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Simple and Easy: Winning in PDPM Payment and Regulatory Strategies

Building a Team Approach to Data Formulation



5 Steps to Building a Team Approach to Data Formulation

Has your admissions department seen the MBPM Chapter 8?

Are you using updated definitions and coverage and documentation guidelines?

Have you done audits on Part A cases for compliance?

Are your certifications signed and dated properly and stored carefully?

Does coverage of skilled services match the requirements?

Odds are, the answer to many of these questions is no. Yet strict adherence to proven processes can help ensure success when it comes to payment.

To make sure your policies and procedures for documentation will ensure your data formulation is accurate, complete and in compliance with the Medicare rules, it's important to do comprehensive review.

When you do an internal audit of the quality of the data and data collection process, here are five ways to ensure the clinical, operational and financial readiness of your team.

- 1. Assess Your Data Collection.** *Begin with understanding your current data collection processes. Who is responsible for making sure you have accurate data, that you're compliant, and that your payment is adequate because you're using the payment system as it was written? For example, are admission criteria documented in the chart? Does the admission primary diagnosis in the MDS match billing? Keep in mind that your facility owns this process even for third-party covered services like contracts with nurse practitioner groups or dieticians so they need to have the same information and training on your data formulation process. Anyone writing into the chart all understand importance of documentation and how it is impacting the very complicated and large database that formulates into your Part A Medicare rate. Remember: it begins with all the rules, definitions and process parameters that are in the October 1, 2019 RAI Manual.*
- 2. Educate IDT Members.** *Be sure all interdisciplinary team members understand the structure of the PDPM payment process, database content impacting it, and the effect of HIPPS codes. Chapter 6 of the RAI Manual contains foundational information that can aid*

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in this understanding. In addition, all IDT members who code into the database must have updated instructions from the latest manual. IDT competency encompasses that the staff understand how and what data is collected so departmental leadership should reinforce the MDS language. You also need to be careful about the content of your utilization review meetings during the resident's stay. If they required skilled nursing or skilled rehabilitation during the stay, did they meet all the Medicare requirements? You'll want to document your conversations and meeting activities in the elder's record so it's part of the reproducible data.

- 3. Evaluate Your Case Management Process.** Review your case management process at the time of admission. So, for example, if you have a bed available and a Part A case waiting to be admitted, do they meet all the right criteria? There are a lot of references to skilled nursing facility eligibility in Chapter 6 of the RAI Manual. It's important that your admissions personnel, nurses, social workers and front-line staff are gathering treatment records, orders and documentation required and getting it into the record. It's now also crucial to assess your history with institutions and the accuracy and completeness of their transfer data. You need to be careful to get all the required information to get the assessment done and transmit the MDS on time. Remember, that all gets included on CASPER reports and there's oversight on late transmissions or those that can't be validated.
- 4. Optimize your Orientation and Onboarding:** Everyone needs to know that MDS data is being collected in the first three days, in the first seven days and also if something occurs once or twice in that seven-day period. Your assessment should be standardized so use the specific definitions and steps for assessment from the RAI Manual when you do your training. Start with the regulatory structure and tag, then identify who is responsible for coding into the MDS and, finally, go over the rules section by section. All staff need to understand that all off the 200-plus items on the MDS database drive dollars that go into the base rate that gets to your Part A payment. So whoever on your team codes "MDS drivers" or data items that actually create the dollars per day that you get from Part A Medicare stay, whether that's a diagnosis or intervention for a skincare treatment, must have good training on what's in the RAI Manual to get the assessment correct. Once you train your staff, make sure they understand the data formulation process and document that they've been trained and when so you can prove it.
- 5. Benchmark Your Interviews.** Interviews are subject to documentation requirements. In the back of your RAI Manual, Appendix D and E have a lot of information about how to do your interviews and score them. This must be part of the training process for people doing the interviews. While there are six interviews that must be done in the first seven days, two have a high impact on PDP payment: Mood Interview and BIMS. Each has a specific structure so make sure the people doing the interviews have the right approach. Follow the steps in the RAI Manual since there are some very specific interventions and approaches that must be used when doing these interviews to uncover specific issues many elders have that we can address.

There's a direct relationship between what you put on the MDS and what you get paid. And it's your responsibility to ensure the claims submitted to Medicare are accurate according to the regulations and the procedures, which include RAI Manual and MDS process. So find out what you are or are not doing today right. If your approach isn't where it needs to be, be open and honest about the issues you find and aggressively address them to make sure your practices improve.