

## Version 2018, What's New?

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**Reminders!**

The Medicare number is changing.  
    Old number is called the HICN.  
    New number is called the MBI.

The screenshot shows a software interface titled "Insurance Information" with a sub-header "SCREEN # 1". It contains several input fields: "Soc. Sec. Number . . . ." with a red box and a "Not Available" checkbox; "Medicare (HICN) OLD" and "New MBI NEW" in yellow boxes; and "Medicare Effective Dates (Leave dates below blank if not enrolled)" with three input fields labeled "Parts A", "B", and "D", each with a small icon to its right.

The Edit Insurance screens have a place for BOTH numbers. You must put the information into the correct field as the formatting is different – we do error check. If you have both numbers, enter both numbers. For existing residents, when you get the new number, add it to the correct field and **DO NOT remove the old number**. Both numbers are valid during the transition period (April 2018 through December 2019). Some reports that are returned to you during the transition will have the old number. If you remove it from our system, we will have no way to link the information.

**Medicare MBI**

*Reports (2018.2)*

Reports have been updated to reflect the new MBI. Examples: The Face Sheet will give you both the old and new numbers (old / new) during this transition period. The Vital Numbers report has also been updated to give you both numbers.

*MDS 3.0 (2018.2)*

Although the government spec sheets for error checking the MDS for the MBI format have not been published (as of June), we have made modifications in our system. You may enter either the old HICN or the new MBI and it will not produce an error.

Reminder: Do NOT remove the old Medicare number during the transition period. Reports coming back to you may contain the old HICN number and we will need that information to correctly link the electronic files. If a resident has both numbers, record both into the appropriate fields (old = HICN and new = MBI) on the Insurance screens. If you have a resident that only has the new number, leave the HICN blank and only complete the MBI. Both numbers have specific formats. If you receive an error message regarding formatting, please stop. Have you place the number in the correct field and is it formatted properly? For information on the formatting of the MBI, see the CMS website.

<https://www.cms.gov/Medicare/New-Medicare-Card/Understanding-the-MBI.pdf>

**MDS 3.0 and Care Area Assessment (2018.3)**

There are many changes for the MDS 3.0 effective October 1, 2018. These include changes to section C, Section GG (lots new here!), Section I, Section J, Section M, Section N, and Section O. Section S for the state also has a few new questions. If you have our CAA (Care Area Assessment) feature, changes have been made to replicate those in Appendix C of the MDS 3.0 manual. If you have not been keeping up, please see **CMS.gov** for information.

The manual was released Aug 22<sup>nd</sup> and can be found here –

<https://downloads.cms.gov/files/1-MDS-30-RAI-Manual-v1-16-October-1-2018.pdf>

The instructions for Section S were also released and can be found here -

[https://www.health.ny.gov/professionals/nursing\\_home\\_administrator/docs/2018-10-01\\_section\\_s\\_instructions.pdf](https://www.health.ny.gov/professionals/nursing_home_administrator/docs/2018-10-01_section_s_instructions.pdf)

Remember, once the new update, 2018.3, has been put into place, pressing **F1** in any field on an MDS assessment form with an ARD of Oct 1, 2018 or later, will open up the new manual information for that section.

Also new in the MDS specifications for this year is a warning regarding the use of a dash and its potential impact on the 2% reduction. If you answer a question that factors into the Quality Measures with a dash, the system will pop the CMS warning message. You may continue and answer with the dash, if that is an appropriate answer. It is just meant to alert you to the potential ramifications of using the dash too often.

**REMINDER:** If anyone other than the MDS coordinator will be responsible for any of the new questions, you must assign those questions to the corresponding discipline. That is done in the MDS module under Utilities – Question Selection. Note, Section GG is very large at this point. Depending on the size of your monitor, you may need to expand the screen to the right to see all of the questions. If you need assistance, please give the office a call.

## Billing

### **Billing – Pre-Billing – Resident Census (2018.1)**

When this report is exported to excel, TPHIs (labeled as separate journal=Y) are detailed into separate columns.

### **Billing – Pre-Billing – Daily Resident Census (2018.1)**

Medicare with TPHI copays will now show on the report when the option is chosen to display Medicare only.

### **Billing – Private Pay – Produce Bills (2018.2)**

The appearance of the statement has been updated. You will have the same functionality.

### **\*Create Medicare Claims in Bulk (2018.0 with tweaks in following versions), BETA version**

For those who are utilizing the clearinghouse option - this allows you to create all of your traditional Medicare Claims at once as well as the TPHI Medicare Advantage claims. Bulk claims will also be created for MMC and MLTC plans. Claims will be placed on hold until you review and release them one by one.

## ADT, Census, Billing

### **\*Billing with Third Party Health Insurances (2018.0), BETA version**

Third Party Insurances can now be designated for Medicare co-pay days or for bedhold. There is a new option for Medicare/TPHI Co-pay as the primary payor. Upon discharge you have the option of designating Status 1 for Private Pay or TPHI and Status 2 as Medicaid or MLTC or MMC.

\*For either of the above, billing will follow the Medicare/Medicaid Co-pay rules for Medicare/TPHI Co-pay and the Private Pay or Medicaid rules for bedhold for the TPHIs. Once we know that this is working for you, we can look to add variables for those unique insurance requirements. Please review your reports carefully and alert us

to any issues you may find. As you use this, please keep us informed as to the fields that you are changing for your TPHIs so we have an idea of what things we will need to add.

### ***Managed Medicaid Insurances with Rates that include the assessment portion (2018.1)***

You may now designate a transaction code, GL accounts, and split the flat rate into a room and board portion and an assessment portion. To accommodate this, changes have been made to the Databases – Insurances screen.

## **Accounts Receivable**

### ***Find Revenue (2018.2)***

Excel must be installed on the computer that will be running this report. It will give you each GL account that contains the word “Revenue” in its description. You have the option of separating further by the transaction codes (the D and C codes), the unit, and the year. You will see the total debits, credits, net amount, and the number of transactions per line of data.

## **Accident and Incident**

### ***Manual Accident and Incident Reporting (2018.2)***

This module is undergoing some changes. This version contains an improved method of managing your category and item lists. The ability to quickly generate a variety of charts and graphs has also been added. Coming soon – a more robust event tracking methodology.

## **ADT**

### ***ADT Data Changes and Searches (2018.0)***

Hospitals – allows you to search a database of facilities with NPIs. Enter a portion of the name and then search. Select from the database and it will auto-fill the name, address, phone numbers, and NPI information.

Religion and Churches – allows you to create lists of options so that you have more consistent data entry.

Expansion of the Hospitals Database – This database has been expanded to allow entry of many types of facilities – places of worship, funeral homes, cemeteries, etc.

### ***Medicare Part A Termination Report (2018.0)***

This report allows you to specify a date range and will display Medicare Part A Stay terminations within that period of time. Name, Med Rec #, Date of Event, Discharge from MedA. If the discharge is physically to another facility, the name of that facility will appear. If the discharge is simply from MedA (insurance change from MedA to something else) and the person physically remains in your facility, it will indicate that change.

### ***New ICD-10 Codes (2018.3, 2018.4)***

A few facilities reported an error when the ICD-10 tables were installed with version 2018.3. They are also included in the 2018.4 update in case you had an issue. If you still are having a problem after putting this in place, please let us know.

## **Census**

### ***Detailed Insurance Days Report (2018.1)***

This report was expanded to show the number of days in private pay versus semi-private rooms. The summary page allows you to quickly see the types of rooms covered by each insurance type.

### ***History of Modifications to Census Records (2018.2)***

This is a change to Census – Edit History for a person with rights level 5 in the Census module. Highlight any transaction and then press the EDIT button. In the lower left corner, you will see HISTORY OF CHANGES. Press that and a window will pop open to display modification information. See documentation for more details. Reminder – we can tell you the login associated with the record. We cannot tell you who is sitting in the chair.

### ***Email Alert System for Census Changes (2018.2) (2018.4)***

You have the option of setting up an email alert system that will let you know whenever a new census record is created or an existing census record is edited. Through the password module, the facility controls who will receive these alerts.

In version 2018.4, the email alerts were updated to ensure the facility names were listed for discharge/admission records.

### ***Creating Census History (2018.3, 2018.4)***

This document explains how census records should be created. Using Edit History on a daily basis to create records should be rarely done.

### ***Census – Reports – Insurance Days***

Due to the increasing number of MMC, MLTC, and Medicare Advantage plans and your need to have more detail on these plans, this report was altered. For any insurance that has been created with the flag for SEPAARATE SALES JOURNAL set equal to Yes, there will be a column on the report. This report is easiest to use when exported to an excel spreadsheet. Excel must be installed on the computer that is generating the report. Once the pdf displays on the window, click the EXPORT button. Select EXCEL as the output in the first column. Assign a name to the report and select a destination under file name in the second column. Then click the GENERATE button in the bottom right corner. If you elect to separate by unit, then each unit will be a sheet (click the tabs at the bottom of the spreadsheet).

## **Electronic Care Plan**

### ***Revised menu option MDS Care Plan – Reports – Templates / FSP Master (2018.2)***

Previously this menu option allowed you to only print/view the FSP templates. We have recently added CAT templates to this screen so that you may select to print/view any of your templates.

## **MDS 3.0**

### ***CMS 672 and Matrix Manual (2018.0 with updates 2018.1, 2018.3)***

CMS released a new Matrix to replace the CMS-802 form in November 2017. We have developed an electronic version of the new form and an ability for you to track the information for your surveys. Please review all documentation carefully. Version 2018.1 added more quick links to the screens and version 2018.3 was updated to reflect the adjusted CMS instructions. **Please note**, F5 and F8 on the matrix were previously marked with just an X to signify a trigger. With the new instructions, you must indicate I, II, III, IV, etc for the stage of ulcer and P or E for type of feed tubing. When you open the matrix for the first time, if there was an X, it will be removed. You can manually make a selection and once you begin pushing information from the MDS forward to the matrix, it will update with the correct code automatically.

### Reports – MDS in Progress (2018.1)

This report can now be sorted based upon Name order or Date (ARD) order.

### Section Z RUG Scores (2018.2)

You will now see a new button for both question Z0100 and Z0200 called WHY NOT. Click on this button and the WHY NOT? report will display on the screen to show how the RUG score was calculated. This is the same report that is located in the REPORTS submenu, just more conveniently located for you.

The screenshot shows the 'Section Z Assessment Administration' interface. At the top, it displays 'Section Z' and 'Assessment Administration' with the code '0100-0200'. Below this is a section for 'Z0100. Medicare Part A Billing'. It contains three parts: A. Medicare Part A HIPPS code (RUG group followed by assessment type indicator) with a text box containing 'AAA' and a 'Why Not' button; B. RUG version code with a text box containing '1.0366'; and C. Is this a Medicare Short Stay assessment? with radio buttons for '0. No' and '1. Yes'. An 'Enter Code' field with '0' is also visible. A red arrow points to the 'Why Not' button.

### Drug Regimen Review (2018.3)

Section N requires a drug regimen review and reporting on all 5-day (A0310B=1) and end of PPS stay (B0310H=1) assessments. This process will require careful documentation. This shows you how the use of category filters and templates in Progress Notes can help you maintain and quickly access this documentation.

### MDS 3.0 Payment Reduction Warning (2018.3)

Although this is a CMS change effective for October, CMS has made it a retroactive change back to 1/1/17. For select questions, a dash, while permitted as an answer, will trigger a warning (field will turn yellow). These will be sections where CMS would expect a dash to be used rarely. You may still answer with a dash, but realize that doing so too often, can jeopardize your payment.

### Section GG Yellow Fields (2018.4)

The skip patterns have become increasingly complex with the October 1, 2018 version of the MDS. We have attempted to explain the various warnings and have changed the code to make some of them a bit more “sane”. If you have questions, please let us know.

### MDS revisions (2018.4)

We have updated

- skip patterns in Section GG (please see documentation for Section GG Yellow Fields)
- added ^ as a valid response to N2005 (CMS had left this out of their specifications)
- corrected the skip pattern for Section M
- corrected skip pattern for I0020 on non-PPS assessments. We also added the ability to search for ICD-codes when answering I0020A. You may either press F2 or right click in the field to generate a list of codes (similar to I8000).

The original NYS manual for October 2018 contained several errors (S0185 and S8055). The revised manual is now available.

[https://www.health.ny.gov/professionals/nursing\\_home\\_administrator/docs/2018-10-01\\_section\\_s\\_instructions.pdf](https://www.health.ny.gov/professionals/nursing_home_administrator/docs/2018-10-01_section_s_instructions.pdf)

- S0185 now includes the dash as a valid answer for non-discharge assessments.
- S8055 classifies Medicare C products as 1 = Medicare. We will continue to suggest an answer to this question based upon the information in the census and how your insurances have been set up. We have added the name of the insurance to assist you in making your final answer.

### ***PPS Scheduling Aid Report (2018.4)***

We have made some modifications to the excel export of the pdf report to assist you in your review and budgeting processes. The excel version will display the insurance covering the stay and the full name of the assessment type. Please review documentation for more information and examples.

### ***Disable/Enable MDS Prompt for Changes (2018.4)***

With the October changes to the MDS, there are more skip patterns and prompts for changes in the MDS than ever before. Some of you reported that all of these prompts are becoming “a bit annoying” and since you “always say yes”, couldn’t we do something. There is now a menu option to allow you to turn the prompts on and off. If you turn them off, the skip and change pop-ups will automatically be answered as a yes and the changes will be done “silently”. If you try it and don’t like it, don’t worry. It can easily be turned back on.

### ***Creating Files for Picture Date (2018.4)***

Several facilities had an issue with the name of the file when they created both April and July on the same date. Since we are not sure how DOH will be handling the files as we move forward, we have changed the naming scheme. Files will now be created using CEN plus the picture date, rather than the date of creation. Example, a July 25, 2018 picture date file created on October 18, 2018 will create a file called CEN20180725. This scheme will allow you to create several files on the same day for different picture dates.

Also, the report, CALC CMI for Picture has been updated to remove the stand alone NPE. The NPE has not have S8050 or Z0100 in the item set so that information could not be captured for the report. It will now show the closest assessment to the picture date, excluding the NPE.

## **Resident Observations 3.0**

### ***Who made changes to the Task Sheets? (2018.0)***

When reviewing or printing archived task sheets, we have added an additional column to the task sheet selection grid to indicate who did the archive. This will help you determine who is making the changes.

### ***Res Obs Print Archive Routines (2018.0)***

The buttons on the printing routine for the archives have been changed. Click FINISH to return to the resident selection screen. Click CANCEL to return to the menu.

### ***Notes Button Added for MDS Section GG (2018.0)***

Buttons for linking the Section GG documentation to the Progress Notes module have been added.

### ***Creating Documentation for Section GG (2018.3)***

New questions have been added to Section GG. Documentation capabilities have been added to reflect the new questions.



### **Resident Observations 3.0 – Utilities – Edit Assessment Users (2018.3)**

The PRINT button will now report the names and five-digit security code for each user.

### **Flag Special Diet Tracking (2018.4)**

You have the ability to set alerts on individual residents. For example, someone who is on supplements may be flagged so that staff know to be sure to record detail information for those supplements. Please be sure to read all of the documentation. Call with questions.

## **Domicile – Insurances**

### **ADT – Utilities – Maintain Databases – Insurance (2018.2)**

We have added the ability to set either a flat daily rate or a flat monthly rate for each of your insurances. At the bottom of the DETAILS tab you will see the FLAT RATE box where you will enter the dollar amount. Next to that are two circles for selecting either Daily or Monthly. Simply click on the appropriate one. Call us for a discussion if you want to begin using this option.

## **Adult Day Care**

### **Universal Code effective 4/1**

We updated the Day Care system to accommodate this change last year. Documentation called *Day Care Claims for Third Party Insurances* is available if you cannot locate your copy. Note, this option allows you to track other variables that make the Medicaid replacement insurance unique from traditional Medicaid.

## **General Information**

### **Export Reports (2018.3)**

Graphs, charts, and some reports will now export to a folder on your desktop called VisRMS Export. Facilities have asked us to increase the ability for them to print reports with or without social security numbers. We have been working toward that goal. We realized that if you print a report with the social security number and place it in a subfolder under RMS, anyone using RMS would have access to that report. This new method puts the report on the desktop of the person who created it. From there you can use whatever methodology the facility has for storing and backing up reports with sensitive information – move the report from your desktop to wherever is appropriate. This new folder also puts the information in a place that is generally quicker and easier for most people to locate and use.

When the new folder is used, you will see a message similar to this in the upper right corner of the window–

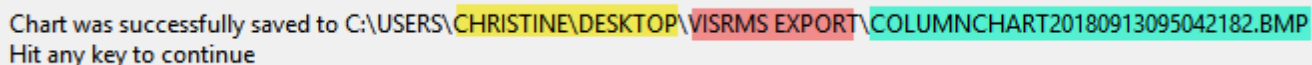


Chart was successfully saved to C:\USERS\CHRISTINE\DESKTOP\VISRMS EXPORT\COLUMNCHART20180913095042182.BMP  
Hit any key to continue

It will show you the desktop (yellow), name of the folder (pink), and the name of the exported item (aqua).

### **How to Find Update Information/Documentation (2018.3)**

We realize that not everyone who is impacted by the updates is receiving the documentation within the facility. All documentation can be found on the website. This document can be share with everyone so

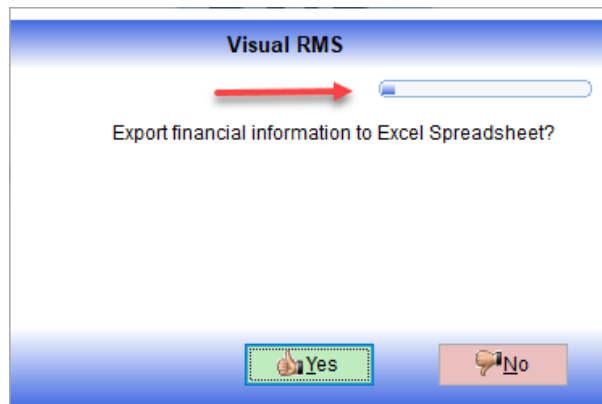
that they know how to locate valuable information they need to understand changes and implement new features.

### ***Is there a Manual? (2018.3)***

Facility staff are telling us that they are NOT being forwarded the information/documentation that comes with the updates. If you are the person receiving the update notification, please make sure that you share that with all users so they have the links to download instructions for using the new features and understand any changes. This document illustrates how to locate the MANUALS subfolder within our system. This folder contains all of the manuals and Quick Sheets (short tips for specific tasks or new features) for RMS – helpful for new staff, existing staff with new responsibilities, or existing staff who need a quick memory tickler.

### ***Sitting on a Message Screen (2018.4)***

There are screens within the system that require you to answer Yes/No. We are finding that these boxes pop up and the user just walks away. This leaves the system hanging while it waits for a reply. We have implemented a method to try to limit the amount of time spent waiting. This is an example of a window with a timer:



After waiting the amount of time the facility has set in ADT – Utilities – System Configuration – Auto Terminate for the Exit Resident Selection Process (default is 5 minutes), the system will automatically record a negative response and put you back where you had been. Remember, it is a potential HIPAA violation to walk away from your computer and leave resident sensitive information displayed on the monitor.

## **PointRight Software**

### ***Interested in Helping us Test? (2018.3)***

We have started working on an interface with PointRight. We are at the testing phase and need someone with current access. If you currently are using this software, have an active login/password for it, have a valid full RMS license, and are interested in assisting us with the testing phase, please give the office a call. Thanks!