

## MDS COMPLIANCE & REIMBURSEMENT REPORT

Community:

Date Notified:

Date(s) of Visit:

through

Prepared by:

Goals of Site Visit or Review:

1.

2.

3.

4.

5.

Conduct the initial visit with ED/Administrator:

Yes

No

If no, conducted the initial visit with their designee

Yes

No

Conducted the exit visit with ED/Administrator:

Yes

No

If no, conducted the initial visit with their designee

Yes

No

NA not an onsite visit

# COMPLIANCE & REIMBURSEMENT

Site Visit   
  Training   
  Remote Review

Heading/Description	Yes	No	NA	%	Record ID(s)
<b>Eligibility</b>					
1. 3 Day Qualifying Hospital Stay (QHS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2. CWF Verification PRIOR to admit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3. MSP Questionnaire complete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
4. Treatment related to QHS or something that arose during skilled stay in SNF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
5. Appropriate use of Skilled Therapy Needs Assessment to for new evals and tx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Certification/Recertification</b>					
1. Timely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2. Applicable disciplines are separate/distinct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3. Describes skilled care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
4. Estimated days complete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
5. Post SNF home care complete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
6. Scanned appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Diagnoses</b>					
1. Entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2. Principal and Ranking supported	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3. Active vs. Inactive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
4. Therapy treatment codes for A and B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
5. Therapy Specific Dx Sheet Med B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Diagnosis COMMENTS:					
<b>Minimum Data Set Audit</b>					
1. ARD set timely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2. Appropriate use of grace days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3. ARD Report matches MDS ARD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
4. Interviews Timely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Heading/Description	Yes	No	NA	%	Record ID(s)
a) BIMS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
b) PHQ9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
c) Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
5. Accuracy and supported by medical record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
6. Nursing triggers supported	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
7. Modifications/Activations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
8. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
MDS COMMENTS:					
Submission and Validation					
1. Timely transmission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2. Warnings appropriately evaluated w/action taken as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
MDS Logic Verification					
1. Verify 1 <sup>st</sup> and final submission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2. Proper use of Data Integrity Audit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Care Plans					
1. Baseline Care Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
a) Timely completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
b) IDT involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
c) Signed/dated/scanned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2. Comprehensive Care Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
a) Timely completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
b) Person Centered choices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
c) Advance directives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
d) Refusals evident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
e) IDT approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
f) Discharge plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
g) Accurately reflects current care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Heading/Description	Yes	No	NA	%	Record ID(s)
<b>Liability Notices and QIO</b>					
1. NOMNC present as needed and valid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2. ABN present as needed and valid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3. If not needed, SS note explains why	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
4. QIO Appeals - clear process and outcomes reported on claim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Notice COMMENTS:					
<b>Nursing Narrative Notes</b>					
1. Special Instructions accurate and include all elements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2. Completed Twice daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3. Content appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Narrative Notes COMMENTS:					
<b>Meetings</b>					
1. Daily PPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2. Weekly Medicare/Managed Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
• Weekly Skilled IDT Note	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3. Weekly Medicare Part B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
4. Case Mix Meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
5. Care Plan Meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Meetings COMMENTS:					
<b>Therapy</b>					
1. ARD reports timely and signed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2. Appropriate Use of Request for Therapy Order Form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3. Appropriate use of Graduation Form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
4. Screens scanned as applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Heading/Description	Yes	No	NA	%	Record ID(s)
<b>Triple Check</b>					
Pre-meeting Items Audited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
COMMENTS:					
Group Meeting Items Audited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
COMMENTS:					
Signed Appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Triple Check COMMENTS:					
<b>Benefits Exhaust</b>					
1. Accurate report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2. Submitted timely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
BE COMMENTS:					
<b>Additional Review(s)</b>					
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Visit Summary:

Action Plan Attached:

Yes

No

Action Plan:

Use SMART Plan Format for any identified action plans:  
(Specific, Measureable, Achievable, Relevant, Timebound)