

## MDS Alert

### Medicare Payment: 2 Ways To Keep Your RUG Drivers On Track

#### Stop inaccuracies from derailing payment.

A little help on the front and back end of the MDS process can work wonders in ensuring your residents end up in the right RUG.

MDS experts suggest these strategies to pave the way for MDS and payment accuracy.

**Strategy #1: Develop a RUG crib sheet.** Compile a list of key RUG drivers, such as tube feedings, that will place a resident into one of the clinical RUGs, suggests **Pam Campbell, RNC, CRNAC**, MDS operations director for **LTC Solutions** in Camdenton, MO.

That way, the MDS team can look at the sheet and see that a particular resident has x, y and z, so he should at least go into one of the clinical RUGs. "Then if the RUG grouper doesn't select that RUG--or if the resident doesn't go into one of the RUGs presumed to be skilled--take another look at the MDS," Campbell advises.

**Strategy #2: If the RUG doesn't fit, don't bill it.** Ask yourself if the RUG that the grouper selects reflects the clinical picture of that resident and the services he received, suggests Campbell.

Some facilities do a pre-billing audit in which the multidisciplinary team reviews rehabilitation minutes and whether the MDS has missed any conditions that affect the RUG score. The self-audits can identify MDS inaccuracies that, once corrected, improve RUG payment, says **Marilyn Mines, RN, BC**, director of clinical services for **FR&R Healthcare Consulting** in Deerfield, IL. For example, "if a resident is receiving inhalation equipment, and has pharmacy charges for inhalation therapy, has staff coded respiratory care in P1?" asks Mines.