Centers for Medicare & Medicaid Services
Skilled Nursing Facilities/Long-Term Care Open Door Forum
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Jill Darling: Hi, everyone. This is Jill Darling. We will begin at 2:00 PM. We appreciate your patience. Thank you.

Hi, everyone. Welcome to our Skilled Nursing Facilities and Long-Term Care Open Door Forum. We do apologize. A lot of folks did get in really early. It was accidentally opened. So, we appreciate your patience, but have the agenda up so that you know that you are in the correct webinar.

So again, thank you for joining us. I'm Jill Darling, in the CMS Office of Communications. Welcome to today's Skilled Nursing Facilities Long-Term Care Open Door Forum. Before we begin, I have a few announcements. This webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum podcast and transcript webpage. That link is on the agenda that was sent out.

If you are a member of the press, you may listen in, but please refrain from asking questions during the webinar. If you do have any questions, please e-mail press@cms.hhs.gov. All participants are muted. For those who need closed captioning, I will provide a link in the chat function of today's webinar.

We will be taking questions at the end of the agenda today. For today's webinar, there are no slides besides this agenda slide. You may use the raise hand feature at the bottom of your screen, and we will call on you to ask a question and one follow-up question. And we will do our best to get to all of your questions and comments today.

So, we will begin with—on the agenda we'll begin with Kadie Derby.

Kadie Derby: Thanks, Jill. Hello and good afternoon, everyone. I'm Kadie Derby, the Communications Lead of the Clinical Standards Group. We know that many of you may have questions about the forthcoming Minimum Nursing Home Staffing Standards proposed rule. CMS is committed to improving safety and quality of care for nursing home residents and looks forward to sharing the proposal with you soon. Please hold all questions related to the proposal as we will not be addressing that topic today. Thank you.

Jill Darling: Thank you, Kadie. And next we have John Kane.

John Kane: Thank you, Jill. Thanks everyone for being on the call today. And, good afternoon, or good morning. On July 31st of this year, CMS had issued final rule CMS-1779-F, which updates the Medicare payment policies and rates for skilled nursing facilities under the Skilled Nursing Facility Perspective Payment System, or SNF PPS, for Fiscal Year 2024. Regarding updates to the payment rates for Fiscal Year 2024, CMS estimates that the aggregate impact of the payment policies in that final rule will result in a net increase of 4%, or approximately $1.4 billion in Medicare Part A payments [indiscernible]. This estimate reflects a $2.2 billion increase resulting from the 6.4% net market basket update, which is based on a 3% net market basket [indiscernible], plus a 3.6% market basket forecast error adjustment, and less a 0.2 productivity adjustment.

Then, this year was also the application of the second phase of the parity adjustment recalibration under PDPM, which also resulted in a negative 2.3%, or approximately $789 million, decrease in FY24 rates.

Also included in this rule are finalized changes in the PDPM ICD-10 code mapping. As you know, PDPM utilizes ICD-10 diagnosis codes in several ways, including using the person's primary diagnosis, to assign patients to clinical categories. In response to stakeholder feedback and to improve consistency between the ICU-10 code mapping and current ICU-10 guidelines, CMS finalized several changes to the PDPM ICD-10 code mapping. The updated ICD-10 mapping may be found on the CMS website.

Finally, we finalized regulatory changes related to consolidated billing exclusions for marriage and family therapists and mental health counselors, effective with services furnished on or after January 1, 2024. The Consolidated Appropriations Act of 2023 added marriage and family therapists and mental health counselors to the list of practitioners whose services are excluded from the PPS consolidated billing, allowing these services to be billed separately by the performing clinician, rather than being included in the SNF per diem payment. Implementing this new benefit category required that we add conforming revisions to our existing SNF consolidating regulation, and these were finalized in the final rule.

With that I will turn the call over to Chris Palmer to speak about the update to the SNF Value-Based Purchasing program. Thank you.

Chris Palmer: Thanks, John. The Skilled Nursing Facility Value-Based Purchasing, the SNF VBP program, rewards SNFs with intensive payments based on the quality of care that they provide. In this year's final rule, CMS adopted four new quality measures, replaced one quality measure, and finalized several policy changes in the SNF VBP program. This brings the total number of SNF VBP program measures at eight. This includes adopting three new measures to

the programs beginning in the FY2025 performing tier and the FY2027 program year and one new measure beginning in the FY2024 performance year and the FY2026 program year.

The new quality measures are as follows: CMS is adopting the nursing staff turnover measure for the SNF VBP program, beginning with the FY2024 performance year and the FY2026 program year. This is a structural measure that has been collected and publicly reported on Care Compare and assesses the stability of the staffing within a SNF using nursing staff turnover data. CMS is adopting the discharge function measure beginning with the FY2025 performance year and the FY2027 program year. This measure assesses the functional staff by assessing the percentage of SNF residents who meet or exceed an expected discharge function score and uses mobility and health care items already collected on the MDS.

CMS is adopting the long-stay hospitalization measure for one thousand resident days, beginning with the FY2025 performance year and the FY2027 program year. This measure assesses the hospitalization rate of long-stay residents.

CMS is adopting the percent of residents experiencing one or more falls with major injury long-stay measure beginning with the FY2025 performance year and FY2027 program year. This measure assesses the falls with major injury rates of long-stay residents.

CMS will replace the skilled nursing facility 30-day all-cause readmission measure, the SNF RM, with the skilled nursing facility within stay for potentially preventable readmission measure, the SNF WSPPR, beginning with the FY2025 performance year and FY2028 program year. This will fulfill the requirements in the original SNF VBP legislation and PAMA.

CMS is also adopting the audit portion of the validation process for the MDS-based program measure in the SNF VBP program, beginning with the FY2025 performance year and the FY2027 program year. We intend to establish the PASCO scoring methodology and how the results will be incorporated into the SNF VBP program as part of next year's rule.

To prioritize the achievement of health equity, improve care all beneficiaries receive, and reduce disparity in health outcomes in SNFs, CMS is adopting a health equity adjustment in the SNF VBP program. This adjustment rewards SNFs that perform well and whose resident populations during the applicable performance period include at least 20% of residents with dual eligibility status. This adjustment will begin with the FY2025 performance year and the FY2027 program year.

In addition, CMS is increasing the payback percentage policy in the SNF VBP program, a current 60%, to a level such that the bonuses provided for the high-performing, high-dual SNFs do not come at the expense of the other SNFs. So, the first year of the health equity adjustment, it is expected that the payback percentage will be 56.5%.

Further information on the specifics of how the SNF VBP program updates will be incorporated will be provided during the SNF VBP webinar which will be held in late September. Please keep an eye out for registration information on the webinar coming soon. Now here's Heidi Magladry with some updates about the SNF QRP program.

Heidi Magladry: Thanks, Chris. Hi, everybody. This is Heidi with the SNF QRP updates. As you all are aware, the SNF QRP is a pay-for-reporting program. SNFs that don't meet the reporting requirements are subject to a 2% point reduction in their annual payment update. In the Fiscal Year 2024 SNF PPS final rule, CMS is adopting two measures in the SNF QRP, removing three measures from the program, modifying one measure in the QRP. In addition, this rule makes policy changes and begins public reporting of several measures.

CMS is adopting the discharge function score measure beginning with the Fiscal Year 2025 SNF QRP. This measure assesses functional status by assessing the percentage of SNF residents who meet or exceed an expected discharge function score and uses mobility and self-care items already collected on the minimum data set. This measure will replace the topped-out process measure, the application of percent of long-term care hospital patients with an admission and discharge functional assessment in a care plan that addresses function.

CMS is adopting the COVID-19 vaccine percent of patient residents who are up-to-date measure beginning with the Fiscal Year 2026 SNF QRP. This measure reports the percentage of stays in which residents in a SNF are up to date with recommended COVID-19 vaccinations in accordance with the CDC most recent guidance. Data will be collected using a new standardized item on the MDS.

CMS is modifying the COVID-19 vaccination coverage among health care personnel measure beginning with the Fiscal Year 2025 SNF QRP. This measure tracks the percentage of health care personnel working in SNFs who are considered up to date with recommended COVID-19 vaccination in accordance with the CDC's most recent guidance. The prior version of this measure reported only on whether health care personnel had received the primary vaccination series for COVID-19, while the modified measure requires SNFs to report the cumulative number of health care personnel up to date with the current CDC guidance.

CMS is removing three measures from the SNF QRP. The first is the application of functional assessment care plan measure, which I mentioned earlier, beginning with Fiscal Year 2025 SNF QRP. We're also removing the change in self-care score measure and the change in mobility score measure, beginning with the Fiscal Year 2025 SNF QRP. CMS is removing these two measures because they meet the condition for measured removal factor 8: the costs associated with the measure outweigh the benefits of its use in the program. Additionally, these measures are similar to or duplicative of other measures within the SNF QRP, mainly the discharge self-care score measure and the discharge mobility score measure.

In terms of policy, CMS is increasing the SNF QRP data completion threshold for the MDS data items beginning with the Fiscal Year 2026 SNF QRP. SNFs must report 100% of the required quality measure data and standardized resident assessment data collected using the MDS on at least 90% of the assessments they submit to CMS. Any SNF that does not meet the requirement will be subject to a reduction of two percentage points at the applicable fiscal year annual payment update.

And finally, CMS is beginning the public reporting of the new measures mentioned above, as well as the transfer of health information to the provider and the transfer of health information to the patient measures with the October 2025 Care Compare refresh. These measures report the percentage of patient stays with a discharge assessment indicating a current reconciled medication list was provided to the subsequent provider or the patient family caregiver at discharge or transfer. In response to the COVID-19 public health emergency, we initially delayed the compliance date for the collection reporting of these two measures in the SNF QRP. Data collection will begin on these measures with patients discharged on or after October 1, 2023.

And finally, after consideration of the public comments received, CMS is not adopting the CoreQ short-stay discharge measure for inclusion in the SNF QRP. With that, I think that rounds out our rule updates. And next on the agenda, I am going to continue and provide an update on the Minimum Data Set Resident Assessment Instrument.

I just wanted to provide a couple updates related to MDS version 1.18.11, item sets, guidance manual and training, to ensure everyone is aware of what items are currently available to support the October 1, 2023, implementation of MDS 1.18.11. As a reminder on October 22, CMS posted the final MDS 3.0 RAI user's manual, version 1.18.11. And then on October 24, CMS posted the final MDS 3.0 item sets; that is version 5. Both of these items are available on the Minimum Data Set 3.0 Resident Assessment Instrument manual page and the link to that page is on the agenda.

In terms of training and post-training event materials, on August 2, CMS posted the training program post-event materials. These materials included the recordings of the part one prerecorded training webinars and the part two wide live virtual coding workshops.
Then on August 23, CMS posted the post-event QA document. This document contains responses to questions asked throughout the training program. Both of these items are available on the Skilled Nursing Facility Quality Reporting Program Training page and the link to that page is also on the agenda. With that, I'll hand it off to Ellen Berry to discuss the crossover rule.

Ellen Berry: Thanks, Heidi. Most attendees today, if not all, know that the MDS being implemented for target date October 1, 2023, and later, versions 1.18.11, has significant changes compared to today's MDS version, 1.17.2.

The two versions of the MDS are extremely different, and thus are not interchangeable. This is similar to October 2019, and we will therefore handle it the same way with the crossover rule. This means that providers may not modify the target date of an assessment completed prior to October 1, to a target date on or after October 1, and vice versa. For example, if a provider committed an MDS assessment with a target date of September 29 and determined that the target date should have been October 2, you may not modify the MDS. You must code and complete a new MDS which, in this example, would be version 1.18.11. We have included this information in the most recent RAI manual, chapter 5.

I will now hand it over to Chris Palmer.

Chris Palmer: Thanks, Ellen. I just wanted to remind folks that the August 2023 Performance Score Reports for the FY2024 SNF VBP program are now available for download by the Internet Quality Improvement and Evaluation System, or iQIES. These reports contain performance information for the FY2024 SNF VBP program year, including the Incentive Payment Multiplier, IPM. CMS will apply the SNF Medicare fee for service [indiscernible] claims in FY2024 from October 1st of 2023 through September 30 of 2024.

For assistance obtaining access to your SNF report, which can only be accessed by iQIES, contact the IT service center at iQIES@cms.hhs.gov.

And now, here's Rebekah Natanov for some information on measure updates.

Rebekah Natanov: Thank you, Chris. I'd like to give an update today on the measure changes that are going to be taking place as we transition from MDS section G to section GG. As you all know, the MDS 3.0 will transition from version 1.17.2 to version 1.18.11 effective October 1, 2023, which will significantly impact some of our quality measure specifications. One of the biggest changes involves the transition from section G functional status to section GG functional abilities and goals. As a result of this change, several quality measures have been re-specified to account for this transition. The MDS changes have implications for 4 of the 15 quality measures used in the Nursing Home Five-Star Rating System. Quality measures impacted by the MDS G to GG transition include percentage of residents who made improvements in function short-stay measure, which will be replaced with a new cross-setting discharge function score measure, also finalized in the SNF PPS final rule for inclusion and the SNF quality reporting program, and the SNF value-based purchasing program.

Percentage of residents who need help with activities of daily living has increased. Long-stay measure, which was re-specified to utilize the new section GG items while maintaining the original structure of the measure. Percentage of residents whose ability to move independently worsened, long-stay measure, which has also been re-specified to utilize the new section GG items with minimal changes to measure specifications. And the percentage of high-risk residents with pressure ulcers, long-stay measure, which will be replaced with a new percent of residents

with pressure ulcers measure. The new measure will be a risk-adjusted measure of the entire nursing home long-stay population.

An additional nursing home quality initiative measure, percentage of low-risk residents who lose control of their bowel and bladder long-stay, is also impacted by the MDS G to GG transition. This measure is not used in the Nursing Home Five-Star Rating System but is reported on Care Compare. This measure will be replaced with a percent of residents with new or worsened bladder and bowel incontinence long-stay measure, which will be a risk-adjusted incidence measure of the entire long-stay nursing home population, a change from the current low-risk population prevalence measure. These measures will be frozen while the data for the equivalent measures are collected.

Six other measures use items that underwent a label change in version 1.18.11. These measures were re-specified by replacing the old MDS label with a new label used in section GG. Percent of residents who newly received an anti-psychotic medication, short-stay; percentage of residents who lose too much weight long-stay; percent of residents who have depressive symptoms long-stay; percent of residents who received an anti-psychotic medication long-stay; prevalence of anti-anxiety hypnotic use long-stay; and percent of residents who use anti-anxiety or hypnotic medication long-stay. The measure specifications for these measures have either remained intact or have undergone minimal changes. CMS anticipates posting the new MDS QM manual version 16.0 on the NHQI quality measures page in mid-September, which will contain measure specifications for all new and re-specified measures. I'll now turn it back to Todd for the Q&A.

Jill Darling: Hi, this is Jill. Thanks, Rebekah. Thank you to all of our speakers today. So, if you do have a question, again, please use the raise hand feature at the bottom of your screen. We will call on you. Please have one question and one follow-up. We'll give it one moment.

Moderator: All right, the first person that I see is Cody. Cody, you're able to unmute yourself.

Cody Reber: Thank you for taking my question. When can we anticipate receiving the revised methodology for five-star staffing calculations with the removal of section G and elimination of regs and relevant [inaudible] study data?

Danielle Barr: Hi, this is Danielle Barr. We expect to release a memo describing these methodology changes in September.

Cody Reber: Thank you.

Moderator: All right. And then the next person that I'm seeing is Barbara. Barbara, you're able to unmute yourself now. Barbara, you're able to unmute yourself. All right, we will move on and come back to Barbara. The next person is Crystal. Crystal, you're able to unmute yourself. Crystal, you're able to unmute yourself. Okay. We'll come back to Crystal as well, then.

Next up I have Joel.

Joel VanEaton: Hi. Thank you for taking my question. Two questions, actually. First question has to do with value-based purchasing. The conversation, thank you for the update for that. The question I have is, in the proposed and final rule this year in relationship to the validation process that CMS is planning to implement related to value-based purchasing quality measures and data from the MDS, indicated potential penalties related to non-compliance there with audits and so forth. My question there is, is there any word further on what those penalties might be or how that might affect the SNF? And then the second question I have has to do with the updated RAI manual. There were three cause [indiscernible] assessments that were updated related to section GG. Rather than adding the additional items for column 1, which would have been for admission, there was an X added to the items for GG 130 and 170 in three different cause. And I'm curious to know what that X is supposed to indicate. I know there's been some confusion on that. I wonder if somebody could answer that question for me. Thank you.

Ellen Berry: Hi, this is Ellen Berry. Thanks for your question, Joel. I'll answer the second one. So, with the manual, we do know that there are two cause that are in error. One that you're referencing is, I think, cause 5. That X represents all the ADL items or functional items. So instead of listing them all out we chose to shorten it, and just use the X as a placeholder. So sorry for that confusion. But the data specs, if you look at those, those are accurate and list everything out in the technical data specs. The two cause that we will be issuing just an update, not a whole manual, I don't know if we'll call it an errata. I think off the top of my head, it's cause 6 and 15, maybe, but I'm not exactly sure.

Joel VanEaton: 16, yeah. Pressure ulcers.

Ellen Berry: Okay. And we'll be adjusting those so that they do match the data sets. You're welcome.

Joel VanEaton: Great, thank you.

Chris Palmer: Hi, Joel. I was going to chime in that at the moment we don't have—we won't be providing any updates on the validation side of things at the moment for the SNF VBP.

Joel VanEaton: Thank you very much.

Moderator: All right. Let's go back to Crystal. Crystal, are you able to unmute yourself? Crystal, you're able to unmute yourself. Okay. We will move on and then come back to her at the end. Next up I have Tony. Tony, you're able to unmute yourself. Tony, you're able to unmute yourself.

Jill Darling: Ladies and gentlemen, our moderator, when she brings you over, she unmutes you on her end, and then on your end you need to hit in the lower left side to unmute yourself. Then you may ask your question.

Moderator: All right, let's move on and I'll come back to Tony, as well. Angela, you're able to unmute yourself. Angela, you are able to unmute yourself. Okay. We will move on to the next person, Shannon. You are able to unmute yourself. Shannon, you're able to unmute yourself. Okay. I'm not quite sure. I will move on to the next person, Marie. You are able to unmute yourself, Marie Johnson.

Marie Johnson: I'm sorry. I didn't have a question.

Moderator: Oh, you didn't. Okay. No worries. Okay. We will move on. Pete. Pete, you are able to unmute yourself.

Pete Van Runkle: Thank you. And I appreciate the presentation. My question had to do with the last presentation about the changes to the QMs, because of the new MDS. And there was, Rebekah was reading those off, she made mention of re-specifications, and then she also said something about freezing QMs. So, my question is, which ones will be frozen, and for how long?

Rebekah Natanov: Thank you for your question. So, we're working right now, as Danielle Barr stated earlier, the division of nursing homes will be releasing a memo shortly with the exact length of the freezing, and for how long, and when. But this will be for only the new measures that I talked about in the beginning, the ones that are changing. So, the function measures, the short-stay and long-stay, and then the high-risk pressure ulcer long-stay, and the bowel and bladder long-stay measures. The rest of the measures will not be frozen because they just had label changes, which were minimal changes.

Pete Van Runkle: Just to follow up. What about the ADLs and the ability to move?

Rebekah Natanov: Those will be the function measures I was talking about, as well, those will be frozen.

Pete Van Runkle: Okay. So, all three functions. Thank you.

Rebekah Natanov: You're welcome.

Moderator: All right. We have Terry. You're able to unmute yourself.

Terry Raser: Hello, I'm sorry I missed the beginning part of it. So, I apologize if you already went over this. But do you know what facilities are going to be doing about the ones that don't have case mix or Medicaid that affects or uses section G? Are the aides being recommended to

complete parts of section GG? I know it's an assessment tool. And I know that they probably gather information. But are they going to be participating in any part of that?

Ellen Berry: Hi, this is Ellen Berry. We allow the providers to determine how they are going to code the MDS, and who in their facility will partake and be a member of the interdisciplinary team. So that we leave up to the individual providers. We would recommend that you use the certified aides and their information, since you are looking at most usual.

Terry Raser: Thank you.

Ellen Berry: You're welcome.

Heidi Magladry: Terry, this is Heidi with the SNF QRP. Since you missed the beginning of this, in terms of training and post-training event materials on the SNF QRP training page, there's a post-training event Q&A document and there is a written response to that question there, if you want to reference it.

Terry Raser: Perfect. Thank you so much.

Heidi Magladry: You're welcome.

Moderator: All right. Next up I see Esther. Esther, you're able to unmute yourself.

Esther Olshin: Yes. Thank you for taking my question. I just wanted to ask if you could review what you said about correcting once October 1st comes. I know that especially in our [inaudible] rating report it comes out six months later, I usually have a quarter to do any corrections. So, does that mean that once September passes, we won't be able to fix that quarter? I just need clarification.

Ellen Berry: Are you referencing the crossover rule?

Esther Olshin: No. When they talked about changing or modifying once the new October 1st MDS comes in. Maybe that’s what you called it. In chapter 5.

Ellen Berry: Yes, that's what it is. No, that doesn't mean you cannot modify a record that is prior to October 1. What you cannot do is change the target date so that it is either the original target date is prior to October 1. You cannot change it to post-October 1 and vice versa.

Esther Olshin: Okay. Thank you. That was my question.

Ellen Berry: Did that help?

Moderator: All right. Next up we have, I think it's pronounced Genice, Genice Hornberger?

Genice Hornberger: Yes, hello. I have two questions. One is, can you tell us when the updated PDPM grouper file will be available. And then the second question has to do with the RAI manual. And where it references that other payers, such as Medicare Advantage plans, may require health insurance prospective payment system codes on the MDS, or like HIPPS codes for billing purposes. And then the manual was updated to state, "however, facilities must not code assessments done for these purposes as PPS assessments in A-0310-B, and A-0310-H or submit these assessments to iQIES." And they've not been submitted to iQIES, or they're not supposed to have been. But I guess my question specifically is can you give guidance on how providers should code these assessments that Medicare Advantage payers are required—when they require a HIPPS code, and how would—how would providers code the MDS then in order to get that HIPPS?

John Kane: I'll answer the grouper question. We are trying to get the grouper software released. So, I am hoping that we're going to have that available today.

Genice Hornberger: Thank you.

Moderator: Okay. Next up I see—

Ellen Berry: Sorry. I'll take the second part of that question. This is Ellen. So, we looked to you guys, the vendors, to work with the providers on how to do that. You can add an item into your software, if you'd like, you know, as long as it doesn't get submitted to CMS. That's the big push that it doesn't get submitted to us. When you're having an audit, you don't want something that's coded as a PPS, and maybe the Mac looking at it and saying why wasn't this submitted if it is a PPS assessment, if that makes sense.

Genice Hornberger: I totally understand that. I think the challenge makes it when vendors do custom work to do that, it limits our ability to then share that data in a standard way, with other vendors or other entities. And so that's where it really limits our interoperability, and ability to then share that data. Thank you.

Moderator: All right. We will go back to Barbara. Barbara, you're able to unmute yourself.

Barbara Falkenberg: Hi. This is Barb. I don't think I have a question. I don't know if I accidentally hit something.

Moderator: It's okay. It's okay. We'll go to the next person if you don't have a question.

Barbara Falkenberg: All right. Thank you.

Moderator: No worries. All right. The next person I see is I think I pronounce it Frosini.

Frosini Rubertino: Yes, it's Frosini, and thank you for taking my call. I just want to kind of revisit the question about the Medicare Advantage and coming the MDS, and this may not be the place to ask the question but if you know where we would get the answer that would be helpful. Some of us are wondering if we're coding the Medicare Advantage, I am assuming that since we can't code it as a Medicare five-day, we're going to be coding it as *not* a PPS assessment, so coding a A0-Plan 310-B as a 99 for not a PPS assessment. How would the software know, then, to pull up the correct data set for that Medicare Advantage? And that's my question. Thank you.

Ellen Berry: This is Ellen Berry. I cannot speak for Medicare Advantage, but, as far as I'm aware, we do not—CMS does not instruct Medicare Advantage that they must use the MDS. And that they must use the PDPM grouper. And so—

Frosini Rubertino: Okay. So, I'm assuming then that we're going to be coding not a PPS assessment then, an A0310B. So, I guess we need to find out from Medicare Advantage how, how that data set— because in the past we've coded as a five-day, so when we pull up the five-day assessment for Medicare Advantage, that's how we got the data set. So, that's why I was curious. But thank you.

Moderator: All right. The next person I am seeing is Heather. Heather, you're able to unmute yourself.

Heather Newton: Yes, hi. Can you hear me?

Moderator: Yes.

Heather Newton: Okay. So, my question is, is how do providers code with the new data set the ethnicity and race? On the discharge assessment, if the resident was sent for, like, an unplanned discharge to the hospital, if we can't ask the resident.

Heidi Magladry: Hi, this is Heidi. I can speak to that. If you read the guidance in the RAI manual, you'll see there's almost a hierarchy of how you collect that data. Obviously, patient self-report is the primary way we want that data collected. If the patient's unable to respond, you can use a proxy respondent. And then the third option is through medical record documentation. So, we would expect that you would have that information available. Even if the resident wasn't immediately available to you.

Heather Newton: Perfect. Thank you.

Heidi Magladry: You're welcome.

Moderator: All right. The next person I am seeing is Brad. Brad, you're able to unmute yourself.

Brad Truini: Hi, good afternoon. This question may not pertain exactly to what you're speaking about today. But I figured I'd ask it anyways. So, prior to the call I was looking at the facility five-star rating and I noticed that on our most recent health inspection section, there was an incorrect number of deficiencies listed as the number. So, the number of deficiencies listed was incorrect based on the survey that's posted on the site, and I was wondering if there is a contact email, or who I can reach out to, to correct that. Thank you.

Danielle Barr: Hi, this is Danielle. You can reach out to bettercare@cms.hhs.gov.

Brad Truini: Can you give me that one more time, please?

Danielle Barr: Yeah, sure. And I'll post it in the chat: it's bettercare@cms.hhs.gov.

Brad Truini: Thank you.

Danielle Barr: Sure.

Moderator: All right. The next person I am seeing is ArSheena. You are able to unmute yourself.

ArSheena Harmon: Yes. Can you hear me?

Moderator: Yes, you sound good.

ArSheena Harmon: Okay. I was just kind of piggybacking off of Marie Johnson's question. When will PCC have updated questions in the POC that will be available to use to reflect the changes in GG?

Ellen Berry: Are you asking when Point Click Care will have their update?

ArSheena Harmon: Correct.

Ellen Berry: You will have to reach out to them.

ArSheena Harmon: Okay.

Moderator: All right. The next person I am seeing is Jane. Jane you're able to unmute yourself.

Jane Schoof: Hello. Can you hear me?

Moderator: Yes.

Jane Schoof: Okay. I have two questions. The first one is back on ethnicity and race. I just want to clarify. I know that it's an interview question. Are we truly expected to ask our resident their race and ethnicity with every MDS, or the way the manual reads, I believe that is the case. So, if the patient's unable to respond, would we truly, if we have five MDSes for whatever reason, need it done in a quarter's time frame, we would need to call and interview the family each individual time? Or once we've established the race are we able to use that information? That's question number one.

My second question is, under GG, and I apologize if this was clarified in the final, I have not gotten through the errata for the final version in GG, but most of GG references as if it's a new admission, including in the examples. And with the OBRA assessments the option for "not applicable," because it did not happen prior to admission, my question is for OBRA assessments would "not applicable" be from assessment to assessment if we were to use that option? What is the, I guess, what's the surroundings around using the "not applicable" on long-term care residents? Hello? Am I still on?

Heidi Magladry: Hi, this is Heidi. I would say for the race and ethnicity items, you are absolutely correct; it's designed to be an interview item. So, I mean, I would expect that you would be clarifying that there's no change to that information with the resident.

In terms of the GG applicability, can you go ahead and send me that question in? Because I feel like we've already issued guidance about this and I believe it's in the training Q&A document but if you'll send the question in, I'll be happy to get you a response.

Jane Schoof: Great. Thank you.

Moderator: All right. The next person I am seeing is Linda. Linda, you're able to unmute yourself.

Linda Lambert: Hi there. I just want to question about when the—before October 1, when should we be expecting updated coding guidance regarding the ADO section of the 672 form, when G is going away?

Ellen Berry: That will be out sometime this fall. But I'm not exactly sure when.

Linda Lambert: Thank you.

Moderator: All right. And let's see here. I see Esther's hand again. Esther, you're able to unmute yourself.

Esther Olshin: Yes. Thank you for taking my question. So, these are two questions I had sent in when I registered with ODF to Jill. So, I'm just going to review them; I don't know where to get that response. My first question is, let's say we have an outside vendor, like a psychotherapist, come to the facility and do the interview for the PHQ-9. I know the person who does the interview [indiscernible] is supposed to sign MDS, but the psychotherapist is like a third-party vendor and she's not going into our MDS. What's the guidance of using like a supportive interview that's documented in the progress notes to sign that section? And my next question is, we've had insurance deny GG information, when the actual documentation date was documented after the three ARD dates. We're supposed to review, the understanding is we're supposed to review over the usual, the three days, and then come to a conclusion, which many are saying should be after the three days. So, is there any written guidance on when that conclusive usual should be documented?

Heidi Magladry: This is Heidi. I can comment on the second, on the GG question. Again, it's in the post-Q&A guidance training document. And, you can certainly be interdisciplinary team, and it's in writing on the Q&A document on page 29. So, completion of section GG does not need to occur within the three-day assessment window, but it's expected to be based on assessments completed within the three-day assessment window. So, the interdisciplinary team can assimilate the data to determine the usual performance after day three, as long as they only utilize information from the three-day assessment window. And again, that's in writing on the post-training Q&A document that's posted.

And then your other question, I apologize, I can't remember the other question.

Esther Olshin: It was about an outside vendor doing an interview, for example, a psychotherapist doing the PHQ-29 and documenting it in the notes but they're not necessarily filling out the MDS. What's the guidance of using that interview for our depression section D in MDS, but they're not going to be signing our actual MDS?

Ellen Berry: I'll take this one. This is Ellen. So, if it's documented in the medical record, and the person was interviewed, you can, based on your policy and procedures, code the MDS based off what's documented and whoever is coding the MDS based off that therapist information would be the one who signs it. And ideally if you could—

Esther Olshin: Sorry. They would use the collection date of the date that's in the progress notes?

Ellen Berry: Are you speaking to the date that goes in the Z-400?

Esther Olshin: Correct.

Ellen Berry: I'd have to read the manual. I don't have that memorized anymore as to what the date is that goes there.

Esther Olshin: It does say the date of completion, not the date of signature. So, yeah, it says you put in the date that you completed the interview, not the date that you're actually inputting it into the MDS.

Ellen Berry: Again, it's been quite a while since I've looked at that, and the date that goes there. But that is not my recollection, so we'd have to go back and look at exactly what's in the manual for section B.

Esther Olshin: Okay. Thank you.

Moderator: All right. The next person I'm seeing is Ling. Ling, you are able to unmute yourself.

Ling Zhang: Can you hear me?

Moderator: Yes.

Ling Zhang: I have a GG question for shower base shelf, for the OBRA ones. We scheduled, but the resident is on hospice, for example, and the shower base is done by a hospice aide. How can we code it in the MDS?

Ellen Berry: My recommendation is that you reach out to your state RAI coordinator. It is not easy for us on this call to answer specific coding questions.

Ling Zhang: Okay. Thank you.

Ellen Berry: And that would be in Appendix B of the manual.

Ling Zhang: Okay. Thank you.

Moderator: All right. The next person I am seeing is Nelia, I think is how it's pronounced, or Nelia? You're able to unmute yourself.

Nelia Adaci: Yes. Can you hear me?

Moderator: Yes, you sound good.

Nelia Adaci: Oh, thank you so much for taking my questions. I do have two questions and one comment. The first one is regarding this new VBP affecting Fiscal Year 2027 programs, when stated that CMS is adopting the audit portion of the validation process for MDS-based measures. How exactly are you planning to do this? Is it going to be done on all facilities? Because I understand the auditing of the claims, this is—I guess I just need more clarification that you will

be able to. And my second question is, I'm just piggybacking on Pete's earlier question regarding the freezing of the QMs affected by the re-specifications, specifically for the five-star QM rating. If I understand it correctly, these QMs will be frozen until, during the transition, and that means that whatever scores, whatever points you have, through September 30, 2023, will be the same points that we will have until the transition is done. Just need to know if I'm understanding that correctly.

And the last thing, the comment was—that I want to say is what Brad was asking earlier, because you had those issues on the recording of the health inspections. The number of health inspections, those are the ones that were being IDR'd, they were reflected in Care Compare, they were calculated prematurely. And I did reach out to CMS. I did reach out to Better Care. And they told me that you have to reach out to the state because it's dependent on what's being entered in Aspen. And so, I'm just letting Brad know that, if that helps him out. So, thank you.

Rebekah Natanov: So, I can answer your question about the QMs. Only the four QMs will be frozen out of the 15 used in the five-star, so your scores can still be changing during that time, as the rest of the quality measures will not be frozen.

Chris Palmer: I can take a point here with the VBP question. So, like we've referenced previously, we will collect the 1,500 SNFs that submitted at least one MDS record in calendar year 2024 or we're anticipating in the FY2026 SNF VBP program for validation in the FY2025 performance period. This will include a validation contractor requesting up to ten randomly selected medical charts for each SNF and we'll have more detailed information concerning the policy in both future rule-making, and appropriate frequently asked questions.

Nelia Adaci: Thank you. So, will the—will these facilities be randomly picked? Or will there be triggers that would kind of like target certain facilities?

Chris Palmer: All I can say at the moment is we're still working on finalizing the selection process.

Nelia Adaci: Okay. Thank you.

Moderator: All right. I know we're running a little low on time. But I think we can take at least one more question. I am seeing Lori. Lori, you're able to unmute yourself. Lori, you're able to unmute yourself.

Lori Nabors: Yes. Can you hear me?

Moderator: Oh, yes. Yes, I can.

Lori Nabors: Thank you for taking my question. So, my question is, and my understanding is, that on the new MDS we only code the therapy in PT/OT/ST if the MDS is coded as a Day 5 PDPM, is that correct?

John Kane: Could you ask that one more time?

Lori Nabors: My question is on the October 1 new MDS set, we would only code PT, OT, or ST if the assessment is a Medicare Day 5 PDPM, is that correct?

John Kane: I can say that you definitely code it if it is a PDPM assessment. I can't speak to what will be coded for non-PDPM assessments.

Lori Nabors: Okay. So, it's like the quarterly assessment, an annual assessment, and the guidance within the form states only code if it's a Day 5 PDPM. So, with that being said then, we would not code that in the OBRAs; is that my understanding?

John Kane: That would be consistent with that guidance. Yes.

Lori Nabors: Got it. Okay. Thank you.

Jill Darling: And just one more question, please.

Moderator: All right for the last question I've seen Kelly's hand up for a while. Kelly, you're able to unmute yourself. Kelly, you're able to unmute yourself. All right. We will move on to the next person, Dustin. Dustin, you're able to unmute yourself.

Dustin Marshall: Okay. Two questions. Regarding OBRA assessments, and hopefully you're able to answer, regarding OBRA assessments, it's my understanding that on the item sets for GG that we will not be assessing the walking 10 feet or the step questions. Is that correct on OBRA assessments, including an admission OBRA?

Ellen Berry: As I mentioned earlier, answering these specific coding questions is not a simple task for us to do on the whim, so we suggest that you reach out to your state RAI coordinator.

Dustin Marshall: Okay. And just quickly here, is there any scenario where we would use dual coding? I know like when we transitioned to PDPM there was a period of time where we would collect two different sets of data. Is there any scenario where that would come into play with this transition or ARD-based shouldn't overlap in different months?

Ellen Berry: Can you rephrase that question, please?

Dustin Marshall: Yeah, so essentially, is there any scenario that you guys are aware of where if someone were to come in, admit at the end of the month, and our ARD date were to overlap would we need to collect—

[Unknown Speaker]: You'll send it to the ODF number.

Ellen Berry: Your lookback window is your lookback window, if that's what you're asking about. So, if your ARD is October 2, depending on the item, you would be looking back into September.

Dustin Marshall: Right. So, in that case, like if we were going to do like an admission assessment on October 1, for instance, we would need to have collected GG data on that person even though it wouldn't actually be an active system until the ARD date, I think that makes sense to me.

Ellen Berry: Yes, correct.

Dustin Marshall: All right. That sounds good. Okay. That's all I have. Thank you.

Jill Darling: All right. Well, we are at time, everyone. So, we greatly, greatly appreciate your patience, your questions, your comments. I know we are using the new Zoom platform for these ODF calls/webinars. I did put the email in the chat. If you do—if you were unable to answer—I'm sorry, unable to ask your question, so please send your email to that inbox. And that will conclude today's call. Thanks, everyone. Have a great day.