

WELCOME

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Asking a question is easy!

- About the topic being presented —
 - ❖ Click on the **Q&A** icon at the bottom of your screen
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 - ❖ Questions will be answered at the program's end, or offline if time runs out

- About technical issues or CE credit —
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- ▶ This webinar is being recorded for on-demand access later, after the series' conclusion
- ▶ To earn CE, you must attend the entire session
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2021 WEBINAR SERIES

The Practical Side of Working with the Minimum Data Set (MDS)

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Agenda

- ▶ Introduction
- ▶ MDS Basics
- ▶ Behold the power of the MDS (and MDS Coordinator)
- ▶ Quality Improvement and the MDS
- ▶ Reimbursement Matters
- ▶ Regulatory / Compliance / Liability – MDS Pitfalls

Let's
GO!

Introduction

- ▶ The goal for today is not to teach the basic process of the MDS outside of a few slides to set up the discussion. The focus is on how we can harness the power of the MDS and use it to our advantage.
- ▶ **2 things** that separate good from great, 1-star from 3-stars, and allow for the maximization of the MDS
 - Leadership
 - Accountability

**ACCOUNTABILITY AT
EVERY LEVEL IS
CRITICAL, AND
LEADERSHIP BEGINS
AT THE TOP.**

QUOTEHD.COM

Mary Landrieu

MDS Basics

- ▶ The purpose of the MDS:
 - Assess and evaluate the resident's quality of emotional, mental, and physical care being provided
 - To validate the care being provided for reimbursement
 - To provide data to CMS and affiliates for a wide range of purposes

MDS Basics

▶ Mind your timelines!

- ARD dates
- Look-back periods

▶ **Nothing more – nothing less!**

MDS Basics

Table 1. Scheduled Assessments				
Assessment Type	AI	ARD Window	Grace Days	Medicare Payment Period
5-day	10	Days 1–5	Days 6–8	Days 1–14
14-day	20	Days 13–14	Days 15–18	Days 15–30
30-day	30	Days 27–29	Days 30–33	Days 31–60
60-day	40	Days 57–59	Days 60–63	Days 61–90
90-day	50	Days 87–89	Days 90–93	Days 91–100

MDS Basics

Table 2. Unscheduled Assessments

Assessment Type	AI	ARD Window	Medicare Payment Period: Start	Medicare Payment Period: End
SCSA or SCPA	01	No later than 14 days after significant change/error identified	Payment begins on the ARD	End of standard payment period
SOT-OMRA	02	5–7 days after the start of therapy	Date of the first therapy evaluation	End of standard payment period
EOT-OMRA	04	1–3 days after all therapy discontinued	The day after all therapy discontinued	End of standard payment period
EOT-R	0A	1–3 days after all therapy discontinued	The day after the last day of therapy	The day before therapy resumes
COT-OMRA	0D	Day 7 (last day) of the COT observation period and then every 7th day until the next scheduled assessment	The first day of the COT observation period	End of standard payment period or until interrupted by the next COT-OMRA

Behold the Power of the MDS (and MDS Coordinator)



- ▶ The single most important tool in your arsenal – and with the **highest** risk
- ▶ The MDS / Care Plan Coordinator is one of the most important people in the organization, they can make or break a facility in so many ways

Behold the Power of the MDS (and MDS Coordinator)

- ▶ Leadership and Accountability in the MDS process
 - Accurate
 - Timely
 - Comprehensive
 - Collaborative
 - Individualized

- ▶ Resident-centered approach to the interview process
 - If the resident is unable to participate in the assessment process, talk with front line staff and don't forget activities and housekeeping

Behold the Power of the MDS (and MDS Coordinator)

- ▶ Using the MDS to your advantage
 - Quality improvement
 - Reimbursement

- ▶ Using the MDS to protect your organization
 - Regulatory
 - Compliance
 - Liability Protection

Quality Improvement and the MDS

- ▶ How do you use your MDSs?
 - Is it part of the quality assurance process?
 - Do you use it to drive your 5-star score?
 - Do you review your QI report at the individual level?



Quality Improvement and the MDS

- ▶ Quality Indicator Reports (Casper Reports)
 - Understanding the numerator and denominator
 - ❖ Who is in and who is out
 - ❖ A missed box or inaccurate scoring will make a difference
 - Understanding the percentile and what it means to be flagged



Quality Improvement and the MDS

► Publicly reported Quality Indicators

- LS – residents with unstageable pressure ulcers, high-risk
- LS – residents with restraints
- LS – residents with falls with major injury
- LS and SS – residents with psychoactive medications without related conditions
- LS – residents with antianxiety / hypnotic medication prevalence
- LS – percentage of residents who received an antianxiety or hypnotic medication
- LS – residents with UTI
- LS – residents with catheter inserted or left in their bladder
- LS – residents whose needs for ADL help increased
- LS – percentage of residents whose ability to move independently worsened
- SS – percentage of residents who made improvements in function

Quality Improvement and the MDS

- ▶ How do you use the MDS to drive the QI report?
 - Trending
 - Analyzing for accuracy
 - Identifying focus areas in which you can improve your Quality Indicator 5-star score
 - ❖ Did you know that you can improve your overall 5-star score by 1-point if you have 5-stars in QIs?
 - ❖ Focus on the areas in which you can have the greatest impact
 - ❖ If AHCA member, use the Trend Tracker and other tools available

Reimbursement Matters

- ▶ Everything hinges on the MDS when it comes to reimbursement – and accuracy matters
 - Medicaid
 - Medicare / PDPM
 - ❖ Know the areas that impact PDPM scoring
 - ❖ Pre-check residents prior to admission acceptance by using a PDPM predictor
 - Managed Care
 - Insurance

- ▶ Remember – take credit for everything you are doing, but nothing more!



Reimbursement Matters

- ▶ How often are MDS-based rates updated?
 - In most cases, the rates are rebased every 3-months
 - Take advantage of significant changes
 - Default rate impact lasts for the entire 3-months and can have a significant impact on overall reimbursement



Regulatory / Compliance / Liability – MDS Pitfalls

- ▶ As much as the MDS can be used to your advantage, it can also be used against you
 - IDPH
 - Lawsuits
 - Corporate Compliance
- ▶ Is your MDS and assessment process telling the whole story? What happens when it doesn't?
- ▶ How does MDFS accuracy work within a compliance program?



Regulatory / Compliance / Liability – MDS Pitfalls

► Regulatory Tags Specific to the MDS

- F636 – Comprehensive Assessment and Timing
- F637 – Comprehensive Assessment
- F638 – Quarterly Assessment at Least Every 3-Months
- F639 – Maintain 15 months of Resident Assessments
- F640 – Encoding and Transmitting the Resident Assessment
- F641 – Accuracy of Assessments
- F642 – Coordination / Certification of Assessment
- F644 – Coordination of PASARR and Assessments
- F645 – PASARR Screening for MD and ID
- F646 MD / ID Significant Change Notification

► *These F-Tags are often cited along with additional, more specific tags as well*

Regulatory / Compliance / Liability – MDS Pitfalls

► The legal landscape

- How does the MDS get used against you from a legal point of view?
- Accuracy and meeting the standards can make or break a case
- Can you defend the care being provided through the assessment process or does inaccuracies create a compounding legal problem?



Regulatory / Compliance / Liability – MDS Pitfalls

- ▶ Audit your MDS Assessments on a regular basis as part of your Quality Assurance process
- ▶ *Do not play “catch-up” at survey time! It is already too late and a serious compliance issue.*
- ▶ Add up your minutes, do they seem reasonable or even possible?

Closing

► Make the MDS work for you

- Learn it
- Live it
- Love it . . . At least try to.

► Support your MDS / Care Plan Coordinator

- Turnover in this position alone can have devastating impacts on the organization for all the reasons covered
- Succession planning for this role is essential for long-term consistency

Closing

- ▶ The most important document you do every day is the MDS, it is everyone's responsibility to ensure it is accurate and timely. All your assessments should flow from and back into the MDS.
- ▶ Use the MDS to your advantage.
- ▶ Don't forget **Leadership** and **Accountability**



Q & A

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Approval #20230102-1-A80329-DL

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THANK YOU!