

## MDS Alert

### Industry News to Use: You No Longer Need An Inactivation Request For Certain MDS Errors

#### Plus: Get ready for SNF pay increase?

The **Centers for Medicare & Medicaid Services** (CMS) has changed the modification/inactivation policy in the MDS 3.0 Manual  and the changes are good news. CMS announced the changes during the May 2 SNF/LTC Open Door Forum.

**Old way:** As has been the case under the old policy, you needed a Modification request for errors in Clinical Items (B0100  V0200C) and for data entry errors. You needed an Inactivation request to address areas in the following items:

- A0200 Type of Provider
- A0310 Type of Assessment
- A1600 Entry Date (on Entry tracking record; A0310F = 1)
- A2000 Discharge Date (on Discharge/Death in Facility record; A0310F = 10 - 12)
- A2300 Assessment Reference Date (ARD)

**New way:** But effective May 19, you can now use a Modification for typographical errors in these items:

- A0310 Type of Assessment, where there is no Item Set Code (ISC) change
- A1600 Entry Date
- A2000 Discharge Date
- A2300 ARD, as long as the change does not result in a different look-back period/assessment timeframe than the previously accepted assessment
- Clinical Items B0100  V0200C

You must still use an Inactivation Request for errors in:

- A0200 Type of Provider
- A0310 where there is an ISC change

**Bottom line:** You can use the Modification for a typographical error as long as the change does not result in a change to the ISC used for the assessment. Also, you must correct identified errors within 14 days.

If you have questions, CMS advises that you should contact your state RAI Coordinator. To view a CMS' slide presentation on the modification/inactivation policy, visit [cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/Inact\\_ModChange\\_final\\_public.pdf](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/Inact_ModChange_final_public.pdf).

**In other news ...**

**SNFs: You May Get A 1.4% Pay Boost**

Under CMS's proposed rule for FY 2014 Medicare payment rates, skilled nursing facilities (SNFs) could see a 1.4-percent increase in aggregate payments from FY 2013.

The increase comes from a 2.3-percent market basket increase. The proposed rule also contains some significant changes to the market basket □ "CMS is proposing to rebase and revise the SNF market basket for FY 2014 and subsequent years to reflect more recent data," according to a May 6 announcement by **Barbara Manard**, VP of Long Term Care Health Strategies for Washington, DC-based **Leading Age**, an association of non-profit organizations focused on aging.

The SNF market basket index includes the most commonly used cost categories for routine services, ancillary services and capital-related expenses, Manard explained. The FY 2013 market basket reflects data from FY 2004, and CMS wants to revise and update the SNF market basket using data from FY 2010. CMS also proposes to add five cost categories to the SNF market basket index, as well as revise several price proxies.

### **New Policy: Self Disclose to Avoid Corporate Integrity Agreement**

If you discover improprieties that you must self-disclose to the **HHS Office of Inspector General** (OIG), you have a newly updated set of guidelines to follow. After publishing its initial self-disclosure protocol (SDP) in 1998 and issuing three Open Letters to Health Care Providers on the topic in 2006, 2008, and 2009, the OIG has revised the SDP "in its entirety at this time," the watchdog agency says.

**Take note:** One of the most important changes is that the OIG "has implemented a 'presumption' against imposing corporate integrity agreement obligations on disclosing parties in exchange for a 'release of OIG's permissive exclusion authority,'" reports law firm **Sidley Austin** in an analysis of the new protocol. "According to the SDP, corporate integrity agreements are not needed in such circumstances because 'good faith disclosure' and 'cooperation' are 'typical indications of a robust and effective compliance program,'" the firm notes.

The SDP also sets out specific requirements related to disclosures involving excluded individuals, Sidley notes. "If a disclosing party has employed an excluded individual, it must disclose facts about the excluded individual and describe the existing screening process in place to identify excluded individuals, any flaws in that process that led to the employment of the excluded individual, and a description of how the conduct was discovered," the firm details. "In addition, before the disclosure, the provider must screen all current employees against the List of Excluded Individuals and Entities."

The new SDP is at <http://go.usa.gov/TDZG> and a training video is at <http://go.usa.gov/TDBd>.