



Continuing Care Collaborative

August 17, 2021

MEDITECH
E X P A N S E

Before We Begin

- ▶ **Please mute your microphone**
- ▶ **Turn your microphone on when speaking**
- ▶ **Submit your questions via Chat**
- ▶ **Session is being recorded for future reference**

Agenda

- Collaboration Communication
- In Development:
 - Update on One Med List and future in eRX
 - Expanse Patient Care: Therapy Scheduling
 - Image Based Documentation
- Regulatory Lifecycle
- Billing/ABS as it relates to the MDS
- Round Table: Significant Change Functionality



Collaboration Communication

Continuing Care Google Group

continuing-care-collaborative-members-group@meditech.com ▼

Use this group to:

- Meet and communicate with other Continuing Care Customers
- Pose questions regarding certain workflows to see how other customers are handling the same scenarios
- Site References

Collaborative Webpage: Suggestions

Continuing Care Collaborative



Continuing Care Collaborative members serve as subject matter experts and provide guidance, recommendations, and conceptualization to enhance safety and efficiency of nursing practices through the use of MEDITECH software in the continuing care environment. They provide MEDITECH with meaningful input to support common clinical objectives, best practices and provide insight on the current utilization of the Continuing Care System. The goal is to advance nursing informatics throughout healthcare organizations and to enhance safety and efficiency of long term care nursing practices.

Potential opportunities for collaborative input and exchange include:

- Product Development
- Best Practices
- Standard Content
- Usability
- Onboarding Content
- Toolkit
- Speaking opportunities

If you are interested in joining the Continuing Care Collaborative please contact Cori Callinan, Leah

Other Features

[Continuing Care Collaborative Presentation Archive](#)

[Newsletter](#)

[Nurse Connection](#)


[Nurse Advisory Committee \(NAC\)](#)

[Regulatory Assessment Tools](#)

[COVID-19 Resources](#)

[Questions & Suggestions](#)

Topic suggestions for future events:



Continuing Care Collaborative

Topics of Interest/Projects to share

* Required

Email *

Your email

Organization *

Your answer

Name & Credentials *

<https://home.meditech.com/en/d/customercollaboration/pages/contcarecollaborative.htm>

Recently Submitted: Topics

- E-signing the MDS in 6x/Expanse: [KB 65046](#)
- Benefits available for contractors: what and when?



In Development: Continuing Care Order Management

Continuing Care Progress

- Maintain a consistent list of medications across the various transitions of care
 - Ready for Beta!
 - If not participating in Sprint Reviews - contact us for demo recordings
 - jchartoff@meditech.com
 - tjodstrchel@meditech.com

Continuing Care Research

the prescriptions

ation ordering without requiring

- Reconciliation of ordered Continuing Care medication w
dispensed by outside pharmacy



**In Development:
Expanse Patient Care**

Therapies In Progress

Return To Home | Chart | Document | Orders | Oncology | Discharge | Sign | Menu | Close

Paul King RN, CCRN, CRNA, RNMS | MEDITECH General Hospital | Find Patient

My List 8 | My List (Grid) 8 | PT Orders 0 | Remove from My List | Hand Off, Open | Pat Sum, Open | View: Grid

Appt List | Waitlist | Today

	Nancy Crater	Paul King	John LaMarr	Gordon Malloy
30				
45				
11:00 am	Crater,Nancy Physical Therapy Blue Team Evaluati 59 F (DOB: 10/09/1961)	King,Paul Dialysis Treatment 38 M (DOB: 03/05/1982)	LaMarr,John Occupation Therapy Follow-up 31 M (DOB: 03/03/1989)	Malloy,Gordon Speech Therapy Evaluation (Yellow T 31 M (DOB: 04/04/1989)
15				
30	Crater,Nancy Occupation Therapy Follow-up 59 F (DOB: 10/09/1961)	Dialysis Tech 1 Dialysis Booked	LaMarr,John Physical Therapy Blue Team Evaluati 31 M (DOB: 03/03/1989)	
45				
12:00 pm	Crater,Nancy Speech Therapy Evaluation (Yellow Team) 59 F (DOB: 10/09/1961)			Malloy,Gordon Occupational Therapy Evaluation 31 M (DOB: 04/04/1989)
15	Brent DiGiovanna, SLP Surgical Intensive Care Unit Attended			
30			LaMarr,John Speech Therapy Evaluation (Yellow T 31 M (DOB: 03/03/1989)	Malloy,Gordon Physical Therapy Blue Team Evaluati 31 M (DOB: 04/04/1989)
45				
1:00 pm				

Therapies Stakeholders

Interested?

- Therapy Team Sprint Reviews
 - Generally, meet the first Thursday of the month @ 11 AM EST
 - Next Meeting: Sept 2nd
- User Panels

Contact: mmcdermott@meditech.com



Research:
**Image Based Activities of Daily Living
(ADL's) Documentation on Point of Care**

Image Based Activities of Daily Living (ADL's) Documentation on POC

Many CNA's have English as a second language, and these CNA's need an easier method to document ADL's such as toileting, dressing, bathing, ambulating, hydrating, etc. Often this information is on paper and not integrated into the EHR. We are researching which interventions need images to aid in documentation on Point of Care along with descriptions of the images and would appreciate any and all feedback!

Please reach out to Emily Pacheco-Valente or Pam Crandall if you would be interested in participating!

epacheco@meditech.com

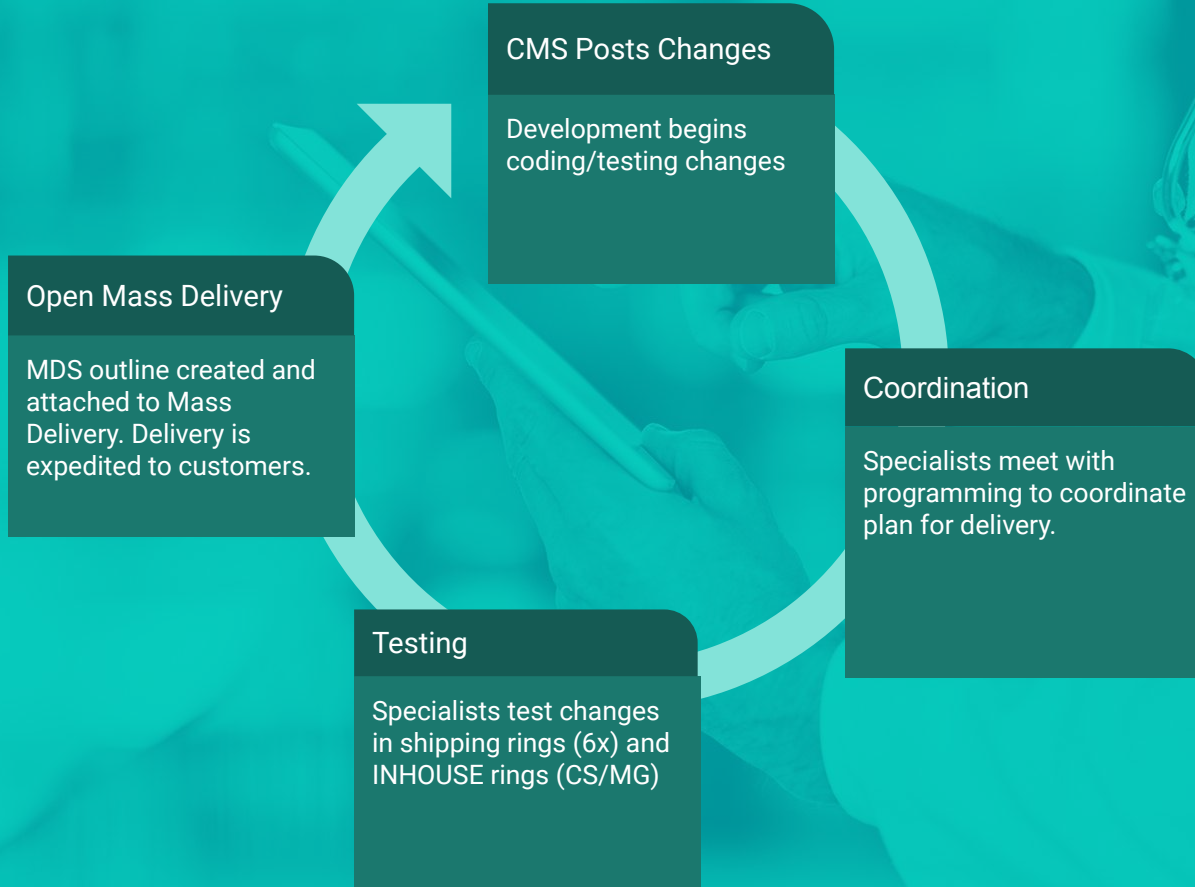
pcrandall@meditech.com



Regulatory Lifecycle

Presented by: Liz Volpe

Regulatory Lifecycle



CMS: Posts Changes

An official website of the United States government [Here's how you know](#) ▾

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Medicare | Medicaid/CHIP | Medicare-Medicaid Coordination | Private Insurance | Innovation Center | Regulations & Guidance | Research, Statistics, Data & Systems | Outreach & Education

Home > Medicare > Acute Inpatient PPS > MS-DRG Classifications and Software

Acute Inpatient PPS <

- [Direct Graduate Medical Education \(DOME\)](#)
- [Disproportionate Share Hospital \(DSH\)](#)
- [PPS-Exempt Cancer Hospitals \(ECHs\)](#)
- [Hospital-Acquired Condition Reduction Program \(HACRP\)](#)
- [Indirect Medical Education \(IME\)](#)
- MS-DRG Classifications and Software**
- [New Medical Services and New Technologies](#)
- [Outlier Payments](#)
- [Hospital Readmissions Reduction Program \(HRRP\)](#)
- [Three Day Payment Window](#)
- [Wage Index](#)
- [Acute Inpatient - Files for Download](#)
- [Historical Impact Files for FY 1994](#)

MS-DRG Classifications and Software

Background

Section 1886(d) of the Act specifies that the Secretary shall establish a classification system (referred to as DRGs) for inpatient discharges and adjust payments under the IPSS based on appropriate weighting factors assigned to each DRG. Therefore, under the IPSS, we pay for inpatient hospital services on a rate per discharge basis that varies according to the DRG to which a beneficiary's stay is assigned. The formula used to calculate payment for a specific case multiplies an individual hospital's payment rate per case by the weight of the DRG to which the case is assigned. Each DRG weight represents the average resources required to care for cases in that particular DRG, relative to the average resources used to treat cases in all DRGs.

Congress recognized that it would be necessary to recalculate the DRG relative weights periodically to account for changes in resource consumption. Accordingly, section 1886(d)(4)(C) of the Act requires that the Secretary adjust the DRG classifications and relative weights at least annually. These adjustments are made to reflect changes in treatment patterns, technology, and any other factors that may change the relative use of hospital resources.

Currently, cases are classified into Medicare Severity Diagnosis Related Groups (MS-DRGs) for payment under the IPSS based on the following information reported by the hospital: the principal diagnosis, up to 24 additional diagnoses, and up to 25 procedures performed during the stay. In a small number of MS-DRGs, classification is also based on the age, sex, and discharge status of the patient. Effective October 1, 2015, the diagnosis and procedure information is reported by the hospital using codes from the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS).

For additional information on the MS-DRG system, including yearly reviews and changes to the MS-DRGs, please view prior

www.CMS.gov: MDS 3.0 Technical Information

Can include changes to:

- Errata versions
- Specification changes per section

Development Processes

- Interprets changes posted by CMS
- Documents changes in Confluence (internal for MEDITECH Development/Service review)
- Codes changes according to CMS Specifications
- Meets with Service to review changes

The screenshot shows a Confluence page with a teal header. The page title is "MDS 3.0: PDPM Changes to Sections I, J, GG, Z and PDPM Effective 10/01/2020". The page content includes a breadcrumb trail, a title, a creation/modification date, a "User Story and Requirements" section with a placeholder text "Enter 'issue key-NNN'", and a specific user story: "As an MDS Coordinator, I need my MDS 3.0 assessment to meet the new specifications, effective 01 Oct 2020". A right-hand sidebar contains a table of contents with a tree structure of links.

Confluence Live Spaces People Create ... Search

Dashboard / ... / Copy of 2020- Archive 72 Jira links Edit Save for later Watch Share

MDS 3.0: PDPM Changes to Sections I, J, GG, Z and PDPM Effective 10/01/2020

Created by [Sheena Williams](#), last modified on Oct 13, 2020

User Story and Requirements

Enter "issue key-NNN".

As an MDS Coordinator, I need my MDS 3.0 assessment to meet the new specifications, effective 01 Oct 2020

- User Story and Requirements
- Research
- Specification
 - PCS Toolbox Parameters
 - 6.x
 - 5.x
 - MIS Toolbox Parameters
 - Assessment Level Changes
 - Section GG
 - Section I
 - PDPM ICD Code Dictionary
 - 6.x

Service Processes

- Regulatory specialists complete testing in shipping priority pack rings (6x & Expanse) and INHOUSE rings (Client/Server & Magic)
- Regulatory specialists meet with EBH & programming to review delivery instructions for any potential off-hours moves
- Specialist creates MDS document which reviews the upcoming changes and attaches to Mass Delivery
 - Note, this is a new part of our process as of last year!

One Stop Shop for all Regulatory Resources (updated every FY):
<https://customer.meditech.com/kb/Custform.ASP?urn=66485>

Article ID: 66485

Date: 5/8/2020

Published: 3/8/2021

Application: ALL

Subject: ALL

Platform: ALL

Regulatory Resources

Question: Where can I find regulatory resources to help troubleshoot issues in RAI/SB 3.0, IRF-PAI, CCRS, RAI-MH, and NRS?

Service Processes

- Mass Delivery is opened for each platform
 - MDs continue to be opened in phases if applicable ie, if CMS continues to post changes as we go
- If a new MDS manual is posted, the link for this will be included in the task

Mass Delivery View							User: FULE			
Delivery	1711	MDS 2021 Changes		Status	0 - Open		Type	REG		
Coord	PRRM - Ferreira,Melanie			Encountered	by					
Co-Coord				Initiated	02/10/2021					
Priority	3									
Task	Introduced by		Identified Base Level			Modules				
JIRA Issue	DTS	Module	DTS#	Product Line	Rls#	SR#	Impact			
CLIN-188044			<CR> - Rls Detail	2.0	2.01	1	LTCPCS			
Mass Delivery Tasks										
Task #	Acct	Module	Date Recvd	Pri	St	Assigned	Description (* - added manually)			
a	82846773	BOT	PCS	02/10/2021		C	VOEL	6X/EXP MDS 2021 Changes		
b	82846774	CCR	PCS	02/10/2021		C	FULE	6X/EXP MDS 2021 Changes		
c	82846775	CRE	PCS	02/10/2021		C	VOEL	6X/EXP MDS 2021 Changes		
d	82846776	DOU	PCS	02/10/2021		C	MLLN	6X/EXP MDS 2021 Changes		
e	82846777	DRM	PCS	02/10/2021		C	LACY	6X/EXP MDS 2021 Changes		
f	82846778	FCH	PCS	02/10/2021		C	URRJ	6X/EXP MDS 2021 Changes		
g	82846782	HIE	PCS	02/10/2021		C	URRJ	6X/EXP MDS 2021 Changes		
h	82846783	HMH	PCS	02/10/2021		C	VOEL	6X/EXP MDS 2021 Changes		
i	82846785	LO2	PCS	02/10/2021		C	URRJ	6X/EXP MDS 2021 Changes		
j	82846786	MEV	PCS	02/10/2021		C	VOEL	6X/EXP MDS 2021 Changes		
<F4> - Task Statuses										

Mass Delivery includes: Platform, associated DEV IDs, Customers and their associated Task numbers.

As of today...

Status Update!

A healthcare professional, likely a nurse or doctor, is shown in profile, wearing a white lab coat and a stethoscope. She is holding a tablet computer and looking at the screen. An elderly woman with short grey hair and glasses is sitting next to her, also looking at the tablet. The woman is wearing a grey top with orange trim. The background is a plain, light-colored wall. The image is partially obscured by a white box containing the title and a list of topics.

MDS Reminders

- **Updates**
- **Groupers**
- **MIS Diagnosis Dictionary for PDPM**
- **Regulatory Maintenance**

Patient Accounting

**PDPM Code Setup
in Expanse**

What is PDPM?

- PDPM = The Patient Driven Payment Model
- The new Medicare payment rule for skilled nursing facilities which became effective on October 1, 2019.
- The patient's condition, rather than therapy minutes, drives reimbursement.

PDPM Billing: Account Type Dictionary

SNF - Skilled Nursing

Last Edit: 05/16/2019 14:55

Main Criteria Code Types

Facility	Active
Acute	Yes
Critical Access Hospital	Yes
Skilled Nursing Facility	Yes

- Case Mix Code Types
- Case Mix Data
- DRG Data
- Admit Diagnosis
- Reason for Visit Diagnosis
- Diagnosis
- Procedure
- HCPCS/CPT
- APC
- APG
- RUG
- PDPM
- CMG
- PCER

- Additional Features
- Therapy Claim Codes
- Skilled Nursing Dates

Submit No Pay Claim Always Option Never
Submit Benefit Exhaust Claim Always Option Never

View

New

Edit

Report
Dictionary Conflicts

PDPM Billing: The Reimbursement Parameters

Last Edit: 05/16/2019 14:45

Emergency Levels Maternity/Obs Psych PPS Override Payments Continuing Care **PDPM**

Effective Date
10/01/2019
+ X

Base Rates	
* PT Base Rate	97.54
* OT Base Rate	95.57
* SLP Base Rate	91.30
* NTA Base Rate	99.52
* Nursing Base Rate	102.97
* Non-Case Mix Base Rate	89.49

PT & OT Component LOS Adjustment Factors		
From	* Thru	* Adj Factor
1	20	1.00
21	27	0.98
28	34	0.96
35	41	0.94
42	48	0.92
49	55	0.90
56	62	0.88
63	69	0.86
70	76	0.84
77	83	0.82

Diagnosis Adjustment Factors		
From	* Thru	* Adj Factor
B20	B20	18.00

NTA Component LOS Adjustment Factors		
From	* Thru	* Adj Factor
1	3	3.00
4	100	1.00

View

Edit

Report

PDPM Billing: The Reimbursement Rule Dictionary - Criteria

MCRA - Medicare A Last Edit: 05/20/2019 08:36

Facility ▼ Active ▲
 Long Term Care Hospital Yes
 Rehabilitation Facility Yes
 Skilled Nursing Facility Yes ▼

* Force Expected Pymt if Calculation is Zero

* Bill Type
 Interim Final Both

Assign by Financial Class
 Assign by Insurance

Financial Class ▲
 Medicare

 _____ ▼

Exclude Insurance ▲
 Medicare B

 _____ ▼

Exclude Patient Types
 Inpatients Outpatients

* Eff Date Event | Bill From Date

Effective Date	* Apply Contractual
10/01/2019	Yes
10/01/2018	Yes
01/01/2000	Yes

Patient Type Methods

Patient Type	* Method	Rule
All Inpatients	PPS DRG	
All Outpatients	Rate	
All Physician Billing	Rate	

Account Type Method Exceptions

Account Type	* Method	Rule
Skilled Nursing	PPS PDPM ▼	

+ X

Account Specific Rule

Transfer Positive Balance to Next Insurance

PDPM Billing: The Reimbursement Rule Dictionary - Medicare/PPS

MCRA - Medicare A Last Edit: 05/20/2019 08:36

Facility	Active
Long Term Care Hospital	Yes
Rehabilitation Facility	Yes
Skilled Nursing Facility	Yes

Effective Date	Apply Contractual
10/01/2019	Yes
10/01/2018	Yes

* PDPM

View
New
Edit
Report

?

PDPM Billing: The Billing Rule Dictionary

INPATIENT - Inpatient

Last Edit: 03/26/2019 08:46

Main Criteria **Interim Bills** Final Bills Late Bills Physician Billing

Facility	Active
Behavioral Health	Yes
Critical Access Hospital	Yes
Long Term Care Hospital	Yes
Rehabilitation Facility	Yes
Skilled Nursing Facility	Yes

Produce Date Range Interim Bills

- Monthly (1 - EOM)
- Twice Monthly (1 - 15, 16 - EOM)
- Day of the Week
- Date Range Other
- Number of Days Since Last Interim Bill
- Only with New Insurance Order Effective Date

* Suspense Days

Produce Bill on Account Type Change Yes No

Produce Bill when Billing Rule Changes To

Produce Unscheduled Interim Bills When

Unbilled Charges Exceed

Unscheduled Interim Bill Suspense Days

View
New
Edit
Report

History

Cancel Save



PDPM Billing: The Claim Format Dictionary

EIMCRI - 837 Inst Medicare Inpatient Last Edit: 05/20/2019 09:05

Main Claim Checks Fields Detail Codes Claim Type Fields Custom Type Fields

Effective Date ^
10/01/2019
10/01/2018
01/01/2007

Referral Type Priority

Inpatient

* Include ICD Procedures

* Number of Days

Include Txn Performing Provider Yes No

Exclude Provider Types

Exclude Revenue Codes

Include Txn Ordering/Referring Provider Yes No

Exclude Revenue Codes

Skilled Nursing

* Skilled Nursing Account Types

* RUG/PDPM Revenue Code

* Use RUG/PDPM Code

Use RUG Code

* Use PDPM Code

Include SNF Dates Yes No

Institutional

History Cancel Save ?



Abstracting

Annual Grouper

- CMS Files Available
- Internal Process
- Readiness Announcement
- Provider Query Form (PQF)

CMS: Posts Changes

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Acute Inpatient PPS <

- [Direct Graduate Medical Education \(DGME\)](#)
- [Disproportionate Share Hospital \(DSH\)](#)
- [PPS-Exempt Cancer Hospitals \(PCHs\)](#)
- [Hospital-Acquired Condition Reduction Program \(HACRP\)](#)
- [Indirect Medical Education \(IME\)](#)

MS-DRG Classifications and Software

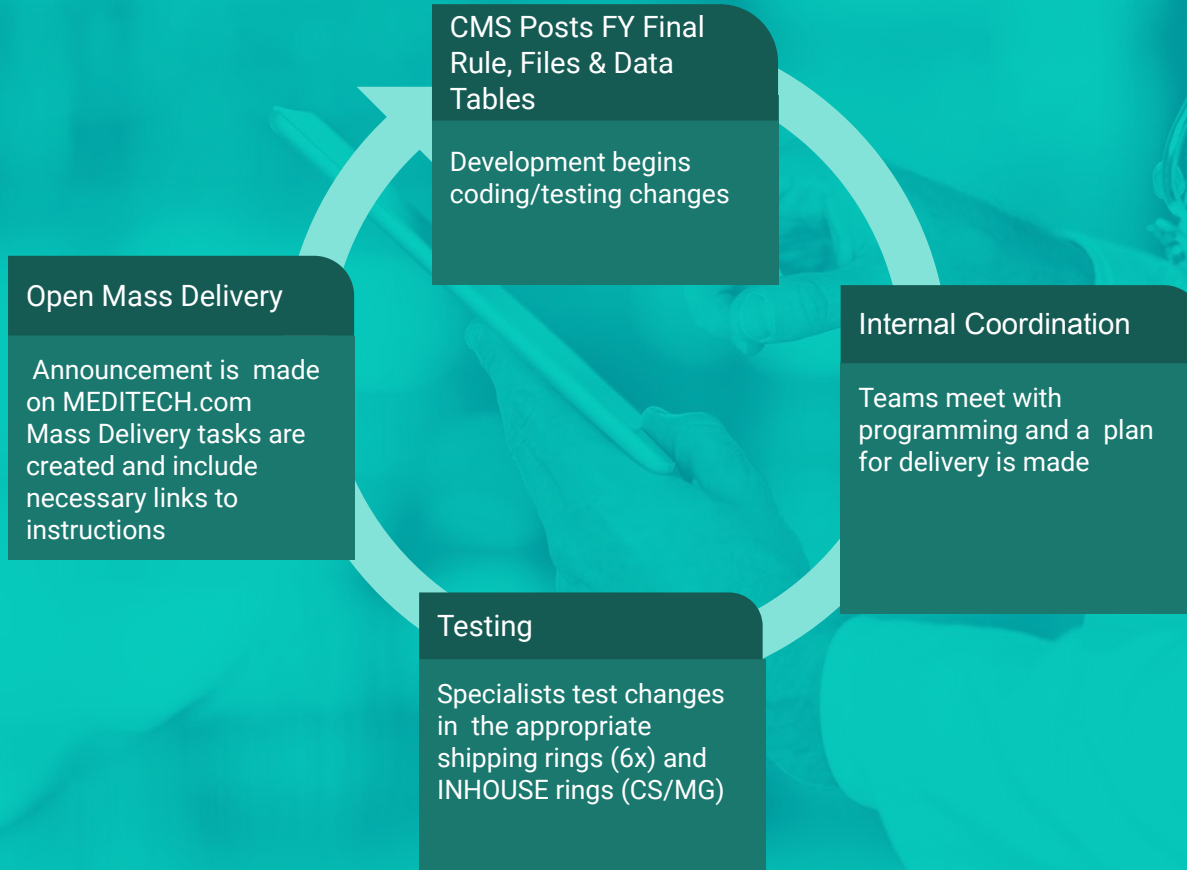
Background

Section 1886(d) of the Act specifies that the Secretary shall establish a classification system (referred to as DRGs) for inpatient discharges and adjust payments under the IPPS based on appropriate weighting factors assigned to each DRG. Therefore, under the IPPS, we pay for inpatient hospital services on a rate per discharge basis that varies according to the DRG to which a beneficiary's stay is assigned. The formula used to calculate payment for a specific case multiplies an individual hospital's payment rate per case by the weight of the DRG to which the case is assigned. Each DRG weight represents the average resources required to care for cases in that particular DRG, relative to the average resources used to treat cases in all DRGs.

CMS.gov Centers for Medicare & Medicaid

- Proposed and Final Rules
- Data Files and Tables

Annual Grouper Update Process



CMS Grouper Version 39 (10/01/21) Current Status (As of Today)

Research, Code, Design and Test each of the platform related DevIDs:

- ADMIN-87180 NPR ABS: Grouper 39 Changes **In Progress**
- ADMIN-89772 NPR: Grouper 39 Changes **In Progress**
- ADMIN-88821 M-AT ABS: Grouper 39 Changes **Open**
- ADMIN-88824 M-AT ABS: MS_DRG Grouper 39 **In Progress**
- ADMIN-92313 NPR ABS: Grouper 39-Post and Edit Grouper for Web Publishing **In Progress**

Among others...

Receive Announcements

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DRG GROUPER VERSION UPDATE FILES

[DRG Grouper Version 38 Effective October 1, 2020](#) Published: September 28, 2020; Update Published: December 22, 2020

[DRG Grouper Version 37 Effective October 1, 2019](#) Published: September 13, 2019; Update Published: August 4, 2020

[DRG Grouper Version 36 Effective October 1, 2018](#) Published: September 13, 2018

MEDITECH.COM Customer Regulatory

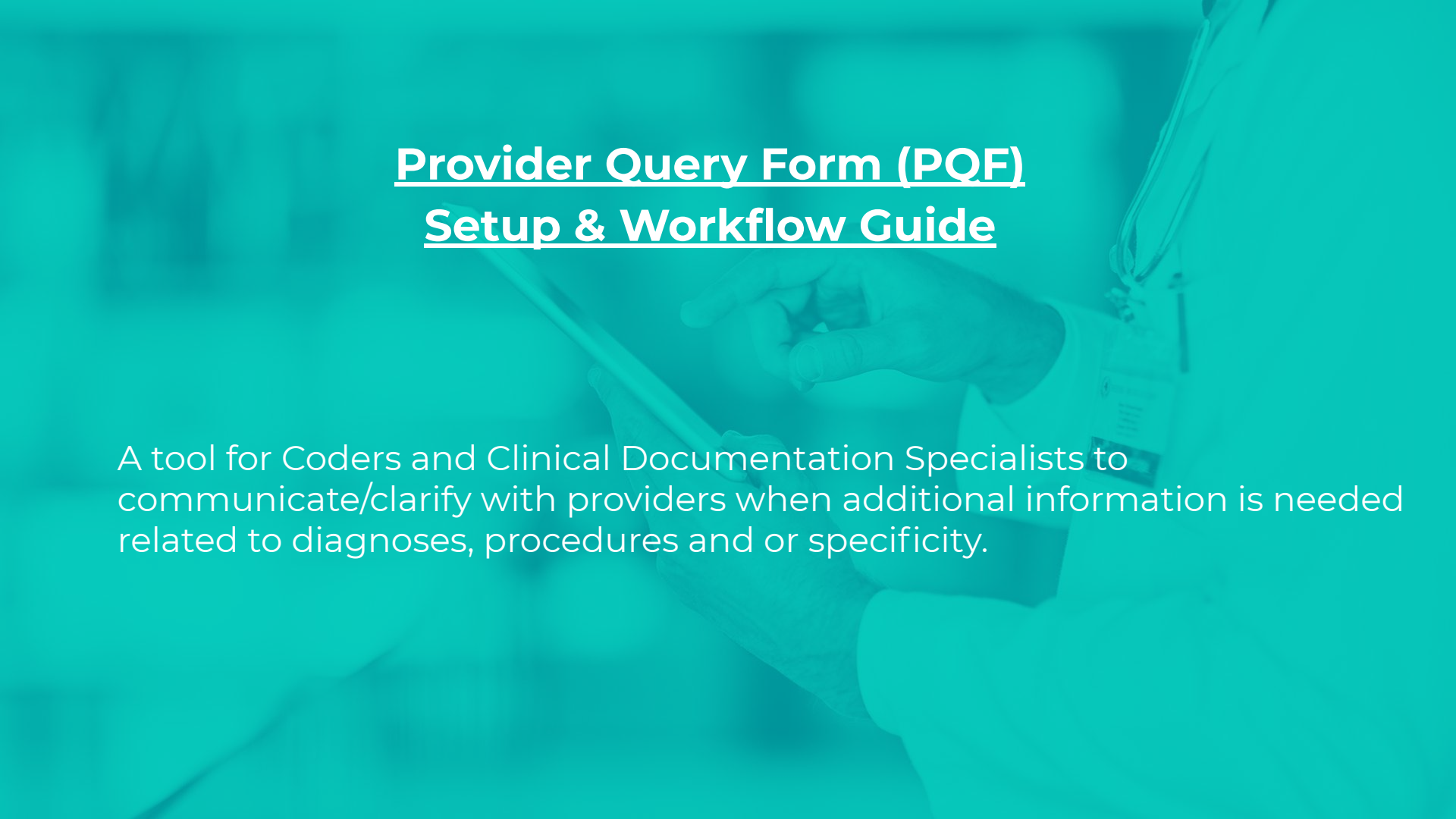
- Select the envelope to receive announcements
- Proceed to print/review instructions for your release

Annual Grouper Version Reminders

After successful completion of the Annual Grouper Version Load (TEST/LIVE) there are some important next steps to take.

Special Initial Loads (SILs) and Initializations

- Data Repository (DR) [Article 56719](#)
- Medical & Practice Management (MPM)
- Physician Billing/Receivables (PBR)
- Billing and Accounts Receivable (BAR) PDPM

A person wearing a white lab coat is holding a tablet computer. The image is overlaid with a semi-transparent teal color. The text is centered in the upper half of the image.

Provider Query Form (PQF) Setup & Workflow Guide

A tool for Coders and Clinical Documentation Specialists to communicate/clarify with providers when additional information is needed related to diagnoses, procedures and or specificity.

Discussion Text Example

Discussion Text Example

Info Systems > MIS > Dictionaries > Administrative > Messages/Tasks > Message/Task Text > Text Screen

Message/Task Text Dictionary - HIM Dept: AHIM (TRAIN.STAFF) - John,Meditech [EDT]

PQF:ANEMIA - PQF Anemia Discussion Text Last Edit: 06/19/20 12:28

Date: [f_Mis Current Date;DATE=Long]
Please complete the form located on the Shared Text Page.
If you have any question, please contact us at ext. 3136.
Thank you,
The Coding Department

Main History Cancel

View
New
Edit
Report

Shared Text Example

Shared Text Example

Info Systems > MIS > Dictionaries > Administrative > Messages/Tasks > Message/Task Text > Text Screen

Message/Task Text Dictionary - HIM Dept: AHIM (TRAIN.STAFF) - John,Meditech [EDT]

PQF:ANMA S - PQF Anemia Shared Text Last Edit: 06/19/20 12:47

Anemia

Patient Name: [f_Reg Name Full] Current Date: [f_Mis Current Date;DATE=Long]
Acct Number:[f_Reg Account Number]
MRN: [f_Reg Med Rec Num]
DOB: [f_Reg Birthdate;BDATE=Short]
Age / Sex: [f_Reg Age Current] / [f_Reg Birth Sex]

Dear Dr. :

In order to improve the specificity and completeness of the data used to assign diagnosis and procedure codes, and to assure documentation of severity of illness and risk of mortality, we need your assistance. Documentation clarification is required to meet compliance, accuracy in coding, severity of illness, and risk of mortality reflection for your patient.

Please clarify the specificity of Anemia documented was due to:

Clinical Indicators: [] Significant drop in H&H
[] Hypotension
[] Transfusion
[] Palpitations/Rapid Heart Rate
[] Syncope/Dizzy/Light Headed
[] Fatigue/Lethargy/Weakness
[] Iron Supplements
[] Other Clinical Indicators: _____

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Links for Reference

LINKS

[Update Files and Grouper](#)

[PQF Set Up and Workflow](#)

Knowledge Base

[56719](#) Special Initial Loads in 6.x M-AT and Expanse

[41058](#) Client/Server & 6.0 DR Tables Affected by ABS Grouper Changes

[52095](#) Provider Query Form (PQF) - 5.67 Enhancement

[48780](#) Physician Query Form Set Up



Round Table Discussion



MDS: Significant Change

How is your organization currently using this functionality?



Wrap Up, Next Steps

- Future Collaboratives and Forums
- Additional Applications
- Topics!



Collaborative Contacts

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Liz Volpe

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Thank You!

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