

MDS Alert

Medicare Payment: Running In Circles Trying To Set The Best ARD? Here's How To Cut To The Chase

Use a calendar to capture a resident's highest service utilization.

So many MDSs to do, so little time. But facilities that set the ARD even a day too early or late to capture the best payment rate will find themselves more than a dollar short.

Solution: Use a calendar to record the exact dates of a resident's RUG drivers during the assessment reference period, including nursing services, clinical diagnoses and symptoms, therapy minutes, and his highest ADL dependency.

"The MDS team should use the calendar in tandem with the preadmission screening form that identifies the items that group a resident into one of the top 35 RUG groups" under the RUG-53 system, suggests **Maureen Wern**, CEO of **Wern and Associates** in Warren, OH.

"You have to nail down the dates of the services in the hospital that qualify a resident for one of the SE categories," including IV fluids, IV meds, a ventilator, suctioning or tracheostomy care. Make sure everything on the preadmission screening form is on the calendar, advises Wern.

Overcome this objection: The first time MDS nurses look at using the calendar, some of them believe it will require hours of extra work, cautions Wern. "But you can develop your own shorthand in using it," she says. "For example, you can draw a line on the calendar from when the IV meds started in the hospital or facility to the last date the resident received them. Or some MDS nurses simply mark the date a service ended, or the last day that the resident had a fever, etc.," Wern relates.

Once you record all of a resident's RUG drivers on the calendar, ask: Which ARD will capture services to group the resident into a RUG with the highest CMI, which will pay the highest rate under RUG-53?

Using the calendar, you can quickly see that if you set the ARD on one date, you can't capture the IV medication, says Wern. "But if you set it on another date, you may miss out on capturing all the therapy minutes to put the person in a higher rehab RUG classification," she adds.

If You Want to Keep It Simple, Here's Another Option

MDS nurses who don't want to go to the effort of looking at CMI maximization can simply use the calendar to record the resident's services and other RUG-drivers, such as fever and pneumonia or dehydration, according to Wern.

Then look at the calendar to capture the resident's "sickest day," says Wern. She defines that day as the one where the resident used the most resources--especially staffing time. The latter includes time spent assisting a resident perform his late-loss ADLs.

