

## MDS Alert

### In The Spotlight: Pine Run Health Center - Bring The MDS Big Picture Into Focus Through Regular Medicare Meetings

Find out how this SNF gets unlike minds on the same track.

When it comes to the MDS, communication is everything. **Pine Run Health Center** found this out firsthand when it moved to scheduled weekly Medicare team meetings that include the MDS coordinator, DON, rehab and accounting.

The weekly meetings provide an informal educational process so that everyone on the PPS team sees how the MDS works "rather than just their little corner of it," notes **Denise O'Donnell**, director of nursing for the Doylestown, PA nursing facility.

For example, the rehab team has received a lesson in "how powerful the MDS nurse is," says **Aimee Ring**, MPT, director of the facility's rehab department. And learning the in's and out's of the accounting side has been an eye opener for RNAC **Lu Gillis**.

"The meetings give us a chance to see what it takes for the biller to do her job - and why it's important to be timely with the MDS and RUG scores so she doesn't have to bill unassigned days at month's end," Gillis says.

On the accounting side, office manager **Carol Gomeringer** has come to know what the MDS looks like and how much effort is required to complete it - and how it impacts the check the facility will be getting from Medicare.

#### Cover These Key Bases In Your Meetings

By understanding how the MDS works as a clinical, quality assurance and payment tool, the Medicare team can do a better job of ensuring appropriate services and RUG reimbursement. Here's a sampling of what the team typically accomplishes during the Medicare meetings:

**An update from all of the care disciplines, especially rehab.** Ring updates the team on information shared in rehab rounds, which helps the team set the assessment reference date for rehab patients. "We set an ARD that works for everyone to best capture the resident's highest acuity level and resource use," Ring explains. "And we can inform each other if something comes up with the resident that could affect the ARD or the care or therapy requirements," she says.

The team also makes sure they have enough therapy minutes for the projected rehab RUGs. In addition, they look at whether they have the correct documentation to verify the RUGs - and if the resident is making headway in achieving the targeted rehab goals. The social worker attends the meeting on a PRN basis to discuss particular discharge issues.

**A review of questionable UB-92s.** While the team doesn't examine all of the billing forms, Gomeringer brings along ones that she thinks might have a problem. The team then reviews the dates on the UB-92 and looks at the ARD and diagnosis coding, if there's a question about that, she says.

**Identification of residents who need more help with activities of daily living.** This information can help prevent an F309 or F310 tag for an unexpected ADL decline - and it helps the rehab team with discharge planning. For example, a therapist may see the resident as needing only minimal assistance during therapy sessions, while the nursing staff knows the resident becomes confused at night and requires extensive assistance. "If the rehab department knows that, the therapists can make discharge care recommendations for the resident to have a personal caregiver at night, for example, or someone to help him with the tasks or situations where he needs extra assistance," Ring says.

"We can also pass along that information to the home health rehab team or assisted living," Ring adds.

### **Getting to the Bottom Line**

Since implementing the meetings two months ago, Pine Run's accounting office has noted the RUG scores have become consistently higher because they are more accurate. In addition, everyone on the team gets a heads up on the same information each week. "So if something comes up in between, we can e-mail each other, and people are more likely to catch other's errors," says O'Donnell.

The face-to-face forum has also helped the team get to another bottom line: the reason they went into the business in the first place. "When we pull together with all the players as a team," says RNAC **Virginia Ridgeway**, "it becomes less about reimbursement or quality indicators and more about our responsibility to take care of our residents and the residents' progress. The process also makes the residents real to everyone, including the accounting department, which is located across the campus."

### **Practice Tip**

The MDS coordinator at Pine Run Health Center faxes the MDS report to the accounting office after she transmits the MDS to the state. That way, the billing staff knows what RUG to put into the billing system and the number of days to be billed at that RUG level.