Submitting MDS Data to PointRight: Batch Submission

Submitting your MDS batches to PointRight prior to CMS submission allows you to review the Data Integrity Audit feedback for each MDS as it is being completed.

- 1. Build a Submission File
- This process is specific to your MDS software. Create the batch in TEST mode if your software allows.
- 2. Go to www.pointright.com and click the "Client Login" button.
 - The PointRight login screen appears.
- 3. Enter your User Name and Password, then click the **"Log In"** button.
 - NOTE: Passwords are case sensitive.
- 4. Select the **Submit MDS** page from the menu bar on the left side of the page.
- 5. Click the **"Browse"** button to find the MDS file for submission, then click the **"Submit MDS 3.0"** button.
 - The DIA feedback page appears automatically.





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- 6. Review Your Data Integrity Audit Feedback and choose your planned resolutions.
- 7. Click the printer icon in the upper right corner of the screen to print the feedback to share with your Interdisciplinary Team.
- 8. If you have a question about the DIA feedback, click the "Ask Question" button to consult with PointRight's clinicians.
- 9. Make Changes and **RESUBMIT**.
 - If you decide to make corrections to the MDS, edit the file in your MDS software (instructions vary)
 - Resubmit to PointRight the same final production batch you send to CMS. All changes **must be resubmitted** to PointRight to ensure complete data accuracy.

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G25: Resident has poor balance during surface to surface transfers (G0300E=2) yet does not require weight bearing assistance with transfers (G0110B1).

Why this is an issue: If a resident is assessed with balance issues while transferring, he or she would not be independent and would need some level of physical assistance with transfer. Coding of transfer is one of the items included in the calculation of the ADL Score. Resolving the issue:

- Review the relationship in the coding of this ADL item and the resident's balance assessment.
- The RAI Manual states that support provided by non-facility staff or by family members would not be included in coding Section G (p. G-5).
- If support was provided by non-facility staff or by family at all times during the lookback, the activity would be coded "8" (p. G-6)

Clinical considerations:

- Individuals with impaired balance and unsteadiness during transitions and walking are at increased risk for falls, may limit their physical and social activity, becoming socially isolated and depressed about limitations, and can become increasingly immobile.
- Care planning should focus on preventing further decline of function, and/or on return of function, depending on resident-specific goals (RAI 3.0 Manual, p. G-26).

