

COMMON MDS PROCESSING ERROR CAUSES/SOLUTIONS

Any of the following errors will affect the processing of your MDS records into the Nebraska Casemix system. In addition, any of the same errors can and likely will affect your payment until resolved. Pay close attention to your Care Level Report data every month, please. Remember that the report cut off is the 10th of each month. If the record was transmitted after the 10th, it should appear on the following month's report. If it doesn't, chances are one of the error(s) below is the cause.

Please note: An assessment accepted into the QIES (national CMS) system is not automatically accepted and processed into the Nebraska Casemix system. This is a common fallacy.

- **Rentry tracking records coded as admission tracking records following hospital stays.** Subsequent OBRA records will not be processed if a prior tracking record was coded as an admission instead of a reentry following a hospital stay that was less than 30 days in duration. Modify the admission entry tracking to a reentry in section A1700. Notify us when you have done so as this requires manual resubmission of your subsequent MDS records in our Casemix system.
- **Room number errors.** If the bed number on the MDS record does not match the room numbers that are on file with Public Health/Medicaid, the record will not be processed in Casemix. This is especially true when there are rooms with two Medicaid certified beds. They must have the specific identifier that distinguishes which bed in the room it is. And again, it must match exactly what was reported to Public Health/Medicaid for the current bed certification period. Medicaid cannot pay for any dates of service that the client was not residing in a Medicaid/dually-certified bed.
- **If the client moved to or from a Medicaid certified bed. We must be notified of room moves both ways.** If the room move is to a lateral certified bed (i.e. from one Medicaid certified bed to another) we do not need to be notified. Remember we cannot pay for a Medicaid client that is NOT in a Medicaid or dually-certified bed. The client will not show up on the Care Level report or will continue to show up incorrectly until the bed move is reported and processed.
- **Medicaid provider numbers.** Modify the affected OBRA/tracking records with the correct 11-digit Medicaid provider number (field A0100C). These records will be accepted by CMS, but will not be accepted by Nebraska Medicaid without a valid Medicaid provider number.
- **Correct admission date on admission assessment.** Another thing to check is that you are using the current admission date (versus the previous admit date) on assessments for residents who were previously admitted/discharged from your facility.
If a previous admission/entry date is used on the current admission assessment, the admission and subsequent records will not be processed until you modify the admission assessment to the correct entry/admit date.
Please notify us when this has been completed so we can internally resubmit all subsequent records after the admission.
- **SSN/DOB modifications.** Please advise us of these as they often require manual correction in Casemix. At a minimum, the most current OBRA/tracking record must be modified to the correct SSN/DOB. After modifying the most recent assessment, please contact us for further instructions on additional modifications, if needed. Be sure PASRR records and level of care determinations, as well as Medicaid client eligibility information, have the same SSN/DOB. Medicaid client data can be verified by calling the Medicaid Customer Service Line (877-255-3092).
- **Discharges coded incorrectly.** When a discharge assessment is coded as a return not anticipated (DRNA) in error and the client reentered the facility, we are unable to process any new records except for admission entry tracking records or new admission assessments. To fix this, you must modify the DRNA to a discharge return anticipated (DRA). In addition, the subsequent tracking record to the facility must reflect as a reentry (versus an admission entry tracking) or we will not be able to process any subsequent records (i.e. quarterlies, annuals, sig changes).

When these mistakes are discovered and modified, it is a good idea to notify us so that we can make the necessary updates to ensure all assessments are loaded into the resident's profile and reflect on your monthly Care Level Report (and annual Weighted Days Report).

The following events require notification to DHHS staff:

- Residents listed under the wrong social security number on the report AFTER the necessary assessments are modified to the correct SSN by nursing facility MDS staff.
- Residents who have moved from/to a Medicaid certified bed, please complete the Medicaid Bed Move Notice which can be found via <http://dhhs.ne.gov/Pages/Medicaid-Provider-Nursing-Facility-Casemix.aspx>

For Questions regarding any of this information, please send an email to:

DHHS.NECaseMix@nebraska.gov

If resident information is included, please use secure email.

