Welcome.......................................................................................................................... Emmanuel Kalluri, 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. On this call we will provide information on MDS updates that will be effective October 1, 2020. We will discuss Data submission specification updates, Validation Utility Tool (VUT) updates and the ASAP system enhancements.

- If you do not have the agenda for this call, it may be found at https://qtso.cms.gov. You will need to click on the Minimum Data Set (MDS) Vendors link under the “I’m a Vendor” tab in the middle of the page, once this page is displayed a link to the agenda is located under the “News & Updates” section.

Data Submission Specification Updates................................................................. John Jackson, GDIT

For October 1, 2020, the data specification changes are solely to facilitate the collection of PDPM HIPPS codes on NC and NQ OBRA assessments with or without a physical discharge – IF states decide they want to do this collection. In other words, PDPM HIPPS codes will be able to be calculated if A0310A=[01,02,03,04,05,06] and A0310B=[99]. These codes will be stored in Z0100A, since RUG calculations are still being supported and stored in the Z0200 items. Marni will be discussing the PDPM further when we get to ASAP System Enhancements.

Since no new items were added to the assessment item sets, it was decided to update the existing errata with the changes required to allow these PDPM calculations on OBRAbs. Issues 06-14 in the recently posted errata (V3.00.4) document the changes that will go into effect on 10/01/2020. Note that six edits are being revised, not replaced: -3921b, -3927b, -3942b, -3897, -3945, and -9020. These edits should work for assessments with target dates both before and after 10/01/2020. This should be helpful for users, as they won’t have to be trained to know new edit numbers.

In order for the revisions to -3921b (GG0130), -3927b (GG0170), and -3942b (J2100) to function, it is necessary to know whether the state in which the assessment was performed requires the PDPM calculation for OBRAbs with that target date. The ASAP system will know because the state will have used the DMS system to specify whether the calculation is required at that time. However, in order for local validation to be performed (e.g., the VUT), it is necessary to have an
indicator within the assessment. Therefore, a new control item, STATE_PDPM_OBRA_CD, is being introduced. Its value should be set to 1 when the calculation should be performed and 0 when it is not. For consistency with the other control items in MDS assessments, STATE_PDPM_OBRA_CD must exist in ALL assessment submission XMLs when it becomes an active item, i.e., for assessments with target date on or after 10/01/2020. Yes, even if the assessment is not an OBRA, STATE_PDPM_OBRA_CD must be included in the submission.

Regarding edit -3945: the text has been revised to refer to the I0020B lookup table as pdpm_icd_codes_FYxxxx (where FYxxxx is the fiscal year matching the target date of the assessment). Since the master list of ICD-10 codes changes each year, the lookup list of codes for I0020B will also change. By adding the FYxxxx (e.g., FY2020), we can distinguish which codes go with what fiscal year.

Note that a new warning edit, -3967, has been added to do the equivalent of -3945, except it is for OBRAs where the state has decided that the PDPM should be calculated. Note that this edit checks a second list, which will contain the “Return To Provider” codes. (More on this from Marni coming up.) This second list will be updated each fiscal year just as the current list will be updated. Unlike -3945, this is NOT a fatal edit. If ASAP cannot calculate a PDPM HIPPS score for an OBRA because the ICD code was not in either list of codes, it will not have a value in the recalculation field.

In case you are wondering, we anticipate posting the valid lists of ICD codes for the upcoming fiscal year on the MDS Technical Information page in late July.

There is one other new edit, -3966, which will be reported by ASAP if the value in STATE_PDPM_OBRA_CD for a submitted assessment does not match the value the state has provided in the DMS system. Obviously, there’s no way for local validation (e.g., the VUT) to determine if this edit is true.

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

…the next release of the VUT will incorporate all the changes mentioned in errata issues 06-14, as well as Section S changes (which Marni will be mentioning). No other enhancements are in the works, so it will operate just as it always has. Don’t forget to add STATE_PDPM_OBRA_CD to all assessments with target date on or after 10/01/2020; otherwise, the VUT won’t know how to validate GG0130, GG0170 and J2100.

As always, be sure to check the MDS Technical Information page regularly, in case of any further updates.
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. With this release, ASAP will incorporate items 6 – 14 in the Final errata posted online, version 3.00.4 dated April 30, 2020. The ASAP system 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.

As noted by John, the scope of this release is to provide functionality to states to collect PDPM HIPPS codes on NC and NQ OBRA assessments with or without a physical discharge.

The MDS ASAP system will be modified to call the PDPM grouper based on selections made by each state in the MDS Data Management System (DMS). States were sent a memorandum on May 15, 2020 with the details to select this option within the DMS.

If the state has selected to calculate the PDPM for OBRA assessments in the DMS, then:

- When A0310A = 01–06 and A0310B = 99 (NC or NQ) the skip pattern edits as identified in the errata will be modified to require the user to complete required PDPM items:
- Please note that when the PDPM is calculated for a PPS assessment (when A0310B = 01 or 08), the expected HIPPS code is a five-character code that includes the federal assessment indicator.
- If the PDPM is calculated for an OBRA NC or NQ with or without discharge, the expected HIPPS code is a four-character code that excludes the federal assessment indicator.
- In both cases (PPS or OBRA) the PDPM HIPPS code is expected in item Z0100A.

With this release, the PDPM grouper (DLL) will be updated to address the most current set of ICD-10 codes approved by CMS. The PDPM will also be updated to calculate a HIPPS code for non-SNF facilities. These updates are reflected in the following ways:

- The PDPM grouper code logic will identify valid ICD-10 codes based on the target date of the assessment.
- The PDPM grouper code will default all non-SNF codes (also referred to as Return to Provider codes), to the Medical Management Category during the scoring process.
- The MDS ASAP system edits will ensure that if the state has selected to calculate the PDPM on the NC/NQ OBRA, that there is a valid ICD-10 code in I0020B.

The PDPM grouper version number will increase to version 1.0005 once the PDPM is deployed to production in September of 2020.
There are no new Section S items for October 2020. One state has modified their Section S collection. Maine is ending the collection of 16 items as of 9/30/2020. The complete list of Section S items by state is posted on the QTSO website on June 4, 2020.

Discussion of Submitted Q & A’s.................................................................Emmanuel Kalluri, CMS

- The questions that were submitted prior to this software developer/vendor call have been answered and posted accordingly on QTSO website. Please refer to https://qtso.cms.gov to access the “MDS Vendor Call Q & A's” pdf file. This documented was updated with questions emailed through June 11, 2020.

Open Q and A Session.............................................................................. Emmanuel Kalluri, CMS

The following questions were asked and addressed during the live Vendor Call:

1. Caller asked John Jackson to re-list the 3 important edits he mentioned at the beginning of his presentation. John Jackson, GDIT, replied they are -3921b, -3927b, -3942b. Those edits are for GG0130, GG0170 and J2100, the "b" portion of those edits was describing what to do when A0310b is 99 and they have to be modified.

2. Caller asked if version 1.17.2 is considered final, no more edits or changes to instructions? Ellen Berry, DCPAC, replied to the best of our knowledge there will be no changes, however, Congress could make changes, we don’t anticipate that at this time.

3. Caller asked what column will the PDPM calculated value be stored in for data extract for the states? Marni Bussell, Telligen, replied it will be stored in the calculated Z0100A field, where it is stored today for PPS assessments and will continue to store it this October for OBRA assessments.

4. Caller stated as a vendor with customers in many different states, can they get the date ranges directly from CMS instead of relying on the states to publish them to us? Ellen Berry, DCPAC, replied they will take it into consideration, was not our plan just like RUG III and RUG IV. They have a call with state Medicaid directors next week and will voice that they should be timely and accurately providing vendors that information. CMS cannot commit to that at this point.

5. Caller stated the RAI mentions for interviews in section C & D, at the end of the PHQ-9, the staff assessments for the BIMS or PHQ-9 should not be conducted if the resident interview should have been conducted and was not done, what circumstance/situation does that apply to? Ellen Berry, DCPAC, asked caller to submit the question and other related questions to MDSCodinganswers@cms.hhs.gov

6. Caller asked under Z0100, when the new file is received for PDPM, will that be a JAVA file or DLL format? John Jackson, GDIT, replied next release will be DLL interface and will not change, will still have the same 4 things. Also, do you anticipate that States would be billing on these codes or would they still be using RUG IV for billing? Ellen Berry, DCPAC, replied while we can’t speak for States, some have shared they have to do analysis before they can switch between payment systems, this will probably apply to most but some have to have Legislative changes
before they can change their case mix. That is a question best asked to the States, not CMS.
Do we anticipate there will be any CMI changes with this version of the PDPM or will they stay the same? John Jackson, GDIT, hasn’t heard of any rate changes. Ellen Berry, DCPAC, replied the SNF PPS proposed rule is out and could be checked, that would notify if there are changes.

Closing Comments................................................................. Emmanuel Kalluri, CMS

- Thank you all 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 vendors 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/

CMS.gov - MDS Technical Information

CMS.gov – MDS RAI Manual

CMS.gov – MDS Payment Driven Payment Model
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html

Email - MDS Technical Issues
MDSTechIssues@cms.hhs.gov