MDS Alert

MDS 3.0: Tackle The Top 6 MDS-Related Challenges For 2017

Pay attention to 2 overarching themes in the obstacles you'll face.

Between the sweeping long-term care regulations and significant RAI Manual revisions, you have a lot of MDS- and quality-related stumbling blocks to confront in 2017. Brace yourself for the most important of these challenges so that you aren't caught unprepared.

Overcome Key MDS Hurdles This Year

Harmony Healthcare International's (HHI's) HealthCARE Specialists have outlined the following six MDS-related challenges that you'll face throughout 2017:

1. Maximize your time and efficiencies: Your facility-level team needs to develop practices to strengthen systems to address and connect quality with reimbursement. This, in turn, affords the provider the ability to accurately define any staffing needs for timely completion of MDS's.

2. Understand the impact of MDScoding: Study how the accuracy of your MDS coding plays a significant role on each specific quality measure, which impacts your overall Five Star Rating and beyond.

3. Perfect your documentation: Ensure that you have the necessary documentation in place to accurately support and code the MDS ☐ it is only after this validation that a facility can truly address quality of care concerns.

4. Prepare for MDs document changes: The MDS is changing from a post-reporting system to an MDS-driven pre- and post-care planning analysis.

5. Connect the dots of the MDs reporting data: Link the MDS reporting data to national quality reporting programs and data mining for advance payment models, and make sure you are aware of the reporting specifications. "We are seeing minor errors on the MDS with major financial ramifications," warns HHI President **Kris Mastrangelo**.

6. Prepare for MDs scrutiny and surveys: Collaborate the clinical data, including care plans and skilled documentation, and reflect this acuity on the MDS and data reporting documents.

Your Top Priority Should Be MDS Accuracy

You're probably noticing that many of the MDS challenges for this year relate to MDS coding accuracy. Accurate coding of the MDS is one of the biggest challenges not only for 2017, but for any year, says **Terry Raser, RN, RaC-Ct, C-ne, Dns-Ct**, Senior Consultant with **LW Consulting inc.** based in Harrisburg, Penn.

Significance: "MDS accuracy affects so many different areas now," Raser points out. "If you get the coding wrong, it will affect surveys, Five Star rating, quality measures, Skilled Nursing Facility Quality Reporting Program (SNF QRP), and reimbursement."

And MDS accuracy continues to be a hot-button survey issue. In 2012, the **HHs office of inspector General** (OIG) said that SNFs misreported information on the MDS for 47 percent of reviewed claims, Raser illustrates. In 2014, the **Centers for Medicare & Medicaid services** (CMS) conducted an MDS-Focused Survey pilot with five volunteer states, and the findings from the pilot surveys prompted CMS to expand the survey program in 2015.

The results in 2015 showed that 56 percent of the deficiencies had a scope and severity level of "D" and 25 percent at level "E," Raser notes. "And 45 percent of the citations were related to MDS or staffing inaccuracies. Because of these findings, CMS announced the MDS-Focused Surveys would continue through FY 2017."

Get Ready to Deliver the Baseline Care Plan

What's more: The second theme running throughout the MDS-related challenges for 2017 is ramping up on the new long-term care regulations.

"The primary purpose of the resident assessment and MDS 3.0 is to serve as the clinical basis for individualized care planning and delivery of person-centered care," Raser says. "Now with the new SNF Final Rule (Conditions of Participation) released by CMS on Oct. 4, 2016, facilities need to know the regulations and which of the three phases the item is effective in."

The first phase was effective as of Nov. 28, 2016, while Phase 2 is effective Nov. 28, 2017 and Phase 3 is Nov. 28, 2019. "In Phase 2, the regulations talk about the Baseline Care Plan that must be developed within 48 hours of admission," Raser notes.

You must also provide the resident and his representative with a summary of the Baseline Care Plan that includes the resident's initial goals, a summary of the resident's medications and dietary instructions, and any services and treatments that your facility will administer.

Next Steps: Get Expert Help

So how can you tackle these big challenges? The Harmony team advises that you seek help from experts.

"Providers are buying time that they do not have available at the facility level," Mastrangelo laments. "They have minimal resources to research, learn and implement."

Also, the Harmony team strongly recommends conducting regularly scheduled education and on-site auditing. "These regulation changes are fast and furious," Mastrangelo warns. "It is impossible to keep up and be compliant without an extra set of expert hands."