

Clinical FAQ's Webinar [3.9.2022]

Q1: Why do I sometimes receive recalculation warnings on my MDS transmission file report I receive from the QIES ASAP system?

When you transmit your MDS batch files to the QIES ASAP system, you will receive a validation report. On this report, you will see either an Accepted or Rejected. Sometimes however, you will see Accepted, but also what we refer to as recalculation warnings. These warnings will occur when ECS and CMS are calculating different PDPM HIPPS codes or if they are calculating using different logic versions.

Z0100A, RECALCULATED Z0100A KAKD, KAKE -3935a WARNING Incorrect RUG/PDPM Value: The submitted value of the RUG/PDPM code does not match the value calculated by the QIES ASAP System.

No matter what the case, they are **warnings**, not rejections, so you <u>should not resubmit the</u> <u>MDS</u> assessment to them. They have received it and accepted it but are making you aware to a potential issue within the software or with the PDPM HIPPS code that was calculated.

If you receive this warning due to a **different version**, then one of the following would be the cause:

- 1. CMS released the updated PDPM grouper recently and it has not yet been programmed into ECS; or
- 2. The version of ECS you are using is not the most up to date (to include the updated PDPM grouper version); or
- 3. Your version of ECS is updated, however the assessment that was transmitted to the QIES system had HIPPS calculated prior to updating.

If you receive this warning due to a **recalculated PDPM HIPPS code** and you notice that the one listed on the validation report differs from what ECS has calculated, you should follow the below steps:

- 1. Try to recalculate the HIPPS on the assessment. Maybe an item was changed on the MDS and was not resubmitted after that change or ECS was updated after you calculated the HIPPS.
- 2. If the HIPPS still do not match what CMS calculated, then you should contact the clinical department so we may further investigate the cause.

Q2: When does American Data release new updates? And how will I know when a new update has been released?

We try to release two large updates each year to correlate with when CMS releases their updates to the MDS. We aim for one update in the spring and one in the fall. All updates



released in between are considered "patches" and are released with the intention of correcting any known issues. However, our two larger updates each year is when we plan for most of our enhancements.

When these updates are applied to your facility's ECS database will depend on whether you are hosted by American Data or not. If hosted by American Data, we apply windows updates, ECS updates, etc. once a month. Currently this is being completed on the third Tuesday of the month with outage expected from 10pm-11pm CST. If your facility hosts your own servers, then your IT department may apply the updates whenever they would like.

To notify facilities that updates are available, we post on our ECS User's Forum, and we also send an email out to all clients who have opted in for update related emails. Our ECS User's Forum is located on our Client Sign On page. Access to this site is managed internally by your facility. If you are unsure who manages these user accounts, you may contact the clinical or marketing department and we can assist you. If you are not receiving update emails, but would like too, you can email <u>cares@american-data.com</u> and ask to receive update emails. We do typically post the update to the site for a few days and let it "soak" before sending the email. If you want to be an early adopter of latest versions, keep a close eye on our ECS User's Forum as we post in there soon after an update is released.

Q3: How do I complete an MDS assessment for purpose of Medicare Replacement or Insurance billing?

If you need to complete a Medicare Replacement or Insurance billing assessment, there are a few things to consider. Would this be a stand-alone assessment? Or do you also need an OBRA, or discharge tracking assessment completed as well? If so, then there may be an instance where these assessments can be combined.

If you are in the state of WI, Medicare Replacement, and Insurance billing MDS assessments <u>can no longer be combined</u>, unless you are completing a discharge tracking and PPS discharge. This means that you will need to complete a stand-alone PPS for Medicare Replacement and the OBRA also as a stand-alone assessment. If you are not in the state of WI, you may continue to combine these assessments.

On the **Type of Assessment/Tracking** screen, place the dot in **OBRA and/or PPS or OSA Assessment**.

On the next screen, Assessment Coding, you will code for the type of MDS needed, but will also place a check mark into For Medicare Replacement or Insurance Billing.

| Type of Assessment/Tracking | ? | × |
|--|-------------|------|
| Select assessment type and enter target date: | | |
| O Entry Record | | |
| O Discharge and/or PPS Discharge, or Death Record (Not 0 | DBRA/Not Pl | PS) |
| T arget date// | | |
| ОК | Car | ncel |



| ? |
|---|
| |
| F. Fata/Discharge constinu |
| 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? |
| Assessment? |
| 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 |
| |
| |

Once the assessment is coded and this check mark is in place, the dot in **Transmit** or **Do Not Transmit** will automatically populate based on the choices selected. For example, if a standalone Admission assessment is selected, then the checkbox for Medicare Replacement will not even be open as it's not relevant. However, if a user selects an OBRA and PPS assessment type, then the system will determine that because a portion of the assessment needs to be transmitted, the dot should remain in Transmit. If a stand-alone PPS is being complete for purposes of Medicare Replacement, then the dot will switch to Do Not Transmit.

Keep in mind that any portion of the MDS which is related solely to the PPS assessment for purpose of Medicare Replacement will not display in the transmission file sent to QIES ASAP. If you combine a Discharge RA with a PPS Discharge, only the Discharge RA will send to CMS and the PPS Discharge will remain hidden.

Q4: If a user changes their name, has a title change, or changes position within the facility, what is the process for updating their user information in ECS?

Everything documented in ECS is tied to a user's login and is considered a legally binding signature. However, there is no effective date when changes such as a person's title or name occurs. This means that if someone starts at a facility as a CNA and at some point, receives



their LPN or RN, or a person gets married or changes their name for any reason; then the appropriate steps need to be taken to ensure that ECS remains accurate. Do not simply update the information listed in their existing user properties to reflect the changes. Instead, you will want to create a new user. However, because users typically like to keep their same login name and those cannot be duplicated in ECS, we recommend following the steps below.

- 1. In their original user (with the now incorrect credentials, name, etc.), add a "2" behind the login name.
- 2. Create a new user with the original login name as well as a temporary password. Place a checkmark in **User must change password** at next login to allow for the user to create their own password.
- 3. Once you have confirmed that the user has logged in with the new user account created, then you will want to inactivate the legacy account. This will not remove any documentation but will rather just move the username out of the active user list.

Q5: Do you run updates to ECS for our facility?

The answer to this question depends on whether your facility hosts ECS on your own servers or within the cloud or if you host with American Data.

If hosted by American Data, ECS updates occur once a month. Currently this is being completed on the third Tuesday of the month with outage expected from 10pm-11pm CST. If your facility hosts your own servers, then your IT department may apply the updates whenever they would like.

Q6: Why are my 672/802 Survey Reports not showing the most updated information?

The 672/802 Survey Reports are not setup to automatically refresh when they are opened. This is because they are both an ever-changing document that may require manual updates as

well. If a facility would like either report to update based on newly submitted MDS assessments or documentation from the record, clicking the **Refresh** button will complete this task.

We recommend clicking onto Refresh first before making any necessary manual updates. When Refresh is clicked onto, if there is an MDS assessment or documentation with a more recent date than what is currently saved in a cell, then this cell will be overridden with the information in the record. Utilize the **Workspace Editor** to determine what may have been in a cell before the refresh was completed vs. what is being suggested now.

In the example here, we can see that the previous data that was saved is that this cell was blank (no data), but now based on an MDS from 5/13/2020, it is being suggested that we should have this column checked. If we are ever unsure of the data that is being suggested, we can utilize the **Show Source** button. This will bring you to the documentation or the MDS.





Q7: Is there an easy way to access the RAI manual while completing an MDS assessment?

Yes! The RAI Manual can be easily accessed as you are completing an MDS assessment. Click onto a question in the MDS that you need more information in and click onto the question mark symbol in the upper right-hand corner.

| Ame | rican Data | a - ECS ~ Toolbar E | Easy - [Main Ac | cess] 🐹 MDS | Manager 🙁 | Continue MDS - | [Admissio | n - Not PPS] 🛛 | | | × 0 _ 1 | | | | |
|--------------|-----------------------------------|---|--|--|--------------------------|-----------------------|--|--|---|-----------------|---------|--|--|--|--|
| | R | estraints/Alarms - P | | | Participation in As | sessment, Goal S | etting - Q | | State - S | | | | | | |
| ID - A | Heari | ng, Speech, Vision - B | Cognitive - C | Mood - D | /ities - F | Functional Status - G | Functional Abilities | and Goals - GG | Bladder, Bowel | | | | | | |
| Hea J0100 | lth Con Pain P | ditions fanagement | | | | | | | | | | | | | |
| | - Com At any | blete for all residents, regard time in the last 5 days, has | dless of current the resident: | pain level | | | 🍄 J010 |)0-Pain Management (H | ealth, MDS Assess | - 0 | × | | | | |
| | J0100A | A. Received sched O. No O. Yes | luled pain me | dication regimer | ? | | F | B I U 🗄 | E E E E E | Level | | | | | |
| | J0100B | B. Received PRN pa O. No 1. Yes | ain medicatior | ns OR was offer | ed and declined | ? | Excer ''Item | pt from RAI Manua Rationale'' Health-related Qi | l: Jality of Life | | ^ | | | | |
| | J0100C | C. Received non-me O. No O1. Yes | dication inter | vention for pain | ? | | Pain can cause suffering and is associated with inactivity, social withdrawal, depression, and functional decline. Pain can interfere with participation in rehabilitation. | | | | | | | | |
| J0200 | • Shoul - Atter If res O | d Pain Assessment Inter mpt to conduct interview with ident is comatose, skip to J1 0. No (resident is rarely/ne Possible Pain 1. Yes> Continue to J03 | view be Cond h all residents. 1100, Shortness ver understood 00, Pain Presen | Jucted? : of Breath (Dyspre)> Skip to and co ce | a). mplete J0800, Ind | icators of Pain or | • Effectives | ctive pain managem e adverse outcome: <u>Planning for Care</u> | ient interventions c. s. <u>e</u> | an help to avoi | → | | | | |
| Pair | n Assessme | nt Interview | | | | | | | | | | | | | |
| J0300 | • Pain F Ask re O | Presence sident: "Have you had pain (0. No> Skip to J1100, Sh 1. Yes> Continue to J04(| or hurting at an nortness of Brea 00, Pain Freque | y time in the last 5 th ncy | days?" | | Spell C | heck | See Also View | Tree Close | | | | | |

Q8: If I see a new feature after an update, how do I learn about it?

All new features are described in detail via our **Smartsheet** link. This is a program that we utilize to describe outstanding issues as well as educate on new features. The link changes with each large update/version. The link to the Smartsheet is included in our update emails as well as posted in the ECS User's Forum (accessed from our Client Sign On).

Once you have accessed the Smartsheet, it will by default load via the "Card View" which means each new feature will be outlined within its own card. To learn more about a feature, and to see any items attached to the new feature, double click onto a card. This will provide additional details regarding how to

| MDS (4) | MDS MANAGER (2) | | | | | |
|--|--|--|--|--|--|--|
| 3489 ZOOM feature added to MD There is a new box labeled 10.1.7.0 Spring 2022 | 3488 MDS MANAGER - Residents N/A 10.1.7.0 Spring 2022 | | | | | |
| 0 | 2710 | | | | | |
| 3481 The option on the Type of None, if your facility does n 10.1.7.0 Spring 2022 | A user will only be able to u N/A 10.1.7.0 Spring 2022 | | | | | |
| 0 | + | | | | | |

utilize the feature, as well as a preview as to what it may look like.



Q9: How do I change my initials in ECS?

If the initials for a user were entered incorrectly, then someone in our technical department can assist in changing them. However, if the initials are incorrect as the user has changed their name, follow the steps listed in Q4 above.

Q10: How do I access the training materials and videos?

All training documentation, past webinars, future webinar signup, and training videos are located on our Client Sign On. This is accessed via our website at <u>https://www.american-data.com/</u>. Then click onto the Client Sign On button in the upper right-hand corner. Enter in your credentials (these are provided and managed by the Client Sign On Administrator at your facility). The credentials for logging into the site may not match the credentials you use to access ECS. The credentials for ECS and the Client Sign On are managed by American Data. If you are unsure who the Client Sign On Administrator at your facility is, we can provide that information.

Q11: How do I get the progress wheels back onto the MAR/TAR?

In version 10.1.6.0, we released a popular feature, progress wheels on the MARs/TARs. However, this had a negative impact on some facilities or within certain types of MAR/TAR tasks. Although not all facilities were affected, we wanted to ensure that we did not cause any unintended consequences for users who were utilizing this feature, so we decided to revert the change until a later date when an appropriate solution could be determined.

That solution came out in version 10.1.6.5 in the form of a check box on the electronic sign setup. This allows a facility to choose whether they want the progress wheels on the MAR/TAR and even allows for that to occur per task type. This means that if some tasks make sense to have the wheels, whereas others do not, the user can easily add the checkbox onto only the tasks where the progress wheels are necessary. To enable the progress wheels, follow the steps below.

- 1. Click onto the **Toolbar**.
- 2. Click onto the **Sign** icon (or navigate via American Data ECS > Write > Sign > Electronic Sign).
- 3. Click onto Tasks.
- 4. Highlight a task that you want to add the progress wheels too and click onto Edit.
- 5. Place a checkmark in Show Progress Wheels.
- 6. Click **OK** to save changes.
- 7. Complete the above steps for each task requiring progress wheels.



| t Tasks | ? |
|---|--|
| sk Name: Meds AM Site/Grou | q |
| Entries | Time |
| Formula: *Sign - 7. Meds AM | Topics/Words |
| Topics/Words X Y | Physician Orders / Life Activity/FYI / FYI (MAR) Physician Orders / Treatments / FYI MAR/TAR / Nursing Orders (TAR) / FYI Physician Orders / Diet/Supplement / 0700 Physician Orders / Diet/Supplement / 0730 Physician Orders / Diet/Supplement / 0800 Physician Orders / Diet/Supplement / 0830 Physician Orders / Diet/Supplement / 0900 Physician Orders / Diet/Supplement / 0900 Physician Orders / Diet/Supplement / 0900 Physician Orders / Diet/Supplement / 0930 Physician Orders / Diet/Supplement / 0930 |
| Add Insert Delete 🔊 📎 | Physician Orders / Diet/Supplement / 1030 Physician Orders / Diet/Supplement / Breakfast Physician Orders / Diet/Supplement / Breakfast Add Insert Delete Lines |
| Add User Add Group Remove | Exception: MAR/TAR / Med Exceptions /All Common Task: NONE Tasks Common Task: NONE Common Task: Tasks Common Task: NONE Common Task: |
| Show Open Entries Only Show 'No Exceptions' Hide DC'd Entries Display Multiple Names Show Entry Date Show Reminders Auto Exception Show Alarms Sort Entries by Time Highlight Exceptions Concealed 12 | Report Only Verification Image: Summary Loading Tasks Exception Save Signing Signature Detail Resident Scan |

Q12: How do I see NTA points associated with a PDPM HIPPS Code?

There are a couple of ways to view the NTA points. One is within the MDS assessment itself, so would be on a per resident basis. The other is within MDS Analytics so that you can see more than one resident at a time. If wanting to view the NTA points within an MDS, once you have calculated the HIPPS codes, highlight the PDPM score and click onto **Explain**. This will load the **PDPM Score Calculation Explanation of Results** page. If you scroll to the bottom, you will see the NTA Component listed, with the HIPPS character, as well as the score.

| HIPPS Code | Calculations | | | | | | | | | | | ? | × |
|--------------|--------------|-------------|------------|-----|------------|---------|----|----------|---------|----|---------|----------|-------|
| Z0100 | Use | Z02 | 50 |] | | | | | | | | | |
| Z0200 | | Z03 | | | | | | | | | | | |
| PDPM | Ref.Date | HIPPS Score | PT/OT Fu | inc | PT/OT Comp | PT CN | ٩I | OT CMI | SLP Com | ιp | SLP CMI | NSG Func | NSG |
| Z0100 | 01/27/2022 | KHOA | 22 | | ТК | 1.52 | | 1.54 | SH | | 2.86 | 15 | CA2 |
| < | | | | | | | | | | | | | > |
| RUGs | Ref.Date | RUG Score | CMI Val. | CPS | ADL C | Complex | De | pression | Rehab | Ve | rsion | | |
| 🗹 Z0200 | 01/27/2022 | CA260 | 1.02 | 0 | 4 N | lo | No | 1 | No | 08 | | | |
| | | | | | | | | | | | | | |
| Calculate Se | lected | Show | All Setups | Cle | ar List | | | | | E | Explain | Print | Close |



| NIA Compon | ent |
|------------|--|
| HIF | PPS Character: A |
| The | e following NTA Comorbidities are present: |
| | I5200: Active Diagnoses: Multiple Sclerosis Code |
| | NTA Value: 2 |
| | I6200: Active Diagnoses: Asthma COPD Chronic Lung Disease Code |
| | NTA Value: 2 |
| | I2900: Active Diagnoses: Diabetes Mellitus (DM) Code |
| | NTA Value: 2 |
| | I1300: Inflammatory Bowel Disease |
| | NTA Value: 1 |
| | I5600: Active Diagnoses: Malnutrition Code |
| | NTA Value: 1 |
| | O0100M2: Special Treatments/Programs: Isolation Post-admit Code |
| | NTA Value: 1 |
| | H0100D: Bladder and Bowel Appliances: Intermittent Catheterization |
| | NTA Value: 1 |
| | H0100C: Bladder and Bowel Appliances: Ostomy |
| | NIA Value: 1 |
| | Bone/Joint/Muscle Infections/Necrosis - Except : RXCC80: Aseptic Necrosis of Bone - NTA Value: 2 I8000F: A69.23 |
| | Diabetic Retinopathy - Except : CC122: Proliferative Diabetic Retinopathy and Vitreous Hemorrhage - NTA Value: 1 I8000C: E10.3219 |

To view the NTA points on more than one resident at a time, you will want to utilize the MDS Analytics. Follow the steps below to run the NTA report.

- 1. The **MDS Analytics** report screen can be accessed one of three ways:
 - a. MDS Manager
 - b. Easy access button
 - c. American Data ECS > View > Report > MDS Analytics
- 2. Once in the MDS Analytics screen, utilize the Select Report drop-down to select the **NTA Points (PDPM)** report.
- 3. Select an option from the Site/Service dropdown.
- 4. Enter in **Date From** and **Date To**.
- 5. Uncheck any options, if needed.
- 6. Click onto **Print** or **Export**.

| Edwards, Mary J | Not OBRA - 5 day (Med Replacement) (09/16/2021) | IGBA1 | O0100H2 | 5 |
|-----------------|--|-------|---------|----|
| | | | O0100F2 | 4 |
| | | | 16200 | 2 |
| | | | 12500 | 2 |
| | | | K0510B2 | 1 |
| | | | Total | 14 |
| Edwards, Mary J | Quarterly 90 - Not PPS (10/11/2021) | IGBA | O0100H2 | 5 |
| | | | O0100F2 | 4 |
| | | | K0510B2 | 1 |
| | | | H0100C | 1 |
| | | | Total | 11 |

Q13: Can I look up why I received a PDPM HIPPS code on a resident?

To view why you are receiving a specific PDPM HIPPS code, you will want to click onto the Explain button from within the HIPPS Code Calculations screen. Once you have calculated the HIPPS codes, highlight the PDPM score and click onto **Explain**. This will load the **PDPM Score Calculation Explanation of Results** page.



| HIPPS Code | Calculations | | | | | | | | | | | | | ? | × |
|--------------|--------------|-------------|------------|------|-----------|-----|--------|---------|------|---------|-----|---------|---|---------|--------|
| Z0100 | Use | ZO: | 250 | | | | | | | | | | | | |
| Z0200 | | Z0: | 300 | | | | | | | | | | | | |
| PDPM | Ref.Date | HIPPS Score | PT/OT F | unc | PT/OT Com | ιp | PT CMI | от | CMI | SLP Con | ιp | SLP CM | I | NSG Fun | nc NSG |
| Z0100 | 01/27/2022 | KHOA | 22 | | TK 1.5 | | 1.52 | 1.54 Sł | | SH 2.86 | | 2.86 | | 15 | CA2 |
| | | | | | | | | | | | | | | | |
| < | | | | | | | | | | | | | | | > |
| RUGs | Ref.Date | RUG Score | CMI Val. | CPS | ADL | Com | plex | Depress | sion | Rehab | Ver | rsion | | | |
| 🗹 Z0200 | 01/27/2022 | CA260 | 1.02 | 0 | 4 | No | | No | | No | 08 | | | | |
| | | | | | | | | | | | | | | | |
| Calculate Se | lected | Show | All Setups | Clea | ar List | | | | | | E | Explain | | Print | Close |

Q14: Is there a way to view more than one screen at a time?

ECS is like a web browser window in that as you click into a screen, a new tab is opened.

American Data - ECS 🗸 Toolbar Easy - [MDS/Care Coordinator Access] 🛛 MDS Manager 🔀 672 Census and Condition 🕮 MDS 3.0 Report 🕅

This allows for multiple reports, documenting screens, view tasks, etc. to be open at one time. You may click through the different tabs to navigate to open items. However, there are times when it may be useful to tile a couple of these items side by side. To do, you can utilize the **Tile Side by Side** or **Tile Top and Bottom**. For this to work, you will have to close all the tabs except for the ones you would like tiled. The tiling feature typically works best when there are only two tabs being tiled. Even your Easy screen will have to be closed out for this to work.

For example, if I want to tile an MDS next to the 672 report, I need to make sure that the Toolbar and only the two tabs to tile are open.



I will then click onto American Data – ECS > Window > Tile Side by Side. This will tile each tab next to one another. If I close out of either or open a new one, the tiling will cease. When needing to get back to the easy access screen, click onto Toolbar > Easy. This will launch your easy screen.

Q15: How do I know when American Data builds new setups or modules? Where can I learn more about what is available?

When new features become available, there are a few different areas that we promote these.

- 1. Our newsletter
- 2. Client Sign On > ECS User's Forum > New and Notable Items in ECS discussion thread
- 3. Webinars

When new modules are developed within our default database, these setups cannot be automatically sent into all ECS databases as we have so many different configurations and



uses of ECS (i.e., adult daycare, nursing homes, jails, etc.) Because of this, all new modules are available to our clients on a request basis. Meaning that if you are interested in getting a module setup in your facility's ECS, you will want to send an email to <u>clinical@american-</u><u>data.com</u> to request it and approve of any billable time. You may also email us to request an estimate for receiving a module. The most recently developed features consist of:

- 1. COVID-19 Staff Matrix topic and report
- 2. ASQ Suicide Risk Screening Tool
- 3. ASQ Brief Suicide Safety Assessment
- 4. P4 Suicidality Screener
- 5. Dedicated access screen for Restorative Aides

The following feature is in development to be released next:

1. Survey readiness topic with new reports

Q16: How do I increase a user's font size? Can this be done system wide?

There is not a way to increase the font size system wide or for all users at once. It is a user-byuser setup.

- 1. Navigate to American Data ECS > Setup > Security > User.
- 2. Double click into a username to access the **Properties** screen.
- 3. On the **Options** tab, place a check mark in **Enlarge Menus** and enter a number into the **Size** box (we don't recommend going any larger than 12, the default font size is 8).
- 4. In addition, click onto the "F" button, which is what will adjust the font size in the eMAR/eTAR only. Adjust the font, style, and size here.
- 5. Click **OK** to save changes.