



Troubleshooting MDS' in ECS

Assessment Type	Purpose	Required	Combine with Other MDS?	Effective Date
PPS 5 Day	Start Payment	Yes	Yes	A2400B or A2400B Repl.
IPA	Increase Payment	No – Optional. May complete none or several during a stay.	No	A2300 - Assessment Reference Date
PPS Part A Discharge	End Payment	Yes	Yes	A2400C + 1

Examples of Assessment Names & Combinations:

Replacement assessment are indicated in (parenthesis).

- Admission – PPS 5 - Day
- Not OBRA – PPS 5 - Day
- Significant Change – PPS 5 - Day
- Quarterly – PPS 5 - Day
- Not OBRA – Not PPS (PPS 5 - Day)
- Admission – PPS 5 - Day – DC-RA – PPS DC
- Not OBRA – IPA
- Not OBRA – DC-RNA – PPS DC
- Admission – Not PPS (PPS 5 Day)

- Combined PPS 5 Day and PPS Part A Discharge Assessments both start and end payment.
- **Correction Assessments** – can be created for previously completed assessments. Correction assessments REPLACE the original assessment; the original is no longer taken into consideration.

Troubleshooting

- **Assessment is not showing on the PDPM Analyzer**
 - The date in is A2400C prior to 10/1 (these copy from prior assessments and some facilities are not re-checking them prior to submission).
 - Assessment is a straight Medicare assessment, but A2400 is answered as “No.”
 - Assessment is for Medicare Replacement or Insurance Billing purposes, but A2400 is answered as “Yes.”
 - Assessment is for Medicare Replacement or Insurance Billing purposes, but A2400 is answered as “No” and the A2400 is Section Z is coded as “No.”
 - Always keep a close eye on your dates in A2400 or A2400 located in Section Z (on Medicare Replacement assessments).
- **Payment does not start on the first covered day** – Check the PPS 5 - Day assessment, A2400B.
- **Payment does not start October 1st** – Check for an IPA assessment completed between 10/01/2019 and 10/07/2019.
- **Payment does not end on appropriate date** – Check PPS Discharge assessment for A2400C.
 - These assessments are required on Medicare Replacement/Insurance Billing residents. You will need to back track and complete these for any residents who came off Medicare Replacement/Insurance billing in October. Complete these moving forward as well. You do not need to fill out the entire assessment if not required by the insurance plan. Simply skip any fatal errors on sections you are choosing to skip.
- **Interrupted Stay Assessments** - CMS released the fix for Interrupted Stay assessments on 11/8.
 - The edit -3941 was removed and edit -3965 was added.
- All **CMS technical specifications** (what ECS programs based on), can be found here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html>
- All **PDPM technical information** can be found here: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html>. This includes the PDPM ICD-10 Mappings, which are located on the bottom of the page.

PDPM Assessments	Purpose	Required	Can be Combined?	Effective Date
PPS 5 Day	Start Payment	Yes	Yes	A2400B or A2400B Repl.
IPA	Increase Payment	No - Optional.	No	A2300 - ARD
PPS Part A Discharge	End Payment	Yes - Trad MCR Only	Yes	A2400C (leaving NF) A2400C + 1 (remaining in NF)

FUNCTION SCORES

GG Performance	Function Score	Coding
05, 06	4	Independent/Setup
04	3	Supervision/Touching
03	2	Partial/Moderate
02	1	Substantial/Maximal
01, 07, 09, 10, 88, missing	0	Dependent/Did not Occur

PT/OT FUNCTION SCORE			Bed Mobility		Transfer			Walking	
Eating	Oral Hygiene	Toileting Hygiene	Sitting to Lying	Lying to Sitting	Sit to Stand	Chair/Bed/Chair	Toilet Transfer	Walk 50 Feet	Walk 150 Feet
↓	↓	↓	___ + ___	___ + ___	___ + ___ + ___	___ + ___ + ___	___ + ___	___ + ___	___ + ___
			= ___ / 2	= ___ / 3				= ___ / 2	
___	___	___	= ___	= ___				= ___	
___	___	___	___ + ___ + ___ + ___	___ + ___	___ + ___ + ___	___ + ___ + ___	___ + ___	___ + ___	___ + ___
= ___ Round to the nearest Integer: ___ (0-24) Low = Dependent / High = Independent									

NURSING SCORE		Bed Mobility		Transfer		
Eating	Toileting Hygiene	Sitting to Lying	Lying to Sitting	Sit to Stand	Chair/Bed/Chair	Toilet Transfer
↓	↓	___ + ___	___ + ___	___ + ___ + ___	___ + ___ + ___	
		= ___ / 2	= ___ / 3			
___	___	= ___	= ___			
___	___	___ + ___ + ___	___ + ___	___ + ___ + ___	___ + ___ + ___	
= ___ Round to the nearest Integer: ___ (0-16) Low = Dep / High = Indep.						

NTA Score	NTA Component	CMI	NTA Score	NTA Component	CMI
12+	NA - A	3.25	3-5	ND - D	1.34
9-11	NB - B	2.53	1-2	NE - E	0.96
6-8	NC - C	1.85	0	NF - F	0.72

PDPM Clinical Category (I0020B)	PT/OT Clinical Category	SLP Category
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery	Non-Neurologic
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	Other Orthopedic	Non-Neurologic
Non-Surgical Orthopedic/Musculoskeletal		
Non-Orthopedic Surgery	Non-Orthopedic Surgery and Acute Neurological	Non-Neurologic
Acute Neurologic		Acute Neurologic
Acute Infections	Medical Management	Non-Neurologic
Cardiovascular and Coagulations		
Pulmonary		
Cancer		
Medical Management		

PT/OT Category	Therapy Function Score	Coding	PT/OT Component	PT CMI	OT CMI
Major Joint Replacement or Spinal Surgery	0-5	Dep	TA - A	1.53	1.49
Major Joint Replacement or Spinal Surgery	6-9	Max/Mod	TB - B	1.69	1.63
Major Joint Replacement or Spinal Surgery	10-23	Mod/Sup/Setup	TC - C	1.88	1.68
Major Joint Replacement or Spinal Surgery	24	Independent	TD - D	1.92	1.53
Other Orthopedic	0-5	Dep	TE - E	1.42	1.41
Other Orthopedic	6-9	Max/Mod	TF - F	1.61	1.59
Other Orthopedic	10-23	Mod/Sup/Setup	TG - G	1.67	1.64
Other Orthopedic	24	Independent	TH - H	1.16	1.15
Medical Management	0-5	Dep	TI - I	1.13	1.17
Medical Management	6-9	Max/Mod	TJ - J	1.42	1.44
Medical Management	10-23	Mod/Sup/Setup	TK - K	1.52	1.54
Medical Management	24	Independent	TL - L	1.09	1.11
Non-Orthopedic Surgery & Acute Neuro	0-5	Dep	TM - M	1.27	1.30
Non-Orthopedic Surgery & Acute Neuro	6-9	Max/Mod	TN - N	1.48	1.49
Non-Orthopedic Surgery & Acute Neuro	10-23	Mod/Sup/Setup	TO - O	1.55	1.55
Non-Orthopedic Surgery & Acute Neuro	24	Independent	TP - P	1.08	1.09

Presence of Acute Neurological Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Component	SLP CMI
None	Neither	SA - A	0.68
None	Either	SB - B	1.82
None	Both	SC - C	2.66
Any One	Neither	SD - D	1.46
Any One	Either	SE - E	2.33
Any One	Both	SF - F	2.97
Any Two	Neither	SG - G	2.04
Any Two	Either	SH - H	2.85
Any Two	Both	SI - I	3.51
All Three	Neither	SJ - J	2.98
All Three	Either	SK - K	3.69
All Three	Both	SL - L	4.19

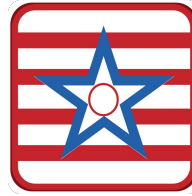
NURSING	ES – Extensive Services	Conditions and Treatments	Classification	
Determine whether the resident is coded for one of these treatments or services, and the Nursing function score is < 14. If the Function score is 15-16, skip to Clinically Complex.		00100E2 Trach Care and 00100F2 Ventilator/Respirator	ES3 - A	4.04
		00100E2 Trach Care or 00100F2 Ventilator/Respirator	ES2 - B	3.06
		00100M2 Isolation for active Infectious Disease	ES1 - C	2.91
H – Special Care High		Function Score	Depression	Nursing Classification
Any one, and the Nursing function score is < 14. B0100 Comatose and Dependent I2100 Septicemia I2900+N0310 DM + Insulin + 2 Orders I5100 Quadriplegia + Func SCORE <=11 I6200+J1100C COPD + SOB Lying Flat J1550A Fever + I2000 Pneumonia, J1550B Vomiting, K0300 Wt Loss, or K0510B TF K0510A Parenteral/IV Feedings O0400D2 Resp Therapy 7 days	0-5	Yes	HDE2 - D	2.39
	0-5	No	HDE1 - E	1.99
	6-14	Yes	HBC2 - F	2.23
	6-14	No	HBC1 - G	1.85
L – Special Care Low		Function Score	Depression	Nursing Classification
Any one, and the Nursing function score is < 14. I4400 CP I52000 MS I5300 Parkinson's I6300+O0100C2 Resp Failure + O2 K0510B TF M0300B1 >= 2 Stage 2 PU w/2 tx M0300 >=1 Stage 3 or 4 PU w/2 tx M1030 >=2 Venous/arterial Ulcers w/2 tx M0300B+M1030 1 St. 1 + 1 Venous Ulcer + 2 tx M1040 Foot Inf, Diabetic foot ulcer, open lesion 2 tx O0100B2 Radiation O0100J2 Dialysis	0-5	Yes	LDE2 - H	2.07
	0-5	No	LDE1 - I	1.72
	6-14	Yes	LBC2 - J	1.71
	6-14	No	LBC1 - K	1.43
C - Clinically Complex		Function Score	Depression	Nursing Classification
Determine if the resident is coded for one of the following conditions or services: M1040D Open lesion w/tx or surgical wound M1040F Burns O0100A2 Chemo O0100C2 O2 O0100H2 IV Meds O0100I2 Transfusions I2000 Pneumonia I4900 + function score Hemiplegia/hemiparesis w/ Nursing Function <=11 Score	0-5	Yes	CDE2 - L	1.86
	0-5	No	CDE1 - M	1.62
	6-14	Yes	CBC2 - N	1.54
	6-14	No	CBC1 - P	1.34
	15-16	Yes	CA2 - O	1.08
	15-16	No	CA1 - Q	0.94

B – Behavioral Sx & Cognitive Performance	Function Score	Rest. Nsg	Classification	
If the Function Score >=11 and any one of the following: • BIMS <=9 • Coma & Dependent • C1000 = 3 Severely Impaired • 2 of (B0700>0 rarely/never understood, C0700 - 1 STM Imp, C1000 >0 Imp Decisions) AND (B0700 >=2 Some/rarely understood or C1000 >=2 Mod/Severe Imp decisions • Any of E0100A Hallucinations, E0100B Delusions, E0200 Bx sx toward others, E0800 Rejects care or E0900 Wanders	11-16	>=2	BAB2 - R	1.04
	11-16	0 or 1	BAB1 - S	0.99
P – Reduced Physical Functioning	Nursing Func Score	Restorative Nsg	Nursing Classification	
Residents who do not meet the conditions of any of the previous categories.	0-5	>= 2	PDE2 - T	1.57
	0-5	0 or 1	PDE1 - U	1.47
	6-14	>=2	PBC2 - V	1.21
	6-14	0 or 1	PBC1 - X	1.13
	15-16	>=2	PA2 - W	0.70
	15-16	0 or 1	PA1 - Y	0.66

NTA Comorbidity Score Calculation

Condition/Extensive Service	MDS Item	Points	Condition/Extensive Service	MDS Item	Points
HIV/AIDS	N/A (SNF claim)	8	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Parenteral IV Feeding: Level High	K0510A2, K0710A2	7	Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	M1040A, M1040C	1
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0100H2	5	Complications of Specified Implanted Device or Graft	I8000	1
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	O0100F2	4	Bladder and Bowel Appliances: Intermittent Catheterization	H0100D	1
Parenteral IV Feeding: Level Low	K0510A2, K0710A2, K0710B2	3	Inflammatory Bowel Disease	I1300	1
Lung Transplant Status	I8000	3	Aseptic Necrosis of Bone	I8000	1
Special Treatments/Programs: Transfusion Post-admit Code	O0100I2	2	Special Treatments/Programs: Suctioning Post-admit Code	O0100D2	1
Major Organ Transplant Status, Except Lung	I8000	2	Cardio-Respiratory Failure and Shock	I8000	1
Active Diagnoses: Multiple Sclerosis Code	I5200	2	Myelodysplastic Syndromes and Myelofibrosis	I8000	1
Opportunistic Infections	I8000	2	Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	I6200	2	Diabetic Retinopathy - Except: Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	I8000	2	Nutritional Approaches While a Resident: Feeding Tube	K0510B2	1
Chronic Myeloid Leukemia	I8000	2	Severe Skin Burn or Condition	I8000	1
Wound Infection Code	I2500	2	Intractable Epilepsy	I8000	1
Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2	Active Diagnoses: Malnutrition Code	I5600	1
Endocarditis	I8000	1	Disorders of Immunity - Except: RxCC97: Immune Disorders	I8000	1
Immune Disorders	I8000	1	Cirrhosis of Liver	I8000	1
End-Stage Liver Disease	I8000	1	Bladder and Bowel Appliances: Ostomy	H0100C	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	M1040B	1	Respiratory Arrest	I8000	1
Narcolepsy and Cataplexy	I8000	1	Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1
Cystic Fibrosis	I8000	1			
Special Treatments/Programs: Tracheostomy Care Post-admit Code	O0100E2	1			
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1			
Special Treatments/Programs: Isolation Post-admit Code	O0100M2	1			
Specified Hereditary Metabolic/Immune Disorders	I8000	1			
Morbid Obesity	I8000	1			
Special Treatments/Programs: Radiation Post-adm Code	O0100B2	1			
Stage 4 Unhealed Pressure Ulcer Currently Present	M0300D1	1			
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1			
Chronic Pancreatitis	I8000	1			

HIPPS Character	Assessment Type
0	IPA
1	PPS 5-day
6	OBRA Assessment (not coded as a PPS)



Medicare Advantage/Insurance Billing MDS'

Plans Billing Based on PDPM HIPPS Codes

For any Medicare Advantage or Insurance Plans requiring **PDPM HIPPS Codes**, you will follow the current PPS schedule. This means that you will have a 5-day upon admission, optional IPA assessment(s), as well as a PPS discharge assessment.

To accurately complete these assessments in ECS, you will code them as Medicare Replacement or Insurance Billing assessments.

5-Day and IPA Assessments

When starting the 5-day or IPA assessment, you will select **OBRA and/or PPS or OSA Assessment**.

Type of Assessment/Tracking ? X

Select assessment type and enter target date:

OBRA and/or PPS or OSA Assessment

Entry Record

Discharge and/or PPS Discharge, or Death Record (Not OBRA/Not PPS)

Medicare Replacement or Insurance Billing - RUG IV

Target date

--/--/----

Best Reference OK Cancel

On this screen, be sure to place a checkmark in **For Medicare Replacement or Insurance Billing**. The radio button for Transmit or Do Not Transmit will auto populate based on the assessment type you have selected.



Type of Assessment/Tracking

Type of Provider

1. Nursing home (SNF/NF)
 2. Swing Bed

A0300

A. Is this assessment for state payment purposes only?

0. No
 1. Yes

B. Assessment type

1. Start of therapy assessment
 2. End of therapy assessment
 3. Both Start and End of therapy assessment
 4. Change of therapy assessment
 5. Other payment assessment

A. Federal OBRA Reason for Assessment/Tracking

01. Admission assessment (required by day 14)
 02. Quarterly review assessment
 03. Annual assessment
 04. Significant change in status assessment
 05. Significant correction to prior comprehensive
 06. Significant correction to prior quarterly assessment
 99. None of the above

B. PPS Assessments

PPS Scheduled Assessments for a Medicare Part A Stay

01. 5-day scheduled assessment

PPS Unscheduled Assessments for a Medicare Part A Stay

08. IPA - Interim Payment Assessment

Not PPS Assessment

99. None of the above

E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?

0. No
 1. Yes

F. Entry/Discharge reporting

01. Entry tracking record
 10. Discharge assessment-return not anticipated
 11. Discharge assessment-return anticipated
 12. Death in facility tracking record
 99. None of the above

G. Type of discharge

Complete only if A00310F = 10 or 11

1. Planned
 2. Unplanned

G1. Is this a SNF Part A Interrupted Stay?

0. No
 1. Yes

H. Is this a SNF Part A PPS Discharge Assessment?

0. No
 1. Yes

Unit Certification or Licensure Designation

1. Unit is neither Medicare nor Medicaid certified and MDS
 2. Unit is neither Medicare nor Medicaid certified but MDS
 3. Federal required submission

For Medicare Replacement or Insurance Billing
 Transmit
 Do Not Transmit

Previous Reset OK Cancel

Be sure that in **A2400**, you have coded this as a "No" as the resident does not have a Medicare Stay. Notice that the assessment type will display in parentheses which indicates this assessment is a Medicare Replacement assessment.

A2300 **Assessment Reference Date**
Observation end date:
10/10/2019 ... //

A2400 **Medicare Stay**

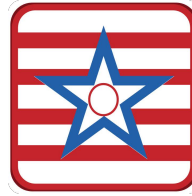
A2400A **A. Has the resident had a Medicare-covered stay since the most recent entry?**

0. No --> Skip to B0100, Comatose
 1. Yes --> Continue to A2400B, Start date of most recent Medicare stay

A2400B **B. Start date of most recent Medicare stay:**
07/05/2015 ... //

A2400C **C. End date of most recent Medicare stay - Enter --/--/---- if stay is ongoing:**
--/--/---- ... --/--/---- //

Client: Wetzel, Justin D - Site 1
MDS Type: Not OBRA **Not PPS (5 day)**



When calculating the HIPPS Codes, you will be prompted with a pop-up box to fill in A2400 for a Medicare Replacement stay. This box must be coded as “Yes” for everything to appropriately pull to the PDPM Analyzer and into billing. Fill in the appropriate start date of the Medicare Replacement stay and click onto the dashes to indicate the stay is ongoing.

A2400

Medicare Replacement Stay

A. Has the resident had a Medicare replacement-covered stay since the most recent entry?

0. No

1. Yes

B. Start date of most recent Medicare replacement stay:

10/13/2019 ...

C. End date of most recent Medicare replacement stay - Enter --/--/---- if stay is ongoing:

--/--/---- ... --/--/----

OK Cancel

PPS Discharge Assessment

When starting the PPS Discharge Assessment, you will select **Discharge and/or PPS Discharge, or Death Record (Not OBRA/Not PPS)**.

Type of Assessment/Tracking ? X

Select assessment type and enter target date:

OBRA and/or PPS or OSA Assessment

Entry Record

Discharge and/or PPS Discharge, or Death Record (Not OBRA/Not PPS)

Medicare Replacement or Insurance Billing - RUG IV

Target date

--/--/----

Best Reference OK Cancel

Currently, a PPS Discharge assessment for Medicare Replacement purposes **cannot** be combined with any other assessment type. It must be completed as a stand-alone assessment. Keep in mind that a SNF Part A PPS Discharge assessment does not factor in Planned or Unplanned, which is why these options are grayed out.



Type of Assessment/Tracking

Type of Provider

- 1. Nursing home (SNF/NF)
- 2. Swing Bed

A0300

A. Is this assessment for state payment purposes only?

- 0. No
- 1. Yes

B. Assessment type

- 1. Start of therapy assessment
- 2. End of therapy assessment
- 3. Both Start and End of therapy assessment
- 4. Change of therapy assessment
- 5. Other payment assessment

A. Federal OBRA Reason for Assessment/Tracking

- 01. Admission assessment (required by day 14)
- 02. Quarterly review assessment
- 03. Annual assessment
- 04. Significant change in status assessment
- 05. Significant correction to prior comprehensive
- 06. Significant correction to prior quarterly assessment
- 99. None of the above

B. PPS Assessments

PPS Scheduled Assessments for a Medicare Part A Stay

- 01. 5-day scheduled assessment

PPS Unscheduled Assessments for a Medicare Part A Stay

- 08. IPA - Interim Payment Assessment

Not PPS Assessment

- 99. None of the above

E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?

- 0. No
- 1. Yes

F. Entry/Discharge reporting

- 01. Entry tracking record
- 10. Discharge assessment-return not anticipated
- 11. Discharge assessment-return anticipated
- 12. Death in facility tracking record
- 99. None of the above

G. Type of discharge

Complete only if A00310F = 10 or 11

- 1. Planned
- 2. Unplanned

G1. Is this a SNF Part A Interrupted Stay?

- 0. No
- 1. Yes

H. Is this a SNF Part A PPS Discharge Assessment?

- 0. No
- 1. Yes

Unit Certification or Licensure Designation

- 1. Unit is neither Medicare nor Medicaid certified and MDS
- 2. Unit is neither Medicare nor Medicaid certified but MDS
- 3. Federal required submission

For Medicare Replacement or Insurance Billing

- Transmit
- Do Not Transmit

Previous Reset OK Cancel

On the Part A PPS Discharge Assessments, A2400 should be coded as seen below. A2400 should state “No” as it does in all other Medicare Replacement assessments, and you should then populate the appropriate start and end date into the Medicare Replacement Stay box to the right-hand side of A2400.

A2400 **Medicare Stay**

A2400A **A. Has the resident had a Medicare-covered stay since the most recent entry?**

- 0. No --> Skip to B0100, Comatose
- 1. Yes --> Continue to A2400B, Start date of most recent Medicare stay

A2400B **B. Start date of most recent Medicare stay:**

06/01/2019 ... //

A2400C **C. End date of most recent Medicare stay - Enter --/-- if stay is ongoing:**

--/-- ... --/-- //

Medicare Replacement Stay

Start date of most recent Medicare stay:

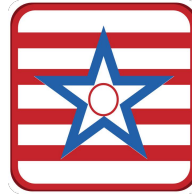
09/13/2019 ...

End date of most recent Medicare stay:

11/13/2019 ...

Plans Requiring RUG IV Scores After 10/1/19

For any Medicare Advantage or Insurance Plans requiring RUG IV after 10/1/19, you will complete assessments in a similar manner as you had prior to 10/1/19.



AMERICAN DATA

ECS will not require any additional setups for plans who are requiring RUG IV scores via the pre 10/1/19 PPS schedule. The user will have to follow the below guide to ensure that these assessments calculate the correct score and populate into billing.

Once you select to start the assessment type, you will notice a new option that has been made available for **Medicare Replacement or Insurance Billing – RUG IV**.

Type of Assessment/Tracking

Select assessment type and enter target date:

OBRA and/or PPS or OSA Assessment

Entry Record

Discharge and/or PPS Discharge, or Death Record (Not OBRA/Not PPS)

Medicare Replacement or Insurance Billing - RUG IV

Target date

--/--/----

Best Reference OK Cancel

Once you have selected this option, you will see the below screen for Type of Assessment/Tracking selection. Notice that several options are grayed out as these types of assessments can only be utilized for a RUG IV HIPPS code calculation and may not be transmitted to CMS. The check mark **For Medicare Replacement or Insurance Billing** will always be checked.

The user may select the PPS assessment type, whether there is a PPS OMRA, as well as potentially a discharge assessment (if wanting to obtain a short stay RUG score). **Note: Discharge assessments completed via this method cannot be transmitted to CMS. They may only be used for the purpose of generating a short stay RUG. You will still need to complete a separate discharge tracking form via usual methods to send to CMS.**



Type of Assessment/Tracking

Type of Provider
 1. Nursing home (SNF/NF)
 2. Swing Bed

A. Federal OBRA Reason for Assessment/Tracking
 01. Admission assessment (required by day 14)
 02. Quarterly review assessment
 03. Annual assessment
 04. Significant change in status assessment
 05. Significant correction to prior full assessment
 06. Significant correction to prior quarterly assessment
 99. None of the above

B. PPS Assessments
PPS Scheduled Assessments for a Medicare Part A Stay
 01. 5-day scheduled assessment
 02. 14-day scheduled assessment
 03. 30-day scheduled assessment
 04. 60-day scheduled assessment
 05. 90-day scheduled assessment
PPS Unscheduled Assessments for a Medicare Part A Stay
 07. Unscheduled assessment used for PPS (OMRA, significant change, or significant correction assessment)

Not PPS Assessment
 99. None of the above

C. PPS Other Medicare Required Assessment - OMRA
 0. No
 1. Start of therapy assessment
 2. End of therapy assessment
 3. Both Start and End of therapy assessment
 4. Change of therapy assessment

D. Is this a Swing Bed clinical change assessment?
Complete only if A0200 = 2
 0. No
 1. Yes

E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?
 0. No
 1. Yes

F. Entry/Discharge reporting
 01. Entry tracking record
 10. Discharge assessment-return not anticipated
 11. Discharge assessment-return anticipated
 12. Death in facility tracking record
 99. None of the above

G. Type of discharge
Complete only if A00310F = 10 or 11
 1. Planned
 2. Unplanned

H. Is this a SNF Part A PPS Discharge Assessment?
 0. No
 1. Yes

Unit Certification or Licensure Designation
 1. Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State
 2. Unit is neither Medicare nor Medicaid certified but MDS data is required by the State
 3. Unit is Medicare and/or Medicaid certified

For Medicare Replacement or Insurance Billing
 Transmit
 Do Not Transmit

Previous Reset Suggest OK Cancel

Be sure that in **A2400**, you have coded this as a “No” as the resident does not have a Medicare Stay. Notice that the assessment type will display in parentheses which indicates this assessment is a Medicare Replacement assessment.

A2300 **Assessment Reference Date**
Observation end date:
10/10/2019 ... //

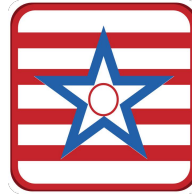
A2400 **Medicare Stay**

A2400A **A. Has the resident had a Medicare-covered stay since the most recent entry?**
 0. No --> Skip to B0100, Comatose
 1. Yes --> Continue to A2400B, Start date of most recent Medicare stay

A2400B B. Start date of most recent Medicare stay:
07/05/2015 ... //

A2400C C. End date of most recent Medicare stay - Enter --/--/---- if stay is ongoing:
--/--/---- ... --/--/---- //

Client: Wetzell, Justin D - Site 1
MDS Type: Not OBRA **Not PPS (5 day)**



AMERICAN DATA

When calculating the HIPPS Codes, you will be prompted with a pop-up box to fill in A2400 for a Medicare Replacement stay. This box must be coded as “Yes” for the RUG IV score to accurately calculate. Fill in the appropriate start date and end date of the Medicare Replacement stay.

A. Has the resident had a Medicare replacement-covered stay since the most recent entry?
 0. No
 1. Yes

B. Start date of most recent Medicare replacement stay:
10/13/2019 ...

C. End date of most recent Medicare replacement stay - Enter --/--/---- if stay is ongoing:
--/--/---- ... --/--/----

OK Cancel

When viewing the MDS' you will notice a new Status type which states **RUG IV**. These assessments will have either Held, Completed, Submitted, Accepted, Rejected, or Resubmitted located behind its name. These assessments by default will not pull into transmission files and will not pull onto the PDPM Analyzer.

All RUG scores located in Section Z will write back into the resident's record so that they may be pulled into specific reports or maintenance > interface text/csv files.

Questions Regarding Coding in ECS

For any questions regarding how to code these specific assessment types in ECS, please contact our Clinical Department at 1-800-464-9942 or clinical@american-data.com.