FAQ – CMS October 2020 Changes

Q1: I am receiving recalculation warnings on my validation report from CMS. The message on the report is:
Z0100B, RECALCULATED_Z0100B
1.0004, 1.0006
-3935b WARNING
Incorrect RUG/PDPM Version: The submitted value of the RUG/PDPM version code does not match the value calculated by the QIES ASAP System

A: If A2300 on the MDS submitted is 10/1/2020 or later, then you will want to confirm that your version of ECS is at the latest version. To check this, navigate to American Data – ECS > Help > About. Ensure you see 9.1.4.1 or 10.1.4.2 in red text. If you are not seeing one of these version numbers, you need to inform your IT that they need to download the latest update from our Client Sign On. If A2300 on the MDS submitted is prior to 10/1/2020 then the warning can be ignored.

Q2: I am receiving recalculation warnings on my validation report from CMS. The message on the report is:
Z0100B, RECALCULATED_Z0100B
1.0006, 1.0007
-3935b WARNING
Incorrect RUG/PDPM Version: The submitted value of the RUG/PDPM version code does not match the value calculated by the QIES ASAP System.

A: CMS released a new grouper version on 9/29 to correct mistakes they had made within the prior version. Because of this, all clients will need an update which will change the PDPM version from 1.0006 to 1.0007. We are planning to release this update within the next one to two weeks. Prior to this new update being released, users may ignore recalculation warnings that list version 1.0007. However, if you are receiving recalculation warnings with versions 1.0004 and 1.0006, you need to get updated to our latest version.

Q3: How do I turn the feature on in ECS to ensure that stand alone OBRA assessments calculate a PDPM HIPPS code?

A: Once you have updated, a system supervisor or super user at the facility will need to navigate to American Data – ECS > Setup > Settings > Site. Utilize the dropdown in the upper left-hand corner to select a Site that needs to have this feature enabled. Click into the MDS tab. Place a checkmark in Calculate PDPM for OBRA. Click Apply to save changes if you need to update several different sites. Use the dropdown to flip to the next site. If only one site needs to be updated, click OK to save changes.

Q4:   **Can I still combine my OBRA assessments with PPS assessments?**

A: Yes, you may still combine an OBRA assessment with a PPS assessment, including a Medicare Advantage/Insurance billing PPS assessment.

Q5:   **Do I have to utilize the new combined ADL topics American Data created for CNA's?**

A: No, your facility does not. We merged into each facility topics for charting GG when GG was first introduced on the MDS. Facilities may continue to utilize their existing ADL charting for CNAs in addition to utilizing those GG topics, if they would like to. You may also choose to not have CNAs document anything for GG, but rather just continue their usual ADL charting which is based on the G coding key. It is not a regulation change that CNAs must now chart GG, but rather American Data wanted to provide an option for facilities who do want all ADL charting coming directly from the CNA users. This new combined ADL option allows for all G and GG charting to be satisfied based on the newly combined ADL topics. This new method of ADL charting for CNAs is only available to ECS10 clients. If you are currently in version 9 and do want to move forward with this, please contact a support staff at American Data so we can assist you in getting converted to ECS10.

Q6:   **Who do you recommend charting section GG? I thought only a qualified clinician could provide the documentation for GG coding on the MDS?**

A: For coding admission performance in Section GG, here is an excerpt directly from the RAI manual. Take extra note of the underlined items, which state that the assessment of the resident's performance can be based on care staff.

> Assess the resident's self-care performance based on <u>direct observation, incorporating resident self-reports and reports from qualified clinicians, care staff, or family</u> documented in the resident's medical record during the three-day assessment period. CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident during the three-day assessment period. For Section GG, the admission assessment period is the first three days of the Part A stay starting with the date in A2400B, the Start of Most Recent Medicare Stay. On admission, these items are completed only when A0310B = 01 (5-Day PPS assessment). For the Interim Payment Assessment (A0310B=08), the assessment period for Section GG is the last 3 days (i.e., the ARD and two days prior).

Also, directly from the RAI, here is the excerpt regarding a qualified clinician:

> QUALIFIED CLINICIAN: Healthcare professionals practicing within their scope of practice and consistent with Federal, State, and local law and regulations.

Q7:   **What do these October 2020 changes really mean for my facility? Does anything else have to change besides putting a checkmark in Site Settings?**

A: Although enabling the checkbox in Site Settings is the only item needed to make this work within your system, be aware that calculation of a PDPM HIPPS code is much different than that of a RUG. A PDPM HIPPS code calculates a functional score, which is derived solely from the coding in Section GG. If your facility did not have a high Medicare population prior to this October, then you may not be collecting much data based on the GG coding, so this will be something new to collect on all residents. In addition, questions I0020, I0020B, and J1900-J5000 all now need to be addressed on all residents, not just the Medicare residents.

Q8: Does this mean that all residents can no longer have a Return to Provider code for their Primary or Admission diagnosis?

A: Non-Medicare and Medicare Replacement/Insurance Billing residents may continue to have a Return to Provider code listed as a Primary or Admission. In addition, an RTP code may be listed in I0020B on the MDS. This will not cause an MDS rejection as CMS included a secondary ICD table in the latest update. This secondary table includes all diagnosis codes which are RTP codes and allows for stand-alone OBRA assessments to list an RTP in I0020B.

Q9: How do I know if my state is requiring PDPM HIPPS on stand-alone OBRA assessments?

A: We recommend that you reach out to your state RAI coordinator and see if they are aware. If not, then reach out to whoever provides state payments, such as a Medicaid program for your state. Most state Medicaid programs have posted information directly on their website on whether they will be requiring this and as of what effective date.

Q10: Is this like 10/1/2019 where we had to do a transitional IPA to get things started? Do we need to complete an assessment, so things start?

A: No, you do not. Any assessment with a target date (ARD) that is post 10/1/2020 will begin to calculate a PDPM HIPPS code. This means that some resident's may not have their first PDPM HIPPS code until November, December, or even January. There is no transitional assessment to be completed, so whenever the resident is next due for an OBRA is when the PDPM HIPPS will calculate.

Q11: I have already opened several MDS assessments with an ARD that is 10/1/2020 or later. How do I fix these assessments so that they have the new questions turned on?

A: After your facility has updated, please follow instructions listed in Answer 2 above. After you have turned this feature on for the necessary site(s), then any assessments that have an ARD of 10/1/2020 or later and were opened prior to the update will need to be reset. To complete this, navigate to the assessment via Continue or Change if in ECS10. Or

via Change if in version 9. Once in continue/change, click onto the <u>Change Assessment Type</u> picklist box located underneath question A0200. The <u>Type of Assessment/Tracking</u> box will appear. Click <u>OK</u> which will now open all questions needed to calculate a PDPM HIPPS code.

Q12: **What is the look back period for GG questions on a stand-alone OBRA?**

A: Here is an excerpt directly from the updated MDS item sets:

If A0310B = 01, the assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B. If state requires completion with an OBRA assessment, <u>the assessment period is the ARD plus 2 previous days</u>; complete only column 1.

Q13: **If we receive the recalculation warnings from CMS, do we need to resubmit these MDS assessments to CMS once we update?**

A: If you receive only warnings on your validation report and the MDS assessment was accepted, you will not resubmit to CMS. This will cause a rejection due to duplicate assessment. If you receive the recalculation warnings related to incorrect RUG/PDPM version, please refer to questions 1 and 2 of this document. If however, you are receiving recalculation warnings due to different PDPM HIPPS codes, then you will want to first check to see if the HIPPS codes submitted vary from the ones which were recalculated by CMS. If they do vary, check to be sure that you are updated to our most recent version. If you are, then please contact the clinical department and we will dial in and take a closer look at the assessments to ensure your system is calculating appropriately.

Q14: **I am receiving rejected Entry Tracking Records, Death Records, and Discharge Tracking Records – why is that?**

A: This is because in our initial release of the FAQ, we stated an "assessment reset" was not needed on these assessment types. However, we have now determined this is necessary for <u>ALL</u> assessments which were opened prior to installing the update. This is not specific to OBRA and PPS assessments, but rather applies to all MDS assessments. To reset the assessment type, navigate to the assessment via Continue or Change if in ECS10. Or via Change if in version 9. Once in continue/change, click onto the <u>Change Assessment Type</u> picklist box located underneath question A0200. The <u>Type of Assessment/Tracking </u>box will appear. Click <u>OK</u> which will now open all questions needed to calculate a PDPM HIPPS code.