MDS Alert

MDS Management: Make MDS Software Programs A Boon Rather Than A Pain

These 9 software-savvy strategies will keep your billing and regulatory compliance on track.

"The software did it" won't hold up as a defense when surveyors or fiscal auditors call you on the carpet for MDS-related problems.

"The **Centers for Medicare & Medicaid Services** clearly says the facility is liable for the MDS output ... so you can't blame the software," cautions **Nathan Lake, RN, BSN, MSHA**, a Seattle-based MDS software developer for **Compudata Health Corporation**.

What you can do is to follow these nine strategies to maximize your software's potential - and avoid common snags that can derail your MDS, quality reporting and billing accuracy.

1. Don't rely on the software to tell you what to do. The MDS coordinator should understand the rules and the MDS as well as or better than the person writing the software, Lake advises. "It's like a tax expert using tax preparation software - the expert should know if the software is off the mark based on the regulations."

2. Keep your system current. Whatever software you purchase, make sure the vendor can continually update it to reflect changes in both the state and federal requirements, advises **Marilyn Mines, RN**, a consultant with **FR&R Healthcare Consulting** in Deerfield, IL.

You'll also need annual ICD-9-CM coding updates. "Most systems will offer either an update distributed by the vendor - or a mechanism by which facilities can update codes," notes **Jennifer Boring, RN, BA**, corporate manager of clinical systems for **RH Positive Computer Systems** in Columbus, OH.

3. Don't expect an expensive computer solution to cure coding problems. DON **Denise O'Donnell** learned that lesson when she took over a facility that had a unit where caregivers inputted all of their care each shift using a computerized system designed to prevent "copycat charting."

"Staff would input their data and key off so they could not look at the previous chart entry," she reports. The facility found, however, that the coding still didn't make sense because some of the staff did not understand the difference between extensive and limited assistance. "They were just deciding that the resident was a 2 or 3 without looking at differences in his performance from one day to another in the lookback," O'Donnell explains.

Lesson Learned: "A computer system for coding isn't the whole answer, or the answer at all without staff education," O'Donnell emphasizes. "If anything, that approach cost the facility money," she cautions.

4. Make sure staff get the training required to use and maximize the software system's potential. "Often facilities are using 25 percent or less of their software's capability," Boring notes, "and lack of training is the primary reason."

5. Beware the pitfalls of pulling outdated information from one assessment to the next. Make sure your software isn't including old diagnoses and other outdated information from the previous MDS assessment. "That can cause a lot of the recurrent problems one sees with MDS accuracy and consistency," cautions **Nancy Augustine, RN, MSN**, director of quality improvement and risk management for **LTCQ Inc.** in Lexington, MA. Examples include residents'

weights or diagnoses - even an old fecal impaction, which is a sentinel event in surveyors' book.

Work Smart: The option to pull forward information from one assessment to the next - or from other assessments created by the software or from CMS forms 672 and 802 - can be a time saver, Lake points out. Yet some facilities require the MDS coordinator to use a blank MDS each time and go back to the other assessments and forms to pull information. "That tack avoids pulling forward outdated information but it also takes a lot more time," Lake says. "Another option is to pull forward all the information so every field is populated," he adds. "Then you carefully go through and update the information as needed. Some of it will remain the same and that saves the MDS coordinator time."

6. Watch out for features that "force" you to limit your answers. For example, some software products were known for requiring you to put a date of completion that did not exceed two weeks after the assessment reference date, Lake notes. "But if you were late completing the assessment, you couldn't put the actual date, so the software, in effect, required the facility to cheat," he says. "If facilities have that type of thing going on, they need to contact their software provider," Lake advises. "The best software features give you choices and prompt you when you provide an illogical answer."

7. Beware dumping IT functions on the MDS coordinator. "Most MDS coordinators are trying to ensure MDS accuracy and timeliness" and don't have time to field IT requirements as well, Boring says. Instead, the responsibility for maintaining the system should go to a dedicated IT person or someone designated by the administration, Boring opines. "Someone has to keep up with the software updates to ensure those are installed and to deal with the system when it goes down," O'Donnell agrees.

8. Make the software and its vendor part of your Medicare and care team. "The more clinically and business-efficient facilities have a team at their core," Boring observes. "And the facility's software system and the company supporting it should function as part of that team when needed," she suggests. "Partner or consult with the software vendor to better streamline the software's processes, whether it be the MDS, RAPs, care planning or billing," she advises.

9. Consider software that goes beyond the MDS. "An integrated package, for example, can pull information regarding MDS dates and RUGS to the billing side automatically," Boring notes.

Choose software that makes the facility more efficient and pays for itself in that way, suggests **John Ederer, NHA**, president of **American Data** in Sauk City, WI. In his view, electronic medical record systems (EMRs) fit that bill. "With the workforce shortage, there's only so many places where you can improve efficiency - you can't give half baths instead of full baths. But reducing the paperwork burden is one area where facilities can be more efficient in a way that actually improves care," he maintains.