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FAQ for WI Medicaid PDPM Transition

Q1: Do I have to complete a transitional OBRA assessment so that I have HIPPS Codes to bill out as of 1/1/2022?

A1: You do not have to complete a transitional assessment. ECS has already been calculating PDPM HIPPS codes on stand alone OBRA assessments since 10/1/2020 so all residents should have a HIPPS code to start with.

Q2: Is there a way to complete the admission assessment without completing the CAA's so that I may obtain a PDPM HIPPS code for billing?

A2: The RAI states "If a resident is discharged prior to the completion of Section V, a comprehensive assessment may be in progress when a resident is discharged. Although the resident has been discharged, the facility may complete and submit the assessment." Keep in mind that the RAI is not black and white. If there is enough of the MDS completed to generate a PDPM HIPPS code, then some CAAs may have triggered. There is no guidance specific to this from the RAI, so it is up for interpretation by the facility as to how the CAAs should be addressed.

Q3: Can I combine an OBRA assessment with a PPS assessment?

A3: You may combine an OBRA assessment with a PPS assessment if the PPS is being completed for straight Medicare. OBRA assessments can no longer be combined with PPS if it is being completed for purpose of Medicare Replacement. These means that a resident on Medicare Replacement will have two separate assessments, one OBRA and one PPS (for Medicare Replacement).

Q4: Because I can no longer combine an OBRA assessment with a PPS that is being completed for Medicare Replacement, can I still combine discharge assessments? For example, can I combine a DC RNA or DC RA with a PPS Discharge being completed for Medicare Replacement.

A4: Yes, the discharge assessments can continue to be combined as ECS requires the PPS Discharge in an instance of Medicare Replacement, not the insurance provider. This is how ECS determines when to stop the PDPM HIPPS codes on the PPS PDPM Analyzer. Because it is solely to stop HIPPS codes, these assessment types can continue to be combined. In addition, as neither assessment type generates a HIPPS code, they will not affect the codes displayed on the analyzer.

Q5: Because I can no longer combine my OBRA assessment with my PPS for Medicare Replacement, do I still have to use the checkbox located on the Type of Assessment/Tracking screen?

A5: Yes, continue to utilize this checkmark. Although this checkmark hides the PPS only questions when transmitted in combination with an OBRA, it also does other things when it is utilized on a stand-alone PPS. It ensures that the PDPM HIPPS display in the HIPPS Modification screen appropriately and hides the assessment when a user is creating a transmission file.

Q6: If I combine an OBRA and PPS assessment, what lookback period do I utilize for Section GG?

A6: Utilize the lookback period which is required by the PPS assessment: the first three days of the resident's stay beginning with A2400.

Q7: My staff are still struggling with understanding the coding scale differences between section G and GG, is there any education that can assist us?

A7: Yes, CMS posted three courses as well as pocket guides and job aides that are all free to facilities. The courses and downloadable files are located on this page here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training.

Q8: Do staff have options to complete section GG charting in ECS?

A8: Yes. There are topics available for nurses, CNAs, and therapists. These topics were merged out to all clients when section GG was first introduced several years ago, however because that section has evolved, your topics may need to be updated. American Data is offering a one time $100 fee to get all necessary GG topics updated for each discipline. This includes the following:

- CNA topics updated with either option #1 or option #2
- A location in the CNA assignments topic to assign GG charting based on the ARD
- CNA access buttons and assignment sheet all display appropriately when the charting has been assigned.
- CNA incompletion reports setup to indicate when documentation is missed.
- Nursing To Do List topic setup with an option to assign GG charting based on ARD and/or assessment type (admission, discharge, IPA).
- Nursing topic is setup with updated language.
- New abbreviated GG charting option added to the nursing topic.
- Therapy topics are setup with updated language.

To sign up, login to the Client Sign On and head over to the Forum page. The discussion "Section GG Charting – One Time Setup Fee" has a link to a form. Once completed, someone

in the clinical department will reach out to you with any questions or to setup a time to complete these changes.

Q9: If I use ECS's AR Module do I need to do anything?

A9: Yes. There are a few additional items that must be completed:

- If you didn't watch the live presentation on WI Medicaid OBRA PDPM Changes on 11/17/2021, watch the webinar posted on our website. Documentation is posted to go along with the webinar.
- Enter rates into OBRA PDPM Charge Master tasks.
- Contact your Medicaid MCO providers to determine if they will begin reimbursing you based on OBRA PDPM HIPPS Codes.
- Setups that need to be completed by American Data's Financial Staff. A form was sent via email to allow you to sign up for these setups.
- ForwardHealth's Testing Portal will be available 12/20/2021 – 01/31/2022. Sign up with ForwardHealth to gain access to their Testing Portal. Reference the November Forward Health Update for detailed information.

Q10: Can our staff stop documenting ADLs that are based on section G language?

A10: Unfortunately, not. Section G is no longer utilized to calculate the HIPPS; however, it does still impact quality measures, CAAs, and is what state surveyors review. We have not heard any news regarding section G being removed from the MDS or replaced in the quality measures. CMS has made comments on prior vendor calls that they will not release any changes until one to two years after the pandemic has been declared over.

Q11: Why do I see PPS assessments on the PDPM OBRA Analyzer? Shouldn't I only see OBRA assessments?

A11: This analyzer will show stand-alone OBRA assessments, OBRA combined with PPS, as well as stand-alone PPS assessments. This is because a standalone PPS completed for a Medicare A stay can be used if a resident switches to Medicaid and a new OBRA is not yet needed. Billing can then be calculated based on the standalone PPS until the next scheduled OBRA is completed.

Q12: If a resident discharges from the facility as a return anticipated (DC-RA) and returns within 30 days, do I have to complete a new OBRA to obtain a PDPM HIPPS code?

A12: You do not. Only an entry record is required. The PDPM HIPPS codes from the prior OBRA will carry forward and pick up starting on the date of the resident's reentry to the facility.

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Q13: In what situations do I need to bill a default PDPM HIPPS code?

A13: There are three situations in which a default HIPPS code is needed:

1. If the time between admission date (A1600 when A1700 = 1) and ARD (A2300) is > 14 days, the default HIPPS code must be billed for the number of late days.
2. If a resident discharges or dies prior to the completion deadline for their next required assessment. For example, if a resident admits to a facility and dies on day seven; the facility is not required to complete an OBRA admission assessment. However, if there was enough of it completed, the facility may decide to complete the assessment to obtain the PDPM HIPPS code for billing purposes. If, however it had not yet been started or there was not enough completed, the facility will need to bill the default HIPPS code.
3. If the ARD of a quarterly > 92 days from the previous ARD, the default HIPPS must be billed until the next ARD is established.