

## Louisiana Advisor

*Louisiana Advisor is a quarterly notification of policy changes on the MDS related to the case mix reimbursement system*



*Vol 14, Issue 3 - September 2015*

## Web Portal Access Issues

Please call the Myers and Stauffer Help Desk at 800-763-2278 if you have questions relating to accessing the Myers and Stauffer Web Portal. The staff will review the issue and may require that you complete a new User Account Information Form or update your public facing IP address or information that they have on file. They will send you the appropriate form for completion and return. Once IP address changes have been made, the Web Portal should be visible from that public facing IP address. If further issues are encountered please call the Help Desk for assistance.



*MDS Clinical Questions?  
Health Standards (800) 261-1318*

*Documentation  
or Review Questions  
and Medicaid  
CMI Report Questions?  
Myers and Stauffer LC  
(800) 763-2278*



*The Louisiana Advisor is published to keep all interested parties current on Louisiana Case Mix Reimbursement. It is our goal to provide official information on major issues such as:*

- \* Clarifications/changes to the Supportive Documentation Requirements*
- \* Case Mix Review Process*
- \* Policies and Procedures*
- \* Upcoming Training*



# Teleconference Update

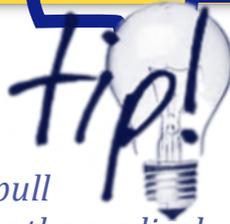
Thanks to all who participated on the July 7th and 8th teleconferences introducing the Supportive Documentation Requirements (SDRs) effective for Assessments with an ARD on or after October 1, 2015.

As a result of provider questions and comments, a revised version of the SDRs, dated August 20, 2015, effective for assessments with an ARD on or after October 1, 2015, is posted to [www.mslc.com/louisiana](http://www.mslc.com/louisiana) and to the provider web portals. To access the revised version, [click here](#).

## The revisions include:

1. Care plans used as supporting documentation must be dated within the quarter **and/or within 14 days** of the assessment ARD and that care plans associated with an admission assessment will be reviewed according to the RAI Manual required completion schedule.
2. Re-wording to clarify requirements for C0200, C0700, D0200.
3. Revision of a bullet in G0100 from "ADL documentation must be communicated to and understood by staff" to ***"The ADL key for self-performance and support provided must be understood by and readily available to staff."***
4. Addition of a bullet to M1200A ***"A facility policy identifying use of pressure reducing/relieving/redistributing mattress on each resident be will be considered sufficient documentation for the bed."***

# Case Mix Review



*It is neither expected nor necessary for a facility to flag or pull documentation in a chart or thinned record before bringing the medical records to the reviewer. Often times, unnecessary records are pulled and the reviewer still has to request additional records. Save yourself some time, simply bring all available medical records for the specified time frame to the reviewer.*

## Louisiana Timeline

*Transmission & Posting Dates for the  
Quarter Ending 9/30/15*

### November

- 01 Cut-off date for MDS transmission of the Preliminary Point In Time Report
- 13 Posting of the Preliminary Point In Time Report

### December

- 01 Cut-off date for MDS transmission of the Final Point In Time Report
- 15 Posting of the Final Point In Time Report

## Reflection

Does your MDS Coordinator worry and stress out when that call comes that your Case Mix Review is scheduled? Here are some simple tips to help alleviate that stress.

**M**ake sure the entire Inter-Disciplinary Team (IDT) knows and follows the current Supportive Documentation Requirements. Print out applicable sections of the RAI Manual and SDRs for the various IDT members.

**D**ocumentation is a facility effort; one or two people cannot do it all. Educate staff on required documentation, explaining the importance of accurate and complete documentation.

**S**elf-review MDSs and supporting documentation on a routine basis and avoid any unpleasant surprises.

**C**urrent information about SDRs, RUG calculation, newsletters, upcoming training and more is always available at [www.mslc.com/louisiana/CaseMix.aspx](http://www.mslc.com/louisiana/CaseMix.aspx).

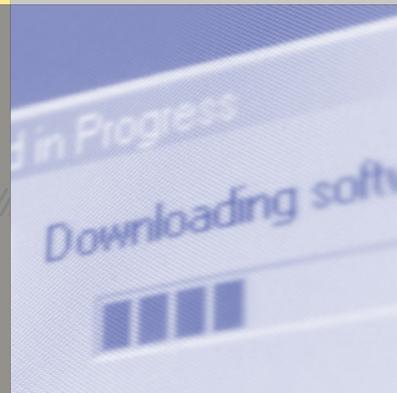
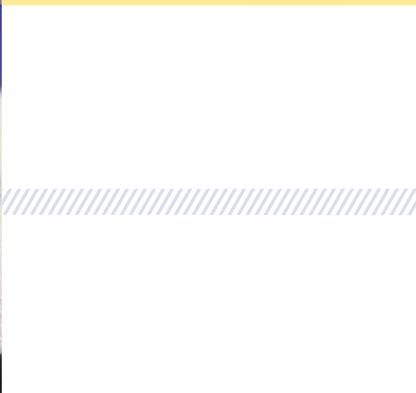
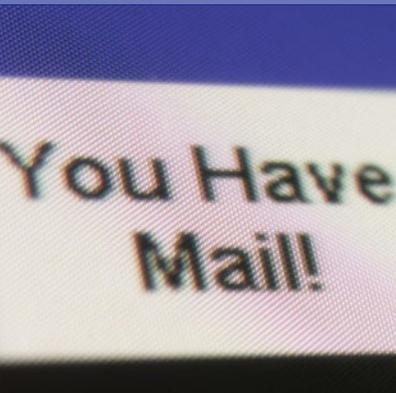
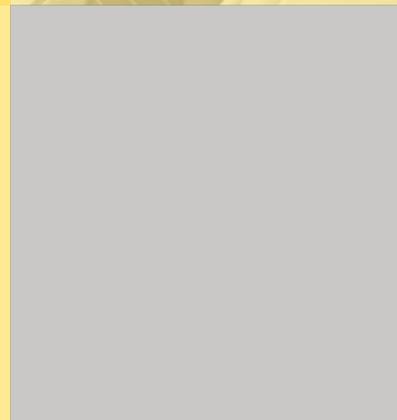
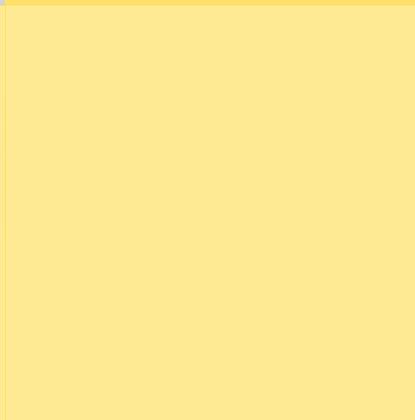
# Steps for Requesting Previous Reports

Variations of the Point in Time Reports are posted to the web portal several times each quarter. These reports are available for approximately **6 months from the posting date**. Please download and save these reports for future reference. To obtain reports that were posted more than 6 months ago, a request will need to be made to Myers and Stauffer asking that the report be re-posted to the web portal.

To request that a previous report be re-posted, simply send an email to [lahelpdesk@mslc.com](mailto:lahelpdesk@mslc.com):

- Specify which report you are requesting (preliminary, final)
- Specify the quarter that you are requesting
- **Do not include ANY PHI in this email request**

**The report(s) will be re-posted to the web portal within 30 days of the request.**



# MDS Section Z

**Z0400: Signatures of Persons Completing the Assessment or Entry/Death Reporting**

**Z0500: Signature of RN Assessment Coordinator Verifying Assessment Completion**

Chapter 3, pages Z6 – Z8 of the RAI Manual provides specific coding instructions for these two items; the following information is taken directly from these pages. As noted on Page Z-6, “The importance of accurately completing and submitting the MDS cannot be over-emphasized.” The MDS is the basis for the development of an individualized care plan, Medicare PPS and the State Medicaid reimbursement program, in addition to several other reporting and monitoring processes.

## Assessment Administration

### **Z0400 Coding instructions**

- “All staff who completed any part of the MDS must enter their signatures, titles, sections or portion(s) of section(s) they completed and the date completed.”
- “If a staff member cannot sign Z0400 on the same day that he or she completed a section or portion of a section, when the staff member signs, use the date the item originally was completed.”
- “Read the Attestation Statement carefully. You are certifying that the information you entered on the MDS, to the best of your knowledge, most accurately reflects the resident’s status. Penalties may be applied for submitting false information.”

### **Z0500 Item rationale**

- “Federal regulation requires the RN assessment coordinator to sign and thereby certify that the assessment is complete.”

### **Z0500 Steps for assessment**

- “Verify that all items on this assessment are complete.”
- “Verify that Item Z0400 contains attestation for all MDS sections.”

### **Z0500 Coding instructions**

- “For Z0500B, use the actual date that the MDS was completed, reviewed and signed as complete by the RN assessment coordinator. This date will generally be later than the date(s) at Z0400, which documents when portions of the assessment information were completed by assessment team members.”
  - ❑ For an Admission assessment, this is the 14<sup>th</sup> calendar day of the resident’s admission (admission date + 13 calendar days).
  - ❑ For all other assessments, this is the ARD + 14 calendar days.

“If for some reason the MDS cannot be signed by the RN assessment coordinator on the date it is completed, the RN assessment coordinator should use the actual date that it is signed.”

## Stay Informed

If you would like to be among the first to receive seminar notifications, newsletters, resources, etc., please send an email to [lahelpdesk@mslc.com](mailto:lahelpdesk@mslc.com) to subscribe to our notification list. When sending your message, please type "**subscribe**" in the subject line. In the body of the message, please include your full name, title, phone number and facility/company name.

As always, MDS coding questions are addressed by your state RAI Coordinator. If you have general questions and/or comments pertaining to our website that you would like to submit to the Myers and Stauffer Help Desk, send us an email at [lahelpdesk@mslc.com](mailto:lahelpdesk@mslc.com). Please be sure to provide all of your contact information to ensure a speedy response.

Remember, **resident information is considered Protected Health Information (PHI)**. Email is not a secure format for communicating this type of sensitive information. Please consult your HIPAA Security Officer for more information. Any question that includes specific resident information, for example, questions relating to the Point in Time Report must be referred by phone to our Help Desk at 800-763-2278.

than staff") that are not equivalent to the MDS/ADL key, will result in the ADL values associated with those keys being unsupported for the review. *An electronic system that "converts" these keys to the MDS/ADL key that is printed with the ADLs for the RN reviewer, does not meet the Supportive Documentation Requirements.*

Any corrections made to ADL values must be part of the legal medical record and meet the *Medical Record Correction for the Case Mix Documentation Review Policy*.



## Dear Vickie...

*The "Dear Vickie..." column is a regular feature in each issue of the Louisiana Advisor. Vickie Rester RN, one of Myers and Stauffer's Senior Health Care Consultants, will discuss questions that are frequently referred to our staff. We welcome your questions for future issues. As always, please refer all coding/regulatory issues to your state RAI Coordinator.*

**Q:** We are implementing electronic ADL documentation; what do we need to know in order to meet the Supportive Documentation Requirements for ADLs?

**A:** The Supportive Documentation Requirements for the late loss ADLs require that the keys for self-performance and support provided must include all the MDS/ADL key options (key of "7" for self-performance is optional) and be equivalent to the intent and definition of the MDS/ADL key. Keep in mind that this applies to either electronic or paper ADL documentation.

As part of the review, the RN Reviewer will ask to look at the actual kiosk or computer being used by staff to enter ADL documentation to verify that the language used is equivalent to the intent and definition of the MDS/ADL key. A computer screen that simply shows a picture of an ADL activity, or uses words or phrases (such as "resident does more



**News From the...**

**State RAI Coordinator**

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628 North 4<sup>th</sup> Street; Baton Rouge, LA 70802, MDS Helpline 1-800-261-1318



## Download New CMS Documents For the 2016 Release of MDS:

CMS has released 3 new documents related to the Oct. 1, **2016**, release of MDS:

- The MDS final 2016 Part A Discharge (End of Stay) (NPE/SPE) item set
- The final MDS 3.0 Sections A and GG
- The final SNF Quality Reporting Program specifications for the quality measures adopted through the FY 2016 final rule

The documents are available from the Downloads section at the bottom of the [CMS SNF Quality Reporting Program Measures and Technical Information website](#).

(Posted 08/2015 – On the Louisiana MDS page at <http://dhh.louisiana.gov/index.cfm/directory/detail/731>)

# More News From the State RAI Coordinator

## Transport Layer Security (TLS) 1.0, 1.1, and 1.2

*Must be active in your web browser in order to access the QIES National Systems, including the new MDS 3.0 Submission System*

CMS is planning to move their web applications encryption standard from TLS 1.0 to TLS 1.2. This would affect all CMS and QTSO websites, and include all web-based applications, such as CASPER, QUMA, QIES Workbench, and MDS Submissions. This will pose an issue for any nursing home provider who may still be running Microsoft Vista, as Vista is not compatible with TLS 1.2 standards.

Follow the steps below to activate TLS 1.0, 1.1, and 1.2. The changes should be made now. **Note:** *You must have administrative rights to your workstation in order to update this value. If you do not have administrative rights, contact your IT support. For more descriptive instructions please see attachment.*

1. Open the Internet Explorer browser.
2. Select "Tools" from the Menu bar.
3. Click on "Internet Options".
4. Select the "Advanced" tab.
5. Underneath "Security", ensure that the box next to "Use TLS 1.0", "Use TSL 1.1", and "Use TLS 1.2 are checked (these should be located near the bottom of the list).
6. Click "Apply".
7. Click "Ok".

**Note:** *Windows Vista does not support the TLS 1.2 security update; therefore, support for Windows Vista will end 9/30/2015. Vista users will need to upgrade to Windows 7.*



## MDS 3.0 CASPER Report Modifications

Beginning Sunday, March 22, 2015 CMS released modifications to two of its CASPER reports, the *MDS 3.0 Missing OBRA Assessment Report* and the *MDS 3.0 Roster Report*. As of this date, these two reports have implemented a 36-month roll-off period for resident information. Prior to this change, both reports had no limitations on how long resident information was displayed.

CMS implemented these changes and felt that showing resident data that exceeded the existing 36-month ARD entry limit was unproductive, since the providers could no longer enter missing discharges or modify existing assessments, whose ARD was outside that time limit. This change is only reflected on the information presented on these two reports and does not change any assessment data in the MDS 3.0 federal database.

## ICD 10: Is Your Facility Ready?

The 10th Revision of the International Classification of Diseases (ICD-10) implementation date is rapidly approaching, but there is still time to get ready.

CMS staff have posted the [ICD-10 Quick Start Guide](#) to help providers get ready for ICD-10 by October 1, 2015 compliance date. The Quick Start Guide outlines 5 steps health care professionals should take to prepare for ICD-10.

General information on ICD-10 is also available on the [ICD-10 web site](#).

## CMS CASPER Quality Measures

*The TMF Quality Innovation Network's video series about the [CMS CASPER Quality Measures](#) is now complete!*

The series consists of individual 15 to 20 minute webinars, with each webinar dedicated to a single quality measure. Providers who don't have a TMF web-site account will need to create one before viewing the videos. Accounts are free and can be obtained by following the instructions on the link above.

While TMF is the CMS Quality Improvement Organization (QIO) for CMS Region 6, anyone may sign up for an account and view these webinars.