Centers for Medicare & Medicaid Services
Open Door Forum: Skilled Nursing Facilities Long-Term Care
Moderator: Jill Darling
Thursday, April 28, 2022
2:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the question-and-answer session of today's call if you would like to ask a question, please press star 1 on your phone and record your name and your line will be open. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would like to now turn the meeting over to Ms. Jill Darling. You may begin when ready. Thank you.

Jill Darling: Great. Thank you, (Katrina). Hi everyone. Welcome. Good morning and good afternoon. I'm Jill Darling in the CMS Office of Communications and welcome to today's Skilled Nursing Facility's Long-Term Care Open Door Forum.

Before we get into the agenda, one brief announcement from me. This open door forum is open to everyone. But if you are a member of the press, you may listen in but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries, please contact CMS at press@cms.hhs.gov.

And I will hand the call off to our first speaker, (Tammy Luo).

(Tammy Luo): Hi everyone. On April 11, 2022, CMS issued a proposed rule under docket number CMS-1765-P that would update the Medicare payment policies and rates for skilled nursing facilities under the SNF PPS for fiscal year 2023. In addition, the proposed rule includes proposals for the SNF Quality Reporting Program and the SNF Value-Based Purchasing Program, which will be covered later in the agenda.

For the recalibration of the PDPM parity adjustment, on October 1, 2019, CMS implemented a new case-mix classification model, called the Patient Driven Payment Model or PDPM under the SNF PPS. When finalizing PDPM, CMS also finalized that this new case-mix classification model would be implemented in a budget neutral manner. Since PDPM implementation, our data analysis has shown an unintended increase in payments of approximately 5%, or $1.7 billion in FY 2020. After considering the stakeholder feedback received in the FY 2022 SNF PPS rulemaking cycle to better account for the effects of the COVID-19 PHE, CMS is proposing a recalibration of the PDPM parity adjustment using a combined methodology of a subset population that excludes those patients who were diagnosed with COVID-19 or whose stays utilized a COVID-19 PHE-related waiver and control period data using months with low COVID-19 prevalence from FY 2020 and FY 2021. As a result of this methodology, CMS is proposing a parity adjustment that would reduce SNF spending by 4.6%, or $1.7 billion, in FY 2023.

For the changes in PDPM ICD-10 code mappings, PDPM utilizes the International Classification of Diseases, Version 10 codes in several ways, including to assign patients to clinical categories used for categorization under several PDPM components. In response to stakeholder feedback and to

improve consistency between the ICD-10 code mappings and current ICD-10 coding guidelines, CMS is proposing several substantive changes to the PDPM ICD-10 code mappings. We invite comments on the proposed substantive changes, as well as any non-substantive changes that commenters believe are necessary.

For the permanent cap on wage index decreases, in order to mitigate instability in SNF PPS payments due to significant wage index decreases that may affect providers in any given year, CMS is proposing a permanent 5% cap on annual wage index decreases to smooth year-to-year changes in providers' wage index payments.

And finally, for the request for information for coding infection isolation, under the SNF PPS, various patient characteristics are used to classify patients into payment groups. One of these characteristics is if the patient is being isolated alone in a separate room due to having an active infection. In order to be classified for infection isolation, a SNF resident must meet specific clinical criteria. In response to stakeholder feedback requesting to change some of the criteria to code infection isolation, CMS is soliciting comments on the degree to which the current criteria for coding infection isolation should be expanded to allow cohorted patients to be included, and to ensure that the payment rate impact of infection isolation is consistent with the increase in relative costliness associated with these patients.

And with that, I will turn it over to Heidi Magladry, who will be presenting on the SNF Quality Reporting Program.

Heidi Magladry: Hi, good afternoon. I'll be sharing with you today the proposal for the SNF Quality Reporting Program in the - in this year's proposed rule.

This year for the SNF QRP we are proposing the influenza vaccination coverage among healthcare personnel measure beginning with the fiscal year 2025 SNF QRP.

This NQF endorsement process measure reports the percentage of healthcare personnel who received the influenza vaccine.

We believe this measure will encourage healthcare personnel to receive the influenza vaccine resulting in fewer cases, less hospitalizations and lower mortality associated with the virus.

We proposed that SNFs submit data for the measure through the CDC NHSN data collection and submission framework.

The CDC has determined that the influenza vaccination season begins on October 1 or when the vaccine becomes available and ends on March 31 of the following year. Therefore, we propose an initial data submission period of October 1, 2022, through March 31, 2023.

This measure requires that the providers submit a minimum of one report to the NHSN by the date of submission deadline of May 15 for each influenza season following the close of the data collection period each year to meet our requirements.

We proposed - if adopted, we proposed to publicly report the influenza vaccination coverage among healthcare personnel measure beginning with the October 2023 care compare refresh or as soon as technically feasible using data collected from October 1, 2022, through March 31st, 2023 if finalized as proposed.

Our second proposal is to revise the compliance date for certain SNF QRP reporting requirements including the transfer of health information measures and certain standardized patient assessment data elements such as race, ethnicity, preferred language, health literacy, transportation and social isolation to October 1, 2023.

In terms of background on this proposal, in an emergency regulation issued in May of 2020, we'll call it IFC-2, we finalized the delay in the reporting requirements for SNFs to begin reporting the transfer of health information measures as well as the reporting requirements for the standardized patient assessment data elements for five categories including social determinants of health.

We also delayed the adoption of the updated version of the minimum dataset which SNFs would have used to report the transfer of health information measures and the standardized patient assessment data elements.

In that IFC we said that SNFs would begin reporting on these items through an updated MDS on October 1st of the year that is at least two full fiscal years after the end of the PHE.

This delay to begin collecting data for these measures was intended to provide relief to SNFs from the added burden of implementing an updated instrument during the COVID-19 PHE.

We wanted to provide maximum flexibility for SNFs to respond to the public health threats posed by the COVID-19 PHE and to reduce the burden in administrative efforts associated with attending training, training their staff and working with their vendors to incorporate the updated assessment instruments into their processes.

We now believe that SNFs have more information and interventions to deploy in order to effectively prevent and treat COVID-19 than they had at the time the May 8th COVID IFC was finalized including vaccines to prevent COVID-19 and the antiviral drugs that are approved or authorized to treat COVID-19.

We believe this revised date of October 1, 2023, which is a three-year delay from the original compliance date finalized in the fiscal year 2020 SNF PPS final rule, is sufficiently far in advanced for SNFs to make the necessary preparations to begin reporting these data elements and the transfer of health information measures.

If finalized as proposed, we will provide the training and education for SNFs to be prepared for this implementation date.

In addition, if we adopt the October 1, 2023 compliance date, we would release a draft of the updated version of the MDS in early 2023 with sufficient lead time to prepare for the October 1, 2023 start date.

Our third proposal is to make certain revisions to regulation text to include a new paragraph to reflect all the data completion thresholds required for SNFs to meet the compliance thresholds for their annual payment update.

And finally, we are seeking comment on three different subject requests for information. One is future measure concepts for the SNF QRP. The other is about overarching principles for measuring equity and healthcare disparities across CMS programs including the SNF QRP as well as the inclusion of the CoreQ short stay discharge measures in the SNF QRP.

This concludes the proposed rule updates for the SNF QRP. And with that, I'll pass it off for (Alex) - to (Alex Laberge) to discuss the SNF Value-Based Purchasing program.

(Alex Laberge): Thank you, Heidi.

I'm going to review proposals with Value-Based Purchasing program and expansion of the program.

The SNF Skilled Nursing Facility VBP program rewards SNFs with incentive payments based on the quality of care they provide to Medicare beneficiaries as measured by performance on a single measure of hospital readmission.

CMS remains concerned about the effects of PHE and with the combination of fewer admissions, regional differences and the prevalence of COVID-19 throughout the PHE and change in hospitalization patterns in FY 2021 had impacted CMS's ability to use a SNF RM to calculate the payments for the FY 2023 program.

In the FY 2022 SNF PPS final rule 86 FR 42503, CMS has opted a quality measure suppression policy for the duration of PHE for COVID that enabled CMS to suppress the use of SNF RM to the purpose of scoring payment adjustments in the SNF VBP program.

For the FY 2023 SNF PPS proposed rule, CMS is proposing to suppress program single measure SNF 30-day all cost readmission measure or SNF RM. CMS intends to publicly report the data for the suppressed SNF RM and will resume using data for scoring and payment beginning with the FY 2024 SNF VBP program year.

CMS is proposing to modify the SNF RM beginning FY 2023 SNF VBP program year by adding a risk-adjusted variable for both COVID during the prior proximal hospitalization and patient with history of COVID-19. The remains - this maintains the integrity of the measure model and allows the measure to appropriately adjust for SNF patients with COVID-19.

The Consolidated Appropriations Act of 2021 provided authority for CMS to add nine additional measures and to establish a validation process that the SNF VBP program which may include measures of functional status, patient safety, care coordination or patient experience.

CMS is proposing the adoption of three new measures in the SNF VBP program expansion, two claims-based measures and one payroll-based journal staffing measure beginning with the FY 2026 and FY 2027 SNF VBP program expansion years with the performance year period for all three measures beginning FY 2024.

For the FY 2026 program year, CMS is proposing to adopt a SNF healthcare associated infection HAI measure and the total nursing hours per resident day which - from the PBJ measure.

For FY 2027 program year, CMS is proposing to adopt the discharge to community measure post-acute care measure for SNFs.

In addition, CMS is requesting for comment on including the staffing turnover measure in future VBP program year as well as including the National Healthcare Safety Network COVID vaccination coverage for healthcare personnel measure again also in future VBP program years.

CMS is also proposing to adjust the VBP scoring to accommodate the additional measures including update of SNF VBP program measure level scoring normalization policy beginning with the FY 2026 program year. CMS is proposing to - proposing that beginning with the FY 2023 program year SNFs must have a minimum of 25 eligible stays during the applicable one-year performance period.

SNFs that do not meet proposed case minimum requirement during the performance period will be excluded from the affected program year provided they have no other measure specified in for that affected program year.

CMS would not award improvement points to SNFs on a measure for a program year if the SNF has not met the case minimum for that measure during the baseline year.

CMS is proposing adopting a measure minimum policy beginning FY 2026 SNF program year and CMS is proposing to remove the LDA policy, the low volume level policy, from the SNF VBP program scoring methodology beginning with the FY 2023 program year.

CMS is also seeking comment on updating the SNF VBP program expansion and the program exchange function. In the context of Value-Based Purchasing program employing multiple measures, we are considering whether a new functional form or modification from the existing logistic exchange function may provide better incentives for SNFs to improve on the program measures.

CMS has proposed to adopt measures for the SNF VBP program that are calculated using from variety of sources including Medicare fee-for-service, minimum dataset and PBJ system and are seeking feedback on the adoption of additional validation procedures.

CMS is requesting for comments on the SNF VBP program's possible approaches to measure and improving health equity more specifically CMS is

requesting comment on time payment to health equity measures or to stratify measures by indicators like the dual status or to make adjustments to health equity - health equity adjustments to the current scoring methodology.

CMS invites comments on the SNF VBP programs and updates in the SNF 2023 PPS proposed rule during the comment period that ends June 10.

And I like to now pass it to (Lauren).

(Lauren): Thanks, (Alex).

I am here to highlight the long-term care staffing RFI which is also inside the SNF PPS proposed rule. This is a request for information about adequate staffing in long-term care facilities which is a longstanding issue highlighted and exacerbated by the COVID-19 PHE.

We are seeking opportunities to improve our health and safety standards to promote thoughtful informed staffing plans and decisions within long-term care facilities that meet residents' needs including maintaining or improving resident function and quality of life.

Through this RFI we are seeking public input on addressing direct care staffing requirements especially those for RNs, LPNs and LVNs and certified nursing assistants, also known as nurse aids.

We would do this through the requirements for participation for long-term care facilities.

We also welcome input on which individuals should be considered direct care staff, if any, beyond nurses and aids.

The - following the RFI and concurrent research, we expect to issue proposed rules that set minimum staff - that set minimum staffing standards within one year. Therefore, we're considering policy options for future rulemaking and are seeking stakeholder input to inform our policy decisions.

The RFI contains additional specific questions and that can be viewed at federalregister.gov along with the rest of the PPS rule. And information should be submitted by June 10th to allow us time for full review and consideration.

Then back (Lorelei). Over to (Lorelei).

(Lorelei): Good afternoon. Staffing data from January 1st through March 31st must be submitted no later than 45 days from the end of the quarter. The final submission deadline for this quarter is May 15th, 2022. Only data successfully submitted by the deadline is considered timely and used on the Care Compare Web site and in the 5-star rating calculations.

Once the facility uploads their data file, they need to check their final validation report which can be accessed in the Certification and Survey Provider Enhanced Reporting or CASPER folder to verify that the data was successfully submitted.

It may take up to 24 hours to receive the validation report so providers must allow for time to correct any errors and resubmit if necessary.

The final validation report only confirms the data was submitted successfully. It does not confirm that the data submitted is accurate or complete. If the final validation has not been received within 24 hours, facility should run the final file validation report. This will indicate whether or not the files were processed successfully.

Providers can also contact the QIES helpdesk for assistance by e-mailing iqies@cms.hhs.gov.

Providers should not be waiting until the last few days before the deadline to begin their submission. CMS will continue to provide technical assistance to nursing homes to improve their staffing and data submissions.

Facilities should review their monthly provider preview in the Certification and Survey Provider Enhanced Reporting or CASPER folder for feedback on their most recent submission.

We also strongly recommend that nursing homes run the following CASPER reports to review the accuracy and completeness of the data that they have entered: 1700D, which is the employee report; 1702D, which is the individual daily staffing report; and 1702S which is the staffing summary report.

In addition, facilities should be running the MBS census reports that are also available in CASPER to verify that their census is accurate. All of these

reports should be run leaving sufficient time to review and correct any discrepancies before the submission deadline has passed.

And I will turn it back over to Heidi.

Heidi Magladry: Hi, this is Heidi again. In addition to the rule updates, I have two public reporting updates to share for the SNF QRP.

First, the April 2022 refresh of the SNF QRP data on Care Compare and then the Provider Data Catalog occurred yesterday, April 27. For this refresh, assessment-based measures have been refreshed using the standard four quarters of data.

However, claims-based measures will remain frozen and continue to display Quarter 4 2017 through Quarter 3 2019 for this refresh.

Secondly, the SNF provider preview reports will soon be released. That's planned for tomorrow, April 29th, for the July 2022 Care Compare Provider Data Catalog refresh. The data contained within the provider preview reports will be based on quality assessment data submitted by SNFs from October 4th, 2020, through Quarter 3 2021. I'm sorry, Quarter 4 2020 through Quarter 3 2021. This release will also resume the reporting of all claims-based measures.

Through the COVID-19 reporting exception, the claims-based measures have been calculated excluding Quarter 1 and Quarter 2 2020 data from measure calculations.

The data for the claims-based measures will display data from Quarter 3 2019 through Quarter 4 2019 and Quarter 3 2020 through Quarter 2 2021 for this release.

Lastly, we'd like to note that the new claims-based measure, the SNF healthcare associated infections requiring hospitalization measure, will be publicly reported on Care Compare and in the Provider Data Catalog beginning with the July 2022 release. So, you will see it on this preview report.

And that is all the public reporting updates I have for the SNF QRP. And with that, I'll pass it back to Jill.

Jill Darling: Great. Thank you, Heidi, and thank you to all of our speakers today.

We will please open the line for Q&A please.

Coordinator: Thank you. Once again if you would like to submit a question or a comment, please press star 1 on your phone and record your name and your line will be opened. That is star 1. To withdraw your question, please press star 2. One moment for the first question. Our first question comes from (Estelle Ashland). Your line is now open.

(Estelle Ashland): Hi. I'm weighing the verbiage from the proposed rule regarding the question somebody inputted. If there would be a change in mapping from a muscle

weakness, a generalized muscle weakness code because there's no way to fax a pneumonia or a urinary tract infection.

And the answer you wrote was "We consider the request and determined the muscle weakness is nonspecific and if the original condition is resolved but the resulting muscle weakness persists as a result of the known original diagnosis, there are more specific rules that exist that would account for why the muscle weakness is ongoing such as muscle wasting or atrophy."

So, my question is since the original medical diagnosis is not current anymore and you're suggesting to use a muscle atrophy, would that be appropriate to put in as a primary code under Section I if that's the reason they're in a skilled facility?

My other question is…

(Tammy Luo): Hi.

(Estelle Ashland): I did have one other question. The second question was I did see that we would be put - later on you also proposed using COVID on one of the quality measures just as a risk adjustment - excuse me, as a history. Does that mean that we would have to start coding on the claims a history code of COVID if it's currently not active but used as a risk adjustment as a history we would want to be able to use that because we normally don't use history codes if they're not active? Thank you.

(Tammy Luo): Hi. Thank you for your question. I think typically for these coding questions you would contact your state RAI coordinator. I'd also be happy to look into it and get back to you. Could you please send an e-mail to the address listed on the rule which is PDPM@cms.hhs.gov with your two questions?

(Estelle Ashland): Sure. Thank you.

(Tammy Luo): Thank you.

Coordinator: Our next question comes from (Joel Van Eaton). Your line is now open.

(Joel Van Eaton): Yes. Thank you so much for taking my call. Thank you for this call today.

Just a quick question related to the July update for Care Compare with the April update and information leading up to that. CMS has indicated that the weekend staffing and staff turnover measures will be folded into the 5-star rating yet we haven't received any information yet related to exactly how that will work. The updated manual for April did not include any specifics related to that.

And so, my question is, could somebody explain to us how that would work and when we might be able to expect some updated materials to help us understand that to prepare for July rather than waiting for the 5-star users guide to update closer to that period? Thank you.

(Lorelei): This is (Lorelei). If you could please submit your question to the NH staffing mailbox and we'll get you an answer. It's nhstaffing@cms.hhs.gov. Thanks.

(Joel Van Eaton): Just to follow up - a follow-up on that, you know, I think the industry probably would be helped if that could be a publicly reported answer somehow maybe on the next open door forum. I don't know but July is coming our way and we'd certainly like to know more about how - as an industry how that's going to work. Thank you.

(Lorelei): Okay.

Coordinator: Our next question comes from (John Mangiomi). Your line is now open. Hello, (John). Your line is now open.

Man: Name not recorded.

Coordinator: All right, we're going to move over to the next question.

(Kimberly Jimaro): (Kimberly Jimaro).

Coordinator: Your line is now open.

(Kimberly Jimaro): Hi. My question is for (Alex). You mentioned that beginning with fiscal year 2023 a SNF must have 25 eligible days during the applicable performance period.

And then slightly later you mentioned that they're removing the LVA policy from SNF VBP beginning in fiscal year 2023. So, I'm just trying to understand how those two things work together.

You also made a comment that with those 25 days they could be excluded from the effective program year and then mentioned provided no other measures and yet the PBJ measure is part of the other measure bucket.

So, I just need that re-explained or clarified please.

(Alex Laberge): So, if there's a - the LVA is very specific, has a very specific description or process and the 25 is replacing it, the 25, minimum 25, in the process.

I mean, if you review for - review in the rule, you'll - it provides description of what the LVA was and what - how it's being replaced.

(Kimberly Jimaro): All right. Thank you.

Coordinator: We're going to go on to the next question.

(Kris Masterangelo): (Kris Masterangelo).

Coordinator: Your line is now open.

(Kris Masterangelo): Thank you so much. Two comments or questions. Number one, could it be possible for the MDS to have a section to code quarantine as it differs from isolation? That is my first question or comment.

And my second one is, has CMS considered adding respiratory therapy into the hours for nursing on the PBJ given the desperate need for staffing and the value that respiratory therapy can provide in caring for these residents?

(Tammy Luo): Thank you for your comment. This is (Tammy). I can speak to your first question.

We encourage you to submit any feedback or comments regarding infection isolation via the formal comment process. Thank you.

(Lorelei): And this is (Lorelei). I can speak to your second question. If you could again submit that to the staffing mailbox at nhstaffing@cms.hhs.gov. Thank you.

(Kris Masterangelo): Okay. Thank you very much.

(Alex Laberge): This is (Alex). Just to jump in. Also, on the SNF VBP side, if you could submit it to the snfvbp@rti.org for any further clarification or questions on SNF VBP.

(Kris Masterangelo): Thank you.

Coordinator: Once again if you would like to submit a question or a comment, please press star 1 on your phone.

Okay, we have another question from…

(Kimberly Jimaro): (Kimberly Jimaro).

Coordinator: Your line is now open.

(Kimberly Jimaro): Hi. This question again is for (Alex). Is there opportunity to comment on the discharge to community measure and the SNF RM or its replacement in regards to potential to include the advanced care planning process and advanced care planning choices of residents and families against that measure?

(Alex Laberge): I mean, both of those comments are on the - currently on the rule and requested comment. So, I'd say yes.

(Kimberly Jimaro): Thank you.

Coordinator: At this time there are no further questions on queue.

Jill Darling: All right. Well, thank you everyone for joining us today. And please make your comments in the Federal Register. We will give you some of your time back. So, we appreciate you joining us and have a wonderful day.

Coordinator: Thank you all for your participation. This concludes our conference. You may disconnect. Speakers remain on the line.

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