

Australian Government Department of Veterans' Affairs

Community Nursing Providers

Minimum Data Set Collection Tool Process

Quick Reference Guide

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Introduction

DVA requires CN providers to submit data on all the community nursing services delivered to a client. This data is referred to as the Minimum Data Set (MDS).

The MDS is used by DVA to monitor the appropriateness of the provision of community nursing services and ensure that a client receives quality health outcomes. The MDS collects information on:

- Claim Details:
 - client's name, file number and claim start date; and
 - item numbers claimed.
- Staffing Resources Used (in the 28-day day claim period):
 - o level of personnel delivering community nursing services to the client; and
 - visits/occurrences and hours of care provided by each level of personnel delivering community nursing services.

The MDS data is collected at the level of the individual client receiving community nursing services.

A CN provider must complete the MDS for every 28-day claim period that it delivers community nursing services to a client.

1 Why does DVA require MDS data?

DVA uses MDS data to:

- monitor the appropriateness of the provision of community nursing services;
- substantiate community nursing claims;
- ensure that a client receives quality health outcomes; and
- assist in research into program development (for example, MDS data was used in the development of the current Schedule of Item Numbers and Fees).

2 What item numbers require MDS?

All item numbers except nursing consumables (NC10 – NC70), Travel (NA10) and CVC Initial and Subsequent Care Coordination (UP05-UP06) require MDS.

3 Recording MDS when an RN provides both clinical and personal care

In instances where an RN/EN delivers both clinical and personal in the same visit and a CN provider claims a core and add-on item, each component of the care delivered must be counted and recorded in the MDS as a separate occurrence. There is possibility in one visit there may be multiple occurrences of services being delivered, e.g.:

- clinical care (core item);
- personal care (opposing schedule add-on); and
- palliative care (Other Itemsadd-on).

or vice versa:

- personal care (core item);
- clinical care (opposing schedule add-on); and
- palliative care (Other Items add-on).

4 Submitting MDS data

MDS data must be submitted at end of each 28-day claim period either:

- online to Services Australia (Medicare) as part of the Medicare claim (preferred); or
- manually by secure email to DVA, using the MDS Collection Tool.

If the CN provider has multiple sites with multiple provider numbers, each site must submit its own MDS data.

5 Online

CN providers are able to lodge claims for payment and MDS through Medicare's <u>online claiming</u>, this is the preferred method for claiming and submitting MDS. CN providers who use online claiming to submit their claims include the MDS along with their submission.

6 Manual

The MDS Collection Tool is an Excel spreadsheet that is used to collect MDS Data manually. If MDS data is not submitted in the format used by the MDS Collection Tool, or is incomplete, it will be returned to the CN provider for correction and resubmission.

7 The MDS Collection Tool Process

Step 1: Open the MDS Collection Tool.

Step 2: Once the MDS Collection Tool is open, save the MDS Collection Tool on your computer using your CN provider name* and the date that you commence completing it.

For example: If your provider name is "Tower Nursing Services", and the MDS is completed on 1 November 2014, you would name the file as follows.

Eile name:	Tower Nursing Services 01112014	-	<u>S</u> ave
Save as <u>t</u> ype:	Microsoft Office Excel Workbook	•	Cancel

Note: There is a 35 character limit for MDS file names (including spaces). Please ensure each file name complies with the limit.

Once you have saved the MDS Collection Tool you can enter data.

8 Entering Information

The MDS Co	llection Tool is	pictured below	<i>ı</i> :									
DVA Com	munity Nurs	ing - Minimu	m Da	ata Set (M	DS)				Email	to: mds(@dva.g	jov.au
Provider Name Site Name Provider No.								NT: Plea ion to coj		not drag	down	
Contact Name Phone No.]			info rov	ormati v has l	ates mis on. Text been con	will b nplete	e BLACK d.	when	
	Cla	im Details			Sta	ffing Re	SOULC	es (Total	s for 2	8 day Cl	aim Pe	eriod)
Veteran File No.	Veteran Surname	ltem Type	ltem No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	NSS Hours

First, the following sections that need to be completed are:

• Provider Details;

- Claim Details; and
- Staffing Resources Used.

9 **Provider Details**

DVA Com	munity Nurs	ing - Minimu	m Da	ata Set (MI	DS)		Emai	l to: mds	@dva.gov	.au
Provider Name										_
Site Name						IMPORTANT:		not drag	j down	
Provider No.						information to	copy.			
						RED indicates]
Contact Name						information.			when	
Phone No.						row has been	complete	ed.		
	Cla	im Details			Staffi	ng Resources (T	otals for	28 day C	laim Peri	od)

The Provider Details section collects information which allows DVA to:

- identify the CN provider and site submitting the data;
- seek further information (if required) from the CN provider's MDS contact officer; and
- return data for resubmission if necessary.

10 Information required for Provider Details

Provider Business Name

• This field requires you to enter your Provider Business Name as it appears on your DVA Community Nursing Agreement, however in some cases you may need to shorten the length to comply with the 35 character limit (including spaces).

Site Name (if applicable)

• If CN providers have more than one site, enter the name of the relevant site, otherwise leave this field empty.

Provider Number

• Enter the CN provider number for the site.

Contact name

• Enter the name of the person who can assist with questions about the completed MDS Collection Tool.

Contact Phone Number

• Enter the Phone Number for the contact person above.

11 Claim Details

Claim Details are recorded in the first four columns of the MDS Collection Tool, as shown below:

Veteran File No.	eteran Surname	im Details Type	ltem No.	Claim Period From
Vete	Vete	ltem	ltem	Clair

The Claim Details section identifies the client, item number/s and the claim period to which the data relates. It is used to match MDS data to a claim.

If details are entered incorrectly, the data provided cannot be matched to a claim. The CN provider is not considered to have met their contractual obligations until data has been correctly matched to a claim.

12 Information required for Claim Details

All fields in the Claim Details section need to be completed for each row of data.

NOTE: A separate row of data must be entered for a client for each item number used during a 28 day claim period.

File Number

• This field must contain the client's file number written in <u>exactly</u> the same way as it appears on the client's Veteran Gold Card or Veteran White Card.

Veteran Surname

• This field must contain the client's surname entered exactly the same way as it appears on the client's Veteran Gold Card or Veteran White Card.

Item Number

- The item number(s) must be recorded exactly as it was on the claim for the 28 day claim period.
- The item number field includes a drop down menu that restricts entries to valid item numbers. CN providers can either enter a valid item number or use the drop down menu.
- Where a client has more than one item number in a 28 day claim period, each item number must be recorded on a separate row.

Error Message: Item Number

• If an invalid item number is entered into this field, the error message below will appear. Click on Retry and choose the correct item number from the drop down list.

	Cla	im Details			Sta	affing Res
Veteran File No.	Veteran Surname					CNC Hours
smith	VX123456789	Core_Personal	AB02	-		
		er an Item Number from Cancel		Number t a relevant the drop do : You must in from the J mn to displatems.	own list select a (tem Ty	an pe
					11	

Completing Claim Period From

- Dates must be entered in the DD/MM/YYYY format. This column requires the commencement date of the client's 28 day claim period. This must be the same date as recorded on the claim.
- Where there is more than one item number for the 28 day claim period, the Claim Period From date entered must be the same for all item numbers claimed.
- The template has been formatted to prevent an entry that is not in a date format, the message below will appear if an invalid date entry is made:

Claim F	Period From	I
8	This is not a valid entry. For this MDS submission, the claim from date of all items, needs to be on or after 1 October 2014. Dates need to be entered with the format DD/MM/YYYY.	
	Cancel	

If this message appears, click on Retry and re-enter the correct date.

13 Staffing Resources Used (28 day claim period)

	Cla	im Details			Sta	iffing Re	sourc	es (Total	s for 2	28 day Cl	laim P	eriod)	
Veteran File No.	Veteran Surname	ltem Type	ltem No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	NSS Hours	
													-

The Staffing Resources Used (28 day claim period) section records the number of visits and hours of service provided by each of the following personnel:

- Clinical Nurse Consultants (CNC)
- Registered Nurses (RN)
- Enrolled Nurses (EN)
- Personal Care Workers (PCW).

This data is used to inform Community Nursing policy decisions including the setting of future item number fee levels and future directions for DVA's Community Nursing program. It is therefore important that the data provided is accurate.

14 Information required for Staffing Resources Used

Visits/occurrences - data for each type of personnel

• CN providers are required to complete the number of visits/occurrences made by each type of personnel to a client within the 28 day claim period.

Minutes and Hours - data for each type of personnel

• CN providers are required to enter the total number of minutes and hours of care provided by each type of personnel within the 28 day claim period.

Data must be entered in DECIMAL HOURS, for example:

• 5 minutes must be entered as 0.1 hours, 15 minutes must be entered as 0.25 hours and 150 minutes as 2.5 hours. To assist, a conversion calculator is also included with the MDS Data Collection Tool.

For example:

During a 28 day claim period, a client receives:

- One 20 minute visit from a CNC:
 - 20 minutes divided by 60 minutes = 0.33 hours
- Two visits from a RN, one takes 35 minutes and the other 45 minutes:
 - o Add visits to get a total of 80 minutes
 - 80 minutes divided by 60 minutes = 1.33 hours.
- Three visits per week from a PCW which take 45 minutes each:
 - This makes 12 visits in the 28-day claim period
 - 12 times 45 minutes = 540 minutes
 - \circ 540 minutes divided by 60 minutes = 9 hours.

The correct entry for this example would be as follows:

Sta	ffing Res	source	es (Total	s for 2	28 day Cl	aim P	eriod)
CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	NSS Hours
1	0.33	2	1.33			12	9.00

Error messages

If an invalid number is entered into these fields, an error messages will appear. Click on Retry and enter the correct number.

	Cla	im Details			Sta	iffing Re	sourc	es (Total	s for 2	28 day Cl	aim P	eriod)
Veteran File No.	Veteran Surname	ttem Type	ltem No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	NSS Hours
					1	262	2	1.33			12	9.00
			C hou	rs	1	1				•		×
			Y	our entry is not va	alid.							-
			E 🔊	nter the number o	f hours	in the 28-	day pe	riod. The	numbe	r should b	e in ho	urs.
		¥	Ут	his field restricts h	ours to	a maximu	m of 25	i0 per 28-	day pe	riod.		ŀ
												E
					(<u>R</u> e	etry 🔰	Ca	ncel				-

15 Information not required for Staffing Resources Used

The MDS Collection Tool indicates when an item number does not require Staffing Resources Used to be entered, a message appears as shown below:

Claim Details			Sta	ffing Re:	sourc	es (Total	s for 2	28 day Cl	aim Pe	eriod)
ltem Type	ltem No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	NSS Hours
WC	NC37	01/10/2014	No Nu	rsing H	ours/	Visits Re	equire	ed for th	is Ite	m

16 Scenarios when claiming a core and add-on

Scenario 1

Mr Brown is admitted to the nursing service on 1/10/14. The RN conducted the comprehensive assessment on the first home visit which took 1.5 hrs and Mr Brown receives clinical care nine times (this includes the comprehensive assessment) and personal care eight times in a 28 day claim period.

Example A

The provider delivers community nursing services to Mr Brown using an RN for seven visits for clinical care (including the comprehensive assessment), EN for two visits/occurrences (delivers both the clinical and personal care) and a PCW for six visits. The MDS would be reflected as follows:

	Cla	im Details			Sta	affing Re	sourc	es (Total	s for 2	28 day Cl	aim P	eriod)
Veteran File No.	Veteran Surname	ltem Type	ltem No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	Supervision SSN
	BROWN	Core_Clinical	NL13	01/10/2014			6	3.00	2	1.00		
	BROWN	Other	NA02	01/10/2014			1	1.50				
	BROWN	AddOn_Personal	NT02	01/10/2014					2	1.00	6	3.00

Example B

The provider delivers community nursing services to Mr Brown using an RN (nine visits in total) to deliver all the care. The MDS would be reflected as follows:

	Cla	im Details			Sta	iffing Re	sourc	es (Total	s for 2	28 day Cl	aim Pe	eriod)
Veteran File No.	Veteran Surname	ltem Type	ltem No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	NSS Hours
	BROWN	Core Clinical	NL13	01/10/2014			8	4.00				
	BROWN	Other	NA02	01/10/2014			1	1.50				
	BROWN	AddOn_Personal	NT02	01/10/2014			8	4.00				

Example C

The provider delivers community nursing services to Mr Brown using an RN to conduct the comprehensive assessment, an EN to deliver the remaining clinical care and a PCW to deliver all the personal care. The MDS would be reflected as follows:

	Cla	im Details			Sta	ffing Re	sourc	es (Total	s for 2	28 day Cl	aim P	eriod)
Veteran File No.	Veteran Surname	Item Type	ltem No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	NSS Hours
	BROWN	Core_Clinical	NL13	01/10/2014					8	4.00		
	BROWN	Other	NA02	01/10/2014			1	1.50				
	BROWN	AddOn_Personal	NT02	01/10/2014							8	4.00

Scenario 2

Mrs White is a war widow who requires daily personal care. She sustained a skin tear on day 18 of the 28 day claim period and required a combination of clinical (second daily) and personal care for the remaining period. Mrs White receives clinical care six times and personal care 28 times.

Example A

The provider delivers community nursing services to Mrs White using an RN for the all clinical care clinical care and a PCW for all the personal care. The MDS would be reflected as follows:

	Cla	im Details			St	affing Re:	sourc	es (Total	s for 2	28 day Cl	aim P	eriod)
Veteran File No.	Veteran Surname	ltem Type	ltern No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	NSS Hours
	WHITE	Core_Personal	NP06	01/10/2014							28	14.00
	WHITE	AddOn_Clinical	NS02	01/10/2014			6	3.00				
	WHITE	WC	NC11	01/10/2014	No N	ursing H	ours/	∕isits Re	equire	ed for th	is Ite	m

Example B

The provider delivers community nursing services to Mrs White using an RN to deliver both the clinical care and personal care on the visits where both services are required, the remaining personal care is delivered by a PCW. The MDS would be reflected as follows:

												eriod)
Veteran File No.	Veteran Surname	ltem Type	ltern No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	NSS Hours
W	HITE	Core_Personal	NP06	01/10/2014			6	3.00			22	11.00
W	HITE	AddOn_Clinical	NS02	01/10/2014			6	3.00				
W	HITE	WC	NC11	01/10/2014	No Ni	irsing H	ours/\	∕isits Re	equire	ed for th	is Ite	m

Example C

The provider delivers community nursing services to Mrs White using an RN to assess and deliver the wound care in one visit as well as personal care, for the remaining visits where both clinical and personal care is required an EN delivered both, the remaining personal care is delivered by an PCW. The MDS would be reflected as follows:

	Cla	im Details			Sta	ffing Re:	sourc	es (Total	s for 2	28 day Cl	aim P	eriod)
Veteran File No.	Veteran Surname	ltem Type	ltern No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	NSS Hours
	WHITE	Core_Personal	NP06	01/10/2014			1	0.50	5	2.50	22	11.00
	WHITE	AddOn_Clinical	NS02	01/10/2014			1	0.50	5	2.50		
	WHITE	WC	NC11	01/10/2014	No Nu	rsing H	ours/	Visits Re	equire	ed for th	nis Ite	m

Scenario 3

Mr Gray is a veteran who requires twice a day visits for assistance with personal care. He has a transdermal patch changed once a week.

Example A

The provider delivers community nursing services to Mr Gray using an RN to change the transdermal patch and a PCW to deliver all the personal care. The MDS would be reflected as follows:

	Cla	im Details			Sta	iffing Re:	sourc	es (Total	s for 2	28 day Cl	aim P	eriod)
Veteran File No.	Veteran Surname	ltem Type	ltern No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	NSS Hours
	WHITE	Core_Personal	NP06	01/10/2014							56	37.33
	WHITE	AddOn_Clinical	NS02	01/10/2014			4	1.00				

Example B

The provider delivers community nursing services to Mr Gray using an RN to change the transdermal patch and deliver personal care in the same visits/occurrences and a PCW to deliver all the remaining personal care. The MDS would be reflected as follows:

	Cla	im Details			Sta	iffing Re	sourc	es (Total	s for 2	8 day Cl	aim P	eriod)
Veteran File No.	Veteran Surname	ltem Type	ltern No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	NSS Hours
		Core_Personal	NP15	01/10/2014			4	2.67			52	34.66
		AddOn_Clinical	NS01	01/10/2014			4	1.00				

Scenario 4

Mr Black has a deteriorating palliative condition and is receiving daily visits for a combination of personal care, medication administration (via a syringe driver), symptom management and psychosocial aspects of care. Personal care services take approximately 30 minutes per day. Clinical care including medication administration and symptom management 30 minutes per day and psychosocial care 15 minutes per day.

Example A

The provider delivers community nursing services to Mr Black using an RN for the clinical and psychosocial care and a PCW delivers all the personal care. The MDS would be reflected as follows:

	Cla	aim Details			Sta	iffing Re	sourc	es (Tota	s for i	28 day Cl	aim P	eriod)
Veteran File No.	Veteran Surname	ltem Type	ltem No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	NSS Hours
	Black	Core Clinical	NL17	01/10/2014			28	14.00				
	Black	AddOn_Personal	NT14	01/10/2014							28	14.00
	Black	Other	NA06	01/10/2014			28	7.00				
		1										

Example B

The provider delivers community nursing services to Mr Black using an RN to deliver all Mr Black's care needs. The MDS would be reflected as follows:

	Cla	im Details			Sta	ffing Re	sourc	es (Total	s for 2	28 day Cl	aim P	eriod)
Veteran File No.	Veteran Surname	ltem Type	ltem No.	Claim Period From	CNC Visits/ Occurrences	CNC Hours	RN Visits/ Occurrences	RN Hours	EN Visits/ Ocurrences	EN Hours	NSS Visits	SU Hours
	Black	Core Clinical	NL17	01/10/2014			28	14.00				
	Black	AddOn_Personal	NT14	01/10/2014			28	14.00				
	Black	Other	NA06	01/10/2014			28	7.00				

17 Checking MDS Collection Tool is complete

The MDS Collection Tool indicates if a row of data is missing a field by showing the font as red. The example below is missing the "Claim Period From" and "CNC Hours (total)" data.



When data has been entered correctly, the font will change to black:



Once all the data has been entered the MDS can be submitted.

18 Submitting finalised data for manual MDS - SENSITIVE email

DVA's Secure Mail Facility (Sensitive email) has been introduced to enable the secure communication of sensitive information between DVA and external parties over the internet.

Sensitive emails sent via this facility are encrypted to ensure the information within each email remains private and secure. Encrypting the email means the contents are scrambled/encoded to minimise the risk of an unauthorised person being able to read it if is intercepted.

19 Registering an email address

A CN provider is required to register an email address in order to submit their MDS through Sensitive email. The *Contractor's Representative* (as recorded on the Agreement held with DVA) is first required to email the following information regarding the person who will be submitting the MDS (MDS contact):

- MDS contact name;
- Contact phone number; and
- Email address used to submit the MDS.

This information should be emailed to mds@dva.gov.au.

DVA will respond to the MDS contact/s providing information on how to use Sensitive email. Once the MDS contact/s have read the information and replied to DVA, arrangements will be made to commence communication via Sensitive email.

The first time you receive a Sensitive email, you will asked to:

- 1. Open the attachment to the email; and
- 2. Follow the instructions.

Open the attachment to the email that is called 'SecureMessageAtt.html':

From:	Minimum Data Set Submission <mds@d< th=""><th>va.gov.au></th><th>Sent: Fri 5/10/2012 3:03 PM</th></mds@d<>	va.gov.au>	Sent: Fri 5/10/2012 3:03 PM
To:	MDS@dva.gov.au		
Cc			
Subject:	MDS[DLM=Sensitive:Personal]		
🖂 Message	📦 SecureMessageAtt.html (12 KB)		
			r Ra
		Australian Government	
		You have received a secure message from the Department of Veterans' Affairs.	
		To view your secure message:	
		1. Open the attachment to this email.	
		2. Follow the instructions.	
		Help	
		Please follow the instructions above to use secure mail.: Do not reply to this email. A secure reply may be sent from within the opened secure message.	
		Secured by Proofpoint Encryption, Copyright @ 2009-2012 Proofpoint, Inc. All rights reserved.	

A new browser window will open. Click the 'Read Message' button (the button is in the middle of the page):

Read Message
Help
You have received a secure message from the Department of Veterans' Affairs.: To read the secure message, click the button above. If you are a first time user, you may have to take additional steps.
Secured by Proofpoint Encryption, Copyright © 2009-2012 Proofpoint, Inc. All rights reserved.

You will then be prompted to register:

- enter your first and last name;
- create a password and re-confirm the password; and
- enter a 'Password Recovery Question'. The recovery question will assist you if you forget your password.

Registration	
	Australian Government Department of Veterans' Affairs
Email Address:	MDS@dva.gov.au
First Name:	Joe
Last Name:	Blogs
Password:	•••••
Confirm Passwor	d:
Password Reset	
Question :	Father's middle name
Answer:	Burt
	Continue

Passwords must meet certain conditions:



Australian Government

An example password is: Pa55w@rd

Upon successful login, the Sensitive email will be displayed in the browser window.

20 Emailing the MDS Collection Tool

Open the Sensitive email from DVA that will appear in your mailbox with a 'from' address mds@dva.gov.au and will have a classification of DLM=Sensitive:Personal.

Open the Sensitive email from your mailbox and the attachment to the email that is called 'SecureMessageAtt.html':



A new browser window will open, click the 'Read Message' button:

	Read Message
	Help
	eived a secure message from the Department of Veterans' Affairs.: To read essage, click the button above. If you are a first time user, you may have to al steps.
the secure m	essage, click the button above. If you are a first time user, you may have to

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Click the 'Reply' button (the button is located at the top left) to reply only to the address that sent you the email:



When replying to a Sensitive email, please ensure the subject field is not changed. To attach the MDS Collection Tool spreadsheet click on 'Attach a File' as below:

Australian Government
Department of Veterans' Affairs
📲 Send 🛛 💥 Cancel
To: MDS@dva.gov.au
Subject: CN Provider MDS [DLM=Sensitive:Personal]
Attachments: U <u>Attach a file</u>
B I U ABC X Image: ABC Font family ▼ Font size ▼ A ▼ Image: Image
From: MDS@dva.gov.au Sent: Fri, 5 Oct 2012 05:03:02 +0000 To: MDS@dva.gov.au Cc: Subject: test[DLM=Sensitive:Personal]

Locate the MDS Collection Tool spreadsheet in your records and attach the MDS Collection Tool spreadsheet by highlighting and clicking on the '+ ADD' button, and tick 'Send me a copy':

Australian Government Department of Veterans' Affairs	
📲 Send 🛛 💥 Cancel	
fo: MDS@dva.gov.au ✓ Send me a copy	
Subject: CN Provider MDS [DLM=Sensitive:Personal]	
Attachments: Scancel	
Add	
B I U ABC X Image: Second se	
From: MDS@dva.gov.au Sent: Fri, 5 Oct 2012 05:03:02 +0000 To: MDS@dva.gov.au Cc: Subject: test[DLM=Sensitive:Personal]	

RE: test[DLM=	Sensitive:Personal]	+					
🗲 🔒 https://	/secureemail. dva.gc	v.au /secureread	er/read.jsf				
Most Visited	File Upload						? 🔀 Vel
Trend Micro *	Look in:	🞯 Desktop			Y G	d 📂 🛄 -	
Australia Department Send X Subject: Attachments:	My Recent Documents Desktop My Documents	Hy Documer My Compute My Network	er Places				
B / ∐ ▲ ≣ ≣ ⊒ ≣	My Computer	File name: Files of type:	Local D All Files	isk (C:)		×	Dpen Cancel

To: MDS@dva.gov.au

Cc: Subject: test[DLM=Sensitive:Personal] Locate the document:

File Upload		? 🔀
Look in:	🛥 Local Disk (C:) 🛛 🔽 🌍 🤣 📰 🗸	
My Recent Documents	Thinc WINDOWS Program Files	
Desktop		
) My Documents		
My Computer		>
	File name:	Open
My Network	Files of type: All Files	Cancel

File Upload						2 🔀
Look in:	🛅 MDS		~	6	f 📂 🛄-	
My Recent Documents	CNProv Oct201	2.xls				
Desktop						
Documents						
My Computer						
	File name:	CNProv Oct2012.xls			~	Open
My Network	Files of type:	All Files			~	Cancel

Once the MDS Collection Tool spreadsheet has been located, click on the 'Upload' button:

Austral	ian Government
Departm	sent of Veterans' Affairs
🔁 Send 🛛 🕈	🖇 Cancel
) :	MDS@dva.gov.au
	Send me a copy
ubject:	CN Provider MDS [DLM=Sensitive:Personal]
Attachments:	X Cancel
🐥 Add	🖗 Upload
CNProv Oct2	:012.xls
B / U	ABC 🔏 🗈 🏝 Font family 🔹 Font size 🔹 🔺

The uploaded MDS Collection Tool spreadsheet will be displayed:

40 200700	Government of Veterans' Affairs
🔁 Send 🛛 💥	Cancel
To: MI	DS@dva.gov.au
L.	Z Send me a copy
Subject: 🦷	CN Provider MDS [DLM=Sensitive:Personal]
Attachments: (Attach a file The CNProv Oct2012.xls [X];
B <i>I</i> <u>U</u> ↔	🛿 🔏 🖺 Font family 🔹 Font size 🔹 🔺 🔺
To: MDS@dva.; Cc:	2012 05:03:02 +0000

Repeat the previous steps if there is more than one spreadsheet to be uploaded. Once all files are attached click on the 'Send' button:

Australian Government Australian Government		
Rend 🕅 Send	🕜 Help	🐐 Logout
To: MDS@dva.gov.au		
Send me a copy		
Subject: RE: CN Provider MDS [DLM=Sensitive:Personal]		
Attachments: 🛛 Attach a file 📓 CNProv Oct2012.xls [X];		
B I U ARE X B C. Font family ▼ Font size ▼ ▲ ▼ E = = = :: :: :: :: X :: :: :: :: :: ::::::::		
Please find October MDS attached.		<u>^</u>
Kind regards,		
CN Provider		
From: MDS@dva.gov.au Sent: Fri, 5 Oct 2012 05:03:02 +0000 To: MDS@dva.gov.au Ce: Subject: test[DLM=Sensitive:Personal]		≣
Kind regards,		
Community Nursing Program		
Telephone: (02) 6289 1111		
Email: <u>mds@dva.gov.au</u>		
		~

Once the Sensitive email has been sent, the following message will appear:

Message Sent	
Your secure message was sent successfully.	
To exit click Logout or close this browser window.	
🔁 Return To Message	🐐 Logout

Click the 'Logout' **Logout** button, this will securely log you out of the secure session:

Logged Out
You are now logged out and can close this browser window.

Note: The MDS contact must keep the original Sensitive email sent by the DVA to reply to DVA each month.

All MDS submissions to DVA must be sent <u>DLM=Sensitive:Personal</u> to ensure compliance with the Commonwealth Information Privacy Principles Legislation.

21 Who do I contact if I have a problem?

If this information is unable to assist you, and the problem or question is technical in nature, you can send an email to <u>secure.services@dva.gov.au</u>. Please let DVA know how to contact you regarding your query.

Do not disclose your password or password recovery answer in this email. DVA will not ask you for your password or password recovery answer.

22 Password resets

If you cannot remember the answer to your 'Recovery Question' you will need to contact DVA on either 1300 301 575 or <u>secure.services@dva.gov.au</u> to reset the password.

23 Resubmits

If MDS data is submitted incorrectly, it will be returned via an email identifying the issues. CN providers are required to correct and resubmit the data within 28 days. When resubmitting data, the CN provider is required to mark the data clearly as resubmit.