MDS Alert

Case Study: Avoid Pitfalls Identified in This SNF's Probe Review

Shore up these 4 areas before it's too late.

The best time to prevent payment recoupments is before the MAC is scouring your MDSs and medical record documentation. And all SNFs could take some lessons from the following initial findings from a probe review that Atlanta consultant **Darlene Greenhill** shared with MDS Alert.

1. A mismatch between MDS therapy minutes and the therapy logs. The SNF was able to rectify this on appeal, says Greenhill, as "the person collecting the minutes had made an error and the resident had received the number of minutes on the MDS."

2. MDSs have sometimes not been completed. Make sure that doesn't happen in your facility by implementing systems to stay on top of the MDS schedule.

3. Documented skilled services didn't support the RUG-III level billed. "Medical necessity is a major focus of all reviews," Greenhill stresses. And in doing record reviews, she finds that nursing or therapy -- and sometimes both disciplines -- don't always document in ways that show that the patient required skilled therapy in the SNF setting or that restorative nursing wouldn't have been more appropriate.

Resources: For more information on how documentation can undermine medical necessity for Part A skilled services, check out "Don't Let a Mismatch Between the MDS and Therapy Eval Catch Your SNF Off Guard," in MDS Alert, Vol. 7, No. 12. You can access past issues in the Online Subscription System. If you haven't yet signed up for this free benefit, call 1-800-874-9180.

Watch O ut for I llegible Handwriting

In the review, the MAC reviewer noted that some of the medical record documentation was illegible, says Greenhill. She has heard in the past that some FIs have denied claims when they couldn't decipher the documentation. In the recent probe review, however, the MAC mentioned the handwriting issue as an "educational" note to the SNF.

Tip: Before submitting records, make sure the team reviews them to look for illegible handwriting, advises **Betsy A nderson,** VP of FR&R Healthcare Consulting in Deerfield, Ill. You can complete an amendment or correction to the original records following the specific protocol for medical record changes, including signing and dating the revised information, Anderson instructs. You can also provide a late entry record to the documentation for additional clarification, she points out. "If the signature present isn't legible," you can include an attestation statement with the ADR.