

MDS Alert

CMS News to Use: Make Sure You Keep on Top of the Latest MDS Updates

Check out these CMS and Medicare payment developments.

Updated MDS3.0 QM User's Manual

Nursing facilities should make sure they check out the latest MDS 3.0 Quality Measures User's Manual version 5.0 and errata. "This information is critical for facility staff to understand, since it impacts surveys and Nursing Home Compare reports," says **Marilyn Mines, RN, BC, RAC-CT**, senior manager of clinical services for FR&R Healthcare Consulting Inc. in Deerfield, Ill.

Chapter 1 of the manual describes the methodology that is used to select the short and long-term stay samples, as well as the key records that are used to compute the quality measures for each of those samples. Chapter 2 of the manual describes the specifications and covariates of the short-term stay and long-term stay QMs.

Editor's note: Copies of the MDS 3.0 Quality Measures User's Manual v.5.0 are available for download at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/downloads/MDS30QM-Manual.pdf. Or suscribers may e-mail the editor at majorie.lellis@comcast.net and request the .pdf file.

Review These MDS 3.0 Frequency Reports

The long-awaited MDS 3.0 Frequency Reports are now available on the CMS website. These reports summarize information for residents currently in nursing homes. The source of these counts is the resident's MDS assessment record. The MDS assessment information for each active nursing home resident is consolidated to create a profile of the most recent standard information for the resident.

Currently the reports for the 4th quarter of calendar year 2011 and the 1st and second quarters of calendar year 2012 are available. The reports are currently updated quarterly. Go to: www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public- Reports/Minimum-Data-Set-3-0-frequency-report.html.

Get Ready: CMS Plans to move Medicare SNF payments from Volume to Value-based

In June, CMS sent a report to Congress detailing its plans to implement a Value-Based Purchasing Program (VBP) for skilled nursing facilities. "We see the future of health care reimbursement moving from the current volume-based payment methodology to value-based purchasing," **David Gifford**, **MD**, **MPH**, senior vice-president quality and regulatory affairs, for the American Health Care Association (AHCA), tells MDS Alert. Both AHCA and the National Center for Assisted Living (NCAL) strongly support this move, he notes.

The report, which was required by Section 3006 of the Affordable Care Act, discusses the current state of various elements that would be part of a SNF VBP and where the agency will go from there, explains **Cassandra Black**, senior technical advisor for CMS's Performance-Based Payment Policy Group. These include the following:

- The agency's current quality measures and process for developing them;
- Additional quality measures that the agency may want to add;
- A description of the process for reporting the measures;
- How payments could potentially be structured;
- Types of incentive payments;



- Possible funding sources for the payments; and
- How the agency would share any information gathered with the public

The report concludes with a roadmap for implementation of a SNF VBP. CMS will analyze the results of the recently concluded Nursing Home Value Based Purchasing demonstration project, expected to be ready in the fall of 2013, before moving forward with a SNF VBP, Black notes.

Gifford says that this report summarizes many of the ongoing demonstrations on VBP which is helpful guide as SNFs transition from fee-for-service to value based purchasing. Copies of the report are available at: www.cms.gov/snfpps.