MDS Inaccuracy: Forecast for Failure!

OBJECTIVES:
- Review RAI Manual updates for FY2016
- Uncover common MDS coding mistakes
- Discover what MDS coding mistakes might impact
- Determine what steps can be taken to improve and validate MDS accuracy

MDS Accuracy

What Changed on October 1, 2015
- Updates
- Clarifications
- Corrections

Biggest Change – ICD-10 Coding
MDS Accuracy

Chapter 2, p. 2-4: Newly Certified Nursing Homes - Update

During the certification process, CMS requires completion of MDS. These MDSs CANNOT then be submitted to QIES ASAP database.

Admission assessment completed prior to the certification date: No need to do another Admission assessment after certification.

Continue with next MDS that is due (may get sequencing error in Validation Report).

Certification Date = Day 1 of Medicare stay for MDS PPS purposes.

MDS Accuracy

Chapter 2, p. 2-52: COT OMRA Clarification:

If last day of Medicare Part A benefit (A2400C) is prior to day seven of the COT observation period, then no COT OMRA is required.

If last day of Medicare Part A benefit (A2400C) is on or after day seven of the COT observation period, then a COT OMRA would be required if all other conditions are met.

If last day of Medicare Part A benefit (A2400C) is on or prior to day seven of the COT observation period AND the resident is being Discharged, then no COT OMRA is required.

COT OMRA may be combined with the Discharge assessment if that is preferred.

MDS Accuracy

Chapter 3, p. A-32 (A2400) - Correction:

Removed the term: “Generic Notice” and replaced with “Notice of Medicare Non-Coverage (NOMNC)” in the item and in the subsequent example.

Chapter 3, p. I-4 - Update:

1. When a resident receives aftercare following a hospitalization, a V code is currently assigned in section I. Beginning October 1, 2015, aftercare codes will begin with a Z.

2. When Z codes are used, another diagnosis for the related primary medical condition should be checked in items I0100–I1000 or entered in I8000.
Clarification:

If a resident had a pressure ulcer that healed during the look-back period of the current assessment but there was no documented pressure ulcer on the prior assessment, code 0.

Deleted two coding tips in M0300A, for clarity:
- If a resident had a pressure ulcer on the last assessment and it is now healed, complete Healed Pressure Ulcers item (M0900).
- If a pressure ulcer healed during the look-back period, and was not present on prior assessment, code 0.

The Medicare Short Stay Algorithm has been updated
All references to the Readmission/Return assessment have been removed

Common mistakes can blow BIG problems your way
What will inaccurate MDSs affect?
What you can do to avoid inaccuracies?
MDS Accuracy

**MDS inaccuracy can lead to significant provider issues:**

- Five Star Rating
- Quality Reporting
- Survey Compliance
- Medicaid and Medicare Reimbursement
- Care Planning

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Five Star Rating

The Overall Score comes from 3 areas:

- Survey - Health Inspections
  - Annual and Complaint Surveys could include citations for MDS related items
- Quality Measures – come directly from MDS
- Staffing as reported on annual Survey collected via OSCAR report
  - Soon to be Payroll Based Journal – electronic submission
  - Risk adjusted based on RUG scores on MDS

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MDS Accuracy

**Quality Measures** — data comes directly from MDS:

- Demonstrates quality of care!
- Impacts - Resident and Family Satisfaction!!
- Pay for Performance is Coming!!!
  - Update to flu season reporting period – 10/1 – 3/31 for calculation of flu measures
  - Calculation of ‘missing values’ for risk adjusted measures – moves to low risk instead of dropping
MDS Accuracy

Care Planning
- MDS answers generate Care Area Triggers leading to investigative review of 20 Care Areas
- If MDS is miscoded – these will inappropriately trigger
- May lead to Care Plans that don’t truly address resident specific function!

Survey Compliance
F-Tags F272 through F287:
- MDS Accuracy
- MDS Completion and Timing
- Comprehensive Assessments
- Quarterly Review Assessment
- Certification of accuracy at Z0400
- Completion certified by RN at Z0500
- Care Planning
MDS Regulations @CFR 483.20 & Appendix PP of the State Operations Manual (SOM)

Interviews
- BIMS – Brief Interview for Mental Status
- PHQ-09 – Patient Health Questionnaire
- Preferences for Customary Routine and Activities
- PAIN

See RAI Manual - Appendix D
MDS Accuracy

Interviews – Technique Matters
- Conduct the interview in a private setting
- Be sure the resident can hear you
- Residents with hearing impairment – test with usual devices/techniques used
  - Try an external assistive device (headphones or hearing amplifier) if needed
- Minimize background noise.
- Sit so that the resident can see your face
- Minimize glare by directing light sources away from the resident’s face
- Give an introduction before starting the interview

MDS Section G

ACTIVITIES OF DAILY LIVING

Late Loss ADL Components – are they under-coded?
- Bed Mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture.
- Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet).
- Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration).
- Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag.
MDS Section G

ADLs – how is data collected?
- ADL Flowsheets - ? Holes ? Copy-Cat Charting
- Computerized Data Collection – immediately after care? End of shift?
- Nurses Notes – is this information reviewed prior to coding?
- Assessments – is ADL data also collected in User Defined Assessments?
- Therapy Notes – coordinate with therapy to 'translate' terms
- Software ‘gotchas’ – if automatically pulling data into MDS – from where?

MDS Section G

- Educate
- Audit
- Re-Educate
- Audit
- Educate Again
  - Repeat!
  - Repeat!!
  - Repeat!!!
  - ...
MDS Section I

Active Diagnosis
- Physician documented diagnosis last 60 days
- Still ACTIVE in the 7 day look-back period
- Active diagnoses are diagnoses that have a direct relationship to the resident’s current functional, cognitive, or mood or behavior status, medical treatments, nursing monitoring, or risk of death

MDS Section I

UTIs may be over-coded:
In the last 30 days must meet ALL the following criteria:
- 1. Diagnosed a UTI in last 30 days
- 2. Sign or symptom attributed to UTI
- 3. “Significant laboratory findings”
- 4. Current medication or treatment for a UTI in the last 30 days

[RAI Manual, Ch 3, I-8]
MDS Section M

Pressure Ulcers – are you following the NPUAP guidelines?
- Does staff understand staging procedure and definitions?
- Unstageable – 3 types
- Present on Admission vs In-House Acquired
  - Returns with PU at same stage - should not be coded as “present on admission”

RAI Manual, Ch 3, M-7
www.npuap.org

MDS Section P

RESTRAINTS

#1 – Does Device meet Definition? - “Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident’s body that the individual cannot remove easily, which restricts freedom of movement or normal access to one’s body (State Operations Manual, Appendix PP).” (RAI Manual, Ch 3: P1)

#2 - Next ask – what effect does this Device have on the resident

“Observe the resident to determine the effect the restraint has on the resident’s normal function. Do not focus on the type, intent, or reason behind its use.” (RAI Manual, Ch 3: P3)
MDS – Warning about “Programs”

Programs should be:
- Planned – a resident specific plan that is individualized to meet needs
- Communicated – staff know what to do and when to do it
- Evaluated / Reassessed – Response documented? Effectiveness?
- Incorporated into the Plan of Care

Programs captured on the MDS include: Turning and Repositioning, Toileting, and Restorative Program (very specific guidelines).

Reimbursement

MEDICARE PART A - RUG-IV 66 Grouper – do you understand the system?
Key items that contribute to RUG Scores:
- Late Loss ADLs
- Bed Mobility
- Transfer
- Eating
- Toilet Use
- Therapy Days and Minutes – PT, OT, ST
- Nursing Qualifiers
- PHQ-9 Interview for Signs and Symptoms of Depression

Reimbursement

Medicaid in a Case Mix State – like KANSAS!
- Are you reviewing / correcting your Case Mix Reports?
- Are you capturing highest level of care & services provided?
- Checking look-back periods?
- ADLs?
- Capturing Therapy Days and Minutes appropriately?
- Able to capture Restorative Nursing Programs
- need at least 2 for 6-7 days per week to qualify
- Are Interviews being done per guidelines?

For Kansas Case Mix information go to: www.agingks.gov
REIMBURSEMENT
ARE YOU OVERLOOKING POTENTIAL REIMBURSIBLE ITEMS?

<table>
<thead>
<tr>
<th>REIMBURSIBLE ITEMS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1100</td>
<td>Shortness of Breath When Lying Flat</td>
</tr>
<tr>
<td>K0710 A &amp; B</td>
<td>Tube Feeding at Skilled Level</td>
</tr>
<tr>
<td>O0100</td>
<td>Treatments WHILE A RESIDENT (in ER?) IV Meds, Oxygen, Suctioning, Trach Care, Ventilator, Transfusions, etc</td>
</tr>
<tr>
<td>O0400 #D</td>
<td>Respiratory Therapy &gt; 7 Days</td>
</tr>
</tbody>
</table>

MDS Forecast for Success!
Utilize your QAPI Program
MDS Accuracy Audits
Quality Measure Review
Performance Improvement Projects
- Measureable
- Feedback to Committee

MDS Forecast for Success!
MDS Accuracy Audits
Focus on YOUR Problem Areas
- ADLs ?
- Therapy Days / Minutes ?
- Restorative Programming ?
- Interviews ?
- Programming ?
MDS Forecast for Success!

MDS Reports / Tools
- Utilize Software Reports
- Review Validation Reports
- Look at ADL Index Levels
- RUGs – ask yourself – Does this RUG truly represent resources utilized to care for this resident?
- Don’t copy from one MDS to another – items not updated!

Thank You
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Forecast for Success: Accurate MDSs!

Resources

MDS 3.0 Manual:

National Pressure Ulcer Advisory Panel
www.npuap.org

Quality Measures:

Five Star Reports: