Version 2019.3 – Patches and CMS Updates

Hopefully you have been able to navigate your way through all of the PDPM and third-party Advantage plan changes that have occurred in the last two weeks.   This update reflects all changes made to date for issues that have been reported to us and for changes CMS has made to some of the logic.

Still unresolved and things we get questions about –
CMS logic states that when an assessment is an <u>interrupted stay discharge, A2400</u> must be a no. We have seen that people have tried using a carat ^ or answering yes. While your logic may seem reasonable, until CMS changes the specs, attempting to answer A2400 with anything but a no will result in a fatal error. DOH response to us on Tues. October 15th:

> "Thank You for informing us of this issue. We have contacted our ITS bureau and they plan to contact CMS ITS to find a resolution. There is nothing more that can be done at this time."

With an IPA, the <u>Section K</u> form for question 510 instructs you to only answer column 1 if the resident entered in the last 7 days. If they entered more than 7 days ago, leave column 1 blank. Per the specifications a blank is a carat, ^. While it may seem reasonable to answer that way, the specifications also say that when A310B=08 (IPA) then column 1 (questions K0510A1, K0510B1, and K0510Z1 cannot be a carat (necessary for the speech portion of the score). If the resident entered more than 7 days prior, at this point the only options for not returning a fatal error are to select Z for none of the above, or dash (-) for not assessed in column 1. You may wish to contact the state RAI for guidance on how to handle a resident who was not outside the facility during the past 7 days.

Fields <u>I0020 and I0020B</u> – Specifications specifically say the questions must be answered on a 5-day or IPA. However, there is no specification for when the assessment is *not* a PPS – there is no forced error check on those assessments. A ^ is a valid answer for those questions, but it is not forced to be so for non-PPS assessments.

While <u>CMS did update their grouper</u>, we feel some unanswered issues still remain. We brought to their attention that you could have unanswered fields (i.e. I0020B) on an assessment and their mapping tool would still yield a PDPM score. Their answer currently is that they do not error check the assessment prior to assigning the score. They assume that you have made sure that you have a valid assessment prior to grouping. If you are using jRaven, be aware that an incomplete assessment may give you a score as it did in our testing of their logic. This score may not be the same as what you would get with a valid, completed assessment. As of October 9th:

> "Note that the grouper expects to be processing a valid MDS 3.01 assessment. If the assessment does not have a valid ICD-10 code from the list of ICDs defined as valid for I0020B, then it is not a valid assessment. ASAP does not even try to call the grouper if validation errors are found. Therefore, we strongly suggest performing assessment validation prior to using the grouper. The VUT could be used for this purpose, or a user could import an assessment into jRAVEN and see if it is successful without errors."

Our grouper is based upon the instructions in the RAI Manual. Two advantages: First, in our RMS software, if I0020B is not filled in, you will see a PDPM score of ZZZZZ so you know it is incomplete. Second, it allows us to produce a WhyNot? Report while you are in Section Z. This allows you to see how the score was derived.

New PDPM Claims –

CMS Transmittal 4409 was released October 4, 2019. It describes the changes that will be <u>effective November 5, 2019</u>. This document explains how to reflect the interrupted stay on your claims and gives examples. The document also explains how the AIDS adjustment will work under PDPM.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R4409CP.pdf

We do not know what will happen if you attempt to process PDPM claims prior to November 5th.

Please read separate documentation for new reports and tools dealing with PDPM.