Overview
The Minimum Data Set (MDS) is a set of demographic and patient-related data elements required at the time of scheduling. This data promotes the efficient and timely completion of all necessary access functions, helps maximize patient satisfaction, and mitigates financial risk for the institution.

Key MDS Fields
The following list identifies the leading practice minimum data components that should be collected from the referring physician or the patient’s family regardless of service:

- 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 if speaking with the referring physician

Additional department-specific data that is currently required at scheduling should continue to be collected (e.g., clinical or procedure-related questions).

MDS Benefits
Collection of a complete and accurate MDS provides significant value to a facility on financial, operational, and customer service levels

Operational Improvement
- Increased effectiveness and efficiency of Scheduling, Pre-Registration, and Insurance Verification activities
- Reduction in duplicate medical record creation
- Reduction in follow-up required to collect information necessary for Patient Access functions
- Reduction in re-work in billing and collections through denial avoidance

Financial Improvement
- Increased effectiveness and timeliness in identifying problems with a patient’s account
- Reduction in denials/rejections
- Reduction in write-offs and bad debt referrals

Customer Service Improvement
- Reduction of unnecessary family contact attempts
- Reduction in wait times at point of service through increased effectiveness of Scheduling, Pre-Registration, and Insurance Verification activities