WI Medicaid PDPM Transition

Site Settings

In American Data – ECS > Setup > Settings > Site, some changes were made specific to WI. On the MDS tab, there is an option for each Site to distinguish which state they are in. If the state of WI is selected, the option for Calculate PDPM for OBRA will be automatically checked and will gray out. Users no longer have an option to attempt and uncheck this since this is now a requirement. This change occurs automatically once a facility runs the winter update.

MDS

Section G

Section G is no longer needed for HIPPS calculations at all. Section G continues to impact the following:

- Quality Measures
- CAA's
- Reviewed by state surveyors

PDPM HIPPS Codes

Z0200 on the MDS will populate with a PDPM HIPPS code as of 1/1/2022. This means that facilities will need to keep a closer eye on the following:

- Section I
    - Accurate diagnosis coding is more important than ever as a primary code must be populated into I0020B. NTA points are populated via the checkboxes in I as well as diagnosis codes listed in I8000.
- Section GG
    - Code based on "usual performance" rather than the "rule of three."
    - Lookback is the ARD + two previous days.
    - Determines the nursing function score.
- CMS training sessions available for GG coding
    - Course 1: Understanding Prior Functioning and Prior Device Use: https://pac.training/courses/GG_course1/#/
    - Course 2: GG0130 Self Care Items: https://pac.training/courses/GG_course2/#/
    - Course 3: GG0170 Mobility Items: https://pac.training/courses/GG_course3/#/
    - Pocket guides available to be worn with name badges: https://www.cms.gov/files/document/pocket-guidecoding-self-care-and-mobility-items.pdf
    - Job Aides (scroll to bottom of page in Downloads section): https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-

Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Skilled Nursing Facility: Section GG Job Aid

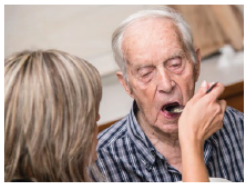
GG0130A. Eating

A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.

Assessment Timing

Admission:
- Admission performance.
- Discharge goal.

Discharge:
- Discharge performance.



Eating Inclusions and Exclusions for Coding

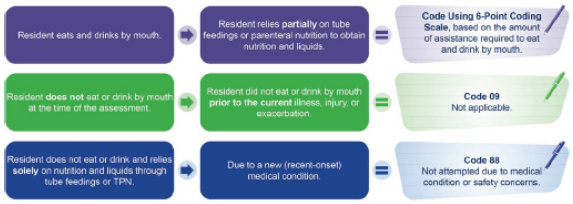
Included:	Excluded:
• All food and liquids. • All diets taken by mouth, including mechanically altered. • Setup and clean-up of the meal.	• Assistance with or administration of tube feedings, parenteral nutrition, or total parenteral nutrition (TPN).

Coding Tips

The activity of eating involves bringing food and liquids to the mouth using suitable utensils, and swallowing food and/or liquids once the meal is placed before the resident.

Examples

The following graphic provides clinical examples for coding ***GG0130A. Eating,*** based on the resident's oral intake and need for tube feedings, parenteral nutrition, or TPN.



Clinical Considerations

- The eating activity may be completed with or without the use of adaptive eating utensils and assistive device(s).
- Code based on the need for assistance to eat safely.
- If the resident eats finger foods using their hands, then code Eating based upon the amount of assistance provided.
- Consider any assistance needed for setup or cleanup provided *prior to the eating activity* once the meal is placed before the resident or after. If a helper opens cartons and containers prior to the resident eating, and there are no safety concerns about the resident's ability to eat, then *GG0130A* would be coded **05, Setup or clean-up assistance.**
- If the meal is placed before the resident with a modified consistency diet and the resident can bring the food to their mouth using suitable utensils and swallow the food and/or liquid safely, then code *GG0130A. Eating* **06, Independent.**

Combination of OBRA + PPS

Regarding combining OBRA + PPS assessments, the question is posed because section GG lookback requirements are different for each type of assessment. The instructional language on the MDS states:

Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B if A0310B = 01. If state requires completion with an OBRA assessment, the assessment period is the ARD plus 2 previous days.

- MDS Coordinators will need to keep close eyes on the resident's payer source when assigning CNA charting as the lookback period will be different if combining with a PPS assessment vs. completing a stand-alone OBRA.
- OBRA + PPS for Medicare can be combined. If combined, the look-back period in GG will follow the PPS standards (days 1-3 of the resident's stay).

- OBRA + PPS for Medicare Replacement can no longer be combined. The clinical department is investigating programming solutions to address this. More to come regarding this in the spring release. For now, however, two separate MDS assessments will need to be completed. On the stand alone OBRA, utilize the ARD + 2 previous days for the lookback period.

Charting Options for GG in ECS

Leading Age WI recommends three days of three shifts of CNA charting on GG. This would be nine total shifts of charting. However, some facilities have stated that they want other departments to document this information, such as therapy or nursing. There is not a right or wrong answer, but rather based on facility preferences.

Some facilities have asked if entries can be imported from a therapy software and although the potential is there, it doesn't fit well into a real-life workflow or benefit the MDS in a meaningful manner. Vendors are unable to send this data via an HL7 interface, which is another method that ECS is setup to receive data via.

If your facility does not currently have CNAs or other users charting GG and you would like to get this setup, ECS is offering a flat rate of $100 to get all GG (CNA, therapy, and nursing) topics setup and integrated so they are ready to be used. For CNA charting, there are two options available, described below.

CNA

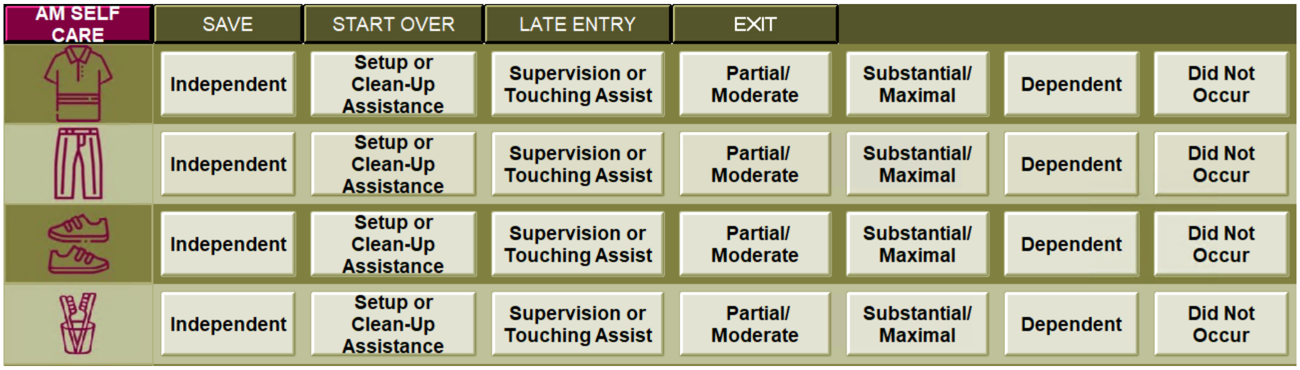
ECS is offering two different options to clients for CNA Section GG documentation. Each option consists of a total of nine topics. One for self-care, transfers, and mobility, for each shift (AM, PM, and NOC). Keep in mind that neither option is setup to automatically populate the MDS as the care team still needs to make the final decision as to the resident's "usual" performance. However, there are several view tasks that include all the charting completed by CNA users so that it can be easily reviewed by the team.

Option #1

AM SELF CARE	SAVE	START OVER	LATE ENTRY	EXIT
	EATING	**ORAL HYGIENE**	**TOILETING HYGIENE**	**SHOWER/BATHE**
	The ability to use suitable utensils to bring to mouth & swallow food once the meal is presented on a table/tray. Includes modified food consistency.	The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth and manage equipment for soaking and rinsing them.]	The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managain an ostomy, include wiping the opening but not managing equipment.	The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.

- Merged out to all clients when GG was first introduced to the MDS.
- Has wording for GG language directly on the screen, but no pictures.
- To document the user selects the self-care topic being addressed and is then jumped to a different part of the screen where all coding options are available to select from.
- In this option, the user will jump between each ADL type and the options. This option works well if a user typically documents all ADL information on a resident at one time.

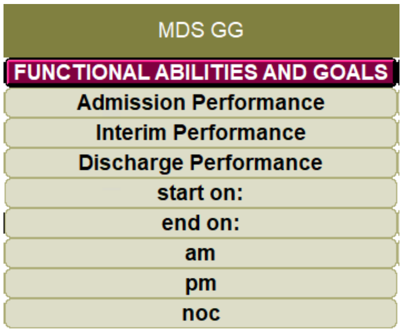
Option #2



- Would require transfer in files (included in the flat rate).
- Picture charting which all fits within one screen.
- This makes it easier for a user to click through all the coding options on a resident and click the arrow to jump to the next resident to chart on them. Allows for easier transitions between each resident.
- This option works well if the user typically documents all dressing on all residents at one time, and then documents toileting on all residents at one time as this option allows the user to see all ADL options in the beginning of the screen and does not jump them through the screen at all.

Nursing

In the Nurse Charting or Assessments tab, there is a Functional Abilities & Goals topic. The charting in here can be assigned via the Nursing To Do List so that it is completed within the lookback window necessary.



Once this is assigned on the to do list, the nurse will be flipped to a topic where they can view the CNA documentation as well as complete the necessary charting based on what type of assessment is assigned to them.

If you notice that in your topic any of the language is outdated or questions or missing, that may mean that the topic was not kept updated as new questions were added throughout the years. This topic would be updated as part of the flat fee rate mentioned above. All these questions will populate and produce blue highlights on the MDS in section GG.

Therapy

In the Therapy tab, there are two topics available for section GG documentation: **Mobility Ability/Goals (GG)** and **Self Care Ability/Goals (GG).** If you notice that in your topic any of the language is outdated or questions or missing, that may mean that the topic was not kept updated as new questions were added throughout the years. This topic would be updated as part of the flat fee rate mentioned above. All these questions will populate and produce blue highlights on the MDS in section GG.

Viewing the OBRA PDPM HIPPS Codes

Current guidance from Wisconsin's State RAI Coordinator is that the modifier of a "6" should display behind the OBRA PDPM HIPPS codes. The only modifiers that CMS has in place currently is a "1" for a 5-day and a "0" for an IPA. However, WI will utilize the "6" to indicate that it is a stand-alone OBRA assessment. Note that these modifiers will display on the PDPM Analyzer as well as within the calendar.

MDS

Rather that displaying the RUGs, the MDS display the OBRA PDPM HIPPS Codes in section Z in Z0200. Notice that even on stand-alone OBRA assessments, Z0100 will continue to also populate with the PDPM HIPPS codes.

OBRA PDPM Analyzer

Reference the *OBRA PDPM Analyzer Guide*.

Calendars

You may also want/need to see the OBRA PDPM HIPPS Codes on the calendar. In a prior update, we sent a calendar report called OBRA PDPM HIPPS Codes that can be used to view OBRA PDPM HIPPS.

For Accounts Receivable clients, we will also modify your Medicaid Requirements Calendars to display the OBRA PDPM HIPPS Codes. You may Edit the Calendar task, click More on the right side of the Calendar Control screen and place a checkmark in the OBRA PDPM HIPPS Code checkbox. Click Save when finished and this will display the OBRA PDPM HIPPS on your task. American Data's Financial Support will also check this when completing their setups.

Billing PDPM HIPPS

Scheduling of Assessments

- If a standalone PPS 5 day or IPA is completed for a Medicare A stay and the resident switches to Medicaid, the HIPPS code from the 5 day can be used until next required OBRA assessment. However, this does not apply to standalone Medicare Replacement assessments. Billing cannot be based on HIPPS generated from a Medicare

Replacement assessment. This means that you will see stand-alone PPS assessments on the OBRA PDPM analyzer in addition to OBRA assessments.

- HIPPS codes from a combined OBRA/PPS assessment are valid until the next required assessment.
- DC RA + returns within 30 days: If the resident has a discharge return anticipated (DC RA) and returns to the facility within 30 days, only a new entry record is required. The HIPPS code from the previous MDS from day of return will be billed until the next required assessment.
    - Example: 2/5/2022 OBRA admission assessment > DC RA 2/15/2022 > Reentry record 2/27/2022 > Bill HIPPS code from 2/5/2022 OBRA assessment starting on 2/27/2022.
- DC RA + returns after 30 days: If the resident has a discharge return anticipated (DC RA) and returns to the facility after 30 days, a new entry record and admission assessment are required.
- DC RNA: If the resident has a discharge return not anticipated (DC RNA) and returns to the facility, a new entry record and admission assessment are required.
- Transitioning to PDPM as of January 1, 2022. No need to complete a "transitional" MDS assessment as the HIPPS code from the prior MDS will be valid until next required assessment. All facilities have been calculating PDPM HIPPS codes on stand-alone OBRAs since 10/1/2020, so each resident should have a HIPPS code as of the 1/1/2022 effective date.

Default HIPPS Code

The default HIPPS code must be billed in the following situations:

- If the time between admission date (A1600 when A1700 = 1) and admission ARD (A2300) is > 14 days, the default HIPPS code must be billed for the number of late dates.
- According to the RAI manual, if a resident is discharged or dies prior to the completion deadline for the assessment, completion of the assessment is not required. However, if an assessment is not completed prior to the resident's discharge or death, then default HIPPS codes would need to be billed (i.e., a resident discharged from the facility on day seven and facility did not complete an admission assessment). Facilities will have to determine if completion of the assessment is worth the resources vs. taking the default HIPPS code.
- If ARD of a quarterly is > 92 days from previous ARD: must bill default until next ARD is established.