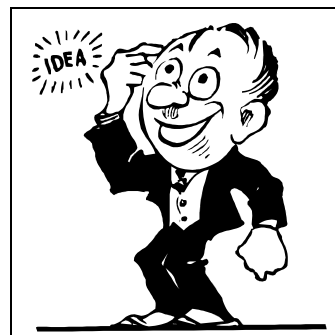


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MEMORANDUM

October 2002

To: Clients
From: Mary Chiles, RN
Re: Updates/Reminders



HIPAA -- Remember to file your HIPPA extension request by October 15th.

MDS ACCURACY – You have heard it before, but MDS accuracy has never been more important than it is now. Information from the MDS assessment is being used to drive resident care, to drive facility survey, to drive reimbursement and will be used to drive public information regarding an *assumption* of care provided. If you answer NO to any of the following questions you may be at risk for adverse resident outcome, survey deficiency, or inaccurate reimbursement.

- Do you have an internal system in place to audit the accuracy of your assessments in a timely manner?
- Do you have an established “back-up” system should your MDS Coordinator not be available for a period of time?
- Do you know for a fact, that the MDS is accurately portraying and capturing your resident population so that you receive appropriate payment for the care and services being provided?
- Do you have a documentation system that supports MDS coding and that is realistic/manageable for your staff?

QUALITY MEASURES – Information from VHQC is being faxed to your facility on a weekly basis; please share this information with your key managers so that they may become aware of CMS’s plans for publishing information regarding your facility. VHQC will be offering training sessions on the Quality Measures and it is important that you schedule a representative to attend those sessions. Additional information regarding the Nursing Home Quality Improvement [NHQI] program can be found at rqualitypartners.org, including a detailed “user’s manual” that includes explanation and methodology for each of the quality measures.

MEDICARE “CUTS” -- October 1 marked the "Medicare cliff," when Medicare payments to facilities dropped by approximately \$35 (10 percent) per patient day, or \$1.7 billion a year, for skilled nursing care. If you are providing SNF services, now is the time to evaluate current systems and processes to ensure that you have in place structure to provide the more effective and efficient resident care and to maintain reimbursement once it is received. This means that you should conduct an analysis of resource utilization to examine if you are providing care in a manner that is efficient and cost-effective without compromising resident outcome or jeopardizing staff morale and productivity. **The most successful facilities have an aggressive and proactive quality assurance/improvement plan and compliance/ethics program that assists them in identifying areas or risk and developing/implementing responsive action plans. These systems provide added value for the time, resources and money spent. If you need assistance in conducting such an analysis or implementing a proactive & effective QA/QI or Compliance & Ethics program, please let me know.**

