Use These Expert Tips for Comfort with Data Set Changes

The mere thought of revisions to the Minimum Data Set (MDS) is enough to create anxiety in long-term care team leaders, including nursing staff. But taking a deep breath and reviewing some insights from the PharMerica webinar, MDS 3.0- 1.18.11 - Data Set Changes that will Influence PDPM Rate Calculations, can help turn that anxiety into sighs of relief.

Webinar presenter Leah Klusch, executive director of The Alliance Training Centers in Ohio, has read – and reread – the revised State Operations Manual. She offered several steps facilities and their teams should be taking to respond to new processes in MDS (which go into effect this October), stay in compliance, and receive appropriate and accurate reimbursement.

Three Keys: Teaching, Talking, Listening

Klusch started with some basics. "You need to look at data collection tools, including electronic processes, and make sure you have a compliance strategy." She added, "Data accuracy will always be a centerpiece of your efforts. You need to make sure your data accuracy standards are up to date with the new manual." She observed, "Survey issues are just beginning to grow. Proper documentation is essential for everyone." Surveyors, she said, will be looking at the specifics of the data you are submitting.

Then Shift to Specifics

Klusch then moved into some specific steps to take to be prepared and make sure there are no unhappy surprises come October:

- **Compliance audits are essential.** "Records of self-audits are very important and helpful," she said. Make sure the primary diagnosis for admission is included and that MDS and billing match. Certification documents need to be signed and dated on time. Treatment records, orders, and documentation of interventions for skilled nursing or skilled therapy are required as well as documentation regarding changes in

coverage. "This is a facility responsibility, not that of therapy contractor," Klusch stressed, adding, "The facility owns the record, so be sure that records transfer if you change contractors."

- **Have a compliance strategy.** Have updated copies of regulatory and Part A provider requirements. Determine who uses Medicare Benefit Policy Manual 11-98-2021 as a reference, and make sure they have updates. Make all interdisciplinary team members aware of the requirements and timing for compliance. Finally, determine who is responsible for orientation of new staff certifications.

- **Focus on data accuracy.** "MDS 3.0 data accuracy is a primary focus for payment and outcome documentation," Klusch said, adding, "Data formulation processes and policies are required by regulation." Specific competency and responsibility must be documented for all persons coding into the data set. Manuals and CMS documents must be updated and available for reference by all team members. The current Resident Assessment Instrument (RAI) manual (October 2019) is the source of coding guidance and should be available to all team members.

- **Attend to operational issues.** Don't let any details fall through the cracks. Have an updated data quality and formulation policy, address payment changes, and make sure staff has the training they need to get and stay in compliance.

Use These Expert Tips for Comfort with Data Set Changes (Cont.)

- **Understand the impact of data on payment and outcome documentation,** particularly the impact of the first seven days of stay documentation.

- **Remember that the provider is responsible for supervising arranged services.** This includes ensuring complete and timely resident records and communicating this information to staff and the resident's physician.

- **Make sure everyone understands new definitions.** "The dictionary at the back of the new RAI manual (October 2023) went from 20 to 25 pages. There are many new definitions, and your team needs to be familiar with these," said Klusch. She stressed that understanding new/revised definitions is essential to make sure you are accurately measuring, calculating and documenting data.

- **Review and update data formulation policies and procedures.** "This is an important part of compliance," Klusch said. Be sure to have a format for Part A Medicare Case audits.

- **Maximize accuracy of MDS data.** "Many MDS nurses or team members coding the MDS don't have current manuals, adequate updated training, and/or the efficient hardware and software they need," said Klusch. Everyone coding in the MDS must have current coding instructions for the items they code and have competency documentation on file.

- **Revise your forms and revisit your interview process.** "Remember that Appendix D is about how to conduct an interview," Klusch noted.

- **Some key sections to focus on include GG, K, N, and O,** in which there are numerous changes.

You've Got This

There is no denying that preparing for these changes will take time and effort. However, if you follow these tips and make sure all the gaps are filled and the boxes are checked, you can feel confident that you are ready for surveyors and PDPM in 2023. Klusch said, "Begin with an understanding of current data collection processes, then add the October 1, 2023, RAI manual changes. Next, evaluate data formulation policies and procedures for compliance, and educate all interdisciplinary team members on the structure of the PDPM payment process." Finally, evaluate the case management process at the time of admission to increase accuracy of diagnostic information, treatments, interventions, and services necessary to care for each new resident when they begin their stay at your facility.

Don't forget to clean house by reviewing your history of compliance with assessment, transmissions and validation as well as late assessments. Make sure your team understands the changes to the internet Quality Improvement and Evaluation System (iQIES) transmission system and is familiar with new CASPER reports. Also, redesign the resident utilization review process to adapt to PDPM data requirements and outcome documentation. Notes from utilization review meetings are very important to support skilled coverage decisions by the IDT.

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