MDS Alert

MDS Compliance: 3 Common Practices That Will Derail Your RUGs Revenue

Hint: RUG every resident and know when to do your OMRAs.

Your SNF will waive a higher-paying RUG and say adios to fair payment every time staff misses the designated MDS assessment window.

That's not something you want to occur on your watch, right? Here are three common reasons why SNFs end up stuck with the bottom-rung rate and the steps you can take to avoid them.

Mistake #1: The MDS team doesn't do a Medicare MDS on a short-stay resident. That may seem like the quicker or easier thing to do if the resident stayed one or two days, but the lost dollars add up.

"We're talking about the difference between about $125 for a default rate and approximately $250 for a RUG level that a resident who had IV fluids or IV meds or suctioning in the hospital could get" under the presumption of coverage, says **Diane Atchinson RN-CS, MSN, ANP**, president of **DPA Associates** in Kansas City, MO. But to realize that payment difference, the facility has to do the MDS and submit it for those very short-stay residents, Atchinson emphasizes.

"Some nurses hesitate to complete the MDS if the resident came in on Saturday and left before they come in on Monday because they haven't seen the resident," notes **Christine Twombly, RNC**, chief clinical consultant for **Reingruber & Company** in St. Petersburg, FL. But there is a lot of information in the resident's clinical record that the nurse can use to code.

For example, use the hospital documentation and physician progress notes to fill in items that don't require a designated lookback, Atchinson advises. "Nurses can even use hospital documentation and physician progress notes to help the facility fill in the blanks on ADL functioning -- along with information the SNF staff gleaned about the resident's functional capacity during the few shifts they cared for the person," she adds.

What if the resident dies? "The assessment reference date (ARD) needs to be set for the day of discharge or prior, so if the patient expires, set the ARD for that date or before," advises Twombly.

Cut it short: The facility can use the short version of the MDS to generate a RUG on a short-stay patient who doesn't remain in the facility long, advises Twombly. The short version, which is done just for payment, will save you work, she says. "If you feel a need to generate RAPs, you can still do areas of the MDS that would alert you to a significant change in status and switch to the full assessment, if needed."

Mistake #2: Staff doesn't complete an OMRA within the required timeframe. If you miss doing an Other Medicare Required Assessment (OMRA) for a resident whose therapy ends, the SNF will pile on days billed at the default rate until the next regular Medicare assessment is due.

The OMRA has to be done with an ARD of 8, 9 or 10 days after the last day of rehab therapy. **Remember:** That's the last day the resident actually had therapy -- not the date the physician orders therapy be discontinued. For example, the resident may have been sick for a couple of days so the therapy ended before the discharge date from therapy.
Example: "Say the last day of therapy occurred on the 27th of the month, but orders to discharge the resident from therapy were received on the 30th day," postulates **Claudia Reingruber, CPA**, principal of Reingruber & Company. "You'd start counting the 8 to 10 days on the 28th of the month."

The OMRA can be combined with the next regular Medicare assessment that is due if the ARD falls within that particular assessment window, says Reingruber. "But often it falls in between."

Mistake #3: The facility doesn't follow the Medicare assessment schedule for a resident presumed to have another primary insurer. Even if Medicare clearly appears to be the secondary payer at admission, the team should still follow the usual Medicare assessment schedule. "The primary payer may not pay the bill for some reason (for example, the resident may have used up his benefits for the period), or there may have been an error and Medicare really is the primary payer," Twombly cautions. "And if you haven't done the Medicare assessments, you won't have any assigned RUGs to use for billing Medicare."