MDS Alert

MDS & Compliance News:

CMS has issued a survey & cert memo instructing surveyors to cut nursing homes some slack for MDS transmission delays. Spurred by CMS-related MDS transmission problems for three weeks or so following MDS 3.0 implementation, the memo says surveyors should "accept the ASAP system's date stamp indicating the MDS file has been received as an indication of MDS 3.0 assessment transmission."

The directive applies to MDSs transmitted between Oct. 1 and Dec. 31 of this year. If surveyors do cite a deficiency at F287 (which requires MDSs to be transmitted within 14 days after completion), they should clearly document the rationale in the statement of deficiencies, CMS advises surveyors in the memo.

Facilities can be cited at F287 for late MDS transmissions that aren't the ASAP system's fault. But during the Oct. 1 through Dec. 31 period, the survey team should issue a level one deficiency, CMS instructs. "The determination of scope will depend on the number of assessments that were not transmitted in a timely manner," states the memo.

Wondering why the change to 14 days? CMS implemented the 14-day submission requirement for the MDS 3.0 because it was aligning with what many swing beds were doing already, said CMS' **Christina Stillwell**- **Deaner** during a Nov. 9 agency-sponsored webinar on the MDS 3.0 and RUG-IV. And the data showed that many nursing facilities were also already submitting their MDSs within that timeframe, she added. Read the memo at www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter11_02.pdf.

Looking for some help with MDS 3.0 submission?

The QIES Technical Support Office (QTSO) has posted a document titled, "MDS 3.0 Submission Status and Final Validation Report Helpful Hints." Among other instructions, the document lists the "most common severe errors that are occurring in MDS 3.0 file processing.

When these errors are encountered, the ASAP system cannot produce a system-generated MDS 3.0 NH (or SB) Final Validation report. You will not find an MDS 3.0 NH (or SB) Final Validation report in your facility's VR folder. These errors will only be displayed on the MDS 3.0 Submitter Validation Reports," states the document.

The list of errors, according to the document, includes the following:

- 1001 Invalid Zip file format (no generated FVR)
- 1002 Empty Zip file (no generated FVR)
- 1004 Invalid XML file format (record not on generated FVR)
- 1008 Missing or invalid State Code (record not on generated FVR)
- 1009 Missing or invalid Transaction Type code (record not on generated FVR)
- 1010 Missing or invalid Provider Type Code (record not on generated FVR)

-- Sanders adds. "In the review, OIG will be looking at services that hospices provide to nursing home residents on hospice, including services provided by hospice home health aides." She notes the "OIG is looking for coordination of care and identification of services and payment arrangements."

Also: The OIG work plan points out that MedPAC "has noted that hospices and nursing facilities have incentives to admit patients likely to have long stays." **Proactive strategy:** Hospices should beware sending aides or nurses to "help out" at the nursing facility, cautions **Robert Markette Jr.** in his Home Care Law Blog.

Editor's note: For a look at scenarios where you can simultaneously cover a resident for both Part A SNF care and hospice services, see the next MDS Alert.