

MDS Alert

Reimbursement: 3 Strategies That Will Ring The Fiscal Wake-Up Call For Your Facility

Show -- don't tell -- administrators how the MDS impacts your bottom line.

When it comes to getting the resources you need to ace the MDS, dollars speak louder than words.

Administrators are starting to "get it" when it comes to understanding what the MDS can do for the facility's bottom line. And these three strategies should make a fiscally convincing argument for the value of giving the person doing the MDS the right tools -- including training and time -- to do the RAI process right.

1. Do a PPS assessment using the same assessment reference date (ARD) for every resident and running the RUG grouper for that. "Then take the time to do an in-depth follow-up and really dig into the hospital record and figure out a couple of different ARDs to capture the highest resource use/acuity level -- and show the administrator or DON the difference in reimbursement," advises **Pam Manion, MS, RN, CS, GCNS**.

You can then say, "If I had more time ... and weren't rushing to get all of these things done ... I could do this on a regular basis." Emphasize that it's not fraud but strictly within the rules.

2. Show how much money the facility loses if it has to bill one default rate because an MDS wasn't completed within the assessment window. And that does happen when MDS coordinators don't have a good understanding of the Medicare assessment requirements -- or enough support and help to get through the mountain of MDSs every month.

3. Put together a little chart comparing two different rehab RUGs with a one-point difference in ADL scores with the same number of therapy minutes. Multiply the difference in payment between the two RUGs times 30 days times all of the residents where you didn't have time to really work with the CNAs to capture that one instance of a higher level of ADL assistance that's falling through the cracks -- and resulting in a lower paying rehab RUG.