

## MDS Alert

### Medicare Payment: Good News: You Can Bill The Default Rate For Missing MDS Assessments

CMS representative addresses the issue at SNF/LTC Open Door Forum.

Omissions happen: Sometimes the MDS team forgets to do an MDS assessment even though the SNF provided the services.

Traditionally, in such cases, the SNF would bill the default rate for the days covered by the missing assessment. Yet Transmittal 196 issued earlier this year said the fiscal intermediary would deny a claim for which there's no associated MDS in the state repository except in the following two instances:

- (1) when a SNF resident is discharged or dies on or before day 8 of admission or re-admission;
- (2) demand-bill scenarios.

Industry experts complained that the transmittal contradicted both customary practice and the **Centers for Medicare & Medicaid Services'** own manuals and other instructions. And at the October 2007 SNF/LTC Open Door Forum (ODF), a CMS official agreed that if the SNF provided the services but didn't complete an MDS, the SNF can receive the default rate.

That doesn't mean CMS expects a facility to stop doing MDSs, the CMS official emphasized. And "certainly, if we find any kind of pattern, that would subject your facility to a focused review. We would consider that a very serious problem and abuse of the system," she said.

But for the "rare occasion where something went wrong and an MDS assessment fell through the cracks," Medicare will pay the default rate.

A SNF needs to develop a reasonable approach with "checks and balances" to ensure the MDS team does all the assessments and submits the MDSs to the state repository on time, says **Sheryl Rosenfield, RN, BC**, director of clinical services for **Zimmet Healthcare Services Group** in Morganville, NJ.

Get ready: As CMS moves to the MDS 3.0, the agency plans to streamline the Health Insurance PPS (HIPPS) coding process and develop edits to alert Medicare to missing MDSs, according to the ODF.