

## MDS Alert

### Survey & Compliance News

CMS has updated survey forms to reflect the MDS

3.0. The CMS-802 (roster/sample matrix) form now accommodates the MDS 3.0 coding for the three fields of "falls, fractures, abrasions, bruises, behavior symptoms, and depression," according to a recent survey and certification memo. CMS has also changed the instructions to the CMS-672 form (resident census and conditions of residents) to reflect the MDS 3.0. To review the new CMS-802 form and the revised instructions for the CMS-672, see [www.cms.gov/Surveycertificationgeninfo/downloads/scletter10\\_33.pdf](http://www.cms.gov/Surveycertificationgeninfo/downloads/scletter10_33.pdf).

CMS sets the timetable for Nursing Home Compare and Five-Star Changes. The publicly reported quality measures will be temporarily removed from CMS' Nursing Home Compare website, reported CMS staffer **Tom Dudley** in a presentation at the October American Association of Nurse Assessment Coordinators meeting in Baltimore. The final update of MDS 2.0 QM data will occur in January. CMS will remove the QMs from NHC and the Five-Star rating system this coming April. CMS plans to have the MDS 3.0-driven QMs back on NHC and factor them into Five-Star in the spring of 2012, Dudley relayed.

Wondering how the MDS 3.0 is affecting the Quality Indicator Survey? The QIS has been using the MDS 2.0 for over 50 quality care and life indicators, said CMS' **Karen Schoeneman** at the October AANAC conference. Schoeneman noted that the QIS contractors have to change the QCLIs to jibe with the MDS 3.0, which is what they are currently doing.

That doesn't mean surveyors won't be able to detect quality-related issues in the interim, however. The QIS has a lot of redundancy built into it, Schoeneman observed. So whether the issue is falls, pressure ulcers, or weight loss, etc., you can find a trigger through observations, interviews, chart reviews, discharge record reviews, etc., she said.

"For those indicators that are based only on MDS data, the calculations will be on hold until sufficient numbers of MDS 3.0 assessments have been submitted in order to correctly utilize the data," says QIS expert **Kenneth Daily, BA, LNHA**, president of Elder Care Systems Group in Dayton, Ohio. February 2011 is the projected release for the software that will fully automate the QIS process, he adds.

As a quality and survey preparation tip, Daily advises facilities to pay close attention to the MDS 3.0 Care Area Assessments and care planning, and include the resident's voice. The facility should be "very mindful" to have individualized care planning that's updated frequently, he says.

Make sure RACs play by the rules when asking you to submit documentation. According to a recent MLN Matters article, RACs must following these guidelines:

- Clearly indicate deadlines for submission of medical records in ADR letters;
- Initiate one additional contact with the provider before issuing a denial for a failure to submit documentation;
- Accept and review extensions requests if providers are unable to submit documentation timely;
- Clearly indicate in ADR letters suggested documentation that will assist them in adjudicating the claim;
- Allow providers to submit medical records on CD/DVD or to fax the needed medical records;
- Implement the RAC look back date of 3 years with a maximum look back date of October 1, 2007;
- Limit the number of medical records requests every 45 days;

Indicate the status of a provider's additional documentation requests on their claim status websites;

Establish a provider web-portal so providers can customize their address and identify an appropriate point of contact to receive ADR letters; and Post all approved issues under review on their websites.

The above bulleted information is provided verbatim from the MLN Matters at [www.cms.gov/MLNMattersArticles/downloads/SE1024.pdf](http://www.cms.gov/MLNMattersArticles/downloads/SE1024.pdf).