MDS Alert

MDS 3.0: Make These MDS Modifications Right Away To Prevent Billing Snafus

Follow 4 expert tips to make sure you don't overlook any records.

All those big MDS changes in the October 2016 RAI Manual update threw a wrench in the **Centers for Medicare & Medicaid Services**' (CMS's) system, and now you have some modifications to complete. Thanks to a CMS technical error, you will need to modify more than a month's worth of standalone Other Medicare Required Assessments (OMRAs).

Technical Hiccup Could Skew Your RUG Scores

Problem: A recent memo from the Quality Improvement and Evaluation System (QIES) Technical Support Office (QTSO) stated that certain MDS items weren't correctly stored in the QIES Automated Submission and Processing System (ASAP) database.

Specifically, the technical error affected stand-alone OMRA records for Change of Therapy (COT), End of Therapy (EOT), and EOT combined with a Start of Therapy (SOT) assessments with target dates on or after Oct. 1, 2016 that were transmitted from Oct. 1 through Nov. 4, 2016, according to **Amy Ray**, Senior Managing Consultant for Healthcare at **BKD, LLP**.

And because the QIES ASAP system failed to properly store MDS items, the RUG score in the database may not produce an accurate score. According to **Christine twombly, Rn, RaC-Mt, LHRM, CHC**, Vice President of MDS at **Harmony Healthcare International**, the affected MDS items in nursing home (NO) and swing-bed (SO) assessment forms were:

- M0300B1 ⬜ Number of Stage 2 pressure ulcers;
- M0300C1 ⬜ Number of Stage 3 pressure ulcers;
- M0300D1 ⬜ Number of Stage 4 pressure ulcers; and
- M0300F1 ⬜ Number of unstageable pressure ulcers due to coverage of wound by slough and/or eschar.

Mistake: Don't Resubmit the Original MDS

What to do: For all standalone OMRA MDS assessments that you submitted to the QIES ASAP system from Oct. 1 through Nov. 4, 2016, you must open up a modification for each selected MDS record, and then validate and export the MDS, Twombly instructs. You don't need to make any changes to the assessments prior to validating and exporting, because the system will store the accurate data and calculate a corrected RUG classification for the claim.

You should not resubmit the original MDS record, because this will just create a duplicate record, Twombly stresses. But do make sure that you let your billing department know about these Medicare Part A RUG changes.

If the billing department has already submitted any claims for these assessments, you'll need to verify them to ensure the claims are consistent with the recalculated RUG scores and make any needed billing adjustments, Ray notes.

Heed 4 Tips to Tackle the Problem

If you're not sure how to find all the applicable MDS assessments that require modification, Albany, N.Y.-based **Montero Therapy Services** offered the following tips:

1. Run a report showing all your Medicare Part A assessments with RUG scores for Oct. 1 through Nov. 4, 2016.

2. Use the HIPPScode (the two digits after the RUG score) to identify the type of assessment you're looking for. Look on your billing claims, billing reports or RUG report to find these codes that end in 04 (Standalone EOT), 05 (EOT combined with SOT), and 0D (Standalone COT).

3. Use the printed assessment names (COT, EOT, EOT/SOT) from your MDS list and/or billing reports.

4. select "other" and use the text box to type in "QTSO Request" for the "reason" when completing the Modification Request.

Bottom line: If you did a stand-alone OMRA during these dates, you need to complete a modification of that assessment, according to **Priscilla Bullard, Rn, CPC, RAC-CT**, state RAI/OASIS Coordinator for Virginia. You don't need to modify the OMRA if it was combined. But you will need to submit a modification even for a swing-bed unit and you did an EOT, COT or SOT.

Resources: You can access a copy of the QTSO memo at www.vhca.org/files/2016/11/Alert-MDS-3.0-ASAP-Issue-NO-and-SO-Assessment-Records.pdf. You can also send any questions via email to the QTSO Help Desk at help@qtso.com or by calling 1-888-477-7876.