

3 ways



Your MDS Transmission Workflow Is
Hurting Reimbursement

Introduction

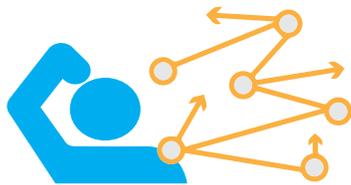
3 Ways Your MDS Transmission Workflow Is Hurting Reimbursement



Is your MDS transmission workflow working against your reimbursement strategy?

You've done the hard work – resident interviews, ADL flow sheets, EHR records, therapy notes...the list goes on. Now all you have to do is transmit your MDS assessment batches to CMS.

Simple, right? Not so fast.



Under the single umbrella known as MDS 3.0, CMS has created a complex system that aims to cover the full breadth of resident care, quality measures and facility reimbursement across the country. That's a tall order for any system

– especially one that includes more than 16,000 long-term care facilities and 1.5 million residents.

The good news is that the rules and regulations apply uniformly to all players. The bad news is that the system's complexity makes compliance a difficult task.

And to make matters worse, in order to be successful, skilled nursing facilities must carefully manage their MDS workflow and transmission in order to achieve optimal reimbursement levels.

Many long-term care organizations don't realize that the flow of MDS data within the facility is critical to success in managing reimbursement. Have you fully evaluated your MDS information and transmission process and its impact on your organization?

This eBook lays out three key areas related to MDS workflow and transmission that might be hurting your reimbursement strategies.

The flow of MDS data within the facility is critical to success in managing reimbursement.

#1 Manual MDS transmission slows workflow and compounds errors



Automating data makes sense



In a world where data is constantly flowing, changing and increasing in volume, it simply makes sense to automate. In fact, data automation has become such an integral part of our lives that we've almost stopped noticing it.

For example, email is an important part of your professional life. But what if you had to stop what you were doing and manually sync your computer to check for new messages? What if you were expecting an important text but couldn't receive it until you manually instructed your phone to connect to your service provider?

These scenarios seem ridiculous in today's world. Unfortunately, many data processes in long-term care are still performed manually. And this can add up to a significant cost over time.

An inefficient process for transmission

A key area where a long-term care facility's reimbursement may be affected by a manual process is in the transmission of MDS batches to CMS. In this scenario, the work related to creating the MDS assessment has been completed and only transmission remains.



What happens now? Automation stops and the MDS staff has to physically manipulate data files (which include protected health information), connect to the remote CMS servers via VPN, and manually transfer assessment batches. Then there is usually a separate but similar process to retrieve CASPER reports from CMS.

Inserting a manual transmission into the MDS workflow diminishes the value of both human capital and IT systems.

#1 Manual MDS transmission slows workflow and compounds errors



This is where the productivity of MDS staff and the usefulness of automated clinical systems falter. Inserting a manual process like this into the MDS workflow diminishes the value of both human capital and IT systems.

How is reimbursement affected?



A manual MDS transmission process can negatively affect reimbursement because it leads to:

Less focus on areas of strategic value. The inclusion of this manual process into the MDS workflow leaves less time for staff to focus on MDS accuracy and efficiency. Their focus is devoted to a time-consuming process rather than being directed to areas of strategic value to the facility.

Increased likelihood of errors. When staff time is taken up by a cumbersome manual process, it becomes more likely that MDS errors and rejects will be overlooked. This becomes magnified when there is frequent employee turnover or limited staff training.

Magnification of inefficiencies. A manual process creates inefficiencies that can add up over time. As with any manual process, small errors become compounded, especially as workloads and regulatory requirements increase.

Benefits of automation

A manual data process is like walking on a treadmill. While you're doing it, you're accomplishing something but can't focus on other tasks. When you automate the process, you step off the treadmill and let it run by itself while you turn your attention to more important areas – including those that directly affect the bottom line.

Reducing manual processes eliminates errors and allows information to flow in a more controlled and measurable way.



Reducing manual processes not only eliminates errors, it allows information to flow in a more controlled and measurable way. With automation, staff can do more work more easily. Workflow improves across the facility, and reimbursement and profitability naturally increase.

The solution: Automate CMS transmission

The alternative to the cumbersome manual MDS process is an automated MDS transmission workflow. This means that as soon as your clinical system creates an MDS batch, it is automatically detected and submitted to CMS without any manual intervention.

In addition, all your CMS data – Final Validations, CASPER reports and QI/QM data – are retrieved automatically as part of the same process and displayed in a simple dashboard view, allowing MDS staff to easily track warnings, and correct issues and resubmit rejects in minutes.

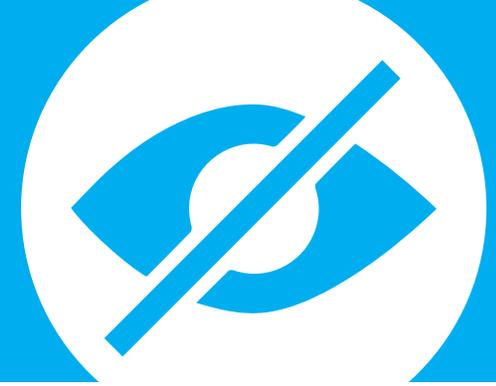


This automated workflow creates a process that is as near to real-time as possible, and eliminates errors that a manual process inevitably brings.

THE TAKEAWAY

Automating MDS transmission minimizes errors and allows staff to focus on areas of strategic value.

#2 Lack of visibility means missed billing opportunities



A limited view of data

It's no secret that analyzing and understanding data has become fundamental to success in any industry. In order to stay ahead of competition and changing regulations, businesses must not only have access to all their data, but be able to view it in an understandable and actionable way.

The key words here are *understandable* and *actionable*.

This is one reason we hear so much about dashboards these days. A dashboard provides a simple view of data and key performance indicators (KPIs) that relate to a particular business objective or process. The goal is to highlight key information about the business so that managers know where changes need to be made.

A big reason that long-term care facilities fail to achieve optimal reimbursement, however, is that they don't have a complete picture of their MDS transmission workflow.



Rather than seeing a top-level view of all MDS transmission activity, which ideally includes an end-to-end picture of the workflow down to the individual MDS assessment and resident, MDS staff are often limited to manually searching on a granular basis for MDS rejects and exceptions. Because they don't have the power to see the big picture, it's easy to overlook errors and miss billing opportunities.

In addition, the limitations of accessing reports and data directly from CMS lead to easily missing key indicators. The data may be available from CMS, but is often overlooked because of the difficulty in accessing it.

Without a complete picture of MDS transmission workflow, LTC facilities fail to achieve optimal reimbursement.

#2 Lack of visibility means missed billing opportunities



What about multiple facilities?



Unfortunately, in regard to the traditional MDS workflow, the manual process for managing MDS transmission means that organizations with multiple facilities have a severely restricted view of their data. Limited to a manual process, business office managers and reimbursement specialists can't see the big picture of their MDS workflow – which directly impacts facility reimbursement – much less see what that picture looks like across multiple facilities in an organization.

For long-term care organizations with multiple facilities, the need for a management-level, actionable view of MDS transmission data is clear. This is where the true power of an automated MDS transmission management dashboard comes into play. The dashboard view allows managers to see a clear picture of reimbursement outcomes across the entire enterprise and shows them where action is required.

With a clear view of the data, regional and corporate staff can easily analyze quality measures across multiple facilities. Activity can be viewed by batch or assessment and the results filtered by facility or status, allowing quick diagnose and resolution of problems.

The ability to see data across the enterprise that is both understandable and actionable means that MDS reimbursement can be addressed as a targeted business strategy, not just a shot in the dark.

How is reimbursement affected?



A limited view of MDS transmission workflow can negatively affect reimbursement because it leads to:

Missed billing opportunities. A limited view of data means that key indicators and billing opportunities are easily overlooked. Over time, this can add up to a big impact on an organization's overall reimbursement.

A clear view of MDS data allows reimbursement to be addressed as a targeted business strategy, not just a shot in the dark.

#2 Lack of visibility means missed billing opportunities



Compounding of errors over time. The manual process of MDS transmission, coupled with a lack of insight into the data, means that errors in transmission and data analysis more easily occur. This scenario only gets worse as the volume of data grows.

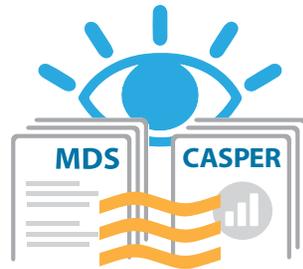
Under-performing facilities. Without a top-level view of the MDS transmission workflow across multiple facilities, it's impossible to compare performance of individual facilities and staff members. Both accountability and reimbursement can suffer.

The solution: A comprehensive MDS dashboard view

Trying to understand MDS workflow via a single manual transmission episode is like looking through a keyhole. A few things are visible but it's far from a complete picture. To truly optimize reimbursement and minimize MDS errors, facilities need a full 360-degree view of their entire MDS process. What would this kind of view look like?

A 360-degree view of the MDS process includes an intuitive dashboard view of all your MDS activity, allowing you instantly to see whether

assessments were accepted, accepted with warnings or rejected. Staff can then instantly analyze problem areas and correct errors within minutes.



To quickly research rejected assessments, simply filter the assessment view to see only rejects. Your most recent assessment appears first and one click opens the Final Validation report to the error message. Another click and you can view the MDS as a PDF or in its native XML format and quickly assess the issue.

In addition, all your CMS and CASPER reports are accessible in one place. You can view and print Initial Feedback and Final Validation reports, as well as two years of MDS assessments, Initial Feedback and Final Validation reports. Items over two years old are automatically archived for retrieval at any time.

THE TAKEAWAY

To truly optimize reimbursement and minimize MDS errors, facilities need a full 360-degree view of their MDS processes.

#3 CMSNet VPN slows workflow and can lead to PHI security gaps



A cumbersome VPN process

A common complaint from both skilled nursing facilities and their IT support groups is that utilizing the CMSNet VPN (Verizon VPN) to transmit MDS assessments is difficult and cumbersome. Managed by the QIES Technical Support Office (QTSO), the CMSNet VPN allows nursing facilities to exchange information securely with CMS, but it comes with its own set of limitations and technical risks.

IT departments dislike the CMSNet VPN because they have to support it. Often this effort involves a number of processes that are outside their normal responsibilities, including having to manage special hardware and software, creating workarounds for network limitations the VPN imposes, and the ongoing training required by MDS staff who are responsible for transmission.

MDS staff complain that managing transmission via the CMSNet VPN is a serious interruption to their workflow. This is because when it's time to

transmit MDS assessments or retrieve CASPER reports, everything else must stop. In addition, users cannot access any network resources – including printers, files, network drives, or the Internet – during the MDS transmission and reporting process, which slows down productivity.



In short, because both IT and MDS staff must manage a separate technical transmission process, this opens up the possibility to additional manual errors along the way.

The combination of those errors and a slower workflow mean that the MDS transmission process is not running optimally. And ultimately this can affect both productivity and reimbursement.

Both IT and MDS staff must manage a separate technical transmission process, which can affect both productivity and reimbursement.



Is PHI at risk?

The CMSNet VPN is designed to create a great deal of security for CMS itself. But did you know that an unintentional consequence of the VPN is the creation of potential security risks to PHI (protected health information)?



In 2013, CMS alerted all CMSNet users to a “major change” to security that affects the way providers manage their data and reports while connecting to CMS. The change improved the security of the VPN while users are connected, but as a result significantly limited the ability of MDS staff to manage MDS files, reports and printing tasks while connected.

Unfortunately this is more than just an inconvenience. In many cases it forces facilities to create multiple copies of MDS files – which include PHI in assessments – and store them in multiple locations.

For example, once an MDS batch is created, the MDS nurse might then move the batch from the clinical system to a separate computer for

transmission, creating a new copy of the files. Depending on the IT protocols in place, the transmission machine may not be subject to the same level of security as the clinical system. Worse yet, some facilities may use flash drives or other insecure methods to move files for transmission.

Often there’s little or no ongoing security oversight when MDS files get copied or transferred, and no guarantee they are properly secured or deleted after manual transmission activities are complete.

How is reimbursement affected?



Manual MDS transmission via the CMSNet VPN can negatively affect reimbursement and profitability because it:

Distracts staff from strategic functions.

Instead of focusing on key strategic processes, clinical and IT staff must perform and support a cumbersome manual process. This invites

MDS transmission via the CMSNet VPN distracts staff from strategic functions and endangers PHI.



manual errors and slows workflow, which ultimately affects both productivity and reimbursement.

Endangers PHI and risks OIG penalties. In a recent high-profile case, a dermatology firm was fined \$150,000 by HHS for losing a thumb drive containing patient information. This is exactly the type of security risk that occur when managing multiple copies of MDS data files.

The alternative: Avoid the VPN



We've heard time and time again from facilities that one of their biggest headaches is the CMSNet VPN. Taking the VPN out of the middle of the workflow for facilities frequently results in audible sighs of relief from both MDS and IT staff.

They say things like:

“I can't begin to tell you what a pain it was to go through the VPN just to upload MDS's and then again to get validation reports. With your site it's as easy as pie. Thank you!!”

“Makes my job less stressful. Thanks for giving me 'no-worry' transmissions!”

But an automated MDS transmission workflow is about more than added convenience. It's about creating a smoother, more logical workflow that fits staff needs and creates an environment where fewer errors and interruptions can lead to more optimal reimbursement.

THE TAKEAWAY

Automating MDS transmission workflow protects PHI and creates a more logical workflow that leads to more optimal reimbursement.

What is SimpleMDS™?



Best practice for MDS workflow automation

SimpleMDS is the proven, best-practice MDS transmission workflow automation solution for long-term care.

Why is SimpleMDS the most popular software solution for MDS workflow management? Because it automates transmission workflow, eliminates delays and optimizes reimbursement, even across multiple facilities.

With SimpleMDS, you can achieve a 360-degree view of your MDS transmission workflow. MDS assessments are automatically transmitted to CMS upon completion.

No cumbersome VPN (CMSnet Verizon VPN) is required. Your CMS/CASPER reports are retrieved automatically in a simple dashboard view. You can easily track warnings, and correct and resubmit rejects in minutes.

Upload Time & Facility	Status	Progress Tracker
3/23/2014 at 12:39 PM - Sunshine Palace Nursing Download 20110218123549-1.zip	10 0 2 6 0	Uploaded Analyzed Transmitted Finalized
3/28/2014 at 3:53 PM - Orange Nursing Download 20110222145414-1.zip	4 0 0 0 0	Uploaded Analyzed Transmitted Finalized
3/21/2014 at 11:24 AM - Wonderland Nursing Download 20110216121816-1.zip	4 0 1 4 0	Uploaded Analyzed Transmitted Finalized
1 Rejected Greene, Charles T	NT: Entry Tracking Record	02/04/2014
2 Accepted Hayes, Louise V	NT: Entry Tracking Record	02/18/2014
3 Accepted White, Alise K	NT: Entry Tracking Record	02/09/2014
4 Accepted McCurdy, Margaret	NT: Entry Tracking Record	02/10/2014

Key benefits

- ✔ **360-degree view** of your MDS transmission workflow, even across multiple facilities
- ✔ **Optimize reimbursement** and eliminate manual errors
- ✔ **Automatically transmit MDS assessments** to CMS
- ✔ **Correct and resubmit rejects** in minutes
- ✔ **Automatically retrieve reports:** MDS, CASPER and QI/QM reports
- ✔ **Simple dashboard view** of all your data
- ✔ **No VPN required**



Customers are saying...

“Super simple and easy to use, a real time saver, which is paramount in the long term care industry’s workload involving the resident assessment, billing and reimbursement processes.”

– RN/MDS Coordinator

“I’m 100% satisfied with the program and couldn’t be more happy! I love the fact that I can access our reports and do all of my transmitting work at the same site.”

– MDS Coordinator

“I wish I had this years ago!”

– MDS Case Manager

“SimpleLTC makes my life so much easier...LOVE IT!”

– Regional Reimbursement Consultant

“I can gather information on residents quickly and efficiently. Saves a lot of time and helps me see billable people that are not normally detectable.”

– Billing Coordinator

SimpleMDS by the numbers

1,600+ *facilities using SimpleMDS*

10,000,000+ *MDS assessments transmitted to CMS*

SIMPLELTC™

Long-term care software people love to use



SimpleMDS™

Best practice for MDS workflow automation,
quality measurement and CMS report access

Start your FREE 30-day trial!

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