

What's New in ECS 10.1.9.0

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MDS

- Section O - Removed "Complete only if A0310C =2 or 3..." instructional language from item O0450, as item A0310C is no longer active on any MDS item set.
- The MDS Question Setup screen (American Data - ECS > Setup > MDS 3.0 > Questions) has been changed from a pop-up dialogue box to a "tab." This allows the user to keep MDS Question Setup open while navigating to other tabs in ECS.
- Item A2400A will now default based on the selections in the Assessment Coding screen, rather than based on the prior assessment. This should increase accuracy and reduce false errors when a resident is re-admitted with a change in coverage.
- Section V - Users can no longer manually check boxes in V0200A. These items are determined by Care Area Trigger formulas from CMS and should not be checked manually. Users will get a warning if attempting to change manually.
- Section A - The picklist box located beneath item A0200, which opens the assessment coding screen has been changed to a larger button labeled "Change Assessment Type." The location and function of the button have not changed.
- Section A - For non-discharge PPS and Medicare Replacement assessments, item A2400C will now default to "ongoing" and an error stating "A2400C should be coded as ongoing unless used on a Medicare (PPS) or Medicare Replacement Discharge

Assessment” will appear if a user enters a date. This is to help reduce date errors within the assessment and associated billing processes.

MDS Analytics

- When running reports in MDS Analytics, the name of the report will now appear in the tab at the top of the screen to make it easier to navigate if the user must flip between the report and other tasks.
- The Diagnosis Totals report will now display the description of the diagnoses in addition to the ICD-10 code.

MDS Manager

- The scheduling tool will now predict an annual assessment rather than an additional Quarterly 270 if the annual is due within 14 days of the next predicted assessment.

Users/User Groups

- Changes to “Available Sections” will now be tracked in greater detail in the Change Log. Previously, the log documented that a change had been made, and it will now document specifically what sections have been added or removed from a group’s “Available Sections” in user group properties.

Electronic Cosign

- Added active count of total cells and unsigned cells to the task. These are located to the right of “remove.”
- Added “total cells” and “total unsigned cells” to the cosign summary report.

Report Maker

- When you export a report that has identifiers (like username, date/time, etc.) the export will remain in the same format as the report previews in ECS. Previously, it was placing the identifier on a separate line.

Demographics

- In the demographics dialog box, “Client” has been re-labeled as “Client ID.” This is to help differentiate it from the “Client No.”

Other

- Medication review tasks which display drug warnings work differently than normal tasks and do not work correctly when the screen is split to show a write screen above the viewing area. The option to split the screen when viewing a task with “show warnings” turned on in task setup has been disabled.
- Email/IC Log - The email/IC log will now open as a “tab” which will remain open when users switch back away from it and come back.

PPS and OBRA PDPM Analyzers

- The left panel has been re-sized so that all columns of data are displayed by default, reducing the need to manually re-size this field.
- We added the Transmit Count on the left panel in both the PPS and OBRA PDPM Analyzers. This is the same count found on the View MDS screen and could confirm that an MDS has been batched (and hopefully sent) before billing is done.
- We changed the function of the **View MDS** button that is located on the PPS and OBRA PDPM Analyzers. This button will now bring up the actual View MDS Selection screen, of the selected resident, rather than opening the MDS associated with the MDS you have highlighted. We have determined this is more useful when troubleshooting.
- We changed the **Summary** tab of the PPS PDPM Analyzer and the OBRA PDPM Analyzer. We added the HIPPS Code and components to the Summary tab. The Summary tab will show totals per HIPPS Code.
- OBRA PDPM Analyzer only - When a HIPPS Code is carried forward (after a discharge return anticipated and then re-entry), there will be a new line on the OBRA PDPM Analyzer, below the Re-Entry, that display the HIPPS Code being carried forward from the assessment prior to discharge. The new line will say “HIPPS from Prior - “name of previous assessment”, and display the Start Date from the prior assessment, HIPPS Code, and ARD. This was made so that WI Medicaid clients could continue to bill for OBRA PDPM HIPPS from a prior assessment when the resident returned to the facility.
 - This only applies when a resident discharges as a “return anticipated” and returns within 30 days. Discharges which are “return not anticipated” or when the resident is out greater than 30 days, will not carry forward the HIPPS from a prior assessment and will continue to require a new admission assessment.
- OBRA PDPM Analyzer specifically - we added the ability to hide components/columns. This can be used for states who don’t reimburse based on all components of the OBRA PDPM HIPPS so they don’t have to see those components.
 - Setup Instructions to Hide Columns/Components:
 - Go to American Data - ECS>Setups>Settings> Site.
 - Select the Site from the drop down.
 - Click the PDPM tab.
 - Click the OBRA tab.

- Under the OBRA Ending Words box, next to the OBRA Write-backs button, we have added check boxes that say "Show" for each component. By default, all check boxes are checked. If you would prefer your OBRA PDPM Analyzer **not** to show certain components, un-check the corresponding check box, click Apply and OK at the bottom of the screen.

Calendar

- "Data On Day Before" is an option on the calendar that allows us to generate reports displaying Payer on Discharge. The concept is that the report can show you what the payer source was on the day before the discharge. The report associated with this function had the font size increased.

Aging

- When printing the aging in Summary, the identifiers will print under the resident's name. A change we made previously, to provide a separate column for identifiers (Insurance Company Names, etc., caused the aging to print across multiple pages. This will change the printing and put data back onto one page.

Importing

- We changed the Document from Table screen to remove the teal blue background and have replaced it with a gray background. Just a visual change.

835 Files

- We enhanced the processing of the 835 so that it would search for values in the SSI value in Demographics, in addition to searching the Record Number, Medicare and Medicaid fields that it has always done.

Design

- The tabs along the top of ECS have been changed. The size of the tab has been increased as well as the font size. They are now all a consistent size with the text left justified and rounded corners. The x to close the tab is now in the bottom right side of the tab. Enhancements to make navigating easier.
- In Word Properties on the Options tab, we have changed the Shading option so that it is a number that can be changed by clicking the up or down arrows, rather than a sliding scale. This makes it easier to see what level of shading is applied to a word.



- We added the ability to globally change the shading for multiple words. Previously, you could only change shading on one word at a time.
- We add the ability to apply shading to words that were not set to be buttons.
- We improved drawing of ECS which means drawing smoother corners, fonts, etc.
- The font size of topics has been increased to 11-point font to make them easier to see.
- The size of the Name Selection screen has increased, and the default font size has increased to make it easier for users to see.
- The size of the Word Selection screen has increased to make it easier when doing setups.

Contact Information

Email Addresses

- Signing up for E-mail Lists: CARES@american-data.com
- Clinical Support: clinical@american-data.com
- Financial Support: financial@american-data.com

Phone Number

- General Inquiries/Support: 1-800-464-9942