What's New in Version 10.1.2.0

Overview

- Diagnosis
- MDS
- MDS Manager
- PDPM Analyzer
- HIPPS Code Modification Screen
- User Properties – Electronic CoSign
- Mobile
- NCCI Edits Updated
- Calculating and Auto-Adjustments with Ignore Service

Diagnosis Selection Screen

The Diagnosis Selection Screen has been made larger so that users can see the full ICD10 Name, ICD Code, PDPM Category, SLP Co-morbidity, and the NTA points without needing to scroll.

MDS

- The MDS will now display the Target Date in the lower left-hand corner where both the resident name and MDS type currently display. This is to make troubleshooting easier and to allow the user to see the target date without needing to navigate to Section A of the assessment.

- When utilizing the Explain feature to determine why a user received a PDPM HIPPS Code, the date of the assessment will now display, in addition to the resident's name.
- If a user codes a Medicare Replacement MDS incorrectly in relation to A2400, the PDPM HIPPS codes will not calculate. If a user answers A2400A as [Yes] (1) or answers A2400A in Section Z where the HIPPS are calculated as [No] (0), they will receive error

messages instructing them to re-code the assessment. These warnings will instruct the user as to which question, they have coded incorrectly and how it needs to be coded to appropriately calculate the HIPPS codes.

- Users are now able to combine a PPS Discharge (for purpose of Medicare Replacement) with other MDS assessment types. This will decrease the amount of time spent needing to complete MDS assessments as users may combine a Discharge Tracking Record with a PPS Discharge.

- MDS Scrubbers have been updated to include all new questions as of 10/1/2019. When setting up a scrubber, a user will now see the new questions have been made available to select from.

- Significant Change predictions have been updated to also include the following questions: E0800, E0900, M0300E, M0300F, M0300G, and K0100.

- Questions O0425-O0430 in Section O of the MDS are now able to collect minutes/days. These questions are only open on a PPS Discharge assessment, whether it's being completed for Medicare or Medicare Replacement. These questions specifically ask for the minutes/days the resident received therapy during their entire Medicare stay. For one resident, this may be 30 days of charting, and others it may be a full 100 days. Due to that flexibility, special programming was put into place to accurately determine the entries which are within that resident's stay. These questions will look at A2400B and C to determine the dates in which it needs to search between. We merged in all of these setups for MDS 3.0 > Questions, however facilities should double check the setups at their facility to ensure accuracy.

  o **EXAMPLE:** If a resident has a Medicare stay which starts on 11/15/19 and it ends on 12/25/19, the therapy minutes/days in between these two dates will populate into these questions with this new programming and a minimal number of setups.

  o **SETUP INSTRUCTIONS:** American Data merged in all the MDS 3.0 > Questions > Input links. Please verify that these have linked correctly by navigating to **American Data – ECS** > **Setup** > **MDS 3.0** > **Questions**. Review the Input tab on all questions O0425-O0430 and verify these are linked to your Therapy Administered topics. If not, please contact the Clinical Department so they may link these for you.

  o **RULES:** ECS will automatically look at the dates located in either A2400B and A2400C or will look at the dates located in the Medicare Replacement date words to determine the time frame to include charting from. Do not set any days to the words in the MDS 3.0 Question Input tab or this will cause the Collect to not work correctly.

- The Best Reference feature has been removed from the Type of Assessment/Tracking screen as this is no longer relevant with the PDPM schedule. This screen appears anytime a user starts a new MDS.
- The MDS Selection Screen has a new column that has been added. It is titled PDPM Start Date and will only pull in the start date of the PDPM HIPPS code related to that specific assessment.
- Users will now be aware if and how many sections in the MDS have notes within the MDS they have open. The user will see a number displayed to the right of the word Notes in the Status screen which displays how many sections have notes displayed within them. This is to help alert the user to if there are notes on that MDS or not.

MDS Manager

The Scheduling Tool within the MDS Manager will show any overdue MDS' assessments by displaying the date in red text. This will occur if the date in the scheduler is equal to today or a past date.

PDPM Analyzer

Several new features have been added to enhance the PDPM Analyzer ease of use. These are detailed further below, as well as highlighted in the screen shot.

- The PDPM Analyzer will automatically start displaying data for the selected residents rather than waiting for the user to click the Go button. You may still use the Go button after changing parameters (like adding dates).
- A checkbox has been added to the PDPM Analyzer called **Show CMI Value** to allow users to display the CMI associated with each PDPM component. Place a checkmark in this checkbox to see the CMI for each component displayed on the Rate Details area after each component. This new column will print and export.
- A new checkbox has been added to the PDPM Analyzer called **Variable Per Diem** to allow users to display data in a condensed format. When Variable Per Diem is checked, the data displayed in the Rate Details area will be condensed to only display a new line when a rate changes. The rate could change due to a new PDPM HIPPS Code and/or a

change in the Variable Per Diem Adjustment factor. Data can be printed and exported with this option selected.

- Users may select multiple names on the left side of the PDPM Analyzer. Hold *Shift* and/or *Ctrl* on your keyboard to select multiple names. Selecting multiple names on the left side will then display the Rate Details for all selected names on the right side of the screen. The resident name will be added above the rate details for each person. You may print or export the Rate Details for all names selected.
    - o   There is no Grand Total on the Rate Details screen. You must choose the Summary to see a Grand Total.
    - o   You may select multiple names on the Medicare Stay area and when you switch to the Summary, those same names will be highlighted (although all names on the screen will still be displayed).
- A [+] displays to the left of the Medicare Stay heading which when clicked onto expands all resident's names to display the details of their MDS Medicare stay information. Click onto the + to expand all and click onto the [–] to close all detail.
- The Medicare Stay area of the PDPM Analyzer (left side of the screen) has been expanded to show the HIPPS Code and Reference Date columns by default.
- If there happens to be a HIPPS Code Modification (Manual HIPPS Code) on the same effective date as an actual MDS, users will be presented with an error indicating there are multiple assessments on the same effective date and the client name who has this issue. This is helpful for facilities who have a short month end close window and write a default HIPPS Code prior to an MDS being submitted. This warning is a flag to them that an MDS has been submitted and the resident with the error needs adjustments to their billing. This feature automatically runs when you launch the Analyzer and will check again if you click Go.
- A new option titled MDS Type has been added. This allows a user to filter the name(s) listed based on assessment type (traditional Medicare vs. non-traditional Medicare) to allow for easier reporting capabilities.

HIPPS Code Modification Screen

- A **Modifiers Legend** has been added to the HIPPS Code Modification screen to allow users to determine what type of assessment each modifier represents.
- There is a drop-down list to select the type of assessment which is associated with the HIPPS (Medicare or Medicare Replacement). This drop down automatically populates if the user is modifying a HIPPS associated with an existing MDS. When manually entering in a HIPPS not associated with an MDS, the user will be required to select which type of assessment they are creating.

- We have changed the screen and the process for viewing and removing a manual modification to a HIPPS Code to make the process more user friendly.
- **TO USE THIS:**
  - Once you go into the HIPPS Code Modification screen, select a resident name and click OK.
  - The MDS Selection screen has been modified to include actual MDSs and Manual HIPPS Codes created. On this screen, there is a column called Manual PDPM HIPPS which shows you if a manual code has been added to an existing MDS and/or if there is a Manual Code written. Select the Manual Code or MDS with a Manual HIPPS that you'd like.
  - The bottom box is a History of what has transpired on the selected MDS or Manual Code. If there is a Manual HIPPS that is Current and you need to remove it, you must select the Current Manual HIPPS line in the History and click Remove. The remove button will not be active until you select a row. If there is no manual HIPPS Code on the selected MDS, the History box will be blank.
  - If you need to change names, click the Names button.
  - If you need to select a different MDS or view the list of MDSs for the selected name, click the Select MDS option.

## User Properties (for Electronic CoSign)

User are now able to attach specific orders to a user with the Electronic CoSign. The setup to enable this feature is all completed via the User Properties.

EXAMPLE: A resident has Dr. Frank Castle as their Primary Physician, however one of the resident's consults (Dr. Jessica Jones) has ordered Ativan for the resident's upcoming dental procedure. If the facility has this new feature enabled, when Dr. Jones logs into ECS and loads the Electronic CoSign task, she will only see the one Ativan entry that she ordered on this resident. Without this enabled, she would see all orders entered, regardless of the ordering physician.

SETUP INSTRUCTIONS:

1) Navigate to American Data-ECS > Setup > Security > Users.
2) In here, click into the User Properties on a user that should be setup to only see orders written by them.
3) Navigate to the **Options** tab.
4) In the right-hand corner, place a check mark into the **Show Order by:** check box.
5) Click **Add** to add in any of the specific physician/consult name(s) located in the Face Sheet topics.
6) Once you have selected **Add**, notice that you are presented with all sections within ECS. Navigate to the Face Sheet section, double click into the appropriate Physician/Consult topic. Find the Physician/Consult name, highlight it, click OK. This will add the name into the list.
7) Click **Remove** to remove a name from the list.
8) If a physician/consult works at multiple facility locations, be sure to add in their name from each of the different topics.

RULES: For this to work correctly, users must be selecting the physician/consult name within the entry. Only entries that have the Ordered By included in them will display. This means that any orders without an ordered by will not show in any of the tasks loaded by a user who has this property enabled in their user properties. To utilize the Ordered By, these words must be linked to the appropriate words within the Face Sheet/Demographics topics.
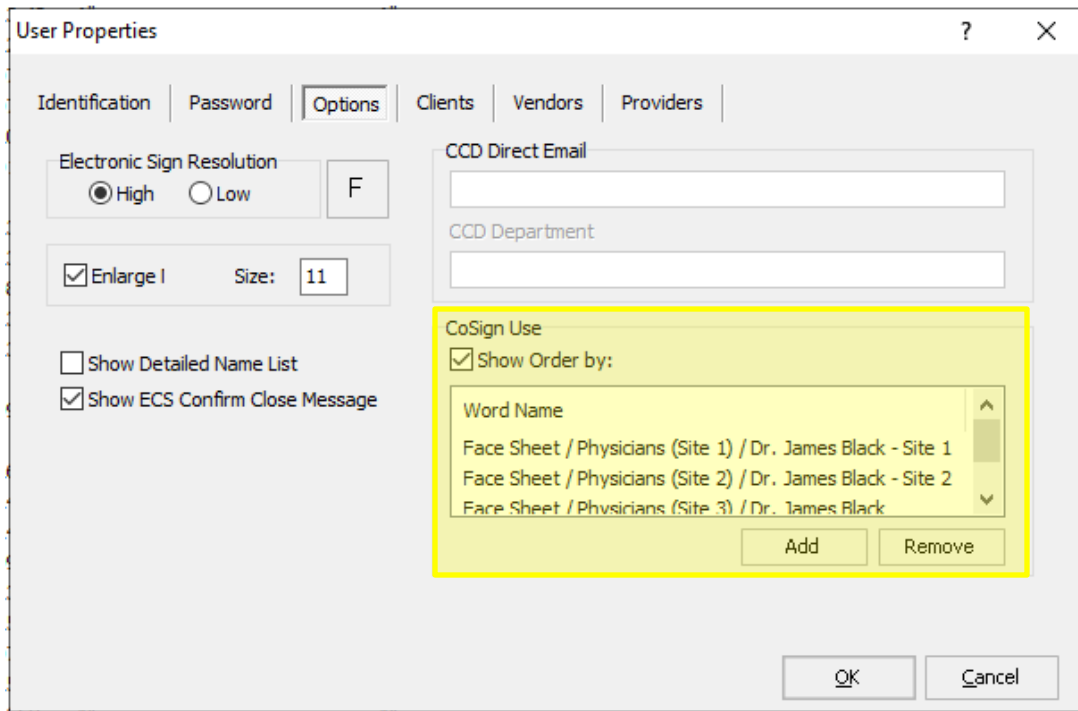
ECS Mobile

- The desktop version of ECS was enhanced with the following features that have now also been carried over into the ECS mobile environment:
    - Entries co-signed by a user in an approved group but then moved to a user group that is not approved for co-signing, remain "co-signed" and do not require the need to be co-signed again.
    - Duplicate Internal Communications now merge into one message. For example, when IC's are appended and sent back to the same recipients, if the previous message is still in the inbox, it will REPLACE the previous IC(s) so that you still only have one IC displayed. The message will be reset to "Unread."
    - Mobile now displays "name of initial" if a column report is set with this property.
    - Common tasks that are attached to specific User Groups.
    - Alarms and IC's will not be sent to inactive users.
- ECS mobile will now display the Tomcat server date and time on both the Authorization screen and About screen.
- Updates have been made to the client filter screen in ECS mobile so it's easier to select/de-select items from the various filter categories. In ECS mobile (on a device environment only) there is no keyboard to be able to quickly select/de-select multiple filter options like there is in the desktop version. This this, in past if you have your default login set to auto-select all 12 units, but want to filter down to just one unit, you would have had to de-select the 11 units you did not want. Now when in the client

filter screen on a device, you will see an All/None button next to each category to quickly select all items in a filter category or de-select all items.

Calculate and Auto-Adjustments with Ignore Service

- This change only impacts calculate tasks that are set to Ignore Service. The auto-adjustment will now adjust an invoice, regardless of what service it was originally tagged with, and re-post the invoice tagged with the first service that was filtered for (not necessarily where the resident resides.) Calculate has been changed to do this as well.

NCCI Edits Updated

- New tables have been included in this update providing the new NCCI Edits that control the messages regarding HCPCS codes in therapy that require a 59 Modifier or can't be billed on the same date. These files were updated on CMS as of 01/01/2020.

Contact Information

- Email Addresses
    - Signing up for email lists: CARES@american-data.com
    - Clinical: clinical@american-data.com
    - Financial: financial@american-data.com
- Phone Number
    - General inquiries / support: 1-800-464-9942