

CMS MDS Software Developer/Vendor Call Minutes

September 5, 2019

3:00 – 4:00 p.m. ET

Conference Line: 1-877-267-1577

Conference code: 992 419 174

Welcome Brandy Barnette, CMS

Welcome to the CMS MDS Software Developer / Vendor call. The purpose of this call is to provide information to MDS Software Developers and Vendors who are creating or have created software for MDS providers. The purpose of this call is to provide information on MDS updates that will be effective October 1, 2019.

If you do not have the agenda for this call, it may be found at <https://qtso.cms.gov> and click on the Minimum Data Set (MDS) Vendors link under the “I’m a Vendor” tab in the middle of the page.

Data Submission Specification Updates John Jackson, GDIT

The FINAL version (V3.00.1) of the MDS 3.0 Data Specifications was posted. This version is scheduled to become effective October 1, 2019. These specs accommodate the utilization of the PDPM grouper, which also begins on October 1, 2019. Note that there are many significant changes:

- The removal of eight item sets (NS, NSD, NO, NOD, SS, SSD, SO, SOD).
NOTE: In order to keep the item change report in the data specs from becoming enormous, the un-mapping of items to the deleted item sets is not shown in the item version notes.
- The addition of two new item sets (IPA and OSA). The IPA item set was added to support the implementation of the new PDPM grouper, which will be described later on this call. The OSA item set has been added to allow states to continue to do OMRA-type assessments for their own purposes, and allow the calculation of RUG-IV or RUG-III results.
NOTE: Again, in order to keep the Item Change Report in the data specs from becoming unwieldy, the inclusion of items in the IPA and/or OSA is not in the item version notes. However, there are new IPA and OSA reports within the data specs database, so users can view what items are present in those ISCs.
- Item set additions were made in Sections A, GG, I, J, O and Z. Most of the new items are utilized in the PDPM grouper. However, the changes to Section A items used in determining the ISC are extremely important.
 - First, take note of new items A0300A and A0300B:
 - **If A0300A is equal to [1], the assessment is an OSA, period.** A0300B is then used to specify the assessment purpose for the state (e.g., Start of Therapy).
 - **If A0300A is equal to [0], however, the assessment ISC is determined in a more familiar way...by the values of A0200, A0310A, A0310B, A0310F, and A0310H (except on IPA assessments – if A0310B = [08], then A0310H does not apply, as that item is not on the IPA item set).**

CMS MDS Software Developer/Vendor Call Minutes

— Items A0310C and A0310D have been deleted, and are not used to determine the ISC. Also, notice that there are only three possible values for A0310B: 01 (5-day), 08 (IPA) and 99 (None of the Above). As a result, the number of combinations of these items that result in a valid ISC is much lower than before. Check the isc_val table in the data specs database to see the combinations.

- Regarding the new items for PDPM purposes, please take special note of new item I0020B (Primary Medical Condition ICD). This item MUST contain an ICD-10 code from a subset of the complete set of valid ICD-10 codes in effect on October 1, 2019; otherwise, the assessment will be rejected.

NOTE: The table pdpm_icd_codes, which contains the applicable list used in the PDPM grouper, is no longer within the data spec database – it is a separate posting on the CMS website. This table has been updated since the draft version to reflect the final set of FY2020 ICD-10 code changes.

- As a result of the many item changes, there are quite a few edits that were replaced or deleted, as well as the addition of format, skip pattern and consistency edits for new items. Please review the version notes for the individual edits in the Edit Change Report.
- Quite a few issues were identified since the posting of the draft data specs, and most were identified in the errata that was posted. However, even after that, a few changes were identified – look for “post-errata” in the version notes on the Item and Edit Change reports to see what’s new since the errata.
- We have one issue since the final specs were posted. Edit -3963 subedits a and c are correct for modification assessments but will not work for inactivations. Therefore, we will remove the A0050=3 possibility and only use subedits a and c for modifications. An errata is forthcoming that will contain this change.
- Please continue to check the MDS Technical Information page for updates.

In addition, a new version (V1.04.0) of the MDS 3.0 CAT Specifications was posted. This version is also scheduled to become effective October 1, 2019. The specification for CAT 12 (Nutritional Status) has been updated in accordance with the changes in V3.00.0 of the MDS 3.0 Data Specifications. The CATs have not changed since the draft data specs were posted.

Validation Utility Tool (VUT) Updates..... John Jackson, GDIT

As always, the VUT will be updated to reflect the changes described above, as well as process assessments from past spec versions. No interface changes are planned, so it will work as it does today.

Please note that the VUT will indeed check the value of item I0020B from the list of ICD codes valid for PDPM, and will report a FATAL error if the code cannot be found in the list.

ASAP System Enhancements..... Marni Bussell, Telligen

The ASAP system will edit records with a target date on or after October 1, 2019 using version 3.0 of the MDS 3.0 data specifications as found in the final data specifications. It will continue to edit records with a target date prior to October 1, 2019 using the appropriate set of data specifications in effect for the target date of the submitted record.

CMS MDS Software Developer/Vendor Call Minutes

Please note there are many significant changes included in this MDS release that the ASAP system will adopt, including:

- The removal of eight item sets (NS, NSD, NO, NOD, SS, SSD, SO, SOD);
- The addition of two new item sets (IPA and OSA);
- item additions in Section A, GG, I, J, O and Z.
- The utilization of the Patient Driven Payment Model (PDPM) grouper,
- A new version (V1.01.0) of the MDS 3.0 Care Area Triggers (CAT) Specifications which are also effective October 1, 2019.

The ASAP system updates will also include updates to the following MDS 3.0 Provider Reports to accommodate the addition of new item subset codes and specifically ensure that item A0310 and A0300B are appropriately included:

- MDS 3.0 NH Validation Report
- MDS 3.0 SB Validation Report
- MDS 3.0 Final Validation Report
- MDS 3.0 Submitter Final Validation Report
- MDS 3.0 NH Assessment Print Report
- MDS 3.0 SB Assessment Print Report
- MDS 3.0 Assessments with Error Number XXXX Report
- MDS 3.0 SB Assessments with Error Number XXXX Report
- MDS 3.0 Error Number Summary by Facility by Vendor Report
- MDS 3.0 Error by Field by Facility Report
- MDS3.0 Error Detail by Facility Report

State Required Section S Items

- CA, FL, OH, and VA will be making changes to what Section S items they are collecting.
- Item response values have been updated for:
 - S9040A – Does Patient have a California POLST form
 - S9040F CA-POLST Section D – Signature of Patient or Legally Recognized Decision Maker
 - S8055 Primary Payor

Please note that Section S items will no longer be collected on OMRA Item Subset codes effective 10/1/2019.

Discussion of Submitted Q & A's Brandy Barnette, CMS

These Q & A's will be posted with the minutes.

CMS MDS Software Developer/Vendor Call Minutes

Open Q and A Session Brandy Barnette, CMS

Vendor	Question	Answer/by Whom
	<p>When will the PDPM .dll and the RUG code .dll be available for vendors?</p>	<p>John Jackson: PDPM testing is completed. The documentation needs to be made 508 compliant. This will be a two-part process: The PDPM source code and .dll will be posted, then documentation and test cases will be posted. RUG-IV testing is almost complete, and will be posted as soon as possible after the PDPM is posted. PDPM should be posted tomorrow (September 6th).</p>
Danielle – MediTech	<p>Last week, an updated fact sheet was released that changed the wording of the Interrupted Stay policy; it no longer follows suit of the IRF and the other PPS's. For clarification: When the patient has an interrupted stay, is the day they leave the facility counted toward their length of stay for PDPM, and is it reimbursable? Prior to PDPM it was not.</p>	<p>Brandy Barnette: Please send this question to the MDS Tech Issues mailbox so it can be submitted to the Policy team.</p>
Janice	<p>When the RAI Manual was posted, the indication was that it was draft. When will the final version be posted?</p>	<p>Brandy Barnette: This question was submitted prior to the call, and will be answered with the minutes.</p>
Patrick	<p>Will the GG Discharge Performance items be required, or expected to be filled out on any assessment that isn't a Part A discharge? Follow-up: Included in the submitted question, was there also a question about whether or not all of these edits will apply retroactively to assessments that were created or with an ARD before 10/1?</p>	<p>Brandy Barnette: This question was submitted prior to the call, and will be answered with the minutes. John Jackson (follow-up): It would depend on which edit you're talking about. Some of the edits have changed because the allowed values for the items changed.</p>

CMS MDS Software Developer/Vendor Call Minutes

Vendor	Question	Answer/by Whom
Patrick	These edits have the same number as the in previous versions, but the logic behind them has changed. Specifically, edits -3890 and -3884.	John Jackson: Edits -3890 and -3884 are currently under discussion.
Pam – Point Click Care	When can we expect the minutes, since that’s where the answers will be found?	Brandy Barnette: Thank you for the question. Our goal is to have them posted next week.
Heather – American Data	The original ICD-10 Diagnosis file had Return to Provider codes, and the new file does not. Are we to assume that missing codes are Return to Provider codes? Follow-up: In the new file, there were also some other codes listed that we don’t see as valid codes. The one that’s posted is finalized, right?	John Jackson: The Return to Provider codes aren’t in the list. What you were looking at before was the list that was with the SAS program. SAS included everything. It showed codes that shouldn’t be in I0020B. We don’t want the Return to Provider Codes used in item I0020B. If they aren’t listed, they should be considered Return to Provider. John Jackson (follow-up): To my knowledge, yes, the list posted is final. If you think there are codes that are invalid, please submit them to the MDS Tech Issues mailbox, and we’ll investigate.
Michelle – Medi-Tech	One of the files in the SAS grouper tool runs ICD codes that are in both lists. Some of the codes have two different categories with two different scores. Is that on purpose, or is it a mistake? This was sent to the Tech Issues mailbox about a month ago.	John Jackson: We’ll answer that in the minutes.
Rick – LTC Pro	About a week ago, I submitted a problem with the PDPM grouper, related to logic in H0500, concerning a restorative nursing count. This was submitted to the PDPM mailbox.	Brandy Barnette: The Policy team monitors the PDPM mailbox. We’ll reach out to them and get you an answer.

CMS MDS Software Developer/Vendor Call Minutes

Closing Comments **Brandy Barnette, CMS**

Thank you for attending the call and keeping updated on future changes to MDS.

The minutes will be posted on the MDS Vendors page on the QTSO website at:

<https://qtso.cms.gov/vendors/minimum-data-set-mds-vendors>

Note: You can also register on the QTSO website to Vendor Newsletters via email at:

<https://qtso.cms.gov/vendors/registration>

If you have additional questions, please send them to the CMS Technical Issues mailbox at MDSTechIssues@cms.hhs.gov.

Important Resources

QTSO Website

<https://qtso.cms.gov/> <https://qtso.cms.gov/vendors/>

<https://qtso.cms.gov/vendors/minimum-data-set-mds-vendors/>

CMS.gov - MDS Technical Information

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html>

CMS.gov – MDS RAI Manual

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

CMS.gov – MDS Payment Driven Payment Model

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPFS/PDPM.html>

Email - MDS Technical Issues

MDSTechIssues@cms.hhs.gov