

MDS Alert

MDS 3.0 Update: Got MDS 3.0 Questions? CMS Officials Shed Light on These Key Areas

The agency plans to analyze providers' suggestions for eliminating duplication.

The MDS 3.0 rolled out on Oct. 1, and as CMS' **Tom Dudley** put it in the October SNF/LTC Open Door Forum: "The earth orbit didn't change." The transition did, however, create a maelstrom of initial concerns and questions, which CMS officials have been addressing. Here's a rundown of pressing topics.

1. CMS-related MDS transmission woes. Facilities' difficulties in transmitting their MDS assessments dominated the initial three weeks of MDS 3.0 implementation. In an Oct. 20 alert, CMS noted that a systems issue caused mistakes in the RUG-III and RUG-IV codes on facilities' final validation reports. The problem resulted in a temporary shutdown of editing and production of final validation reports.

The alert went on to say that "all MDS 3.0 files submitted since October 1, 2010 will be edited. Revised Final Validation Reports will be available in your CASPER shared folder." Check your final validation reports to make sure the facility is reporting its RUG-III and RUGIV scores correctly on claims submitted for payment, the alert further instructs.

In addition, providers that use jRAVEN should look for an updated version of the software at www.cms.gov/NursingHomeQualityInits/30_NHQIMDS30TechnicalInformation.asp.

Read the alert at <http://www.cms.gov/SNFPPS/Downloads/MDS30ProviderAlert201010120v6.pdf>.

Consultant **Ron Orth, RN, RAC-MT, BC, CPC**, told MDS Alert in late October that based on what he'd heard, "CMS had fixed the glitches on their end ... Many errors people are getting now are related to their own software."

Thus, facilities "should work with their vendors." **Get out of F287 tags free card:** Speaking at the Oct. 28 ODF, a CMS staffer said CMS was getting ready to release a survey and certification memo noting that some facilities may have difficulty complying with timely MDS transmission requirements at F287. The regulation for F287 requires facilities to transmit MDS data within 14 days of completing the assessment, she noted. The memo will instruct surveyors to accept the date stamp from the MDS 3.0 Assessment Submission and Processing System (ASAP) as an indication of transmission from Oct. 1 through Dec. 31.

The memo will also allow surveyors to cite at a lower level of deficiency at F287 for late transmissions that didn't result from ASAP system issues, the CMS staffer relayed.

2. CMS efforts to provide consistent MDS 3.0 information. In the Oct. 28 ODF, Dudley asked people to be patient as CMS works out an efficient and accurate process for communicating updates. He noted that the RAI manual will likely be updated in spring 2011. Meanwhile, if CMS identifies major issues, the agency will release an errata sheet that identifies the change and directions, he said.

3. Potential for MDS 3.0 changes related to provider feedback. CMS has received a number of suggestions about how to decrease or eliminate duplications related to the MDS assessment, Dudley said in the ODF. CMS wants to look at and analyze all the comments submitted and see what changes the agency may or may not decide to make in the future, he added.

One interview or 2? Facility representatives asked CMS officials at the October AANAC meeting and the October ODF whether it's necessary to repeat a mood interview that may be due only a day or two after the previous one, depending on the assessment reference dates for two consecutive assessments.

The short answer in both forums: Yes. And it's an answer that applies to all required interviews for each MDS assessment. Speaking at the ODF, Dudley noted that being a clinician, he knows a patient can change from day to day. And you would want to pick up that a resident who wasn't suicidal on one day was the next when you did the interview. He agreed that scenario is "probably not the norm."

But CMS is for now asking people to do the interviews required for each separate assessment.

However, it is one of the items that CMS will re-evaluate to see if the agency changes its stance on it, Dudley said.

4. The status of the healthcare reform legislation mandated RUG-III hybrid. Speaking at the October AANAC meeting, CMS' **Ellen Berry** said that's one of the biggest questions CMS is receiving. "We have been told that Congress won't act until after the elections," she relayed.

CMS' **Sheila Lambowitz** noted in the ODF that the House has passed legislation that repeals the need to implement the RUG-III hybrid, and it's her understanding that the Senate is going to consider doing so. So there's "still a good chance RUG-IV payments will continue for this entire year" without CMS having to move to the RUG-III hybrid (HR-III) and then re-implement RUG-IV next October. Even so, CMS is working on the new hybrid grouper. "Hopefully, by the end of the year or very early next year we will have that done and will get the material out to you," said Lambowitz. She added that CMS is hoping it doesn't have to use the grouper but is "building it anyway just in case."