




CMS MDS Tech Issues E-Mail Box Questions and Answers September 5, 2019

Reference Number	Question	Answer
20190905-001	Has CMS determined an exact date for the final version of the RUG Grouper file?	Testing for RUG-IV is scheduled to end on 09/17. We will release it as soon as we can on or after that date.
20190905-002	Do you have a release date for the PDPM/RUGS IV Grouper dll? As a software vendor we have limited time to integrate, test and release our product version to our clients.	The PDPM DLL was posted on 9/6.
20190905-003	Will there be dll file(s) included with the PDPM VUT?	The PDPM is a separate product from the MDS VUT. The PDPM is a DLL. The VUT is a utility.
20190905-004	Could you please provide an update as to when you anticipate the finalized PDPM Grouper being published to the CMS Tech page?	The grouper DLL was posted on Sept 6, 2019.
20190905-005	<p>I am writing on behalf of NASL members, which include health IT developers working on software to support clients implementing PDPM for October 1, 2019.</p> <p>We appreciated last week's release of the FINAL version (V3.00.1) of the MDS 3.0 Data Specifications that take effect October 1; however, we still need the updated PDPM Grouper DLL.</p> <p>Our members have been working with the BETA version of the Grouper, which CMS released on July 2 (announcement copied below), and have reported various errors with it as requested by CMS. There has been no update since then.</p> <p>The clock is ticking on this challenging, complex transition to PDPM. Is there any news that can be shared about when an updated PDPM Grouper will be posted? Please advise.</p> <p>Thank you for your kind attention to this inquiry.</p>	The PDPM DLL was posted on 9/6.

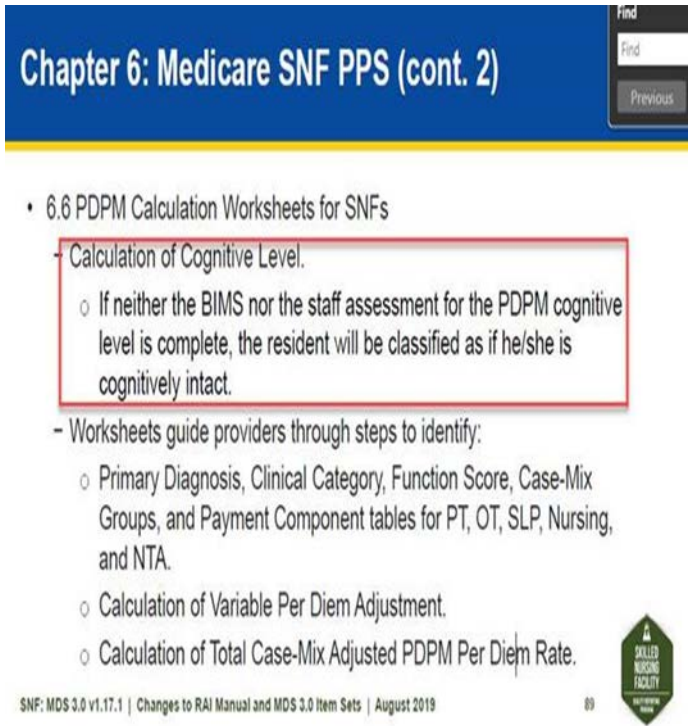
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Reference Number	Question	Answer
20190905-006	<p>We have three questions.</p> <p>1. In the new changes to the edits for fields I0020 and I0020B, the instructions for how they should be handled when A0310B is 99 have been removed. This can be the case for either the NC or NQ item sets, which both include I0020 and I0020B, and also allow A0310B to be 99. We are unclear as to whether I0020 and I0020B should be skipped/included/required in that scenario. I have included screenshots below for your reference.</p> <p><u>Change description:</u></p> <p>-3919 Skip pattern [V3.00.0]-New edit. Replaces edit -3894.  [V3.00.1]-Removed subedit b (post-errata). <u>OLD edit</u></p> <p><u>notes for I0020B:</u></p> <p>-3919 Skip pattern Fatal</p> <p>(a) If A0310B=[01,08], then I0020 and I0020B must not equal [^]. (b) If A0310B=[99], then I0020 and I0020B must equal [^]. </p> <p>Items: A0310B Type of assessment: PPS I0020 Primary Medical Condition Category I0020B Primary Medical Condition ICD</p> <p><u>NEW edit notes for I0020B:</u></p> <p>-3919 Skip pattern Fatal</p> <p>If A0310B=[01,08], then I0020 and I0020B must not equal [^]. </p> <p>Items: A0310B Type of assessment: PPS I0020 Primary Medical Condition Category I0020B Primary Medical Condition ICD</p>	<p>Question 1: We removed the A0310B=99 subedit, because it is possible that we may want to do PDPM grouper calculations in the future when A0310B is that value. For now, users can put in the [^] for the I0020 items.</p>

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20190905-006 (continued)	<p>2. Below is a screenshot from the page 3 of the “PDPM Calculation Worksheet for SNFs” document. Item “D” details the logic used to identify a resident as “Mildly Cognitively Impaired”. The two conditions both allow the Severe Impairment Count to be zero, meaning that anytime the Basic Impairment Count is greater than or equal to one, the resident will be qualified. This is essentially renders the second criteria meaningless. Should it instead read as follows: “... if the Basic Impairment Count is 1 and the Severe Impairment Count is 1, or 2, or if the...”?</p> <p>C) The patient classifies as moderately impaired if the Severe Impairment Count is 1 or 2 and the Basic Impairment Count is 2 or 3.</p> <p>D) The patient classifies as mildly impaired if the Basic Impairment Count is 1 and the Severe Impairment Count is 0, 1, or 2, or if the Basic Impairment Count is 2 or 3 and the Severe Impairment Count is 0.</p> <p>E) The patient classifies as cognitively intact if both the Severe Impairment Count and Basic Impairment Count are 0.</p> <p>PDPM Cognitive Level: _____</p>	<p>Question 2: While the patient will qualify as having a cognitive impairment, the difference highlighted in that snapshot is the difference between the patient being classified with a moderate impairment or a mild impairment. It is true that in both cases the basic impairment count is greater than 2, but the difference is in the severe impairment count.</p>

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20190905-006 (continued)	<p>3. The slide below indicates that the resident should be considered to be cognitively intact in the absence of a BIMS or Staff Assessment. Should the B0100 and B0700 criteria still be considered in this case? If so, either could potentially qualify the resident as cognitively impaired, even without any data from section C.</p>  <ul style="list-style-type: none"> • 6.6 PDPM Calculation Worksheets for SNFs <ul style="list-style-type: none"> - Calculation of Cognitive Level. <ul style="list-style-type: none"> ○ If neither the BIMS nor the staff assessment for the PDPM cognitive level is complete, the resident will be classified as if he/she is cognitively intact. - Worksheets guide providers through steps to identify: <ul style="list-style-type: none"> ○ Primary Diagnosis, Clinical Category, Function Score, Case-Mix Groups, and Payment Component tables for PT, OT, SLP, Nursing, and NTA. ○ Calculation of Variable Per Diem Adjustment. ○ Calculation of Total Case-Mix Adjusted PDPM Per Diem Rate. <p style="font-size: small;">SNF: MDS 3.0 v1.17.1 Changes to RAI Manual and MDS 3.0 Item Sets August 2019 89</p>	<p>Question 3: B0100 should still be considered, as it would mean that the interviews are skipped, but B0700 should not be considered if no interview information is coded in section C (as the staff assessment should be used).</p>

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Reference Number	Question	Answer								
20190905-007	<p>1. GG0130/GG0170 – Discharge section –</p> <p>a. The Forms do not match the supporting Edits 3884 & 3890</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="font-size: small;">MDS 3.0 Nursing Home Discharge (ND) Version 1.17.1 Effective 10/01/2019 Page 11 of 27</p> <hr/> <p style="font-size: x-small;">Resident <input type="text"/> Identifier <input type="text"/> Date <input type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Section GG</th> <th>Functional Abilities and Goals - Discharge (End of SNF PPS Stay)</th> </tr> <tr> <td colspan="2" style="font-size: x-small;">GG0130. Self-Care (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C)</td> </tr> <tr> <td colspan="2" style="font-size: x-small; background-color: #ffffcc;">Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03</td> </tr> <tr> <td colspan="2" style="font-size: x-small;">Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason.</td> </tr> </table> </div> <p>a) If A0310G=[1] and A0310H=[1] and A2400C - A2400B is greater than 2 and A2100=[01,02,04,05,06,07,08,09,99], then GG0130A3, GG0130B3, GG0130C3, GG0130E3, GG0130F3, GG0130G3 and GG0130H3 must not be equal to [^].</p> <p>b) If (A0310G=[2] or A0310H=[0] or A2400C - A2400B is less than or equal to 2) and A2100=[03,04,08,09] then GG0130A3, GG0130B3, GG0130C3, GG0130E3, GG0130F3, GG0130G3 and GG0130H3 must be equal to [^].</p> <p>c) If A0310G=[^] and A0310H=[0], then the following items must be equal to [^]: GG0130A3, GG0130B3, GG0130C3, GG0130E3, GG0130F3, GG0130G3 and GG0130H3.</p> <p>b. The updated Edits 3884 & 3890 – do not cover all conditions. For example If A0310G=^ and A0310H =1 -- skip or not skip? If A2100 is 01, 02, 05, 06, 07, 99 and A2400C-B is <= 2 -- skip or not skip?</p>	Section GG	Functional Abilities and Goals - Discharge (End of SNF PPS Stay)	GG0130. Self-Care (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C)		Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03		Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason.		<p>Question 1: Please see errata V3.00.2 posted that addresses edits 3884 and 3890.</p>
Section GG	Functional Abilities and Goals - Discharge (End of SNF PPS Stay)									
GG0130. Self-Care (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C)										
Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03										
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20190905-007 (continued)	<p>2. A2400 – Form Instructions not consistent and Edits do not support? The following instruction “Complete only if A0310G1=0” appears only on the NC?</p> <p>PLEASE Clarify as other edits seem to contradict this instruction? For example:</p> <p style="padding-left: 40px;">A0310G1 is Skipped, unless the A0310F=10, 11 (combined with a Discharge) – Edit 3939, so it would be ^ (skipped) in many cases for the NC</p> <p style="padding-left: 40px;">Non-discharge NC assessments – like combined with a 5-day would require A2400</p> <p style="padding-left: 40px;">Edit 3941 - If A0310G1=[1], then if A2400A is active, then it must equal [0].</p> <p style="padding-left: 40px;">How is this possible if you ‘only complete’ when A0310G1 is 0 ?</p> <p style="padding-left: 40px;">Edit 3924 – also contains additional requirements on A2400C – regardless of A0310G1</p> <div data-bbox="554 917 1230 1425" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>A2400. Medicare Stay Complete only if A0310G1=0</p> <p>Enter Code: <input type="text"/></p> <p>A. Has the resident had a Medicare-covered stay since the most recent entry?</p> <p>0. No → Skip to B0100, Comatose</p> <p>1. Yes → Continue to A2400B, Start date of most recent Medicare stay</p> <hr/> <p>B. Start date of most recent Medicare stay:</p> <p><input type="text"/> - <input type="text"/> - <input type="text"/></p> <p style="text-align: center;">Month Day Year</p> <hr/> <p>C. End date of most recent Medicare stay - Enter dashes if stay is ongoing:</p> <p><input type="text"/> - <input type="text"/> - <input type="text"/></p> <p style="text-align: center;">Month Day Year</p> </div>	Question 2: Please see errata V3.00.2 posted that addresses edits 3884 and 3890.

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20190905-007 (continued)	3. IPA Transitional 10/1-10/7 – Please confirm that all Current Medicare residents admitted prior to 10/1/2019 need to have an IPA completed that will cover from 10/1 forward as applicable.	Question 7-3: That is correct.
20190905-008	When can we expect the “Final RAI” update and will that version have the individual sections in addition to the entire RAI?	All manuals are now required to go through 2 levels of CMS review and clearance. In previous years this review and clearance process only required one level of review so it is taking a bit longer to obtain final clearance for posting. We are anticipating the final version of the MDS 3.0 RAI Manual in the very near future.
20190905-009	Good afternoon. I wanted to check back in on this; I did see that the final specifications went up on August 20th which was great! We downloaded them that day. Any word on either of the calculators?	PDPM Grouper DLL was released on 9/6 and RUG-IV DLL will be released on or after 9/17.

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20190905-010	<p>While going through the final specs that were released and I noticed that these 2 skip patterns were added (3884C and 3890C):</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Section: A</p> <p>a) If A0310G=[1] and A0310H=[1] and A2400C - A2400B is greater than 2 and A2100=[01,02,04,05,06,07,08,09,99], then the following items must not be equal to [^]: GG0170A3, GG0170B3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170G3, GG0170I3, GG0170M3, GG0170P3, GG0170Q3.</p> <p>b) If (A0310G=[2] or A0310H=[0] or A2400C - A2400B is less than or equal to 2) and A2100=[03,04,08,09], then the following items must be equal to [^]: GG0170A3, GG0170B3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170G3, GG0170I3, GG0170M3, GG0170P3, GG0170Q3.</p> <p style="border: 1px solid red; padding: 2px;">c) If A0310G=[^] and A0310H=[0], then the following items must be equal to [^]: GG0170A3, GG0170B3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170G3, GG0170I3, GG0170M3, GG0170P3, GG0170Q3.</p> <p>a) If A0310G=[1] and A0310H=[1] and A2400C - A2400B is greater than 2 and A2100=[01,02,04,05,06,07,08,09,99], then GG0130A3, GG0130B3, GG0130C3, GG0130E3, GG0130F3, GG0130G3 and GG0130H3 must not be equal to [^].</p> <p>b) If (A0310G=[2] or A0310H=[0] or A2400C - A2400B is less than or equal to 2) and A2100=[03,04,08,09], then GG0130A3, GG0130B3, GG0130C3, GG0130E3, GG0130F3, GG0130G3 and GG0130H3 must be equal to [^].</p> <p style="border: 1px solid red; padding: 2px;">c) If A0310G=[^] and A0310H=[0], then the following items must be equal to [^]: GG0170A3, GG0170B3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170G3, GG0170I3, GG0170M3, GG0170P3, GG0170Q3.</p> </div> <p>They are exactly the same though which makes us think that one of these is wrong. My guess is the second one should be GG0130 and not GG0170. However we could be missing something.</p> <p>Could you address this on the call this week?</p>	<p>Correct – the c subedit for -3890 is for GG0130</p> <p>c) If A0310G=[^] and A0310H=[0], then the following items must be equal to [^]: GG0130A3, GG0130B3, GG0130C3, GG0130E3, GG0130F3, GG0130G3 and GG0130H3.</p> <p>For further information related to the edit, please see the errata V3.00.2</p>

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20190905-011: The current specifications for edits 3884 and 3890 don't specify the expected values for the GG discharge performance items in certain scenarios. In particular, standalone OBRA discharge assessments (not a Part A discharge) with certain discharge values don't trigger any parts of these edits, so it isn't clear whether or not these items should be skipped ("^") or documented, potentially with not assessed ("-").

Here is my question: should the discharge performance items in section GG ever not be skipped for assessments that are not a part A discharge?

For example, consider the following combination of items:

- A0310G=1
- A0310H=0
- A2400C-B = 5
- A2100=01

Answer: Please see errata V3.00.2 for information related to these edits.

20190905-012: For the Medicare Advantage plans prior to PDPM the SNFs would enter in the 14, 30, 60 day assessments to get their RUG score that is required for billing. How is this being handled now that those type of assessments have been removed? How will a facility get a RUG score for Medicare Advantage plans?

Answer: This will be determined by the Medicare Advantage plans.

20190905-013: On the Vendor Call today, I had an Interrupted Stay Question that I was asked to submit.

Last week, an updated Fact Sheet got released where it changed to wording of the Interrupted Stay Policy, where it no longer followed suit of the IRF and other PPSs. We wanted to verify that when a patient has an Interrupted Stay, if the day they leave the facility, is counted towards their LOS for PDPM and if it is reimbursable, because prior to PDPM, it was not.

For example, a patient leaves on 10/5, and comes back on 10/7. Should 10/7 start the LOS on day 5 or day 6? And if it is day 6, as the Fact sheet suggests, how should we report 10/5 on the claims?

Answer: Both under RUG-IV and under PDPM, there is a difference between if the person leaves the facility or simply leaves Part A coverage but remains in the facility.

If the patient leaves the facility, then the day of facility discharge is not a covered day, meaning it does not count toward LOS and is not reimbursable under the SNF PPS.

If the patient leaves Part A coverage but remains in the facility, then the day of Part A discharge is a covered day, meaning it does count toward LOS and is a reimbursable day under the SNF PPS.

Again, this policy distinction exists currently and is not a new policy under PDPM.

Therefore, if a Part A patient is admitted 10/1 and is discharged from the facility on 10/5 and returns to the same SNF on a Part A stay on 10/7, then the patient's interrupted Part A stay would pick up from Day 5.

If a Part A patient is admitted 10/1 and is discharged from Part A on 10/5 (to begin an LTC stay) and returns within the same SNF to Part A coverage on 10/7, then the patient's interrupted Part A stay would pick up from Day 6.