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FYI -- Updates

Date: June 2005



Aim For Success

OIG Report on MDS

In April 2005, the OIG submitted a report on Nursing Facility Performance in Assessing Residents Timely and Submitting Required MDS Records. Overall the report was positive, with the following findings:

- Facilities performed 95 percent of resident assessments on time.
- Facilities submitted 94 percent of resident records to their State MDS databases within the prescribed 31-day timeframe.
- Facilities submitted records for 99.9 percent of residents in Medicare/Medicaid-certified beds, as required.
- However, coding errors by facilities resulted in records for an estimated 1,812 residents in noncertified beds being inappropriately included in the national MDS Repository.

A copy of the full report may be found at <http://www.oig.hhs.gov/oei/reports/oei-06-02-00730.pdf>

MDS Changes – Newest change to the MDS may be found at the CMS website www.cms.hhs.gov/quality/mds20

Changes to QI/QM Reports

The QI Report format is changing. Quality Measures will be provided in the same report as the Quality Indicators. Quality Measures have replaced QI's when their definitions are similar {although they may not be identical}. Some QIs with no equivalent have been retained and not changed. QM/QIs will be re-numbered and have increased from 24 QIs to 35 QM/QIs. **These changes are scheduled to become effective June 19th**

Changes to F-315/316 – Effective June 27th

To date a final copy of the Guidance for F-Tags 315/316 [urinary incontinence/indwelling catheter and prevention of UTIs] has not been posted on the CMS website. An advanced copy may be found at <http://www.cms.hhs.gov/medicaid/survey-cert/letters.asp>

Proposed Changes to PPS Reimbursement – SNFs

In the May 19th Federal Register, CMS published proposed changes to the PPS reimbursement system for SNFs. This years proposed changes not only include proposed rate changes but also include changes to the formulas in with the RUGs groups are calculated. These changes will have a direct impact on Medicare eligibility and make it more difficult for Part A residents to meet the Extensive Service category. Comments may be submitted to CMS until July 12th. A copy of the proposed changes may be found at <http://www.cms.hhs.gov/providers/snfpps/cms-1282-p-display.pdf>

Monthly Review of POS, MARs, and TARs

The process of reviewing the POS, MARs and TARs monthly provides an excellent audit opportunity to ensure that orders are *current* and *accurately transcribed*. Steps in this process include:

1. Compare newly printed POS with previous POS and all physician orders [written, telephone, verbal, etc.] written since the physician signed the last POS. Update as indicated.
2. Compare the newly reviewed POS to the newly printed MARs and TARs. Update MARs and TARs as needed, following facility procedure.
3. If the POS has a designated area to document review of the new POS, sign your name, title and date that the review was completed. Your signature validates the accuracy and completeness of the order sheet, MARs, and TARs at that time.
4. If the POS does not have a designated area to document review of the new POS, sign your name, title and date and write "POS Reviewed".
5. Update POS and MARs and/or TARs with all new orders between when the POS is reviewed and the MD signs.



Facilitating Quality Health Systems Thru Care and Compliance