CMS MDS Tech Issues E-Mail Box Questions and Answers
February 26, 2019

Reference Number	Question	Answer
20190226-001	Do you have a timeline for the release of the grouper code to support PDPM?	We anticipate a preliminary release of the grouper package happening in the mid-to-late May timeframe. There will be an update in the summer to reflect ICD-10 changes going into effect on 10/01/2019.
20190226-002	Is CMS only providing the Rural and Urban Base rates and the vendors are to calculate the daily reimbursement rate based on the new PDPM calculations? How do the wage indexes come into play on these calculations?	CMS will provide the base rates, as well as the component rates for each PDPM component. The wage index is applied under RUG-IV, which is to say that a certain percentage of the overall per diem rate (typically approximately 70 percent) is adjusted by the local wage index.
20190226-003	I have reviewed the Section S items effective 10/01/2019. I noticed that the new ISCs of IPA and OSA are not included. I'm interpreting that to mean that CMS will not be collecting/allowing for Section S items on these two assessment types. Can you confirm that this is the case?	That is correct. CMS will not be supporting the addition of Section S items to the new OSA and IPA assessments.
20190226-004	How will the VBP factor come into play on the rates? Is it just going to go against the nursing rate, or does it go across the sum of the rates? Will there be a dll that gives the vendor the PT/OT/SLP/Nursing/NTA score or will the vendor have to figure that?	As under RUG-IV, VBP applies to the entire rate, not a single component.

20190226-005	Should the HIPPS code **submitted in Z0100** be calculated with consideration for HIV/AIDS (i.e., the NTA case mix grouper can change based on whether a resident's claim will be coded with B20)?	The HIPPS code in Z0100 will not reflect the AIDS add-on. This is managed by the PRICER.
20190226-006	Should Z0300 appear on the new IPA and/or OSA assessments?	The IPA item set is used to calculate/collect the Federal PDPM payment code. It will be completed at the discretion of the provider. Since the assessment is performed on an interim basis only, items Z0300A/B were not added to the IPA item set. Insurance Billing items (Z0300A/B – Billing Code and Billing Version) will be added to the OSA to support a provider's need to supply billing codes for other types of insurance.
20190226-007	In the PDPM FAQ, it is stated that late days on/after 10/1/2019 should be billed with the HIPPS code ZZZZZ. Shouldn't the code reflect the assessment that was late (i.e., a late PPS 5-day would bill ZZZZ1 and a late transitional IPA would bill ZZZZ0)?	Just as under RUG-IV, the default code is a generic code that is used. The "AAA00" is not modified to reflect the assessment used.
20190226-008	What will the version code (Z0100B) be for PDPM, come October 1, 2019?	We anticipate that the PDPM version code for Z0100B will be "1.0000" for the first release. Please check the grouper package documentation upon release to confirm this.

Additional Q & A's

20190226-009	The data specs do not show a relationship between I00020B and Section J items J2000 and J2100; Because there's no relationship between those two items, then there will be no error message that will show if a user	Thank you for your question. An edit to compare the data submitted in items I0020/I0020B and items J2000/J2100 will not be implemented. These sets of items are asking two different questions; Section I asking the resident's primary medical condition category at the time of the Medicare Part A Admission.

	answers a surgical category in I00020B and then answers No Prior Survey in the J section. Are there plans to create a relationship between the two items? Follow-up question from the response: Will there be any correction where the two items will be related?	Items J2000 asks whether the resident had major surgery in the 100 days prior to admission and J2100 asks whether the resident had a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay. The complexity of medical histories and co-morbid conditions does not allow such edit logic to be created.
20190226-010	Is CMS going to release an executable PDPM product?	Yes, the grouper package is being developed now and will be released/posted in May 2019. That package will reflect the updated interface. A second release will occur later in the year that will update the ICD codes. Keep an eye out for both releases/postings for the PDPM grouper.
20190226-011	Is the subset of ICD 10 codes entered in item I0020B that will cause the assessment to be rejected all identified by the "return to the provider" clinical category?	Yes, that is correct.
20190226-012	On the crosswalk of ICD 10 subset codes there are several thousand ICD codes that did not have a clinical category assigned (blanks); are those considered "return to provider" clinical category? Will those be filled in with a clinical category in the subsequent release? Or are the blank values going to stay blank?	We have reviewed the mappings posted and have not identified any blank values. We would need additional detail on what values are being identified as blank.
20190226-013	Are there going to be changes to the requirements to submit a UB 04 EDI claim?	This question will need to be sent to the mailbox provided to support UB 04 claim submission questions (claims processing or policy).

20190226-014	Regarding the Interrupted Stay Policy: If a resident goes on leave or is no longer receiving skilled care, is CMS expecting a Part-A discharge assessment after the resident returns after the 3-midnights and begins the per diem rate again?	If a SNF patient is discharged from a Part A stay and then returns to Part A coverage more than three days later, then a PPS Discharge would be required.
20190226-015	Suggestion: in the SAS code of the PDPM Grouper code, CMS is including Section E in the required non-missing section of MDS items in order to calculate and sync the CMG. If someone is comatose and item B0100 = 1, they are supposed to skip multiple sections of the assessment, including Section E. Therefore, we would suggest moving those items into the MDS optional item list area instead of MDS nursing item list area.	This suggestion will be passed on and we recommend this suggestion be submitted to the SNF LTC ODF mailbox at SNF_LTCODF-L@cms.hhs.gov.
20190226-016	Suggest that CMS hold multiple Vendor calls, with this open call forum, such as today.	CMS will consider this request.
20190226-017	What is the timeline for posting the VUT and RAI manual?	The VUT is expected to go out in early August, 2019. CMS expects to post the RAI Manual in early May, 2019.
20190226-018	Will CMS provide a technical specification guide to assist vendors to calculate a PDPM per diem rate or will we need to use the worksheet or slide presentations that have been posted?	We have the worksheet and slide presentations available at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html. Additionally, we have provided a GROUPER file in SAS that can be used as the basis for developing vendor software. Finally, we expect to release a DLL soon that vendors can use to develop their own programs.