What is the Minimum Data Set (MDS)?
The MDS is the minimum amount of patient information that is requested at the time of scheduling from the family or referring physician’s office. This data allows us to promote financial stewardship of our families through the efficient and timely completion of all necessary insurance verification functions, maximizing technology, improving family satisfaction, and mitigating the potential risk of unknown financial liabilities.

What information will be collected as part of the MDS?

- Patient’s Legal Name
- Date of Birth
- Guardian Legal Name
- Home Address
- Home Phone Number
- Preferred Language
- Subscriber Name
- Subscriber Date of Birth
- Insurance Name
- Insurance Type (ex: HMO, PPO)
- Member Identification Number
- Ordering Physician*
- ICD-9 Diagnosis Code/Description*
- CPT Code/Description*
- Authorization/Referral number (if required)*

*Data only required when referring physician’s office contacts scheduling; not required when family contacts scheduling

What are the benefits of this change?
As the health care landscape develops, there is a need to increase the flow of information through the various providers of care. As a scheduler, you are crucial to the success of getting the right information on file to provide families and the organization financial security. Successful collection of the MDS elements at scheduling will allow Children’s to increase data accuracy, leading to more accurate and timely billing and prompt payment and will allow us to connect families with financial assistance in advance of their visit.

Can I schedule a child without all elements of the MDS?
Children’s will keep our commitment to treat any child in need. We remain focused on delivering high quality, safe care to any child who needs it, regardless of their ability to provide the MDS. If the referring physician office is unable to provide all elements of the MDS the case will be escalated as a risk, but can still be scheduled for service. It will be incumbent on the referring physician’s office to follow-up in a timely way with the missing elements after the child has been scheduled.

Will this negatively affect family satisfaction?
No – implementation of the MDS is a best practice shared with top-tier hospital systems throughout the nation. The adoption of MDS policies will allow for a more transparent hospital experience, allowing families the opportunity to understand the financial implication of the care they will receive and potentially connecting them with financial assistance resources should they need them. In addition, collection of this information reduces the wait time for families on the day of service and reduces follow-up calls to them at home.

Who will the MDS affect?
Scheduling staff will be accountable for requesting and documenting the MDS information. Referring physician offices affiliated with Children’s Hospitals and Clinics of Minnesota will be asked to provide this data at the time of scheduling.
How does this affect the urgent (non-scheduled) population?
The MDS implementation is focused on scheduled cases. Consequently, it will not affect any urgent admits. Determinations regarding urgent admissions to an inpatient or observation status will remain a medical decision for the admitting physician.

When will the change to scheduling requirements occur?
System-wide implementation of the MDS fully be in effect by March 10, 2014. Quality audits will be conducted to monitor compliance.