 code for AIDS (042) on the UB-04, says **Joel Van Eaton**, reimbursement and RAI consultant with Extended Care Products Inc. "This will cause the MAC payment algorithm to make the 128 percent adjustment to the bill."

CMS wants nursing facilities to tap the expertise of their state RAI coordinators. That's the word from the agency's **Tom Dudley**. "We want to encourage providers to reach out to state RAI coordinators as their first line contact for questions that come up regarding the MDS 3.0," said Dudley in the May 2011 SNF/LTC Open Door Forum.

Don't be in a hurry to use dashes on the MDS. CMS is just completing its initial evaluation of MDS 3.0 data and has found that facilities are using a large number of dashes on assessments -- "up to 40 percent of assessments" have them, relayed the agency's **Tom Dudley**, during the May 2011 SNF/LTC Open Door Forum. "These are included for quality measure items such as pain and pressure ulcers," he said.

"At initial glance, this is concerning since the missing data will have implications for quality measurement rates that are reported for facilities," Dudley cautioned. In the near future, "CMS will be providing more detailed guidance about when use of dashes is appropriate." Until then, however, CMS is stressing that providers should fully complete MDS assessments with the information they have at the time of the assessment, he said.

Dudley went on to note that CMS appreciates providers' assistance with this, noting how they are still in a transitional period in terms of getting used to the MDS 3.0. But it has "thrown a flag up at us when we saw such a large number" of dashes. He said CMS will be "getting feedback from the various different people in the SNF world to get a better understanding on our part."

When pressed by an ODF caller for details about the dashes, Dudley did say that the dashes were seen "most notably on the discharge assessment" but also on all of the assessments.

Have you taken a look at New York's annual Medicaid Inspector General work plan? Doing so may give you a heads up on what to target in your own compliance plan, advises attorney **Paula Sanders** in Harrisburg, Pa. She points out that "New York has one of the more active state Medicaid programs" in terms of trying to recover improper payments. And while Sanders notes "there may be a New York-specific [Medicaid] issue that you wouldn't care about," the plans help her identify areas of risk for providers.

What are some of the Medicaid-related issues that may apply across the board?

"Rehab is a big focus," says Sanders. "Overlaps in billing between hospitals and nursing facilities is another one. Other issues relate to inappropriate charges to the Medicaid program for items that should be covered by the nursing home Medicaid rate or should have been billed by other providers. Part B would be one and medications (Part D) is another. Because there's so much data mining going on now, the auditing entities can key in a patient's name and see things coming out for multiple providers (RACs, MICs, the Medicare-Medicaid program, ZPICs)," Sanders warns.

If a patient has unexplained anxiety-related symptoms, take a look at his caffeine intake. Drinking four to five cups of

caffeinated coffee, especially at the same time of day, can affect a person's nervous system, cautions **Annette Kobriger**, a dietitian and nutritional expert in Chilton, Wis. An average cup of drip coffee contains 104 to 192 mg of caffeine; iced tea has 9 to 60 mg, and soft drinks, 20 to 40 mg, according to this website : <http://coffeedfaq.com/site/how-much-caffeine>.

"Heavy daily caffeine use -- more than 500 to 600 mg a day -- may cause" the following symptoms according to Mayo Clinic (www.mayoclinic.com/health/caffeine/NU00600):

- "Insomnia
- Nervousness
- Restlessness
- Irritability
- Stomach upset
- Fast heartbeat
- Muscle tremors."