

## MDS Alert

### Payment: Keep The Revenues Rolling By Transmitting MDSs Timely

**Follow this advice to stay in the cash flow.**

Completing the MDS on time is one thing, but getting paid is another. Before you bill Medicare, you're supposed to electronically transmit the MDS to the state and make sure it's accepted. "The state validates that the facility's RUG is correct," says **Claudia Reingruber, CPA**, of Reingruber & Company in St. Petersburg, FL.

For a non-OBRA, PPS-only assessment, you have 31 days following the date of completion at R2b to transmit the MDS to the state (R2b plus 31 days). The same is true for an OBRA assessment that doesn't require RAPs and care planning.

Transmit an OBRA comprehensive assessment (or a combined PPS and OBRA comprehensive assessment), which requires RAPs and care planning, within 31 days of completing the care plan (VB4 plus 31 days).

**Stay in the cash flow:** Keep in mind that the 31-day deadline is the last possible day you can transmit, reminds **Diane Brown, CEO of Brown LTC Consultants** in Boston. Cash-flow-savvy facilities transmit earlier than that, she adds.

"It is wise to transmit MDSs weekly," says **Joel Van Eaton, BSN, RN, CRNAC**, reimbursement clinician for **Care Centers Management Group** in Johnson City, TN.

Doing so "will not only keep you ahead of the billing cycle" but it allows the MDS coordinators to better manage the validation reports, he adds.

**Tip:** Most software can help you identify which MDSs are complete and batch them in that way, so you can transmit them to the state, counsels **Nancy Augustine, MSN, RN**, a consultant with **LTCQ Inc.** in Lexington, MA.