Release Notes
October 1, 2021

Contents

Please Note: All changes in this release are only applicable to Minnesota agencies, as the MECSH feature is part of IHVE only in Nightingale Notes.

MECSH Overview

The Minnesota Department of Health (MDH) has licensed the MECSH model from Western Sydney University (WSU). MDH will send fidelity monitoring data to WSU each quarter to fulfill the terms of the MECSH agreement between the State of Minnesota and WSU. MDH will use data from the Information for Home Visiting Evaluation (IHVE) system to meet MECSH fidelity monitoring requirements. All Family Home Visiting (FHV) grantees funded by MDH are required to report evaluation data to the IHVE system.

Setup in Nightingale Notes

In **Setup** > **Agency Preferences**, at the bottom of screen, check the **Use MECSH with FHV** box to activate. By default, it is unchecked.

Under the **MECSH with FHV box**, there is an **Add MECSH QR Code** button. If you wish use QR code links within the MECSH feature for the various assessments, fill in the **Name** and **URL** that you have been given for the links and save.

Adding a Visit that will be using the MECSH Model

In the client's activity, go to the FHV tab. Fill in the visit information and then expand the **Review and Update Family Members** section of the screen. There is now a **New MECSH ASM** button in that section. Here you can screen the client to see if the qualify for the program. Clicking the button will open a

Release Notes
October 1, 2021

popup to complete. There is a section with the Primary Caregiver's ID, which will be empty if it is a new FHV client, because the caregiver's information has not yet been sent to MDH. After it's been done, it will prepopulate the ID on the screen. For an initial visit, fill in the "01 – Enrollment" option in the *Family's stage in program*. The other two options are for when closing the client to MECSH, either with an early discharge and you are doing a client review, or the client is aging out of MECSH.

After answering this question, if you wish the client to complete the remainder of the questions, close out of the screen. Otherwise you can complete it with the client.

If the client is going to complete it, click on *View QR code / link*, and pull up the QR code and the client can utilize a smart device to pull up the form and complete it.

After the form has been completed, you can click on *MECSH – Adapt & Self Manage*, and review the form, then look at the score at the bottom, to determine if the client is suitable for MECSH. The form can then be validated. After that is done, you can then complete the *Primary caregiver intake*. You'll want to select 07 in the Home Visiting Model question of the intake. Validate the form when finished.

Completing the Maternal Early Childhood Sustained Home-visiting (MECSH) Section

If you set up the QR codes in the *Agency Preferences* screen, as indicated above, you now can click on those codes to pull up the various assessment forms under the MECSH section.

You'll want to complete the *MECSH Core and Focus Module*. This will be completed each time the client has a new activity. Some of the questions here, depending on how they are answered, may bring up new questions. Some of the fields are required, and some are not. There is a section that can be completed during the visit, but the questions are not submitted to MDH. There is a link in the heading, as well as in the *Help* link at the top of the screen, to show you the schedule of items to complete. Validate the form to complete.

Continue on with your IHVE visit like you normally would.

Closing MECSH Model to another FHV Model

On the *FHV* pill of an IHVE client, click on *New visit* to create a subsequent visit. Create the activity. Add any necessary information you need to the activity, then go to the *FHV* pill. Complete the visit information and then validate. Then go in to *Primary caregiver intake* and update. On the *General* pill of the intake form, update the *Home Visiting Model* question with the model you are switching to. Validate after finishing the form.

Now that the form has been updated, *the MECSH – Adapt & Self Manage (closure)* will become available under the *MECSH* section. Click on it and complete the closure. In this case, you would

Release Notes
October 1, 2021

complete the Family's stage in program with "02 – Potential early discharge / client review." Have client fill in the form. After finishing the form, you will see the score, and then also complete the ***Given the outcome above…*** question with the appropriate answer and then fill in the ***Reason*** field. Validate.

Closing MECSH and IHVE

Go to the ***FHV*** pill of the ***Overview*** tab, click on ***New visit***. In the activity, make sure that the visit is validated. Under the ***Review and Update Family Members*** section of the screen, select "Yes, the family needs changes." That will then populate the ***Remove (closure)*** option for IHVE. Complete the form with the closure information and then validate. After doing that, it will create a ***MECSH – Adapt & Self Manage (closure)*** form, which can be completed. In this case, when answering "Family's stage in program, you would select 02 or 03 options, depending on when the closure is happening. Have the client complete the form. If you use the 03 option, you will not have a choice to continue with the program.

Continue and close out any additional family members and complete any IHVE information that you need to.

MECSH Reports

In the hamburger menu, in ***All Reports***, you will see three MECSH reports under the ***Agency Administration*** section.
- MECSH Audit – This report gives you information on any outstanding forms that need to be completed and can be run at any time.
- MECSH Adapt & Self Manage export – This report will be run quarterly to be sent to MDH.
- MECSH Core and Focus export – This report will be run quarterly to be sent to MDH.

There are also now MECSH fields available in the ***Activity info*** or ***Client info*** screens, under the ***Forms*** section. There are subsections for ***MECSH – Adapt & Self Manage***, ***MECSH – Adapt & Self Manage (closure)*** and ***MECSH – Core and Focus Module***. These sections will not be available until you have completed each of these MECSH forms in your system.
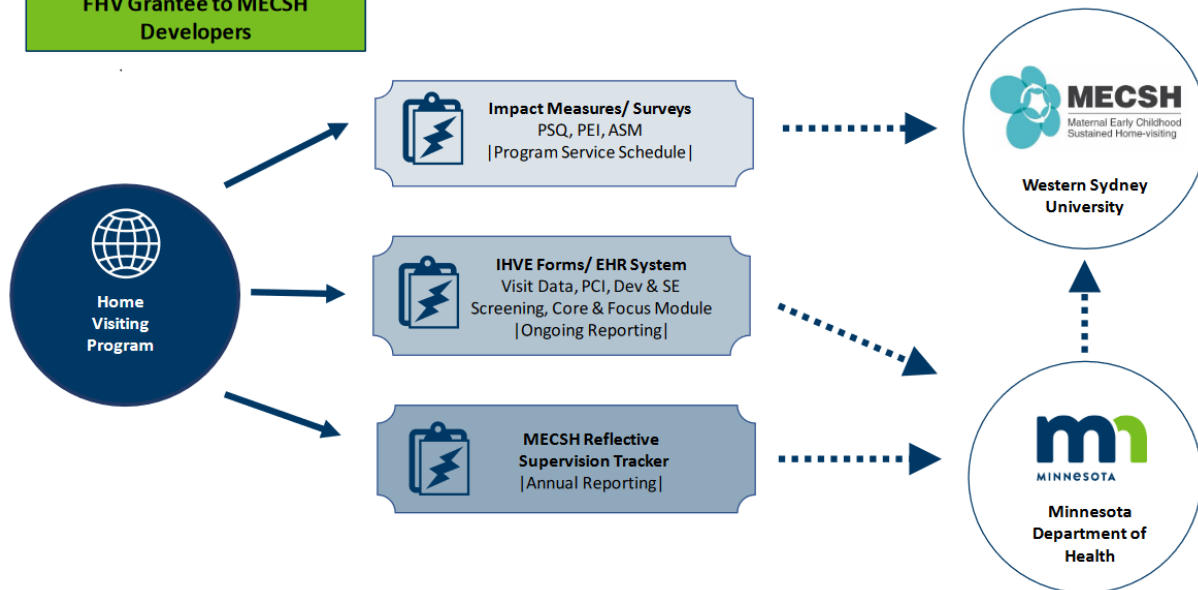
Release Notes
October 1, 2021

MECSH Information from MDH

MESCH Data Sent to Western Sydney University						
Measure/Tool	Brief Description	How Collected at Local Level	Frequency of Data Collected	Frequency Submitted to MDH	Frequency Submitted to WSU	How submitted to MDH/WSU?
Patient Satisfaction Questionnaire (PSQ)	Impact Measure: Parent satisfaction with home visiting program	Survey: Using QR code	Program Service Schedule	Sent directly to WSU via link	As administered	Survey link to WSU
Patient Enablement Index (PEI)	Impact Measure: Parent confidence & care for themselves	Survey: Using QR code	Program Service Schedule	Sent directly to WSU via link	As administered	Survey link to WSU
Adapt & Self Manage Data	Outcome measure: Parent skill & capacity to adapt & self manage	Survey: QR Code/ EHR → MDH (once avail)	Entry/ Exit from Program	Quarterly*	Quarterly**	Grantee sends data via MDH File Transfer website
MECSH Core and Focus Module Data	Outcome Measure: Core and Focus Module Fidelity Data	EHR → MDH (once avail)	Visit level/ ongoing	Quarterly*	Quarterly**	Grantee sends data via MDH File Transfer website
Home Visiting Scheduled Delivery Measures	Overall program fidelity: e.g., caseloads, retention	EHR → IHVE	Visit level/ ongoing	Daily	Quarterly**	IHVE; MDH to send to WSU
Parent-Child Interaction (PCI) Tool	Outcome Measure: Approved Parent-Child Interaction tool	EHR → IHVE	Program Service Schedule	Daily	Quarterly**	IHVE; MDH to send to WSU
Developmental & Socio-emotional Screening	Outcome Measure: Approved Developmental & Socio-emotional Screeners	EHR → IHVE	Program Service Schedule	Daily	Quarterly**	IHVE; MDH to send to WSU
MECSH Reflective Supervision Tracker	Program Fidelity Measure: Number of RS Sessions	RS Tracker provided by MDH	Monthly/ as occurring	Annually (due 1/10/22)	Annually (due 1/30/22)	Encrypted email to: Health.FHVdata@state.mn.us

*Grantee sends to MDH by the 10th of the month following each calendar quarter
**MDH sends to WSU by the 30th of the month following each calendar quarter

Release Notes
October 1, 2021

Data Reporting Schedule

- Submit FHV data to IHVE in a timely manner
- After MECSH forms in EHRs are live:
  - Sites submit MECSH data files to MDH each calendar quarter via secure File Transfer website *(approx. 10th of the month following quarter end)*
- MDH will pull data from IHVE, combine with MECSH forms data, and send to WSU every quarter *(approx. 30th of the month following quarter end)*

16 m

If you have questions specifically related to the MECSH model, not related to Nightingale Notes, you can contact Health.FHVData@state.mn.us.

If you would like more details regarding MECSH in Nightingale Notes, go to the hamburger menu, click on Help and go to the Knowledge Base. There is a new MECSH section that contains several short videos on the items that were covered in the release notes, as well as the Power Point slides, release overview recording and other helpful information.

January 1, 2021 Release

HH PPS Grouper v02.1.21

Included in this update:
- 6 new ICD-10-CM diagnosis codes effective January 1, 2021:
  - J1282 Pneumonia due to coronavirus disease 2019
  - M3581 Multisystem inflammatory syndrome
  - M3589 Other specified systemic involvement of connective tissue
  - Z1152 Encounter for screening of COVID-19
  - Z20822 Contact with and (suspected) exposure to COVID-19
  - Z8616 Personal history of COVID-19
- Deleted 1 ICD-10-CM diagnosis code effective January 1, 2021:
  - M358 Other specified systemic involvement of connective tissue

Release Notes
October 1, 2021

Start date of diagnosis must be 1/1/2021 in order to use the new codes.

HH PPS Rate Update for 2021

CMS updated the rates for PPS including updates to:
- Wage Index
- Rural Add on
- PDGM Case Mix Weights
- LUPA Thresholds
- CBSA codes – CMS is now providing alternate CBSA codes for counties that will see a greater than 5% drop in wage index, so they can implement a cap on the drop for the initial year of the drop. For further information on this, look at the Federal Register that CMS published for these rate changes.

RAP Changes

RAP Submission and Acceptance by Day 5 of Period

Medicare now requires that RAPs are submitted for payment AND accepted by day 5 of the period of care, or fines will be applied to the final payment. To help make this possible for home health agencies, they have changed some of the rules that apply to RAP submission:
- RAPs can now be submitted with a standard or "dummy" HIPPS code. The actual HIPPS code will be applied by CMS to the patient's FISS record, after they receive the OASIS. This allows agencies to submit RAPs before the OASIS is completed and locked or batched.
- There is a new KX modifier and reason that can be added to final claims, in cases where late submission of RAPs was beyond the agency's control.
- The logic for the 0023 service line date has been changed, according to new CMS rules.

New Dummy HIPPS Code Option and

You can now create a RAP before completing the OASIS. For RAPs that are created prior to the OASIS being completed, a dummy HIPPS code will be entered. This code will always be 1AA11.

If the OASIS has been completed and locked or batched, the HIPPS produced from the grouper will be used for the RAP and final. This is no different from how it's been done up until now.

In either case, the HIPPS that is used in the RAP will be used for the final bill. For example, if the dummy code was used because the RAP was created before the OASIS was done, the dummy code will also be used in the final bill. CMS will apply the rate to the period based on information they have in the FISS system.

New 0023 Service Line Date Logic

Release Notes
October 1, 2021

For Start of Care periods, Nightingale Notes requires that you have an activity done in the period before allowing creation of the RAP. This is based on a CMS regulation. This activity date will be used for the 0023 service line date.

For subsequent periods, Nightingale Notes does not require that an activity be done in the period before allowing the RAP to be created. For this situation, the period start date will be used for the 0023 service line date.

KX Modifier and Reason

In situations where you were not able to submit the RAP within the first 5 days of the period, if you have a legitimate reason for submitting it late, you can add a KX modifier to the final, along with the reason the RAP was late, and CMS will then be able to determine if the fine will be imposed for late submission or not. To do this in Nightingale Notes, go to the client's *Episodes* tab, and edit the PDGM period.
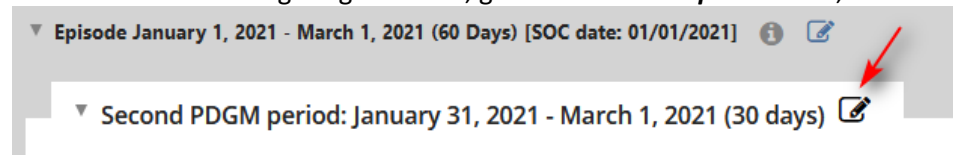

Scroll to the bottom of the period. There is a new section on the screen called *RAP Penalty*, which contains an *Add KX modifier to final* checkbox. Put a checkmark into the box. This will then cause a text box to display, where you can enter the reason the RAP was late. The box allows for 80 characters, which is the character limit for the field in the claim.

When these fields are filled in, they will be added to the claim, with the modifier appearing in the 0023 service line, and the reason in a Note segment at the claim level.

Start of Care Date on Episodes Tab

The Start of Care date used for the episode will now appear next to the episode dates, to make it easier to see.
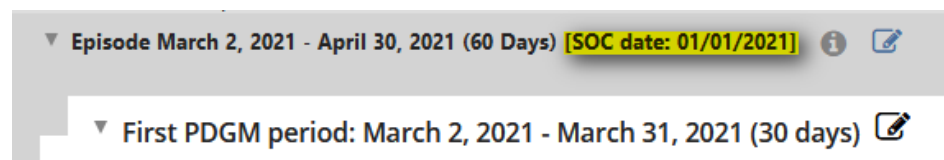
New Report Screen

Release Notes
October 1, 2021

There is a new report screen, called "Episode info," that will help you capture information you were not previously able to get into a report, such as home care caseload information, statuses of forms on the Episodes tab, etc. You will be able to get info on:

- Clients
- General episode information such as the start and end dates of the episode, if the episode is a PDGM episode, pay source, SOC date, if the episode has skilled nursing visits, etc.
- First and second PDGM period information
- Non-PDGM claim data, for episodes that are not set up for PDGM
- Associated record information, which will allow you to capture data on OASIS assessments, plans of care, verbal orders, assignments, supervisions, and activities.

Contact support@champsoftware.com if you would like help creating reports.