MDS Alert

Coordination of Care: Keep Close Tabs On Residents Who Continue To Receive Skilled Care After Exhausting Their 100-Day Benefit Period

If you don't, quality of care and payment may suffer.

You don't want to let residents who are still receiving skilled care after they exhaust their 100 days of coverage to fall off the care and billing team's radar screen.

The bottom line: When residents still receiving skilled care come off Medicare Part A after exhausting their benefit period, the team needs to continue talking about them during their Medicare meetings, advises **Christine Twombly, RN, RAC-C**, a consultant with **Reingruber & Co**. in St. Petersburg, FL.

For one, the team should address the person's care needs in the meeting, Twombly says.

That way, the team can also more easily identify when the person has stopped requiring a skilled level of care, she adds.

For example, the team will be in a better position to know exactly when a resident's pressure ulcer finally no long requires daily skilled nursing care--or that his tube feeding has dropped below the caloric or fluid threshold for skilled care.

Then the facility can submit the final benefits exhaust claim so the Medicare program will start counting the 60 days toward a new 100-day benefit for that resident.

Communication is key: The business office and nursing department should communicate at least monthly to verify that residents for whom the billing office has been submitting benefits exhaust claims are still getting a skilled level of care, advises **Ron Orth, RN, NHA, CPC, RAC-CT**, president of **Clinical Reimbursement Solutions** in Milwaukee.