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Please distribute this information to the appropriate staff members in your facility

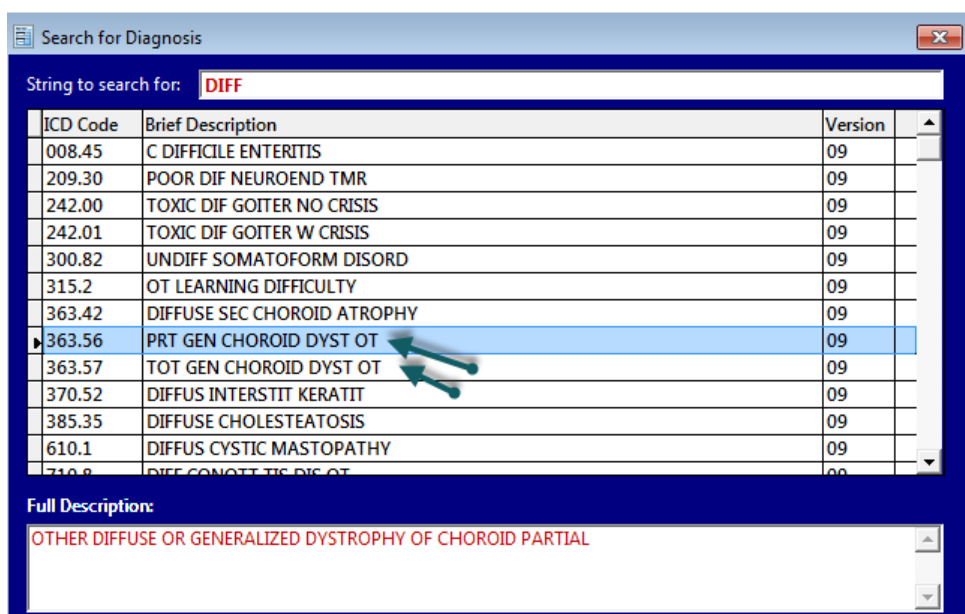
THIS UPDATE INCLUDES SOME VERY IMPORTANT CHANGES TO YOUR RESIDENT MANAGEMENT SYSTEM

ADT AND CENSUS MODULE CHANGES

1. Changes to Diagnoses

Diagnoses can be entered, edited and deleted in several places: firstly, a diagnoses entry screen comes up when a new admission is entered in your system. Diagnoses may also be entered, edited, or deleted under the **ADT→EDIT→DIAGNOSES** menu item and under **CENSUS→UTILITIES→EDIT HISTORY→CHG DIAGNOSIS** option which is a  button as shown.

Once the update is applied, the system will search for both ICD-9 and/or ICD-10 diagnoses when any character string is entered. For example, entering the string DIFF will bring up any instance of that string that exists in the short description or the longer description of the diagnoses:



In like manner, entering the character string 436 will bring up every instance of that character string in the ICD-9 and the ICD-10 databases.

Currently, although you may enter ICD-10 codes in the resident's record, they will be ignored when RMS generates a Medicaid or a Medicare Claim. However, the ICD-10 Codes may appear on the face sheet if they are marked A-1 through A-4 or listed as a C-1 through C-12.

Please note: ICD-10 codes should be used for planning and training purposes at this point (August, 2013) since they MAY NOT be used for Medicare, Medicaid or MDS purposes until 10/01/2014.

It is NOT recommended that you enter ICD-10 diagnosis Codes in the Resident Management System at this time.



WARNING!!

Warning!!!

Warning!!!



Please do not mark an ICD-10 diagnosis as A-1 at this time UNLESS you also enter an ICD-9 A-1 diagnosis. The system recognizes the A-1 diagnosis as the primary diagnosis. Since an ICD-10 will NOT be used on the Medicare or Medicaid claims, without an ICD-9 A-1 diagnosis, the primary diagnosis which is mandated to go on the 5010 837i claim will not be on the claim. This will cause the claim to reject.

If you feel you must add ICD-10 codes, it would be best that they are either given Acute or Chronic numbers (A-5, etc.) after all the ICD-9 codes have been entered for the resident's Acute and Chronic conditions or there also exists an ICD-9 diagnosis with the same number.

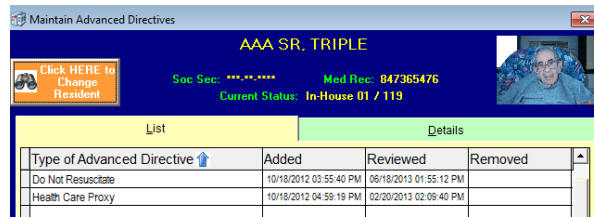
Diagnosis Information						
SCREEN # 1	AAA SR, TRIPLE				CHANGE DIAGNOSES	
	Code	Description	#	Diag Cat	Onset	Resolved
	812.02	FX ANATOM NCK HUMERUS CLOSED	1	A	//	//
	S42.295	OTH NONDISP FX OF UPPER END OF	1	A	//	//
	436.	CVA	2	A	//	//
	I11.0	HYPERTENSIVE HEART DISEASE WITH HEA	2	A	//	//

Remember, ICD-10 codes MAY NOT be used for Medicare or Medicaid until October 1, 2014!!!!

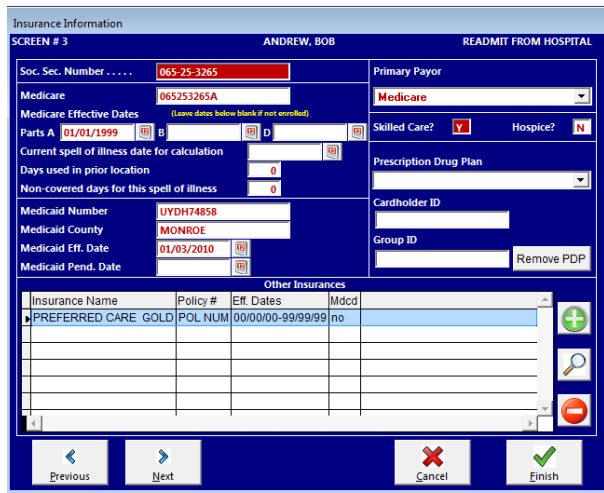
ICD-10 Codes are NOT available in the look-up fields (I 8000) of the MDS3.0. ICD-10 codes should be used for planning and training purposes only at this point (August, 2013) since they MAY NOT be used for Medicare, Medicaid or MDS purposes until 10/01/2014.

2 Advanced Directives (optional purchase)

The Advanced Directives option allows user to enter, track, and report on DNR, HCP, Living Will, POA, and Medical Orders for Life Sustaining Treatments. (Please see separate documentation)





3. Enhancements to the Admission/Edit Insurance and Edit History screens:



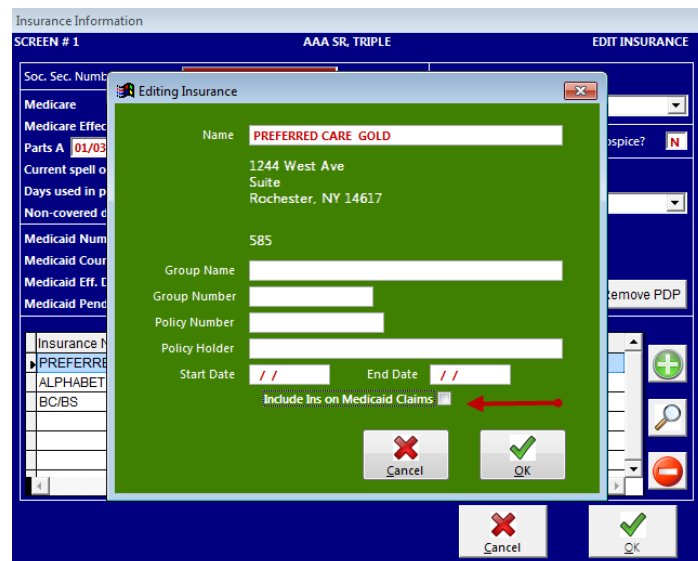
← Ability to add unlimited insurances


← New buttons allow you to work with the resident insurance

ADD INSURANCE: If you need to add an insurance which is not currently in your insurance database, click on the ADD button . This will bring up a screen with all insurances. Click on the MAINTAIN button. This will take you to a screen allowing you to INSERT a new insurance.

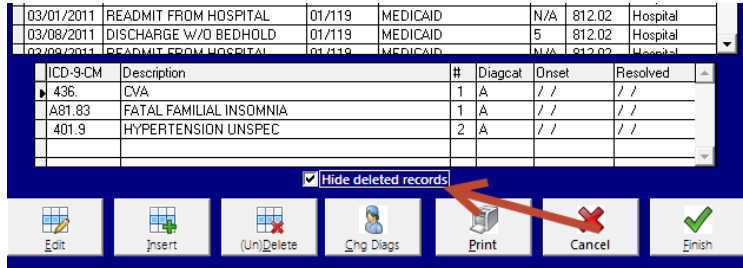
VIEW INSURANCE:  This button allows viewing of the information in the insurance database for an existing insurance.

To enter the checkmark indicating the insurer must be primary on a Medicaid Claim (A Medicare replacement Plan) you may enter that info when you enter the insurance or on the screen at a later time:



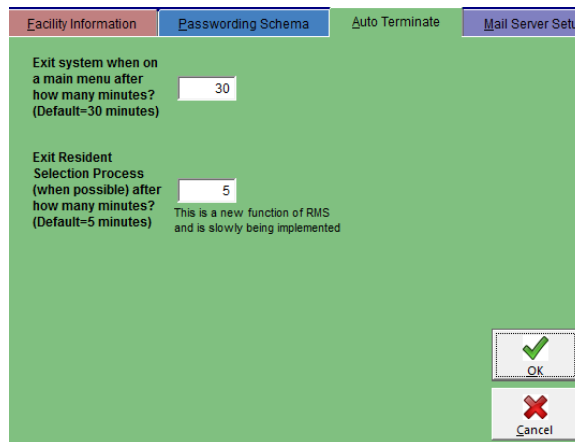
DELETE INSURANCE:  This buttons allows for the deletion of an insurance from the resident’s insurance list.

EDIT HISTORY screen now gives the ability to “hide deleted records” so the screen will be less cluttered for viewing.



4. Setting timing in RMS:

There are now two timers which can be set by the facility: **1) amount of time to sit on a “main menu” of a module** and the **time to sit on a resident selection screen**. To set this timing, go to ADT→UTILITIES→ SYSTEM INFORMATION--**AUTO TERMINATE**. The following screen appears:



Set the timing appropriate for your facility and hit the OK button.

5. New Analytics/Reports in ADT and Census:

- a. **Help ICD-9 Convert to ICD-10 Report** (ADT) : this report crosswalks ICD-9 diagnoses to ICD-10 diagnoses for each resident. Please note: the report can only crosswalk to LESS SPECIFIC ICD-10 codes.
- b. **New Admissions Report** (ADT)

New Admission Report Configuration

New admissions starting from what date?	01/01/2012
New admissions ending from what date?	12/31/2012
Include only those currently still a resident?	<input checked="" type="checkbox"/> Y
Include those if readmitted after discharge w/ return anticipated?	<input type="checkbox"/> N

Cancel OK

- c. **Advanced Directives Report (ADT)** Advanced Directive Tracking is an optional purchase
- d. **Hospital within 30 Days Report (ADT)** reports on residents sent back to hospital within 30 days. Report includes name, dates in and out, Hospital name and primary diagnosis.
- e. **Died within Thirty Days Report (ADT)** list residents who have died within 30 days of admission
- f. **Private Room Census Assistance (CENSUS)** Lists residents in private rooms including number of days in room and room number.
- g. **Real Time Census Monitor (CENSUS)**
 A quick way to see resident's room and payer source as of today, a birthday cake icon designates birthday day.

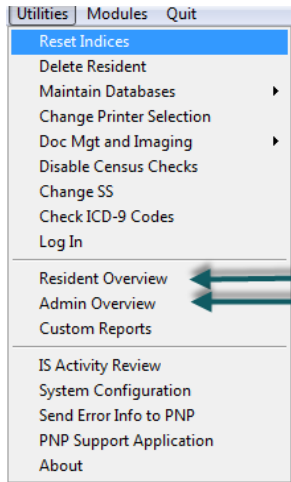
Current Census				Census Changes	
Name	Med Rec	Room	Primary Payor	Birthday	
AAA SR, TRIPLE	847365476	01/119	MEDICAID		
ABOUT, SAM	A6544	01/402	MEDICARE		
ADMITTED, TRUELY MARYE AM	562589745	02/008	MEDICAID		
ANDREW, BOB	478653221	01/44	MEDICARE		
AURITT, JON S	0323232	01/802	MEDICAID		
BATTAGLIA, MARY	000056987	01/111	MEDICAID		
BEFORE, BEATRICE BB	B098B	01/006	MEDICAID		
BLUE, BABY B	09912	03/12A	BLUE CHOICE		
BOB, BOB	012765D	01/011	ALPHABET CONSOLIDATED		
BONOW, BILL	88888	01/F-4	MEDICARE		
CALLAHAN, JOSI	22252211	01/987	BLUE CHOICE		
CHRISTMAS, MARY	764758470	02/200	PRIVATE PAY		
CLARK, MARY	23462387	01/F-3	PRIVATE PAY		
CLINTON, WILLIAM	11223344	02/003	MEDICAID		
COLLINS, SUSAN M	COL1	01/323	MEDICAID		
COPAY, BARBARA R	123456789	01/44	MEDICAID		
D'ARCY, DAVID JOSEPH	213453238	01/018	MEDICAID		
DOE, PAULA JEANNE	PJD040122	01/22B	MEDICARE		
DRUGSTER, DAVEY	X345	01/876	MEDICAID		
DUMMY, DOLLITTLE	594837593	01/005	PRIVATE PAY		
FRANKS JR, PETE J	432543	02/007	MEDICARE		
FRIDAY, JOE	783736	01/112	PRIVATE PAY		
GOLD, PREF CARE	01164	01/01	MEDICAID		

Last Updated: 05/30/2013 02:24:32 PM Refresh Now

6. Resident and Administrative dashboards

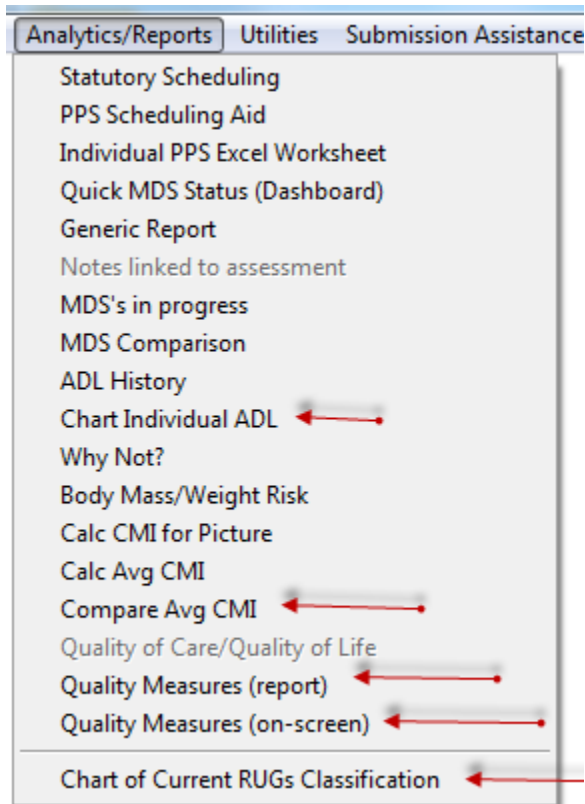
- a. **The Resident Dashboard (ADT→UTILITIES→ RESIDENT OVERVIEW)** provides the following information: MDS 2.0 Scores, MDS 3.0 scores, Care Areas care-planned, Aged Receivables, and Therapy provided from Quick Tracker/Resident Scheduling module.

b. The **Administrative Dashboard** ** (ADT→UTILITIES→ ADMIN OVERVIEW) provides on-screen Information on facility payer sources and facility aged receivables. ** *Only Available if VISRMS9 is in use*)

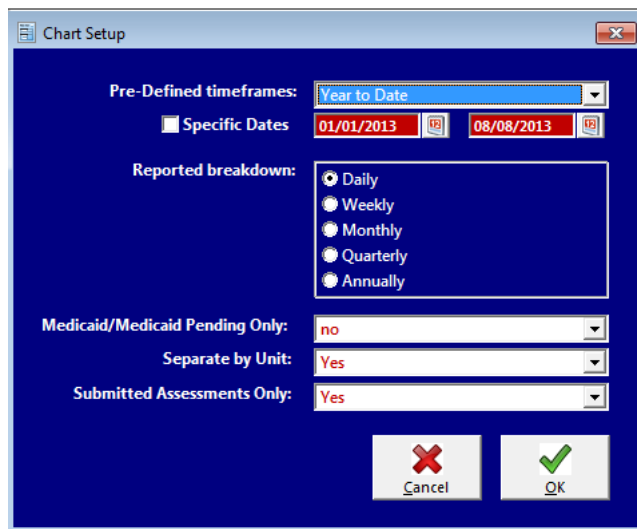


MDS 3.0 Module

1. Report Menu



- a. **Chart Individual ADL:** produces a chart which goes directly to EXCEL. Excel must be present on your computer.
- b. **Compare Average CMI:** provides the ability to calculate RUGS III Case Mix index Using NY defined weights. The report offers the comparisons by unit in user defined time frames.



- c. **Quality Measures:** You can now view Quality measures ON SCREEN.
- d. **Quality Measures:** Implemented changes to Version 8 of Quality Measures
- e. **Chart of Current RUGs Classification:** this on-screen chart will provide both Medicare and Medicaid Classifications.
- f. **PPS Scheduling Aide:** allows user to ignore the flag for being for Medicare A as opposed to Medicare Advantage plans within the MDS V 3 module. Make sure you put a Y in the last field on the print configuration screen. (See Below)

Limit printing to specific unit?	<input type="checkbox"/>
(M)edicare Only, (T)PHI like Medicare Only, (B)oth?	<input type="text" value="B"/>
Shading?	<input type="text" value="Y"/>
Ignore Medicare A/Non-Medicare Designation?	<input type="text" value="Y"/>




Please Note: The field should also be marked Y when creating a UB-04.

2. Copying MDS for Medicare Managed Care

Medicare C (Medicare Managed Care) assessments done for insurers who require the facility to follow the Medicare PPS Schedule should not be submitted. These assessments are done at the behest of the insurance company and are NOT done for either Medicaid or Medicare.

To avoid having to do two assessments, for example an Admissions assessment and then a separate five day for a Medicare C resident, or an Admission assessment and then a separate 14 day for a Medicare C resident, you can now make an exact copy of the admission assessment to use as a 5 day or 14 day. The copied assessment will require minimal changes to code it as a PPS assessment only.

To copy a non-PPS assessment so it can be changed into a PPS non-submitted assessment Right click on the OBRA assessment and select the option: "Copy For other Insurance".

Date	Type of Assessment	#	Err
04/07/13	NP : 5-day	00	????????
03/27/13	NC : Annual	nn	????????
03/27/13	NC : Annual		0/ 0
03/27/13	NC : Annual		0/ 0
09/17/12	NQ : Quart		??????
09/08/12	NC : Admis		??????
09/01/12	NT : Entry		6/ 0

- Show Clinician Status
- Copy for Other Insurance
- Show Errors w/ Assessment
- CMS Validation Utility Tool

3. MDS 3.0 Link to Height and Weight in VITAL SIGNS Tracking in CHARTING/PROGRESS NOTES and RESIDENT OBSERVATIONS MODULES

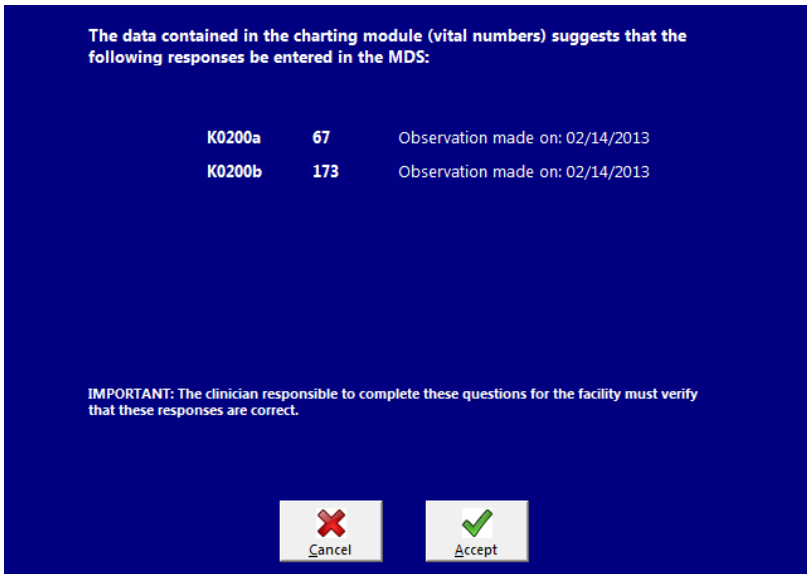
Many users have the Progress Notes Module and/or the Resident Observations Module. Height and weight tracking and Weight Risk reports are available from the Vital Signs Tracking option. Furthermore, there is now a link between the vital signs data and the MDS 3.0 fields

Vital Signs Input Screen

To link to Height and weight when in the MDS Section K

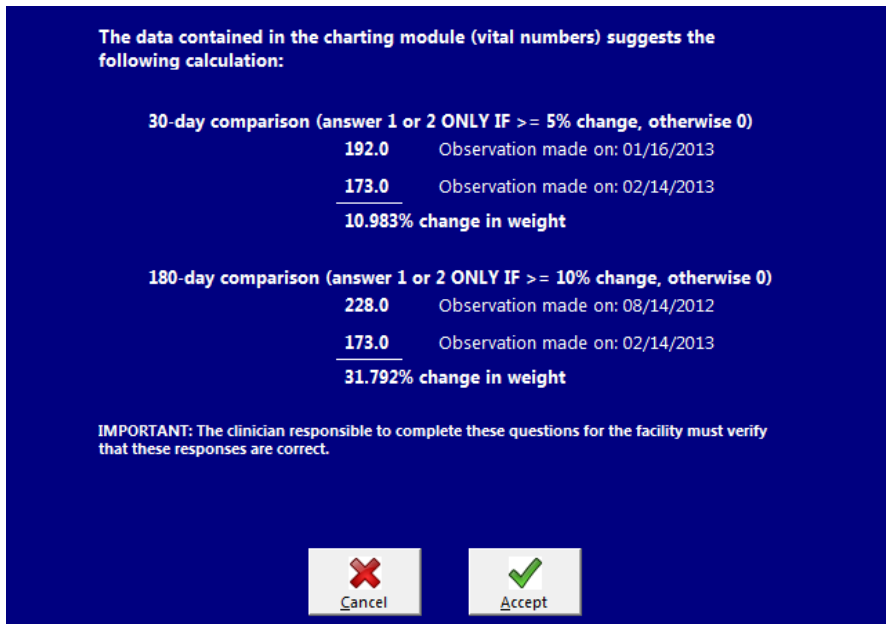
M	K0200. Height and Weight While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up
L	
K	<input type="text" value="100"/> inches
J	A. Height (in inches). Record most recent height measure since admission
I	<input type="text" value="-"/> pounds
H	B. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)
G	K0300. Weight Loss
F	Loss of 5% or more in the last month or loss of 10% or more in last 6 months
E	Enter Code
D	<input type="text" value="0"/>
C	0. No or unknown
B	1. Yes, on physician-prescribed weight-loss regimen
A	2. Yes, not on physician-prescribed weight-loss regimen

Hit the **F9** (function key) on the field. A screen appears with the information from the latest height and weight entry in the VITAL SIGNS TRACKING option. If the information is correct and you wish to use it, hit the Accept Button. PLEASE carefully note the date of the information.



K0300 (See screen below) Hit **F9** and the system looks back for weights from approximately 30 days (20-40 days) from the ARD or approximately 180 days (165 to 180). It analyzes data from Vital Numbers only. If there is a current weight and not a past weight for calculation, the system was unable to find data it could use or unable to find data supporting a weight loss. If you select the Accept button in that circumstance, the answer will be zero filled.

If there has been a weight loss you must indicate a "1" or a "2". If you hit "accept" the answer will be zero filled as the system cannot make the decision between "1" and "2."



4. FYI: CHANGES TO MDS 3.0 ON 5/19

Note: The ARD (Item A2300) can be modified when the ARD on the assessment represents a data entry/typographical error. However, the ARD cannot be altered if it results in a change in the look back period and alters the actual assessment timeframe. Prior to May 19, 2013, an inactivation request was required to address errors in the following items:

- A0200: Type of Provider
- A0310: Type of Assessment
- A1600: Entry Date (on Entry tracking record; A0310F = 1)
- A2000: Discharge Date (on Discharge/Death in Facility record; A0310F = 10-12)
- A2300: Assessment Reference Date (ARD)

A modification was required for errors for clinical Items (B0100–V0200C), including data entry errors. Effective May 19, a modification may now be used for typographical errors in the following items:

- A0310: Type of Assessment; where there is no Item Set Code (ISC) change.
- A1600: Entry Date
- A2000: Discharge Date
- A2300: Assessment Reference Date (ARD)
- Clinical Items (B0100–V0200C)

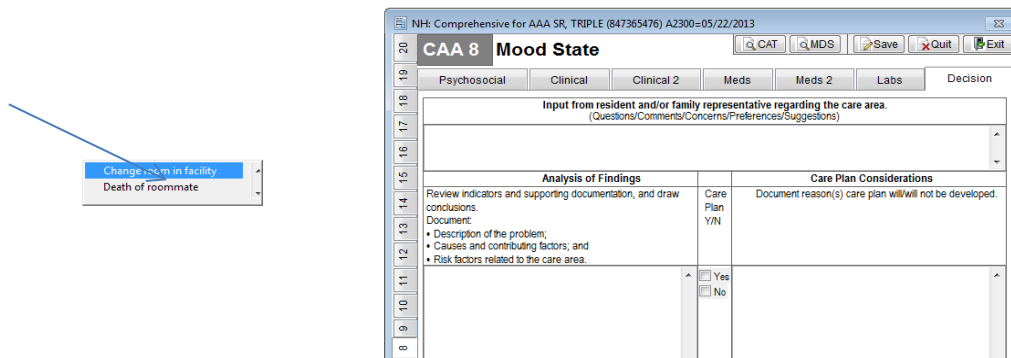
An inactivation request is still required for errors in the following items:

- A0200: Type of Provider
- A0310: Type of Assessment; where there is an ISC change.

Finally, RMS V. 2013.1 contains preparation for new assessment to go into effect 10/1/2013

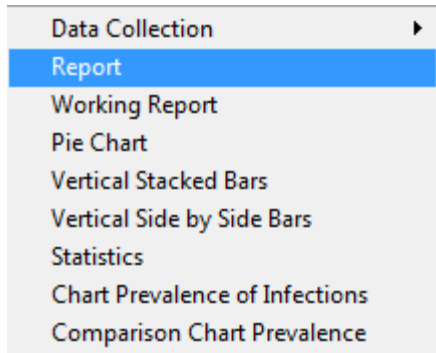
5. Maintain CAA Templates:

Right Click in the Analysis of Findings box and you may select from templates that you have created for that Care area.



INFECTION TRACKING MODULE

New Charting functionality:



All charts go to EXCEL. You must have EXCEL on your computer in order to use the charting options on the menu. **Prevalence of Infections** produces charts between any two days or by pre-defined periods. The breakdown for reporting can be day, week, month, quarter, and year. Once the Report configuration screen has been completed, the chart will open in EXCEL where it can be edited.

Comparison Chart Prevalence compares infections across user defined periods by UNIT.

ACCIDENT AND INCIDENT TRACKING MODULE

New Charting functionality:

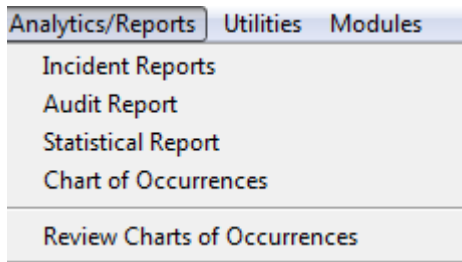


Chart of Occurrences creates three graphs which go to EXCEL: graph for Incidents, for accidents, and one combining incidents and accidents. **Review Charts of Occurrences** is an on-screen chart of Incidents, Accidents, and Falls. The user may set the dates and periods for charting.

FINANCIAL MODULES

1. Changes to the G-Code billing functionality affecting Receivable

With the G-codes, we have made an adjustment for billing so that you will no longer have to track the .01 through the resident ledgers. Through **Resident Scheduling – Utilities – Maintain HCPCS/CPT-4 Codes**, you may set the Facility and Fee Schedule Amounts to 0.00. When the system makes the claim, it will automatically insert the .01 for your submission files, but when it creates the charges for the resident ledger it will use 0.00. You will no longer have to adjust the individual ledger cards for those pennies.

The screenshot shows a software window titled "Maintain HCPCS codes". It contains the following fields:

- HCPCS/CPT Code: G8978
- Short Description: MOBILITY CURRENT STATUS
- Long Description: Mobility: walking & moving around functional limitation, current status, at therapy episode outset and at reporting intervals
- Facility Amount: 0.00
- Fee Schedule Amount: 0.00

At the bottom, there are "Ok" and "Cancel" buttons. A green arrow points from the "Fee Schedule Amount" field to the "Facility Amount" field.

2. Bedhold types will post to different G/L Accounts

You may indicate a bedhold discharge to home (leave of absence) and for hospitalizations. The system will now post into two separate GL accounts as shown below.

QUICKSCREEN, ALICE

08/09/2013	08/09/2013	01	D0001 - Room & Board 08/01/13-08/09/13	\$1,500.00		
					Debit	Credit
			Medicaid Revenue	3032-0000-0000		\$3,330.00
			Medicaid Contractual Allowance	5527-0000-0000	\$1,350.00	
			Medicare Part B Offset	5537-0000-0000	\$90.00	
			Medicare Part D Offset	5537-0000-0000	\$90.00	
			Medicaid Hosp Bed Hold Allow	5527-0003-0000	\$300.00	
			Medicaid Receivable	1032-0000-0000	\$1,500.00	

REGANT, NANCY M.

08/09/2013	08/09/2013	01	D0001 - Room & Board 08/01/13-08/09/13	\$1,848.00		
					Debit	Credit
			Medicaid Revenue	3032-0000-0000		\$3,330.00
			Medicaid Contractual Allowance	5527-0000-0000	\$1,350.00	
			Medicare Part B Offset	5537-0000-0000	\$90.00	
			Medicaid Bed-Hold Allowance	5527-0002-0000	\$42.00	
			Medicaid Receivable	1032-0000-0000	\$1,848.00	

To set up the G/L accounts, **Financial Systems – Accounts Receivable – Utilities – Maintain G/L Account Links**. For each unit you will do the following: 1.) Select the Unit, 2.) Scroll through the list of account names to locate Medicaid Bed-Hold Allowance and Medicaid Hosp Bed Hold Allow. Enter your GL Account numbers, 3.) Click Finish.

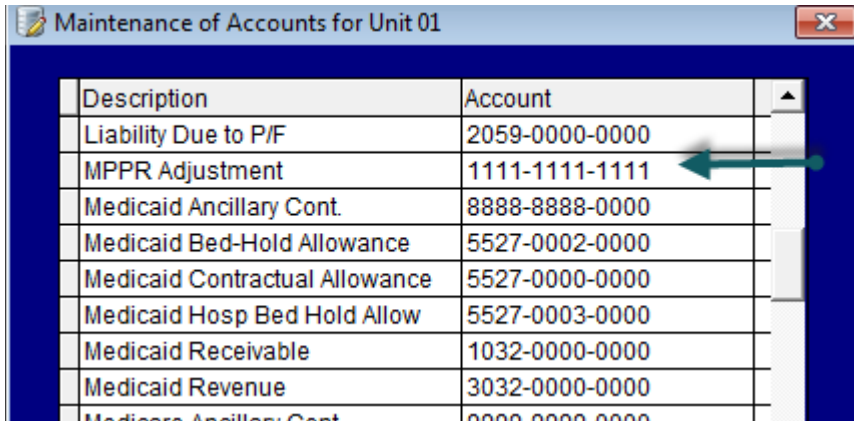
Medicaid Ancillary Cont.	8888-8888-0000
Medicaid Bed-Hold Allowance	5527-0002-0000
Medicaid Contractual Allowance	5527-0000-0000
Medicaid Hosp Bed Hold Allow	5527-0003-0000
Medicaid Receivable	1032-0000-0000
Medicaid Revenue	3032-0000-0000
Medicare Ancillary Cont.	0000-0000-0000

Then, go to **Financial Systems → Accounts Receivable → Utilities → A/R Defaults** and indicate the correct % rate for each bed hold type.

Transaction used for Assessment reimbursement?	<input type="checkbox"/>
Account to use for Credit Side of Reimbursement?	<input type="text" value=""/>
Account to use for Debit Side of Reimbursement?	<input type="text" value="3320"/>
835 Post to each Ledger for Retro Rate Change?	<input type="text" value="N"/>
MEDICAID bed hold reduction percentage (non-Hospital)?	<input type="text" value="95.00"/> %
MEDICAID bed hold reduction for hospitalizations?	<input type="text" value="50.00"/> %
Hold Medicaid claims created including other insurances as primary?	<input type="text" value="N"/>

3. Adding GL Accounts for posting Medicare cash (MPPR and Sequestration)

If you use the Medicare 835 to post Medicare Cash batches, you must also enter accounts for both the MPPR and the Sequestration. Go to Financial Systems→Accounts Receivable→ Utilities →Maintain GL account Links and, for each unit, enter account numbers.



Description	Account
Liability Due to P/F	2059-0000-0000
MPPR Adjustment	1111-1111-1111
Medicaid Ancillary Cont.	8888-8888-0000
Medicaid Bed-Hold Allowance	5527-0002-0000
Medicaid Contractual Allowance	5527-0000-0000
Medicaid Hosp Bed Hold Allow	5527-0003-0000
Medicaid Receivable	1032-0000-0000
Medicaid Revenue	3032-0000-0000
Medicaid Ancillary Cont.	0000-0000-0000