Lock Down Preparation for MDS 3.0 1.18.11 with 6 Strategies

We're coming down the final stretch in the conversion to the revised MDS. While there are still a few issues up in the air, it's time to lock down a final plan to comply with the changes and get everyone on your team ready to go.

Leah Klusch, executive director of The Alliance Training Center, offers six strategies to be prepared and avoid problems and surprises.

1. Be aware. The good news is that not everything is changing. The not so good news is that not everything has been finalized, and we are still waiting for the revised RAI Manual. "There are a lot of things happening at once. CMS is looking over your shoulder and will be paying closer attention to claims, audits, and MDS and billing processes – with mandatory claims review audits being initiated," said Klusch. She suggested having compliance documents available going back to Part A activity and what you're billing for.

2. Identify current training resources for managers and interdisciplinary team members. Right now, said Klusch, the current approach is for everyone on your team to have a hard copy of the new assessment tool. This can be downloaded here. "Point out changes and things that haven't changed. Also, go back to the draft manual and identify where the changes are. Look for new terms and definitions and make sure everyone knows what they are and how to use them," she said.

"You should be using these resources now and making sure anyone involved in coding in these areas is reviewing the videos and looking at case studies," she said, stressing the importance of documenting what training you provide. "You have to have a specific data collection process that needs to standardize how data is collected and put into the database."

3. Conduct an operational review of current data formulation policies and procedures, including competencies and accuracy audits. Everyone who codes should know there is a regulatory structure, what it is, and what their role is. "Make sure you have team members who are competent in their responsibilities. Increase the number of internal audits," Klusch said. It will be essential to ensure that assessments are done within designated timeframes, she stressed. Remember that when assessments are completed, you can only count and code things that happen during the observation period. There is no backdating, so everything needs to be included and accurate during the assessment reference period for that assessment.

4. Monitor new CMS initiatives regarding claim audits, regulatory activity, MDS, and billing. Pay special attention to the conversion to the MDS 3.0.1.18.11 database on October 1: schizophrenia audit (psychotropic use) current data, skilled nursing facility claims audit (5 Part A Medicare claims per provider) current data, claim review and data pattern analysis, and post-COVID audits and 3-day waiver use. "Make sure your team has the current user manual and that any new team member who is going to be part of documentation has all the training and resources they need," said Klusch, stressing, "You need to invest in training and competency."

5. Conduct compliance reviews. Check for documents to support benefits, data, and timing of documentation. "This is an area where we need significant attention because things are changing," said Klusch. Documentation must substantiate benefits, data accuracy, timing of documentation, and compliance with definitions and instructions in the RAI Manual as well as federal rules and manuals. The SNF is billing federal and state programs for covered benefits, so start with documentation at the time of admission to establish payment. The facility has administrative

continued on next page

Lock Down Preparation for MDS 3.0 1.18.11 with 6 Strategies Cont.

responsibility for data collection and reporting processes. It is important to note, Klusch said, that transition guidance hasn't yet been published so "we don't know what we will be directed to do with assessments over the transition period starting October 1, 2023."

6. Pay attention to specific new definitions and documentation formats defined by the new MDS and Manual instructions. It's essential that each team member be competent with new definitions and data formulation for each section or time on the MDS. Tag 641 in the current regulatory process, Klusch stressed, states, "Facilities are responsible for ensuring that all participants in the assessment process have the requisite knowledge to complete an accurate assessment." This assessment must represent an accurate picture of the resident's status during the assessment reference period.

Ensuring Data Accuracy

One key to all this is data accuracy. This is a combination of documentation formats for staff and their understanding of coding directions, said Klusch. She offered some tips:

- Establish specific current data collection processes.
- Evaluate the interdisciplinary team's competency and understanding of specific requirements.
- Look for patterns of informed data discussion without reference in the medical records.
- Document case discussions in meetings.
- Pay attention to timeframes for data collection and reproducibility.
- Be very specific and clear about assessment assignments and documentation responsibilities for all interdisciplinary members who will do assessments if team members are not available.
- Include assessment responsibilities in job descriptions.
- Make sure organizational charts show assessment processes, responsibilities, and operational management.

Take It Step-by-Step

This clearly is a huge endeavor that will continue to require tremendous preparation, training, and new ways of thinking and working. However, Klusch stressed that taking things piece by piece and step by step will help facilities succeed. For operational and fiscal success in 2023, she offered a few key focuses. Among them: preparation for outside audits; compliance documentation of policies and coverage decisions for partnership agreements; use of Medicare Benefit Policy Manual Chapter 8; case-by-case documentation of coverage; new guidelines with very strict criteria from regulatory sources address requests on submitted claims; and specific certification statement in the Medicare Provider Agreement.

Click here for an entire webinar with Klusch's insights.