

The MDS Mentor

Cheryl Shiffer, BSN, RN, RAC-CT
MDS Clinical Coordinator
Andy Alegria
MDS Automation Coordinator



VOLUME 3, ISSUE 2

JUNE 2010

The MDS Mentor is published in March, June, September, and December each year.

If you have an article, an idea for an article, or would like to give us feedback, please see page 6 for our contact information.

INSIDE THIS ISSUE:

| | |
|--|-----|
| The Correction Form and Section X | 1 |
| Correcting Your MDS | 2 |
| How to Address Validation Warnings | 3 |
| MDS News in Review | 3 |
| Correcting the Hard Copy of MDS | 4 |
| What Needs Sending When Medicaid is Pending? | 4/5 |
| Contact Us/ Websites | 6 |

The Correction Form and Section X

DADS receives a significant number of calls on how to correct MDS. An explanation of the behind-the-scenes technical details related to corrections may help you better understand corrections. It does not matter what software you use, MDS corrections work the same for everyone. Let's look under the hood.

Did you know that in MDS 2.0, the Correction Request Form (sometimes called AT, attestation, etc.) is not a separate form from the MDS? Just like Section A or Section W, every MDS assessment includes the AT items for correction. In most MDS, those AT items are left blank. When you do a correction, those AT items are completed. The AT items that you enter belong only to the MDS that you are fixing, which explains why it does not affect any other MDS assessments for the same resident.

Let's say that you send an MDS for a resident named Andy Alegria, date of birth is 3/19/1958, with an ARD of 6/6/2010. The first time you send the MDS, the AT items are blank. A copy of that MDS is now saved in the state/federal MDS System.

Then you realize that the date of birth was entered incorrectly on that MDS. It is extremely important that the correction be completed in the following order — fill out the AT items, fix the MDS and send it. When the state/federal MDS System sees that the MDS is marked as a modification and looks for an MDS in the database that has the same personal identifiers (i.e., name, date of birth, social security number), reason for assessment, and target date as those shown in the "prior" AT fields, it will find it.

If the MDS System cannot find an MDS with information that matches the "prior" AT fields (for example, because you fixed the date of birth on the MDS before you opened the AT and so the AT entered 3/29/1958 as the



date of birth in the "prior" field), the correction record is rejected and an error is listed in your validation report.

If the MDS System finds a match, it deletes the original MDS you sent and replaces it with the corrected MDS, including the AT items and new date of birth. If you send a second correction, the first correction is deleted out of the database and replaced with the second one.

For an inactivation MDS, the AT is filled out, the MDS is not corrected because it is being deleted, followed by submission to the MDS System. If an MDS with personal identifiers, reason for assessment, and target date matching the "prior" AT items is found, both the original and the correction MDS are deleted, leaving nothing in the database.

By comparison, how will MDS 3.0 corrections work? The AT items have now been given an official name ... Section X. The correction process still works EXACTLY the same. Unique identifiers must still match, modifications cause the new MDS to replace the old MDS, and inactivations cause both the original and the correction MDS to be deleted from the database.

Correcting Your MDS Assessments



We're human and we make mistakes. When you find a mistake in an MDS assessment, you are obligated to correct the error. Correcting MDS is a complex process and issues related to corrections are one of the most common reasons that people contact the Texas Automation and RAI Coordinators. This article will address the top issues that people encounter when making corrections. For the record, the Automation and RAI Coordinators at DADS cannot make changes or corrections to assessments.

You should know up front that facility MDS staff are expected to correct errors in assessments made by previous employees. You can, and should, correct assessments up to three years back when you discover that an error has been made. The most common reasons for correcting past assessments is to submit missing MDS discharges and to correct erroneous resident demographic information such as name spelling, social security number, etc.

Every software product is a little different. Whether your software refers to "correction form", "attestation form", or "modification form", they are all referring to the same thing – the Correction Request Form. If you do not know how to perform a correction in your software, contact the software vendor.

If you find an error in an MDS that you have not yet submitted during the 7-day encoding period, you do not need to complete a correction form. Likewise, if an original assessment is rejected due to errors in the validation report, you do not need to complete a correction form. In both cases, simply fix the errors in the assessment and resend it as if for the first time. If you don't know how to open a record and fix it without using a correction form, contact your software vendor. If you mistakenly create a correction form for an assessment that should not have one, delete the correction form and then follow the instructions above.

Once an assessment has been submitted and accepted on the validation report, even if it is accepted with warnings, you must use a correction form to make any necessary changes to that assessment. You **MUST** fill out the correction form (attestation) first and **THEN** fix any errors in the assessment itself. If not done in that order, the correction form might be rejected by the MDS system. If you get an error on your validation report for a correction that says "No match

found", then the correction was done in the wrong order. You will need to delete the correction form, change the assessment back to the original incorrect data, and start the process over.

You can send as many corrections as needed. If you discover another error in an assessment that you have already corrected, even if the error was made during a previous correction, just complete another correction form. Item ATI in the correction form goes up every time you send a new correction form. For example, if you are sending the third correction form for a particular assessment, item ATI will be 3. If a mistake was made on the correction form itself, you can submit a new, updated correction form with a higher ATI (without making any changes to the MDS itself).

There are two MDS items that **CANNOT** be fixed through a modification with a correction form in MDS 2.0. If there is a mistake in item AA8a or b, Reason for Assessment, then you must inactivate the assessment, fix the error, and resend it as if for the first time. If there is a mistake in the Submission Requirement (see RAI Manual page 5-1) then you must complete the Sub MDS Sub_Req Correction Request form (www.dads.state.tx.us/providers/MDS/library/) and mail it to the MDS Automation Coordinator at DADS.

The MDS 3.0 correction form, now called Section X, does not change much. The MDS 2.0 "prior" items still exist in MDS 3.0, they just aren't labeled "prior". ATI still exists, but is now item X0800. The biggest change with MDS 3.0 is that you can correct item A0310: Type of Assessment with a modification instead of inactivating and resending. With MDS 3.0, usually MDS will only be inactivated if the event did not occur (MDS 3.0 RAI Manual, page X-11).

This article has covered the most common issues and questions regarding MDS corrections. This is, by no means, a comprehensive explanation of MDS Corrections. Please refer to RAI Manual Chapter 5 and to the MDS Correction Policy Provider Instructions Manual on <https://www.qtso.com/download/mds/PrMn1002.pdf> for more information about MDS corrections. Mistakes in MDS assessments are inevitable, but understanding the MDS correction policies and procedures will save you valuable time when fixing those errors.



"Change starts when someone sees the next step."

- William Drayton



How to address validation warnings

Validation reports tell you important information about the MDS assessments that you submit. MDS with errors, shown as “rejected” on the validation report, must be fixed and resent in order to be accepted. Ensure that you resend a rejected MDS just as you would an original MDS. If you attach a Correction Request Form (attestation) to a rejected MDS, it will cause another rejection. Since the MDS was initially rejected by the MDS database, there is no MDS in the MDS database to modify. Also, just because an MDS is “accepted” does not mean that it is an accurate, complete assessment. Most of the warnings on your validation reports indicate the need for a review of the MDS to determine the appropriate remedy.

Which warnings require a necessary correction? MDS with warnings that identify inconsistent item values should always be corrected. Examples include -65 “Inconsistent ABI date” and -399 “Inconsistent NPI.”

Warnings that identify inconsistent sequence or resident updated should be verified and corrected if inaccurate. Warning -71 “Inconsistent record sequence” might be caused by an incor-

rect date while -81 “Resident information updated” might be caused if the resident name or birth date does not match the previous MDS for that resident. Warnings -71, -72, -81, and -82 should be researched to confirm accurate data, and require correction if the data in any MDS is inaccurate.

Some MDS warnings do not require a correction to the MDS itself but suggest that your MDS procedures or software settings need to be updated. Warnings indicating a late date or late assessment imply that your facility’s procedure for completing MDS assessments should be updated to prevent future dates or assessments from being late. Warnings about missing values and incorrect RUGs indicate incorrect software settings that should be fixed. Examples include -21 “Facility city missing” and -307 “Incorrect RUG value.” Your software vendor should be able to help you fix missing values and incorrect RUGs. Further RUG setting help can be obtained by contacting the Texas MDS automation coordinator (contact information last page).

Note that MDS 3.0 warnings will be different but the theory is still the same.



Knock knock.

Who’s there?

Woodchuck.

Woodchuck who?

Woodchuck correct those MDS, please?

Better data quality helps both you and researchers who use your data.

MDS News in Review

- On February 21, the ability to sign up for a personal logon was removed from the CMS MDS website. All CMS MDS user accounts must now be added and removed with paperwork obtained from www.qtso.com. Did you forget your password, or get locked out of MDS or CASPER? Go to the CMS MDS website and click on QIES User Maintenance to reset your password.
- In March, Cheryl Shiffer attended the MDS 3.0 RAI Coordinator training in Baltimore.
- In April, public organizations attended the MDS 3.0 Stakeholder Conference in Baltimore to prepare them for giving training to facilities.
- In April, CMS posted the following materials on the CMS MDS 3.0 website: an ADL decision flowchart, Q&A from the March MDS 3.0 RAI Coordinator training, and MDS3.0 Item Subsets VI.00.2.
- In May and June, CMS posted newer versions of the original MDS 3.0 documents..
- MDS 3.0 is still scheduled for implementation on October 1, 2010.
- The September 2010 issue of *The MDS Mentor* will be devoted to MDS 3.0.



“O’er the land of the free and the home of the brave!”

Correcting the Hard Copy of MDS

If you have read this issue from the beginning, by now you have mastered the Correction Request Form (AT) and know when to use it to modify the MDS and when to use it to inactivate the MDS. Next, we will cover how to correct the hard copy of the MDS in the clinical record once the AT has been successfully submitted.

First, print out the completed Correction Request Form. There is no requirement, and no need, to print out the MDS that was corrected by the AT. Simply attach the completed Correction Request Form to the hard copy of the original MDS form in the clinical record.

When staff print the Correction Request Form, a common question regarding item AT5 occurs because the form indicates "RN Coordinator Attestation of Completion." Although that is the wording on the form, the requirement is always to follow the CMS instruction manual and not the form. The CMS instructions, page 3-10, notes to "Enter the name of the facility staff attesting to the completion and accuracy of the corrected information." There is no requirement that the person who completes AT5 be a RN.

Once the Correction Request Form is attached, facility staff must correct the original MDS form using the standard procedure for correcting a medical record. (CMS instructions, page 1-16). Standard procedures include clearly indicating the

item(s) that have been changed, clearly indicating the corrected value(s), clearly indicating the date of the change(s) and including either the signature or initials (according to facility policy) of the person making the change(s).

The CMS instructions, page 1-16, mandate that the Correction Request Form and the attached corrected MDS must be maintained in the resident's active clinical record for 15 months.

In addition, the CMS instructions note "it is expected that a Correction Request Form will be completed within 14 days of error detection." To ensure this timeframe is met, the instructions continue "Documentation must be included in the resident's clinical record indicating the date(s) that error(s) were detected." (Page 1-8). As with all MDS forms, completed correction requests must be submitted within 31 days of completion.

All references to the CMS instructions in this article refer to the *Provider Instructions for Making Automated Corrections Using the MDS Correction Request Form*, dated October 2002. This manual is available for download at the following link: <https://www.qtso.com/download/mds/PrMn1002.pdf>

Chapter 5, page 5-10, of the MDS 3.0 RAI Manual indicates that correcting hard copies of MDS under MDS 3.0 will be similar to the process for MDS 2.0. Be aware that the revised MDS 3.0, Chapter 5, has not been posted as of 6/23/10.

Keep checking!!!

http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp#TopOfPage

For updates to the MDS 3.0 RAI User's Manual

What Needs Sending When Medicaid is Pending?

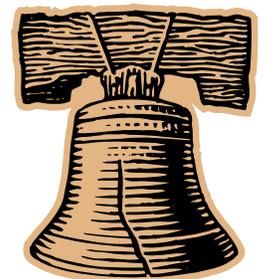
Understanding Nursing Facility (NF) responsibilities when a Medicare (only), Private Pay, or Community-based Medicaid recipient applies for the Texas Nursing Facility Medicaid Program after admission to a Texas NF is an area that generates many questions. TMHP and state MDS staff collaborated to develop an MDS web alert and a TMHP News Bulletin. In case you missed it, it is being reprinted here.

1. Communication: It is extremely important that NF staff is aware when a resident and/or their representatives intend to apply for the Texas NF Medicaid Program. At admission, anyone who is currently not a recipient of the Texas NF Medicaid Program should be informed which NF staff member they should notify when an application for the Texas NF Medicaid Program is being considered and should be asked to notify the NF staff member as soon as they know the date they intend to apply. The NF staff member who receives this

information must ensure that the business office and MDS staff are also aware of the pending application.

2. As soon as the NF facility becomes aware of an application being submitted, NF staff should consider completing Department of Aging and Disability Services (DADS) Form 3618 and submit it to the TMHP Long Term Care (LTC) Online Portal. The completion of DADS Form 3618 differs based on the type of admission.

* For residents admitting from Private Pay, DADS Form 3618 should indicate admission from Private Pay. The Date of Above Transaction will be the first day of the month in which the application was filed. There is a second field in which the physical admission date is indicated. After receipt of DADS Form 3618, be aware that TMHP has an extraction process that automatically selects an MDS for possible use in submitting the Long Term Care Medicaid Information (LTCMI) form.



This Article Continues on Page 5

What Needs Sending When Medicaid is Pending? (Con't)



Corrections to Make
and More Forms to Be
Done

An MDS
Coordinator's Job
Is Never Done!



????

Any **MDS** questions regarding these procedures can be directed to your MDS state staff (see page 6).

Any **LTCMI** or **payment** questions regarding these procedures can be directed to TMHP at 1-800-626-4117, Option 1.

????

TMHP will extract the MDS in the MDS database that has the closest date to the date on the DADS Form 3618, (with or without the "+" in item AA7), as long as the SSN matches on both forms. Facility staff is ultimately responsible to determine the OBRA MDS for which they want to submit the LTCMI.

* For residents admitting from Medicare and applying for Medicaid, the DADS Form 3618 Date of Above Transaction will be the admission until the client also meets Medicaid qualifications, but DADS Form 3618 date should indicate the change in classification from Medicare to Medicaid. The Form 3618 cannot be completed until the client is discharged from Medicare and considered pending Medicaid. After receipt of DADS Form 3618, be aware that TMHP has an extraction process that automatically selects an MDS for possible use in submitting the Long Term Care Medicaid Information (LTCMI) form. TMHP will extract the MDS in the MDS database that has the closest date to the date on the DADS Form 3618, (with or without the "+" in item AA7), as long as the SSN matches on both forms. Facility staff is ultimately responsible to determine the OBRA MDS for which they want to submit the LTCMI.

* For residents admitting from a Community-based Medicaid into a facility, the DADS Form 3618 Date of Above Transaction will be the admission date into the facility (not the first day of the month of the application). Payment will not begin until the client also meets Medicaid qualifications, but the date should indicate the actual admission into the facility. There is no additional extraction for admission from home.

3. As soon as the NF facility becomes aware of an application being submitted, the NF MDS coordinator should: Find the Omnibus Budget Reconciliation Act (OBRA) MDS (AA8a=1,2,3,4,5 or 10) that is not greater than 92 days old that was accepted into the MDS database. Because facilities are not always informed in advance when a Medicaid application is submitted; it is recommended that you select the oldest MDS in the MDS database that is not more than 92 days old. For example, on 6/01/10, there are 3 OBRA MDS assessments for a resident pending Medicaid – an Admission dated 1/24/10, a quarterly dated 4/24/10 and a Significant Change in Status dated 5/27/10. The oldest MDS that is not greater than 92 days old would be the quarterly dated 4/24/10. Modify the selected MDS so that item AA7 contains a "+" in the very first box to indicate that Medicaid is pending. Verify that the

correct Social Security Number (SSN) is entered in item AA5a on the MDS. During final processing, the SSN on the MDS must match the SSN certified by Medicaid. If AA5a is incorrect, modify that item on the MDS. A modified MDS must be transmitted to the MDS database.

4. LTCMI submission and Medicaid approval:
* Once the OBRA MDS and DADS Form 3618 have both been received on the LTC Online Portal, the NF staff responsible for completion of the LTCMI form should immediately complete it and submit it on the LTC Online Portal so that the TMHP nurses can begin the Medical Necessity (MN) determination required as part of the Medicaid application process. Facility staff must monitor the status of the LTCMI after submission to ensure that any requests for additional information are acted upon in a timely manner and for the MN status. If MN is not approved, the Medicaid caseworker for the resident's application is informed and the application is denied. If MN is approved, the Medicaid caseworker continues to evaluate the Medicaid application to ensure that financial and other regulatory requirements are met. If so, the application for the Texas NF Medicaid Program is approved.

* Any required OBRA MDS completed while Medicaid is pending should contain the "+" in item AA7 (the only exception would be MDS extracted by TMHP without the "+" in AA7) to indicate that Medicaid is still pending and must have an LTCMI submitted to the LTC Online Portal in a timely manner. In the example from item 3, two OBRA MDS were listed that were not more than 92 days old, one dated 4/24/10 and one dated 5/27/10. If the one dated 4/24/10 was selected, the MDS dated 5/27/10 should also have an LTCMI submitted, as well as any subsequent MDS completed prior to Medicaid approval or disapproval.

* Once Medicaid for the NF Program is approved, future OBRA MDS assessments should contain the actual Medicaid number in item AA7. In Texas, it is not necessary to go back and correct any prior OBRA MDS that had a "+" to replace it with the Medicaid number that is later provided. If Medicaid for the NF Program is NOT approved, future OBRA MDS assessments should contain an "N" in the very first block of AA7. In Texas, it is not necessary to go back and correct any prior OBRA MDS that had a "+" to replace it with an "N" if Medicaid is not approved.

Cheryl Shiffer, BSN, RN, RAC-CT
MDS Clinical Coordinator
11307 Roszell Street, Room 1310
San Antonio, TX 78217
Mail Code: 279-4
Phone: 210.619.8010
Fax: 210.619.8100 (Shared Fax-Call First)
E-Mail: cheryl.shiffer@dads.state.tx.us



Andy Alegria
MDS Automation Coordinator
P.O. Box 149030
Austin, TX 78714-9030
Mail Code E-345
Phone: 512.438.2396
Fax: 512.438.4286 (Shared Fax-Call First)
E-Mail: andy.alegria@dads.state.tx.us

Useful Web Links



DADS MDS Web Site: Texas MDS site for MDS policy, procedures, clinical and technical information (including The MDS Mentor).

<http://www.dads.state.tx.us/providers/MDS/>



Centers for Medicare & Medicaid Services (CMS) MDS Web Site: MDS 2.0 Highlights, MDS/RAI Manual with updates and a link to MDS 3.0.

http://www.cms.gov/NursingHomeQualityInits/20_NHQIMDS20.asp



CMS MDS Training Web Site: MDS computer-based training (CBT).

<http://www.mdstraining.org/upfront/u1.asp>



QIES TECHNICAL SUPPORT OFFICE (QTSO): MDS 2.0/3.0, RAVEN and AT&T Client Software information. Validation Report Messages, Guides, Training and DAVE/DAVE 2 Tip sheets.

<https://www.qtso.com/>



Quality Reporting System (QRS): DADS information site on Texas nursing homes.

<http://facilityquality.dads.state.tx.us/>



Nursing Home Compare: CMS site that compares nursing homes in a given area.

<http://www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteria.asp>



5 Star Technical Manual: Explains data used to create the 5 Star Report.

http://www.cms.gov/CertificationandCompliance/13_FSQRS.asp#TopOfPage



Sign up for E-mail Updates: Go to <http://www.dads.state.tx.us/>



TILES to RUGS: This site has the case-mix index set, rates, forms, PASARR screening instructions, provider letters, etc.

<http://www.dads.state.tx.us/providers/TILEStoRUGS/>

