

**Track Changes
from Chapter 5 v1.16
to Chapter 5 v1.17.1**

Chapter	Section	Page	Change
5	5.1	5-1	<p>5.1 Transmitting MDS Data</p> <p>All Medicare and/or Medicaid-certified nursing homes and swing beds, or agents of those facilities, must transmit required MDS data records to CMS' Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. Required MDS records are those assessments and tracking records that are mandated under OBRA and SNF PPS. Providers will submit the Optional State Assessment (OSA) records to the QIES ASAP system just as they submit all other MDS assessments. The OSA is not a Federally required assessment. Each State will determine if the OSA is required and when this assessment must be completed. Assessments that are completed for purposes other than OBRA and SNF PPS reasons are not to be submitted, e.g., private insurance, including but not limited to Medicare Advantage Plans.</p>
5	5.1	5-1	<p>Providers must establish communication with the QIES ASAP system in order to submit a file. This is accomplished by using specialized communications software and hardware and the CMS wide area network. Details about these processes are available on the QIES Technical Support Office (QTSO) website at: https://www.qtso.comhttps://qtso.cms.gov/.</p>
5	5.1	5-2	<p>Once communication is established with the QIES ASAP system, the provider can access the Welcome to the CMS QIES Systems for Providers page in the MDS system. This site allows providers to submit MDS assessment data and access various information sources such as Bulletins and Questions and Answers. The <i>Minimum Data Set (MDS) 3.0 Provider User's Guide</i> provides more detailed information about the MDS system. It is available on the Welcome to the CMS QIES Systems for Providers page and on the QTSO MDS 3.0 website at https://www.qtso.com/mds30.htmlhttps://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals.</p>
5	5.2–5.8	5-4– 5-16	Page length changed due to revised content.

**Track Changes
from Chapter 5 v1.16
to Chapter 5 v1.17.1**

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5	5.2	5-4	<div>In Submission Time Frame for MDS Records Table, updated row for PPS Assessment.</div> <table><tr><th>Type of Assessment/ Tracking</th><th>Primary Reason (A0310A)</th><th>Secondary Reason (A0310B)</th><th>Entry/ Discharge Reporting (A0310F)</th><th>Final Completion or Event Date</th><th>Submit By</th></tr><tr><td>PPS Assessment</td><td>99</td><td>01 through 07 or 08</td><td>10, 11, 99</td><td>Z0500B</td><td>Z0500B + 14</td></tr></table>	Type of Assessment/ Tracking	Primary Reason (A0310A)	Secondary Reason (A0310B)	Entry/ Discharge Reporting (A0310F)	Final Completion or Event Date	Submit By	PPS Assessment	99	01 through 07 or 08	10, 11, 99	Z0500B	Z0500B + 14
Type of Assessment/ Tracking	Primary Reason (A0310A)	Secondary Reason (A0310B)	Entry/ Discharge Reporting (A0310F)	Final Completion or Event Date	Submit By										
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5	5.2	5-4	<div>In Submission Time Frame for MDS Records Table, updated row for Entry Tracking.</div> <table><tr><th>Type of Assessment/ Tracking</th><th>Primary Reason (A0310A)</th><th>Secondary Reason (A0310B)</th><th>Entry/ Discharge Reporting (A0310F)</th><th>Final Completion or Event Date</th><th>Submit By</th></tr><tr><td>Entry Tracking</td><td>99</td><td>99</td><td>01</td><td>A1600</td><td>A1600 + 14</td></tr></table>	Type of Assessment/ Tracking	Primary Reason (A0310A)	Secondary Reason (A0310B)	Entry/ Discharge Reporting (A0310F)	Final Completion or Event Date	Submit By	Entry Tracking	99	99	01	A1600	A1600 + 14
Type of Assessment/ Tracking	Primary Reason (A0310A)	Secondary Reason (A0310B)	Entry/ Discharge Reporting (A0310F)	Final Completion or Event Date	Submit By										
Entry Tracking	99	99	01	A1600	A1600 + 14										
5	5.3	5-5	Fatal Record Errors result in rejection of individual records by the QIES ASAP system. The provider is informed of Fatal Record Errors on the Final Validation Report. Rejected records must be corrected and resubmitted, unless the Fatal Error is due to submission of a duplicate assessment.												
5	5.4	5-6	As stated in CFR §413.343(a) and (b), providers reimbursed under the SNF PPS “are required to submit the resident assessment data described at §483.20.... in the manner necessary to administer the payment rate methodology described in §413.337.” This provision includes the frequency, scope, and number of assessments required in accordance with the methodology described in CFR §413.337(c) related to the adjustment of the Federal rates for case mix. SNFs must submit assessments according to a standard schedule. This schedule must include performance of resident assessments in at specified windows near the 5 th , 14 th , 30 th , 60 th , and 90 th days of the during the Medicare Part A stay.												

**Track Changes
from Chapter 5 v1.16
to Chapter 5 v1.17.1**

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5	5.4	5-6	<p>HIPPS Codes: Health Insurance Prospective Payment System (HIPPS) codes are billing codes used when submitting Medicare Part A SNF payment claims to the Part A/Part B Medicare Administrative Contractor (A/B MAC). The HIPPS code consists of five positions. Under PDPM, the first three position represents the Physical Therapy/Occupational Therapy (PT/OT) Payment Group, the second position represents the Speech Language Pathology (SLP) Payment Group, the third position represents the Nursing Payment Group, the fourth position represents the Non-therapy Ancillary (NTA) Payment Group, and the fifth position represents the positions represent the Resource Utilization Group-IV (RUG-IV) case mix code for the SNF resident, and the last two positions are an Assessment Indicator (AI) code indicating which type of assessment was completed. Standard “grouper” logic and software for RUG-IVPDPM and the AI code are provided by CMS on the MDS 3.0 website.</p>
5	5.4	5-6	<p>The standard grouper uses MDS 3.0 items to determine both the RUG-IVPDPM group and the AI code. It is anticipated that MDS 3.0 software used by the provider will incorporate the standard grouper to automatically calculate the RUG-IVPDPM group and AI code. Detailed logic for determining the RUG-IVPDPM group and AI code is provided in Chapter 6.</p> <p>The HIPPS codes to be used for Medicare Part A SNF claims are included on the MDS. There are two different HIPPS codes.</p> <p>1. The Medicare Part A HIPPS code (Item Z0100A) is most often used on the claim. The RUG-IVPDPM version code in Item Z0100B documents which version of RUG-IVPDPM was used to determine the RUG-IVPDPM payment groups represented in the Medicare Part A HIPPS code.</p>

**Track Changes
from Chapter 5 v1.16
to Chapter 5 v1.17.1**

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5	5.4	5-6	<p>2. The Medicare non-therapy Part A HIPPS code (Item Z0150A) is used when the provider is required to bill the non-therapy HIPPS. An example when the non-therapy HIPPS is to be billed is when the resident has been receiving rehabilitation therapy (physical therapy, occupational therapy, and/or speech-language pathology services), all rehabilitation therapy ends, and the resident continues on Part A (see Chapter 6 for details, including other instances when this HIPPS code is used for billing purposes). The RUG version code in Item Z0150B documents which version of RUG-IV was used to determine the RUG-IV group in the Medicare non-therapy Part A HIPPS code.</p> <p>There is also a Medicare Short Stay indicator (Item Z0100C) on the MDS. For a qualifying Medicare short stay, the RUG-IV grouper uses alternative rehabilitation classification logic when there has been insufficient time to establish a full rehabilitation regime. The standard grouper uses MDS 3.0 items to determine the Medicare short stay indicator. See Chapter 6 for details.</p>
5	5.4	5-6	<p>Both The HIPPS codes (Z0100A and Z0150A), the RUG and PDPM version codes (Z0100B and Z0150B), and the Medicare Short Stay indicator (Z0100C) must be submitted to the QIES ASAP system on all Medicare PPS assessment records (indicated by A0310B = 01, 02, 03, 04, 05, or 078). All Both of these values are validated by the QIES ASAP system. The Final Validation Report The will indicate if any of these items is in error and the correct value for an incorrect item. Note that an error in one of these items is usually a non-fatal warning and the record will still be accepted in the QIES ASAP system. A record will receive a fatal error (-3804) if the record is a Start of Therapy (SOT) Other Medicare Required Assessment (OMRA) (A0310C = 1 or 3) and the QIES ASAP system calculated value for the Medicare Part A HIPPS code (Z0100A) is not a group that begins with 'R', i.e., Rehabilitation Plus Extensive Services or Rehabilitation group.</p>

**Track Changes
from Chapter 5 v1.16
to Chapter 5 v1.17.1**

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5	5.6	5-9	If the assessment was performed for Medicare purposes only (A0310A = 99 and A0310B = 01 through 078) or for a discharge (A0310A = 99 and A0310F = 10 or 11), no Significant Change in Status Assessment or Significant Correction to Prior Assessment is required. The provider would determine if the Medicare-required or Discharge assessment should be modified or inactivated. Care Area Assessments (Section V) and updated care planning are not required with Medicare- only and Discharge assessments.
5	5.7	5-9	Facilities should correct any errors necessary to ensure that the information in the QIES ASAP system accurately reflects the resident's identification, location, overall clinical status, or payment status. A correction can be submitted for any accepted record within 32 years of the target date of the record for facilities that are still open. If a facility is terminated, then corrections must be submitted within 2 years of the facility termination date. A record may be corrected even if subsequent records have been accepted for the resident.
5	5.7	5-11	• A stand-alone Discharge assessment (ISC = ND) was completed and accepted into the ASAP system. The provider later (that is, after the day of discharge) determined that the assessment should have been a 30-day PPS assessment combined with a Discharge assessment (ISC = NP). This modification would not be allowed as the ISC for the Discharge assessment combined with the 30-day PPS is different than the stand-alone Discharge ISC. This is an example of a missing 30-day assessment.
5	5.7	5-11	<ul style="list-style-type: none"> • An Admission assessment (ISC = NC) was completed and accepted into the QIES ASAP system. The provider intended to code the assessment as an Admission and a 5-day PPS assessment (ISC = NC). The modification process could be used in this case as the ISC would not change.

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5	5.7	5-12	<p>The 10/01/2019 Cross-Over Rule</p> <ul style="list-style-type: none">A unique situation exists that will prevent providers from correcting the target date of any assessment crossing over October 1, 2019. That is, providers may not submit a modification to change a target date on an assessment completed prior to October 1, 2019 to a target date on or after October 1, 2019, nor can they submit a modification to change a target date on an assessment completed on or after October 1, 2019 to a target date prior to October 1, 2019.The item sets that are effective October 1, 2019 have had significant changes, including the omission and addition of many items. It is the target date of the assessment that identifies the required version of the item set, and, because of the substantial changes in the item sets, they are not interchangeable. Therefore, providers may not change target dates on assessments crossing over October 1, 2019.Modification records that contain a target date crossing over October 1, 2019 will result in a FATAL error and be REJECTED from the QIES ASAP system. However, all corrections to target dates that align with policies in Section 5.7 of this chapter and do not violate this rule will be allowed.To correct the target date of the assessment that violates the cross-over rule, providers must inactivate the incorrect assessment and submit a replacement assessment. <p>Examples of potential scenarios that will and will not be allowed are identified below:</p> <table><tr><th>Original Assessment Target Date</th><th>Modified Assessment Target Date</th><th>Allowed or Not Allowed</th></tr><tr><td>8/15/19</td><td>9/30/19</td><td>Allowed</td></tr><tr><td>10/1/19</td><td>11/1/19</td><td>Allowed</td></tr><tr><td>9/15/19</td><td>10/15/19</td><td>Not Allowed</td></tr><tr><td>10/15/19</td><td>9/15/19</td><td>Not Allowed</td></tr></table>	Original Assessment Target Date	Modified Assessment Target Date	Allowed or Not Allowed	8/15/19	9/30/19	Allowed	10/1/19	11/1/19	Allowed	9/15/19	10/15/19	Not Allowed	10/15/19	9/15/19	Not Allowed
Original Assessment Target Date	Modified Assessment Target Date	Allowed or Not Allowed																
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