

MDS to the MAX

1) Housekeeping

- a) ECS version 10.2.0.4 was released on 11/08/23. Please update to this version if you have not already. There are fixes in here for many MDS issues.
- b) A message was sent from CMS this week regarding changes to the way HIPPS codes are calculated for stand alone HIPPS codes for Nursing, Occupational Therapy, and Physical Therapy components. ECS codes according to the printed specifications released by CMS, which already had this logic in place. This means that if your facility received notification from CMS in your iQIES reports that there were recalculations due to these changes, you do not need to recalculate or resubmit your assessments in ECS.
- c) DTMS 3 information: American Data Technical Support is working through our client list to complete conversions to the DTMS 3 version of Medispán and the Medi-Span update system. If you have not yet completed that process, please reach out to our Technical Support team via Tech@american-data.com or 800-464-9942 to arrange it after you are running the latest 10.2.0.4 version of ECS. It will not require full system downtime, but will require about 1-2 hours of not entering new medication orders or diagnosis codes while the process completes. Access to the on-prem server for ECS is required to complete this. Please note that if you host with American Data Cloud, this process is already completed and you do not need to do anything

2) Coding the MDS - Let's start at the beginning with coding an assessment.

- a) Start in the MDS Manager. Access this using your American Data - ECS drop down menu, or by choosing the MDS Manager easy access button.
 - i) If your facility is not yet using the MDS manager, check out our client sign-on area for videos and past webinars to help you get started. (www.american-data.com credentials are managed by your facility)
- b) There are a multitude of options for MDS assessments within ECS. The major players being:
 - i) PPS Assessments
 - ii) OBRA Assessments
 - iii) OSA Assessments
 - iv) OBRA Tracking Forms
 - v) RUG IV Assessments
 - vi) Medicare Replacements
 - vii) Correction Assessments

3) Types of assessments

- i) Stand-Alone
 - (1) Any assessment type CAN be stand alone
 - (2) Some types MUST be stand alone
 - (a) Entry Tracking Record - Simplest form
 - (b) IPA - Optional for payment increases
 - (c) OSA - Have been around a while, but new to many states.

(d) RUG IV - Sunset by CMS several years ago, but still used by some payers, including older VA plans. We aren't going to talk about these anymore, as they are rarely used and cloud the already confusing world of Medicare Replacement Assessments.

ii) Combination Assessments

(1) Other assessment types can be combined with one another, including PPS, OBRA, and Medicare Replacement Assessments.

4) Medicare Replacement Combinations

a) These are the most complex assessment combinations, but understanding what happens when you select "For Medicare Replacement or Insurance Billing" can help to make navigating these assessments easier.

b) Start by coding the assessment as you would if it was a PPS Assessment for Medicare A with the addition of the check in the "For Medicare Replacement or Insurance Billing" box. This affects the assessment in several ways.

(1) All items that are active on any assessment type included in the combination assessment are active on the form that is presented to the user.

c) When the assessment is printed, the user gets the option to print for OBRA or for Other.

i) Printing for OBRA prints only the OBRA item set from the combination.

ii) Printing for Other prints the Medicare Replacement item set from the combination.

d) When the assessment is transmitted, only the OBRA items are included in the file that goes to CMS.

i) Items which are only active on the OBRA piece transmit as they appear on the on-screen form.

ii) Some Special items change in the background. For example: On 5-day assessments for Medicare Replacement, which are combined with an OBRA piece, A0310B=1 on the on-screen form. However, when transmitted or printed for OBRA, this value is changed to a "99."

iii) In this way, the user can see the type of assessment that they are working on, but the assessment is not visible as a 5-day to CMS.

5) Correction Assessments

a) Corrections can be completed on any assessment that has been ACCEPTED by CMS.

b) They can be one of two types:

i) Modification: A modification can be used to change information within an assessment and has two main rules:

(1) A modification can only be used for changes within an item set. If the item set changes, then a modification can not be used. For example, if you have submitted a quarterly (NQ) assessment and realized that it needs to be an annual (NC), you can not use a modification to make this change.

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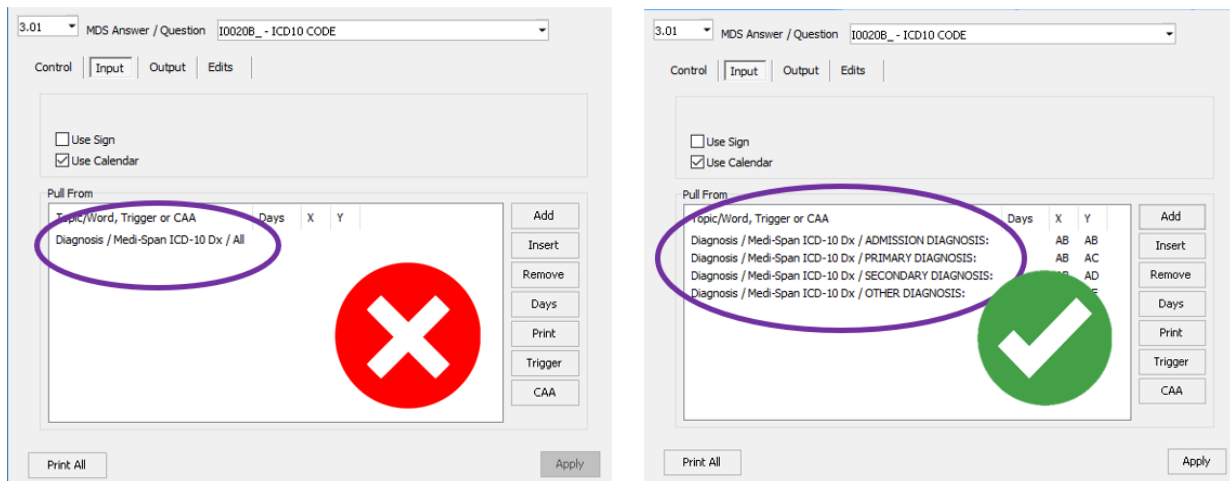
Fatal:

If A0050 (formerly X0100)=[2] (modification record), then the value in ITM_SBST_CD in the modification record must be equal to the value that was submitted in the prior record (the record that is being modified).

- (2) A modification also can not be used to change the ARD (unless the original ARD is truly a typo and all other information in the assessment is based on the "new" date).
 - ii) Inactivation: Any assessment that has been ACCEPTED by CMS can be inactivated. This completely removes the assessment from the CMS system and it must be replaced with a new assessment.
 - c) Rejected assessments CAN NOT be corrected. Because they were never accepted by CMS, there is no record there for them to modify or inactivate, and the user will only get further rejections. To repair a rejected assessment, the user must use "Change" in ECS. You can open a submitted assessment in "Change" via the MDS manager, an access button, or the American Data - ECS Drop-Down Menu.
 - i) Open the assessment in the "change" status
 - ii) Make the needed adjustments
 - iii) Resubmit the assessment to ECS and retransmit to CMS as usual
- 6) OSA Assessments
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- a) OSA assessments have been around for a while now but are new to several states that are utilizing them until they are able to change to PDPM.
 - b) Creating an OSA assessment in ECS is simple.
 - i) Start by completing the required OBRA assessment and submitting it to ECS.
 - ii) After you have completed the OBRA assessment and submitted it to ECS, the answers from that assessment will be pre-filled when you open the OSA assessment. No special method to copy the assessment is necessary.
 - iii) Once the assessment is open, complete items which were not included in the OBRA assessment, such as section G, and verify/sign the rest of the sections.
 - iv) You may now submit the assessment to ECS and transmit to CMS.
 - c) These assessments are the ONLY way to get a RUG score after 10/01/23 as CMS has removed items required to calculate them from the OBRA items sets.
 - d) There are setups that you may need to help ease this transition.
 - i) ECS has stopped RUGs from being written back into resident's charts based on assessments other than OSAs.
 - ii) You may still see assessments other than OSAs calculating a RUG score in section Z, in items Z0200, Z0250, or Z0300. These RUG scores do not include all required items to be accurate and should be removed.
 - (1) To do this: Go to the American Data - ECS drop down menu, and then Setup, Settings, and Site. Choose your site from the drop-down menu, and go to the "MDS" tab.
 - (2) Click on "Section to Sign"
 - (3) Scroll to the bottom where we see items Z0200, Z0250, and Z0300.
 - (4) The rows from left to right represent CMS item sets, which are the various combinations of items that are used for different assessments.
 - (5) Follow these rows across from the first column, "NC," to column "XX," which represents correction assessments, and double click any "X's" to remove them from all columns except for "OSA."
 - (6) Click OK to exit and save your changes.

- 7) Let's go over to ECS and walk through this in real time:
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- i) Repeat section to sign instructions
 - ii) Go to an assessment
- 8) Once the assessment is coded appropriately, we can take a look at using the assessment form itself.
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- a) We do have lots of new MDS Coordinators out there, so I'm going to review basic functions to start out.
 - i) Radio buttons - Single selection, click the label to de-select, separate checkbox for unknown
 - ii) Check boxes - Multi-selection, click twice for unknown, third click de-selects
 - iii) Input boxes - Type responses, separate box for unknown, backspace to clear, no spaces before or after the response.
 - b) Use the "Collect" Feature.
 - i) Click "collect" to pull information from the supporting documentation within ECS.
 - ii) You will need to confirm/enter appropriate dates to begin the process
 - (1) Reference Date: This will auto fill and the user only needs to confirm it.
 - (2) The next two dates are new to the assessments in response to CMS changing the way that lookback periods work. In the past, lookback periods only looked back from the target date of an assessment. Now, some items look forward from start date of the stay or backward from the end of the stay rather than only considering the target date.
 - (a) Stay Begins On:
 - (i) This is A2400B for Medicare A, Medicare Replacement, or combination PPS/OBRA assessments.
 - (ii) This is A1600 for stand-alone OBRA assessments
 - (b) Stay Ends On:
 - (i) This is A2400C for Medicare A, Medicare Replacement, or combination PPS/OBRA assessments.
 - (ii) This is A2000 for stand-alone OBRA assessments
 - (3) Collect will place blue highlights on the assessments to indicate responses for which supporting documentation is found in the medical record.
 - iii) How does collect work?
 - (1) Collect is setup using the MDS question setup screen, accessed by using the American Data - ECS drop-down menu and then choosing Setup, MDS 3.0, and Questions.
 - (2) When changing MDS question setups, ensure that the version number drop-down menu in the upper left corner is set to 3.01.
 - (3) Click on the "Input" tab.
 - (4) Use the drop-down menu at the top of the screen to select the question that you would like to adjust.
 - (5) Use the input box and options on the right to add or remove words that you would like to trigger highlights on your assessment. The items in ALL CAPS control what you see when you click on the item number to review documentation.

- (6) Use "Days" to control how far back from the target date you would like to see information for.
- iv) Issues with collect
- (1) There is currently an issue with the function of collect in section GG for the OBRA/Interim items. Look for this to be resolved in the next patch.
 - (2) An issue with I0020B and I8000 has been affecting many facilities recently. This is due to changes in the way that collect works and can be rectified by a user with setup rights, or with assistance from ECS Clinical Support.



- (3) Go to the MDS 3.0 Question setup, as above:
 - (a) Choose I0020B_-ICD10 CODE in the drop-down menu for Question selection
 - (b) On the Input tab, remove "Diagnoses/Medi-Span ICD-10 Dx/All" from the "Pull From" box.
 - (c) Choose "Add" and navigate to your Diagnoses section, then double-click into the Medi-Span ICD-10 Dx topic, and then hold control on your keyboard while selecting the maroon heading words:
 - (i) ADMISSION DIAGNOSES
 - (ii) PRIMARY DIAGNOSIS
 - (iii) SECONDARY DIAGNOSIS
 - (iv) OTHER DIAGNOSIS
 - (d) Click ok to add your selections to the "Pull From" box.
 - (e) Click "Apply" to save your changes.
 - (f) Select "I8000 - ADDITIONAL ACTIVE DIAGNOSIS" from the drop down menu for question selection, and repeat the steps above.
- 9) Troubleshooting the MDS
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- a) Skip patterns in an MDS assessment are complex due to the multiple assessment types and variables involved. Sometimes these can misbehave and cause issues with an assessment. These are my personal favorite troubleshooting methods to get things moving smoothly again.

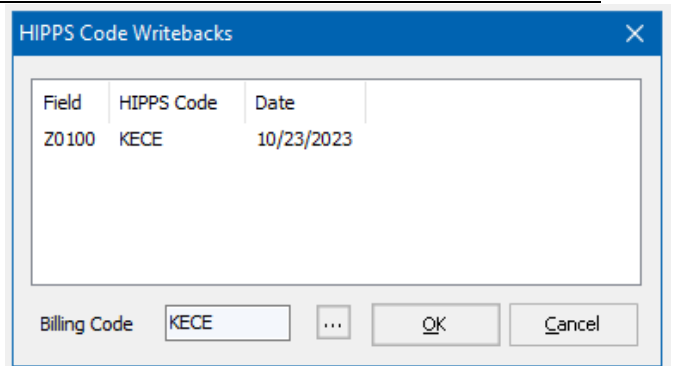
- i) Start with refreshing the assessment: Use “continue” or “change” to open the assessment. Click “Change assessment type” in section A, and then click ok on the assessment coding screen. This tells the assessment to reach out and grab new information from an update or just refresh the skip patterns to get items to open/close appropriately.
- ii) If the audit is giving multiple errors, especially in sections C, D, E, or F, the next go to move is to re-sign section B. Item B0100 plays a huge role in skip patterns for multiple items throughout the assessment and confirming this answer can help with multiple sections further on in the assessment.
- iii) For additional errors, the format is “If item A is something, then Item B must be something.” For these errors, Item A is typically controlling the behavior (active/inactive) of item B and toggling Item A and re-signing the section will often resolve this type of issue. This is especially true for assessments which are open when an update or patch is applied and need the new information to take effect.

10) Let’s go back to the presentation to check out some Common Pop-Ups in assessments:

11) Common Pop-Ups on Assessments

a) HIPPS Code Writebacks

- i) This box appears with every assessment submission.
- ii) Allows users to adjust the effective date for the HIPPS code.
- iii) Used mainly in states with special rules about completing interim assessments for the start and end of therapy.
- iv) Ensures that billing has the correct codes for each day of the stay.

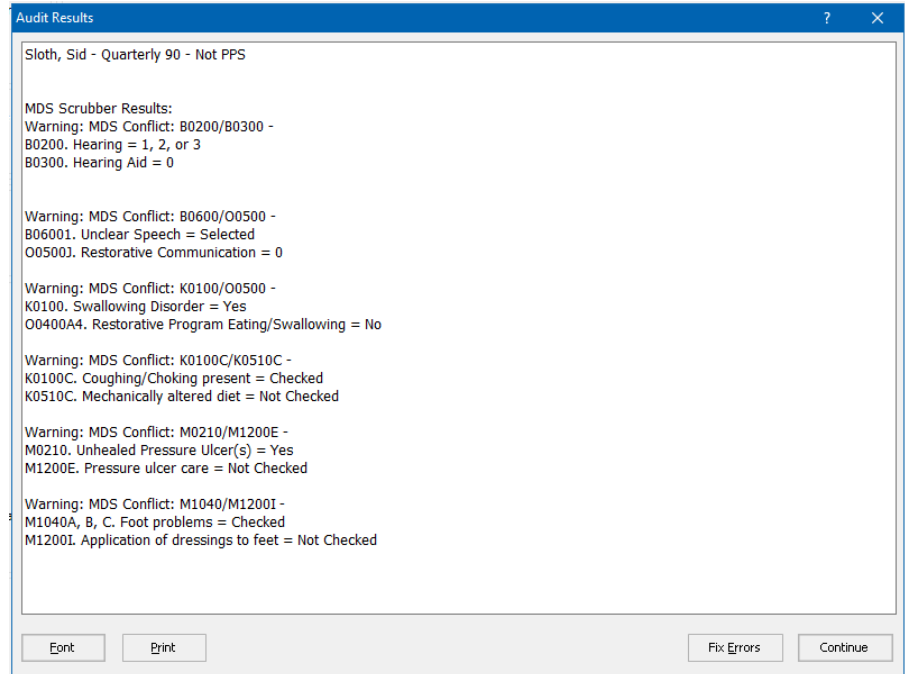


b) MDS Scrubbers

- i) Help to ensure that coding is consistent, and items aren’t missed.
- ii) Can help make sure that all information is captured to ensure the highest level of HIPPS that is accurate for the resident.
- iii) These are customizable in ECS. Contact clinical support for assistance.

c) CAA Summary

- i) "Red frames in V0200 indicate inconsistent information saved in the CAA section. Please re-sign Section V and resubmit the assessment"
- ii) Section V uses information from multiple sections in the assessment to determine if each of the Care Area Assessments should be completed.
- iii) If section V is signed,

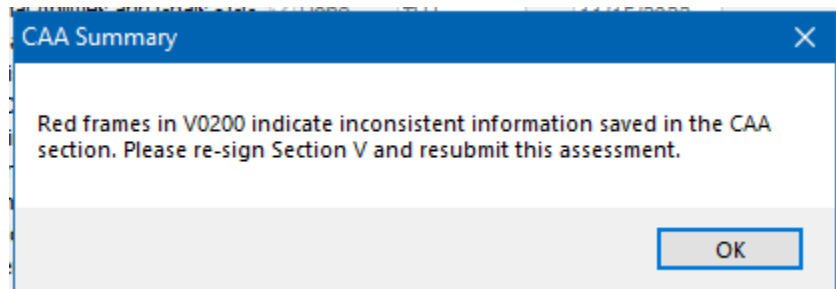


and then information is changed in another section that effects what is in section V, you will receive this warning, which is telling the user to go back to section V and confirm that the information there is still accurate and complete. It prevents a CAA that is triggered by changes in another section from being missed when the assessment is submitted.

d) Medicare Stay

Discharge Dates:

- i) "A2400 should be coded as ongoing unless used on a Medicare (PPS) or Medicare Replacement Discharge Assessment."



- ii) When completing an assessment that is not a discharge assessment, you should not include the discharge date, even if known. Including this date can cause errors upon transmission to CMS and with your billing.

12) ECS Audit vs. Sign Section Errors

- a) Why are these not always the same?
- b) On signing the section, ECS is looking for errors within that section.
- c) The assessment audit is looking for errors across all sections and in the way that they interact with one another.

13) RUG/HIPPS Values Pop-Up

- a) Appears when:
 - i) A HIPPS or RUG field in section Z is left blank.
 - ii) Items are changed after the HIPPS is calculated that may change the value.

- b) To satisfy:
 - i) Return to the MDS and recalculate the HIPPS code
 - ii) Then submit to ECS as desired

14) Assessment Status

- a) Successfully submitted assessments are automatically marked "completed" by ECS.
- b) Assessments may be marked "Accepted" by users when using the Transmit Manager.
- c) ECS does not communicate with iQIES. However, users can change the status of an assessment from "Completed" to "Accepted," "Rejected," or "Resubmitted" when reconciling with their validation reports in the transmit manager.
- d) Assessments can also be changed to "deleted" or "incomplete." When marking an assessment as incomplete, the user will be given an opportunity to add notes about why it is incomplete.
- e) When an assessment is deleted or marked incomplete, it can be restored as if it were never removed.

15) Resources

- a) The CMS VUT (Validation Utility Tool)
 - i) <https://iqies.cms.gov/vut>
 - ii) Simple to use and can keep your transmission rate percentages in good shape.
 - iii) No need to log in, just accept the terms and conditions, then select v3.01.3 (effective 10/01/23) from the drop down menu and upload your assessment(s).
- b) State RAI Coordinator
 - i) <https://www.cms.gov/files/document/appendix-boctober-2023.pdf>
 - ii) Full list of State Help desk information is available at this link, which is Appendix B of the CMS RAI manual.
- c) RAI Manual <https://www.cms.gov/files/zip/mds-30-rai-manual-v11811-and-change-tablesoctober-2023part1.zip>
- d) Most Recent Errata to RAI Manual
<https://www.cms.gov/files/document/mds30raimanualv11811rerratav2october2023.pdf>
- e) Care Area Triggers- Determining what CAAs should be triggered.
<https://www.cms.gov/files/zip/mds-30-cat-specifications-1060-12-21-2022.zip>
- f) AAPACN and similar organizations have active forums with great discussions.
<https://www.aapacn.org/>