Notes for Version 2019.4

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Interrupted Stay – a CMS change in specifications

CMS released a Technical Bulletin on November 8, 2019 to announce two new changes to the MDS assessments dealing specifically with the interrupted stay. CMS will place these changes into production on **December 3, 2019**.

What's Different?

DELETE rule from data specifications-
If A0310G1 = [1], then if A2400A is active, then it must equal [0].
This fatal error meant that for any interrupted stay assessment, you had to say no, you did not have a Medicare stay. Many of you called us on this because it didn't make sense – "you can't have an interrupted stay if the person is not in a Medicare stay". CMS has now addressed this.

Per CMS, "This change will be made in the next version of the MDS 3.0 Data Submission Specs. It will be **implemented in production on December 3, 2019**. Since this was a new edit for this version of the data specs, **it will no longer exist in the ASAP system**. "

ADD rule to data specifications.
If A0310G1 = [1], then A2400C must equal [--------].
This means that for an interrupted stay, you may now answer Yes to A2400A, you have a Medicare stay. Enter the beginning date of the stay into A2400B and then dash [--------] A2400C, the end date, to show the stay is ongoing. For those who called, this is what you thought it should have been.

Per CMS "This change will be made in the next version of the MDS 3.0 Data Submission Specs. It will be **implemented in production on December 3, 2019**. **The new edit will be *retroactive* for all assessments with a target date of October 1, 2019 or later."**

If you wish to read more, on the CMS website,

> **November 08, 2019**
> An updated errata (V3.00.3) was posted for the FINAL version (v3.00.1) of the MDS 3.0 Data Specifications, currently in production. Two issues were identified. One edit, -3941, will be deleted, and one edit, -3965, will be added. These changes will go into production on December 3, 2019. **Once in production, these two changes will be retroactive, applying to all assessments with target dates on or after October 1, 2019**.

Scroll down to the downloads section at the bottom of the webpage. Click on MDS 3.0 data specs errata (v3.00.3) [PDF, 34KB] . You will want to review Issue ID 04 and 05.

Do I need to do anything?
Be sure you have updated to Version 2019.4 prior to December 3, 2019. The changes will not be reflected in your system until that morning – you will see the old rule up until then. Why? Because we do not know when you will actually submit – submit prior to 12/3 and it will be evaluated with old rule, submit 12/3 or after and it will be evaluated with new rule.

If you will not be submitting until December 3 (or after), consider waiting to sign off in Z0500 until December 3 (or after) so that you have the new rules. Remember, anything submitted Dec 3 or later will be compared to the new rule.
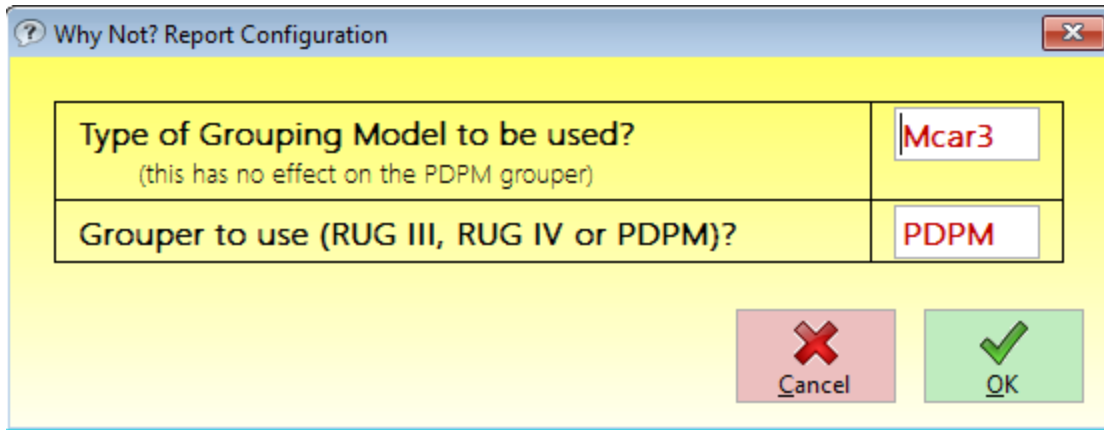
We have emailed the state coordinator to ask if this means that all interrupted stay assessments submitted prior to December 3, 2019 will need to be modified. To date, we have not had a response.

Is this the last change expected from CMS this year?
We have no way of knowing this. We know there are several outstanding "concerns" that developers and MDS coordinators have raised. These could be addressed yet this year or they could wait and clarify next year. We will continue to monitor Developer and Open Door Forums for any additional information.

MDS – Analytics/Reports – Why Not?

The set-up yellow window now allows you to select PDPM as an option. This will give you the same report as is available while you are in the assessment on tab Z. To change the GROUPER (second question), with your cursor in the answer field, press the <space bar> to cycle through the options.

Some of you asked to have the PDPM score put into words. To assist you, the first pages show the actual calculation of the classification for each category. At the very end of the report we show the final score and a summary in words of what it means. Below is an example of an IPA that scored KHKD0 -

```
                    Explanation of PDPM Score:              KHKD0

K PT/OT Score (First Character) Defined:
     Clinical Category: Medical Management
      GG Function Score Score 10-23
H SLP Component (Second Character) Defined:
     Acute Neurologic Condition, Comorbidity or Cognitive Impairment: Any two
     Mechanically Altered Diet or Swallowing Disorder: Either
K Nursing Component (Third Character) Defined:
     Clinical Condition: Serious medical conditions
           (eg, Radiation Therapy or Dialysis)
     Depression: no
     GG Function Score 6-14
D NTA Component (Fourth Character) Defined:
     NTA Score Range: 3-5
0 Assessment Indicator Defined:
     Interim Payment Assessment
```
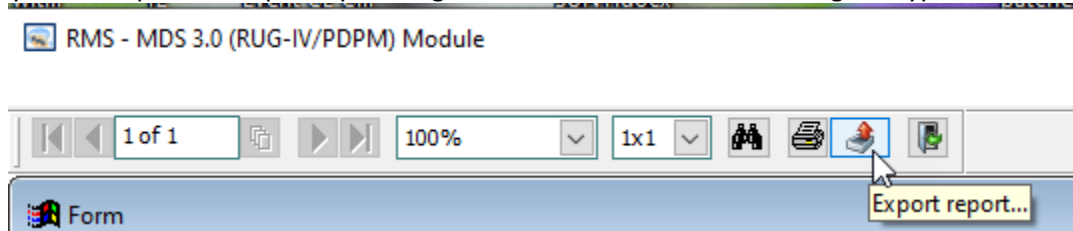
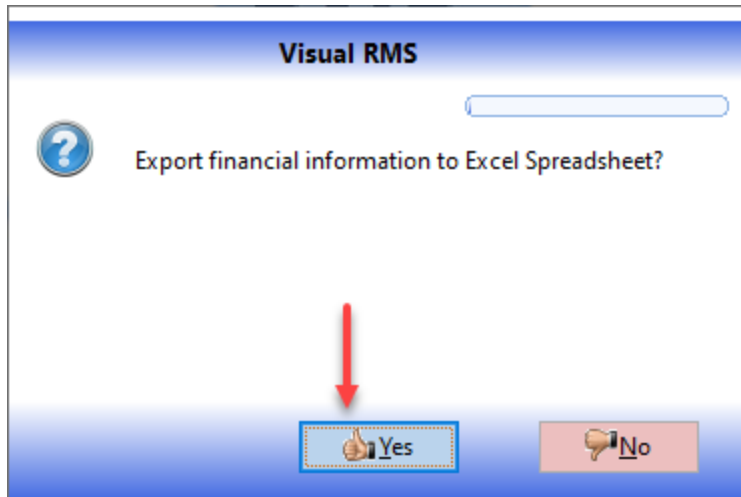## MDS – Analytics/Reports – PPS Scheduling Aid

Thanks to the tenacity of some of our billers, we were able to track down some issues with the PPS Scheduling Aid report. This update should now correctly show the billable days ending with discharge and the NPE to indicate the end of the stay.

Export the Report for Financial Information

You may either export the report by clicking the EXPORT button and selecting the type excel,

or when you close the report and are asked if you want to export, select YES

New information has been added to the financial information. You will now find four different tabs:

- RUG-IV by Category. Each of the 66 categories plus "blank" are listed. You will see the number of days and the revenue generated for each code. Any third-party insurances that are still utilizing RUGs will be included here (if you have set them up in the database to be tracked).
- PDPM by Category. Since there are over 460,000 different combinations, only those scores that pertain to the time period you have selected will be shown. The number of days and the value generated for each code will be shown.
- By Day. Each day for the time period you have chosen will be listed. The number of Medicare residents and the total value (RUG plus PDPM) per day will be displayed.
- By Day Detail. Each day for the time period you have chosen will be listed. You will then see the number of residents under PDPM and under RUGs for that day. For those scored under PDPM you will see the amounts for each of the six components (PT, PT, SLP, Nursing, NTA, non-CMI). For those scored under RUGs, you will see a single total for the day.

Below is a small sample of the By Day Detail tab.

	A	B	C	D	E	F	G	H	I	J	K
1	Day	PDPM	PT	OT	SLP	Nursing	NTA	Non-CMI		RUG-IV	$ Value
2	10/1/2019	14	$906.92	$842.27	$268.80	$1,263.65	$2,947.77	$1,180.99		1	$398.13
3	10/2/2019	14	$899.11	$834.93	$266.97	$1,263.65	$2,927.22	$1,169.70		1	$398.13
4	10/3/2019	15	$999.72	$919.12	$316.12	$1,460.66	$3,129.96	$1,253.25		1	$398.13

Using your excel tools, you may subtotal/total the columns in any manner that you need. For example you may subtotal the PDPM revenue and subtotal the RUG revenue. Then total for facility Medicare Revenue. You may also wish to subtotal each of the therapies and then total them to see the amount of Medicare revenue generated by the therapy components.

This report can be run for individual units to allow you to compare your various segments – a rehab unit vs a general medical unit vs a specialty unit, for example.

Negotiating Contracts with Your Therapy Provider

Every PDPM score will have the therapy components factored into the total rate. This is true even if your resident is not receiving therapy services. Since therapy minutes and units no longer control the reimbursement (although are very important in establishing the need for skilled care), this brings up new challenges in determining your contracts with service providers.

From what we are hearing, contracts may now be based on a percentage of what you receive for therapy in your PDPM rates, or they may continue with a per hour charge. Use the PPS revenue spreadsheets to help you evaluate your options. Look at trends over time. Run different scenarios – impact of therapists alone or with aides, impact of group vs individual therapy (hours per therapist or hours per resident, are four in a group counted as 1 hour or 4 hours when you are charged), etc.

Billing

If you have not already downloaded the new Billing information, you can find it here – CMS Transmittal 4409 released October 4, 2019:
https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R4409CP.pdf

- Page 6 begins **Chapter 6 – SNF Inpatient Part A billing and SNF Consolidated Billing**, new information is shown in red.
- Section 120 is the new information for PDPM
- explains how to reflect the interrupted stay on your claims and gives examples.
- explains how the AIDS adjustment will work under PDPM. Remember, the AIDS add-on does not come from the MDS assessment. To receive the additional reimbursement, you need to have the diagnosis on the claim.

Just to alert you, per CMS (MLN Connects dated 11/7/2019), there have been a few issues processing claims. Some claims have been held with an anticipated release sometime in late November. Others have been underpaid. They are automatically reprocessing those. If you have been submitting, please watch your reimbursement notices carefully. Complete article at the bottom of page 4 of the linked document:
https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Downloads/2019-11-07-eNews.pdf

If you are still having an issue getting yourself set up (insurance flags and PDPM rates), please give us a call. Not sure how to make calculations for manual PPS Adjustment entries, let us know. We can offer some guidance on doing that.

2020 Annual Update to the Therapy Code List

MM11501 – 2020 Annual Update to the Therapy Code List
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11501.pdf

The new and retired codes will be updated with this version and will become effective 1/1/2020. The document link above describes the changes. If these are codes that you use, you will want to update rates and assign disciplines to them. You will do this through Resident Scheduling – Utilities – Maintain HCPCS/CPT.

Reminder

The MBI (Medicare Beneficiary Identifier – the new Medicare number) will be <u>required</u> as of January 2020. By this time, you should have that number for all of your traditional Medicare residents. If you do not, try to secure that information in the next few weeks.

PDPM Reports – Ideas? Needs?

As we all get used to this new reimbursement method, you may find that you would like an additional report or two for the MDS or financials. Let us know of your ideas/needs and we will look into it for you.