

MDS Alert

MDS & Billing News To Use

The MDS 3.0 is moving along, although don't look for the instrument to be ready for prime time before 2007 or later. The Centers for Medicare & Medicaid Services is in Phase II (validation development) with the MDS 3.0, which involves evaluating and validating the performance of "high impact" sections, according to a presentation by CMS' **Robert Connolly** at the March 2005 **American Association of Nurse Assessment Coordinators** conference in Chicago. These sections are:

Mood

Behavior

Pain

Falls

Goals of care

Symptoms

Quality of life

Diagnoses

Delirium

Phase III will be a pilot test and revision of the instrument, and Phase IV - national validation and evaluation of the proposed MDS 3.0, according to Connolly. The latter phase will take place in about 70 community nursing homes nationwide. In Phase V, CMS will make final revisions to the MDS 3.0.

Ready for some new computers? A March 10 CMS letter ordered nursing homes to upgrade their computer specifications to accommodate a three-tiered architecture structure and new QNet reporting software.

CMS expects to transition to the new reporting software in January 2006, which will require facilities to make upgrades by Dec. 31, 2005. The upgrades are required for users to access the QIES-to-Success Web site. In addition, much of the software that supports submission of patient assessments and facility reports - for example, the quality indicator reports and the submission and error reports - will be upgraded to current software versions.

As CMS proceeds with plans to perform upgrades to the reporting software, the agency says it finds that many nursing homes have very old computer equipment. CMS found that out of 15,000 respondents, about one-third of nursing homes' computers were too old to support new versions of reporting software. Facilities must meet the following PC system requirements by Dec. 31:

CPU: Pentium 3, 500 MHz

Memory: 256 Mb

Operating System: Windows 2000 or XP

Hard Drive: 500 Mb free space

Browser: Internet Explorer v5.5 SP2

The new UB-04 is on track to officially replace the UB-92 on March 1, 2007. At its February 2005 meeting, the **National Uniform Billing Committee** approved the UB-04 as a replacement for the UB-92. The plan is for receivers (health plans, vendors and clearing houses) to be ready to accept the UB-04 by March 1, 2007.

Claims submitters, including SNFs, will have a grace period - from March 1 to May 22, 2007 - during which they can use either the UB-04 or the UB-92. That's pending confirmation from CMS and the **Office of Management and Budget**. "CMS is already taking steps to obtain OMB approval in order to get the UB-04 ready by March 1, 2007," confirms NUBC chair **George Arges**, who doesn't foresee any delays in that process. "One of the goals of implementing the UB-04 is to accomplish a smooth transition to use of the national provider identifier which goes into effect on May 23, 2007," Arges tells **MDS Alert**.

The NUBC Web site (www.nubc.org) plans to post a final image of the UB-04 form, a summary of public comments/NUBC responses - and information on how to obtain a beta version of the UB-04 Data Specifications Manual.

Check out the latest Medlearn Matters article on consolidated billing and therapy services. You can read the article online at www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0518.pdf. [CMS is doing a series of articles on consolidated billing.](#)

[Be on the lookout for a proposed payment and policy rule to be published by CMS in late April.](#) [The rule will include FY 2006 Medicare Part A SNF PPS rates and address a number of policy issues, including information about refinements, according to information presented at the March 31, 2005 SNF Open Door Forum.](#)

[In other news, the SNF advance beneficiary notice \(ABN\) is still voluntary. CMS doesn't have a projected date for when use of the forms will be mandatory, said a CMS representative at the ODF.](#)