

# NASPAC

*National Association of Subacute and Post Acute Care*

Honorable Lyle Williams, *Executive Director*

Date: 5/23/2003

## **Formal General Comments from NASPAC Board of Directors**

for Town Hall Meeting on 6/2/2003 at CMS, 7500 Security Blvd., Baltimore, MD 21244

### **TOPIC: Refinement of the MDS, version 3.0**

On behalf of NASPAC, thank you for the opportunity to comment and hopefully collaborate on the proposed revisions to the Minimum Data Set, version 3.0.

Our constituents and members — those who assess residents and complete the instrument, those owners and operators who are benchmarked and paid based on it's completion, those who provide services and supplies to facilities — they are providing us, daily, with both specific and general comments, suggestions, clinical and cost analysis regarding this revision. Formal and detailed comments for your review are still being discussed and compiled.

There are a few repetitive themes we are hearing that we hope serve as guiding principles for change. We all recognize the industry has changed dramatically in the last 15 years, since OBRA of 1987. Standards of care, length of stays, age of residents, health status, cost of care, payer sources, and payment systems are all shifting.

Together, we need to ensure that any revision or refinement of the base document that feeds all other systems (the MDS) truly reflects current industry care standards and practices. We should change and update coding that is clinically out of date — and only capture clinically relevant information. To retain coding only because it is tied to the current payment system defeats the purpose of the instrument and the instrument loses significant clinical value.

Secondly, facility costs and cost centers, because of the aforementioned reasons, have increased, shifted, and realigned dramatically. These shifts will hopefully be recognized by the mandated refinements to the payment system. As part of the MDS revision process, we need to identify those cost areas and to ensure that elements captured on the revised MDS are reflective of care delivered and the cost of that care in today's world, rather than 15 years ago.

The recently released Health Care Industry Market Update for Nursing Facilities presents an unhealthy financial picture for our industry. If the MDS assessment is to remain the linchpin of the payment system, we need to be careful to establish linkages that are not subject to wide variations in reimbursement for residents receiving the same care, same rehabilitation, and incurring the same cost, but with different assessment approaches. Today, it is not only difficult to obtain the additional funding authorized by Congress under BBRA and BIPA because of the skewed case mix index, but reimbursement ranges currently exist of over \$1,000 for a 14-day period. For example, this may occur just by choosing one Assessment reference date over another or by inaccurate ADL coding. Curbing these issues as we redesign and refine the MDS will help stabilize our industry.

Lastly, a universal goal of us all, to reduce the paperwork burden.

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On behalf of the Board of Directors of NASPAC, we hope to continue to collaborate with you on the refinement of the MDS and will share the valuable comments of our membership as our comments and analysis of the initial refinements is being compiled.

Board Spokesperson: Diane Brown

If there are any questions, please call Diane at 888-669-8123 or email: [dbrown@mds2.com](mailto:dbrown@mds2.com)