

Version 2019.x Documentation

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ADT

Areas Being Served (2019.0), a modified report

The report was updated to allow for a date range request and to filter based on all residents in the facility between your set dates or only new stay residents. The report will now automatically export to excel.

Resident List – Ordered by Insurance (2019.0), bug fix

An error was reported when staff running the report did not have the rights to see social security numbers. This issue has been fixed.

Custom Reports (2019.0), a modification to facility info

When printing the to/from for selections of census history, it will print the name of the facility rather than the index number.

Discharge Against Medical Advice (2019.1), new flag and revised reports

A Discharge can be flagged as AMA. This information then carries through to several reports. Please see documentation for additional information.

Billing

Billing – Private Pay – Produce Bills (2019.0), a modification

If you set up the third-party insurance (MMC or MLTC) and indicate that a NAMI should be deducted (just as for traditional Medicaid) and you include a NAMI amount for a resident, when you say “yes” to “advance billing for NAMI expected?”, the NAMI amount will appear on the bill for that resident.

Billing NAMI with Primary Insurance is a Medicaid Replacement Plan (2019.0), a modification

If a third-party insurance has been designated as “Subtract NAMI” and a NAMI has been entered for a resident, the NAMI will be removed just as it has been for traditional Medicaid. Facility reported that when they recorded NAMI information for a resident where they were not authorized to withhold it, the NAMI was being deducted anyway. The code was tightened so this should no longer occur.

Tracking Authorization/Referral Numbers (2019.1), a new feature

This new feature allows you to maintain information for insurance, authorization number, referral number, and a date range for when the number is valid. This option can be found under the PRE-BILLING menu. Please see separate documentation.

Cash Receipts

How Cash is Distributed (2019.0), a new report

This report is meant to answer the question: What amounts were received by each insurance and how were they applied (to which time periods) during the deposit period dated xx-xx-xxxx through xx-xx-xxxx? The report will export to Excel.

New Medicare Fee Schedule (2019.0) for Therapy Charges

Medicare has released its new therapy fee schedule retroactive to January 1, 2019. The new table will automatically install with the update. This pertains to cash receipts only and impacts the MPPR calculation. If your facility has changed its therapy rates, you will still need to update those manually through Resident Scheduling – Utilities – Maintain HCPCS/CPT-4 Codes. If you have questions, give us a call.

Census

Reports - Annotated Census Changes (2019.0), a modified report

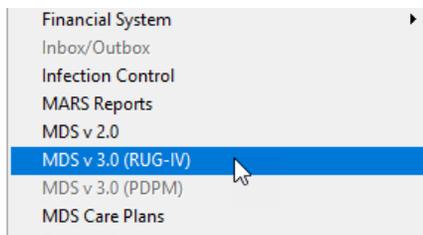
Report can now be generated for a single unit.

Census – Reports – Midnight Census Worksheet (2019.0), a modified report

The summary information has been modified to show a distinction between occupied (resident is physically in the facility) and reserved (resident is on bedhold). You will see:

1. Total Beds Assigned in Facility – all residents assigned to a room
2. Beds Occupied – all residents who are assigned a room and physically in it
3. Beds Reserved – all residents who are assigned a room and are out on bedhold
Assigned (1) = Occupied (2) + Reserved (3)
4. Beds Vacant – all empty beds that are unassigned
5. Number of males and females in the facility – a breakdown of the total assigned beds by gender.
This will include those on bedhold.

MDS3.0



Change to the Modules Menu (2019.0)

To begin preparing for the PDPM changes this October, the MDS 3.0 module that you currently use has been renamed on the menu to **MDS 3.0 (RUG IV)**. Below that you will see an inactive link (gray) to MDS 3.0 (PDPM). This second link will become active later this year.

RUG-IV, PDPM, and QRP Flags in the MDS (2019.0), new feature

MDS questions that impact RUG-IV, PDPM, and/or QRP scores will have a colored dot. Dots may appear singly or in various combination.

Export to PointRight (2019.0), a new software interface

You may export any assessment to PointRight for further analysis. This requires a subscription to PointRight plus the purchase of the interface in our software.

Export MDS Census for HPN (2019.0), modified feature

The naming scheme for the export file has been changed to include the picture date rather than the date of creation. This will allow you to create several files for different picture dates on the same day.

CMS Matrix Data (2019.0), revised survey form

In November 2018, CMS revised the instructions for use with the new Matrix form. The most significant change was to #5. In previous versions, this was called *Facility Acquired Press Ulcer(s) (Any Stage)*. It is now called *Pressure Ulcer(s) (any stage)*. Please read the CMS instructions carefully. We do not have sufficient information from an MDS assessment to determine “worst” or which of those reported is “facility acquired” if there are multiples or you have combinations of issues. Example, suppose you have two stage 3 ulcers, one present on admission and one facility acquired. You are to report the worst one and indicate if it is facility acquired. Which do you report based solely on the MDS count? We will show you what information is available to you from the MDS, but you will need to use Progress Reports, Skin assessments, etc. to make the final determination. To read more from CMS, <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/CMS-802.pdf>

CMS Matrix Data (2019.1), revised printed form

Field 9 on the printed form showed the correct information but was mislabeled. This has been corrected.

MDS 3.0 Selection Screen (2019.0), a modified screen

The assessment selection screen has been expanded to show the ADL score. Green indicates a score less than 6, yellow indicates a score in the range 6-10, red indicates a score greater than 10 or insufficient information to answer.

Date	Type of Assessment	#	Err	Submitted	Z0100	Z0150	Z0200	ADL	PDPM
01/28/19	NC : Admission / 5-day	00	0/ 0/ 0	NO	ES1	ES1	SE3	9	GDCB1

To the right of the ADL score on 5-day assessments, you will see a PDPM score. *Note, calculations for this score are still in draft mode with CMS.* At this time, it is just to give you an idea of where your residents may fall in the new scheme.

- There will be new questions in Section I and J that will be use for the calculation of the PDPM. Until that goes into effect, you may enter that information through **MDS 3.0 (RUG IV) – Utilities – Create PDPM Baseline** in order to get an estimated score.

Indicate the resident's primary medical condition: Encntr for surgical afctr following surgery on the dgstv sys

Primary Medical Condition Category: Medical Management

Recent surgery requiring Active SNF Care during prior inpatient hospital stay

<p>Major Joint Replacement</p> <p><input checked="" type="checkbox"/> Knee Replacement</p> <p><input type="checkbox"/> Hip Replacement</p> <p><input type="checkbox"/> Ankle Replacement</p> <p><input type="checkbox"/> Shoulder Replacement</p> <p>Spinal Surgery</p> <p><input type="checkbox"/> Involving the spinal cord or major spinal nerves.</p> <p><input type="checkbox"/> Involving fusion of spinal bones.</p> <p><input type="checkbox"/> Involving lamina, discs, or facets</p> <p><input type="checkbox"/> Other major spinal surgery</p> <p>Other Orthopedic Surgery</p> <p><input type="checkbox"/> Repair fractures of the shoulder or arm</p> <p><input type="checkbox"/> Repair fractures of the pelvis, hip, leg, knee, or ankle</p> <p><input type="checkbox"/> Repair but not replace joints.</p> <p><input type="checkbox"/> Repair other bones</p> <p><input type="checkbox"/> Other major orthopedic surgery</p> <p>Neurological Surgery</p> <p><input type="checkbox"/> Involving the brain, surrounding tissue or blood vessels</p> <p><input type="checkbox"/> Involving the peripheral or autonomic nervous system</p> <p><input type="checkbox"/> Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices .</p> <p><input type="checkbox"/> Other major neurological surgery</p>	<p>Cardiopulmonary Surgery</p> <p><input type="checkbox"/> Involving the heart or major blood vessels</p> <p><input type="checkbox"/> Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords</p> <p><input type="checkbox"/> Other major cardiopulmonary surgery</p> <p>Genitourinary Surgery</p> <p><input type="checkbox"/> Involving male or female organs</p> <p><input type="checkbox"/> Involving the kidneys, ureters, adrenal glands, or bladder</p> <p><input type="checkbox"/> Other major genitourinary surgery</p> <p>Other Major Surgery</p> <p><input type="checkbox"/> Involving tendons, ligaments, or muscles.</p> <p><input type="checkbox"/> Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver,</p> <p><input type="checkbox"/> Involving the endocrine organs, neck, lymph nodes, or thymus</p> <p><input type="checkbox"/> Involving the breast.</p> <p><input type="checkbox"/> Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant</p> <p><input type="checkbox"/> Other major surgery not listed above</p>
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- The defaulted **primary medical condition** used in the calculation now will come from the census history records, the (A-1). After October 1, 2019, the MDS will contain a new question, I0020B where you will define the primary reason for admission to your facility. That Section I diagnosis code and the final computation instructions may differ from what we display today (February 2019). If the diagnosis on the interim Utility is not correct, enter the code corresponding to the primary reason the resident is in your facility.
- Section J will contain a set of check boxes for **recent surgeries**. Check those that apply.
- Once the utility has been updated, you should see PDPM scores for the 5-day assessments that you are completing.
- Note, this step is only necessary through Sept 2019 and only if you wish to see the potential impact of PDPM scoring.

MDS 3.0 Error Report (2019.0), a modified report

This is the report that generates when you exit an assessment. It has been tweaked to give more information and to implement the 2.02.04 errata of the MDS specifications. Quality Indicators have also been updated. The report now uses **SEGUE UI MONO** font. If your computer does not correctly display the report (symbols instead of letters), you can easily install the font. Right click the icon for the P&NP RMS and select OPEN FILE LOCATION from the menu. Scroll up until you see a yellow file folder called FONTS. Open the folder (double left click) and select the name of the font (double left click). In the upper *left* corner of the window you will see an INSTALL button. Press the button and it will install the font. Log back into P&NP RMS and try your report again.

MDS 3.0 link to Standard Care Plan (2019.0), bug fix

There were reported instances where the information recorded in Section V (regarding care planning and CAA) was not always transferred to the front screen on the standard version of the care plan. The interface has been tightened so this should no longer be an issue. Note, this does not pertain to the electronic version.

MDS 3.0 Assessment Productivity (2019.1), a new report

Located in the MDS analytics/reports menu, this option allows you to specify a date range. It will then show how many assessments of each type were done during that period. It will further split the submitted assessments from the not-submitted ones for your advantage plans (if they have been specified as such on the assessments). The report will automatically export to excel. An example follows:

	A	B	C
1	Number of Assessments Done		
2	for Dates from 02/01/2019 through 02/28/2019		
3			
4	Type		Feb, 2019
5	SUBMITTED Assessments		
6	NC	Nursing Home: Comprehensive	9
7	ND	Nursing Home: Discharge	9
8	NP	Nursing Home: PPS	11
9	NPE	Nursing Home: PPS Part A Discharge (End of Stay)	1
10	NQ	Nursing Home: Quarterly	15
11	NT	Nursing Home: Tracking (entry/expired)	17
12		Sub-Total	62
13			
14	NOT SUBMITTED Assessments		
15	NP	Nursing Home: PPS	10
16		Sub-Total	10
17			
18		Totals	72
19			

Diagnoses for PDPM (2019.1), a new report

Located in the MDS analytics/reports menu, this report will give you the Medical Record number, the resident's name, the ICD-10 code listed as the A-1 in census, the description of the ICD-10 code, and comments regarding the PDPM classification. If other comorbidities exist that will impact the PDPM classification, they will be listed as well. Errors such as missing diagnoses or a primary diagnosis that is not valid for PDPM purposes will be highlighted. See additional documentation.

MDS 3.0 Generic Report (2019.1), new feature and bug fix

Fixed an issue that arose when a Section GG question number was selected for inclusion in the report.

Also added an ability to search for all assessments where the Primary Payor (per Section S) has been designated as Medicaid. This will allow you to estimate an average case mix index. Please see additional documentation.

Resident Accounts

Reports – Statements (2019.1), update

Many of you mentioned that you liked the new style of private pay bill statements and asked us to update the style of the Resident Account statements too. We have done that. You will now see a question that asks if you want to use the new format. Answer Y(es) to print with the new format, N(o) to print with the format that you had been using.

Transactions – Batch Deposits Withdrawals (2019.1), screen modification

Some facilities process all of one type of receipt or charge for a month and then move on to the next type. Other facilities process everything for a single resident and then move on to the next person. To accommodate both methods we are introducing two SAVE options.



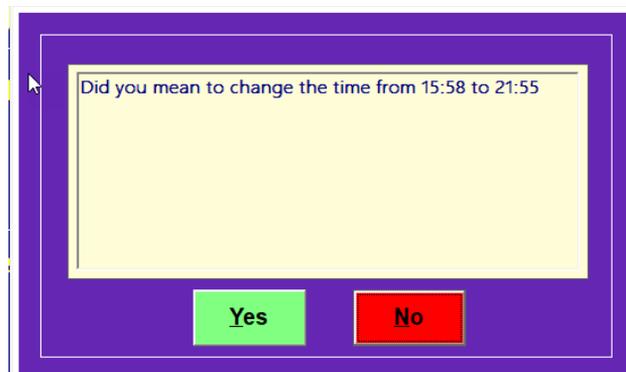
You will see a **SAVE/ADD** button that will save the current transaction, keep the same resident displayed, and allow you to add another transaction for that resident. There is also a separate **SAVE** button that will save the current transaction and return you to the resident list so that you may move to the next resident or exit the batch.

Use the SAVE/ADD button when you are creating multiple transactions for the same resident and the SAVE button when you need to change residents or have finished with all of your entries.

Resident Observations

Data Entry (2019.0), Screen Modification

If a staff member accidentally touched the numbers at the top of the screen, they could inadvertently change the time of their entries without noticing. We have added an error check to help prevent this. If the time is changed, when the staff member selects an option (dietary, tasks, MDS), they will see a message asking them to confirm the time change. If they answer NO (the default), the time on the screen will be reset to current. As an example, the current time is 15:58 (3:58pm). Staff member accidentally touched the 2 so the time changed to 21:55 (9:55pm). The message seen will be like below:



If they answer NO, the time will be reset to 15:58. The log files will capture the time change so if there is a question about the timing of an entry, we can assist you by looking at the logs to see what time the actual documentation was done.

Flag Special Diet Tracking, Alert Quick Check Report (2019.0), new report and new color alert

In the prior version we gave you a way to set alerts on residents with special dietary documentation needs. This version gives you a report that is meant as a quick way to see if any DETAIL records exist for a shift or a 24-hour period. This can be filtered to show only detailed supplements or any flagged record. It does not give you the detail (other reports exist to do that). It simply indicates whether there is any detail data at all. This is just a quick, easy way to see if staff have documented as they have been flagged to do. If they have not, you have time during the remainder of the shift to remind them –

hopefully the “pocket notes” get translated into computer documentation before they go home and the note goes through the laundry.

Also, we have added new changes in screen color to further alert that a flag is set on a resident. When an employee enters their ID and selects a resident who has a dietary alert, the background of the screen will now turn a pinkish color. The DIET button will still show text that indicates an alert.



Creating Documentation for Section GG (2019.1)

update for the Interim Payment Assessment (IPA)

The ability to create documentation for Section GG has been updated to reflect the new Medicare PPS assessment, the Interim Payment Assessment. While the actual IPA form does not go into effect until October 1, 2019, you may need to begin recording data in September depending on your ARD.

Remember, every resident who is receiving a Medicare A benefit that will continue from September into October will require an IPA to be scheduled between October 1 and October 7. The lookback is the ARD plus the preceding two days. Your IPA buttons will become active beginning Sept 28, 2019. Please see documentation.

Resident Scheduling

Maintain HCPCS/CPT-4 Codes (2019.0), a reminder

Remember, you need to locate the newest CMS therapy fee schedule and update your fees (under Utilities in the Resident Scheduling modules).

New Code Setup

1. Make sure no one is in Resident Scheduling so you can now make changes to your database.
2. Scroll or use the FIND button to locate the first new code.
3. Press DISCIPLINE and tick the appropriate button to identify the correct discipline, OT or PT.
4. Press EDIT and enter your rate amounts. The FACILITY AMOUNT is your private pay rate. The FEE SCHEDULE AMOUNT is the rate from the CMS tables. If you wish to add this to your default list, be sure to mark that tick box as well.

A screenshot of a form with a dark blue background. It contains three rows of input fields. The first row is labeled "Facility Amount:" and has a white text box containing "0.00". The second row is labeled "Fee Schedule Amount:" and has a white text box containing "0.00". The third row is labeled "Facility Therapy Default" and has a white checkbox that is currently unchecked.

5. Repeat for all new codes.

Updating Rates

1. Make sure no one is in Resident Scheduling so you can now make changes to your database.
2. Scroll or use the FIND button to locate the first code you need to update.

3. Press EDIT and enter your rate amounts. The FACILITY AMOUNT is your private pay rate. The FEE SCHEDULE AMOUNT is the rate from the CMS tables.
4. Repeat for all codes.