



POLARIS PULSE®

A Bi-monthly Informational Bulletin Brought To You By Polaris Group

CMS Renames the Medicare/Medicaid Provider Number

Centers for Medicare & Medicaid Services Certification Number (CCN)

By law, the NPI (National Provider Identifier) will become the only acceptable provider identifier on Health Insurance Portability and Accountability Act (HIPAA) Standard Transactions such as claims, remittance advice, eligibility inquiries, prior authorization & referral, and claim status.

The Medicare/Medicaid Provider Number (also known as the Online Survey, Certification, and Reporting (OSCAR) Number; Medicare Identification Number; or Provider Number) will continue to be issued to certified providers and will be used to verify Medicare/Medicaid certification on all survey and certification and resident assessment transactions (MDS, OASIS, etc.). In an effort to avoid confusion with the NPI, the Medicare/Medicaid Provider Number has been renamed the *Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN)* and will be known as the CCN. All applicable forms, data entry fields, systems, and manuals are being revised to reflect this new name and the role of the CCN versus the NPI. For some activities, both numbers will be required.

This policy does not apply to the Clinical Laboratory Improvement Amendments (CLIA) Number which will continue to be used as it has been.

Source: March 2, 2007 Survey & Certification Letter S&C0716 – Clarification of Provider Number Nomenclature

**MDS 2.0 RAI User's Manual
Revisions
Effective March 1, 2007**

The revisions to the MDS 2.0 User's Manual are primarily edits and do not substantially alter coding guidelines at any section of the MDS. Below is an overview of the March 2007 revisions:

Chapter 3

Section H3a, page 3-124:

Revise the definition of "Any Scheduled Toileting Plan" by adding the words shown: A plan for bowel and/or bladder elimination whereby staff members at scheduled times each day either take the resident to the toilet room, or give the resident a urinal, or remind the resident to go to the toilet. Includes bowel habit training and/or prompted voiding.

Section P1ac, page 3-82:

Delete the words "or biological (e.g., contrast material)" from the following sentence: Includes any drug or biological (e.g., contrast material) given by intravenous push or drip through a central or peripheral port.

Section W2b, page 3-243:

After number 6, add: If none of the above reasons apply, enter a dash (-).

Section W3b, page 3-246:

After number 3, add: If none of the above reasons apply, enter a dash (-).

Chapter 5

Section 5.6, page 5-7:

Detailed instructions concerning completion of the Correction Request form and examples of the correction process are included in the final Provider Instructions for Making Automated Corrections Using the New MDS Correction Request Form (March September, 2000), which may be accessed at either:

<http://www.qtso.com/download/mds/prMn1002.pdf>.
Or http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp

For more information, please contact your Polaris Group representative.

Chapter 6

Change all references in chapter from “nursing facility” to “nursing home” and “nursing facilities” to “nursing homes”.

Section 6.5, page 6.8:

Delete the “NOTE” at the end of Section 6.5: NOTE: These certification statements have no correlation to requirements specifically related to the plan of treatment for therapy that is required for purposes of coverage.

Section 6.6, page 6-14:

Change the first sentence as follows: Rehabilitation therapy is any combination of the disciplines of physical therapy, occupational therapy, or speech therapy language pathology.

Appendix

Appendix B, pages B-2 through B-4:

Update contact information for MDS RAI Coordinators for the following states: Alaska, Georgia, Hawaii, Idaho, Illinois, Indiana, Kentucky, Maryland, Minnesota, Missouri, North Carolina, North Dakota, New Mexico, Nevada, New York, Puerto Rico, Vermont, Virginia, Wisconsin, and West Virginia.

Appendix B, pages B-5 through B-7:

Update contact information for MDS RAI Automation Coordinators for the following states: Alaska, California, Colorado, and South Dakota.

Appendix B, page B-8:

Update contact information for Region V.

Appendix B, page B-9:

Move three lines from B-8 to B-9 to keep Region VI information on one page.

The full March 2007 revisions are available at: <http://www.cms.hhs.gov/NursingHomeQualityInits/downloads/MDS20Update200703.pdf>

STRIVE Time Study

STRIVE stands for **Staff Time and Resource Intensity Verification**. This is a national staff time measurement study that will provide data and analysis to update the Medicare Skilled Nursing Facility Prospective Payment System (SNF PPS).

This study is sponsored by the Centers for Medicare & Medicaid Services (CMS) and is being conducted by the Iowa Foundation for Medical Care of West Des

Moines, Iowa.

The purpose of this study is to determine the amount of time that nursing home staff spend caring for residents, as well as other elements of resident care. The study purpose is to collect information that reflects current care practices.

This is the first national nursing home time study undertaken in the U.S. since 1997. Industry utilization and practice patterns have changed over the years and impacted the resources required to treat patients. However, CMS has not recalibrated the RUG-III case mix weights since that time. CMS will use the current time study to update the earlier studies and to recalibrate the RUG-III case mix weights based on the study results. Then, the RUG-III system will reflect current care protocols and resource needs.

A critical component of the STRIVE study is an accurate assessment of each resident which coincides with the time data collection. The STRIVE MDS is the resident characteristics baseline. This assessment is based on the MDS 2.0 with approximately one-third of the items excluded.

STRIVE Addendum

The Addendum consists of additional items which may enhance the RUG III classification system. The primary use of the data collected on the STRIVE addendum is to directly support the time study data analysis. However, CMS is using the opportunity to collect resident level clinical data during the STRIVE study to assist with several important CMS initiatives.

The specific uses of the STRIVE addendum data include:

Resource Use Prediction

The addendum clinical information will be analyzed to determine whether these items are helpful in predicting resource use. Collecting and analyzing these additional clinical items will enable CMS to:

- Address concerns that the industry has with some of the current MDS 2.0 items
- Revisit the performance of some current MDS items. Error rates for some of the MDS 2.0 items are high; some experts suggest that the addendum items may perform more accurately as resource use predictors
- Assess some proposed MDS 3.0 items

Quality Measure Refinements

In addition to analyzing their usefulness as resource predictors, the new pain and pressure ulcer items are being collected to assess if they enable better quality

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measurement.

Post Acute Care Reform

The hip and knee replacement questions are being collected to help CMS gather data that may prove useful in Post Acute Care payment reform research. There are CMS research efforts underway to create a more seamless system for payment and delivery of post acute care.

New Freedom Initiative

The “New Freedom” initiative hopes to identify nursing home residents (via the MDS) that want to be moved from long term care into the community. Because the existing MDS items don't enable that identification, CMS has drafted new "discharge potential" items that they'd like added to the MDS for this purpose. The STRIVE addendum is an opportunity to test these items for validity (i.e., ease of use, inter-rater reliability).

States Scheduled for STRIVE Study in 2007:

- Washington D. C. – Jan-Feb '07
 - Illinois – Mar-May '07
 - Louisiana – Mar-May '07
 - Michigan – Late Spring '07
 - Nevada – Jan-Mar '07
 - Virginia – Feb-Apr '07

The number of facilities included in the study varies state to state.

SOLUTION CENTER Q&A

“Where No Question Goes Unanswered”

- Q. Is it OK if a SNF issues the Medicare Advantage version of the Expedited Determination form rather than the SNF Fee-for-Services version of the form?
- A. Instructions for Expedited Determination Notice (“The Generic Notice” CMS-10123) requires that the OMB (Office of Management and Budget) control number must be displayed on the notice provided. The OMB number is different for the two notices and the language contained in each is notice is not exactly the same. Issuing the Medicare Advantage version of the notice can result in an “invalid notice” determination by the QIO.

TELECONFERENCE TRAININGS

Polaris Group is pleased to present the following **CEU approved** teleconference trainings

Live Teleconference Trainings

<u>Topic</u>	<u>Date</u>
Pressure Ulcer Management	3/15
Culture Change Movement	3/20
Pharmacy Rules Review	3/21
Pain Management	3/22
New-Quality Indicator Survey (QIS)	3/27
Taming the Care Plan Monster	3/28
Fall Management	3/29
Medicare Basics	4/4
UB04	4/10
Medicare Basics Nursing Document.	4/11
ADR Part One	4/12
No Pays Bills	4/17
ADR Part Two	4/19
New Pharmacy Rules	4/24
ABNs and Generic Notices	4/25
ICD-9 Coding	4/26
Therapy In's and Out's of Medicare	4/27

Please join us in our Teleconferences .

*For further information regarding these seminars, please contact the Seminar Department at: 800-275-6252 ext. 233
Or register at: www.polaris-group.com*



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