

Centers for Medicare and Medicaid Services
Skilled Nursing Facility Long-Term Care
Open Door Forum
Moderator: Jill Darling
Thursday, March 8, 2018
2:00 p.m. ET

Operator: Good afternoon. My name is (Jack). And I'll be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services, Skilled Nursing Facility Long-Term Care Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question and answer session. If you'd like to ask a question during this time, simply press star then the number one on your telephone keypad. If you'd like to withdraw your question, press the pound key.

Thank you. Ms. Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Jack). Good morning and good afternoon everyone. And thank you for joining us today for the SNF LTC Open Door Forum. I believe this is the first one of 2018, so happy New Year, a little late but happy New Year.

So before we get in to today's agenda, I have one brief announcement. This open door forum is not intended for the press and the remarks are not considered on the record.

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 have any inquiries, please contact CMS at press@cms.hhs.gov.

So first up, we have Ronke Fabayo, who has an announcement about the Low Volume Appeals opportunity.

Ronke Fabayo: Thank you, Jill. Good afternoon everyone. My name is Ronke Fabayo. And I'm the deputy director for the Division of Medicare Debt Resolution in the office of Financial Management.

As part of the department's broader efforts to improve the appeal process, CMS made available the Low Volume Appeal settlement option on February 5th, 2018. LVA is limited to providers and suppliers or appellants with the Low Volume Appeals pending at the Office of Medicare Hearings and Appeals and the Medicare Appeals Council at the Departmental Appeals Board.

Specifically, appellants with fewer than 500 Medicare Part A or Part B claim appeals pending at OMHA and DAB combined as of November 3rd, 2017 with the total billed amount of \$9,000 or less per appeal could potentially be eligible if certain other conditions are met.

CMS will settle eligible appeals at 62 percent of the net approved amount. CMS will host the Medicare Learning Network Provider Call on March the 13th which is next week Tuesday to discuss the process in detail.

Registrations to this call can be found on our website at go.cms.gov/lva. Links for the written transcripts and audio recordings for the January and February Medicare Learning Network Provider Calls that we hosted are also available on the LVA website.

We encourage those who are interested in learning more about this new opportunity to visit our LVA website. There is a wealth of information regarding the settlement. Including settlement process documents and frequently asked questions. Interested appellants should also attend our March 13th Medicare Learning Network call for additional information.

As a reminder that website again is go.cms.gov/L as Lucy, V as in Victor, A as in Apple. If you have any questions related to this process, please contact at – please contact us at medicaresettlementfaqs@cms.hhs.gov. Again, the e-mail address is medicaresettlementfaqs@cms.hhs.gov. The website again to find out additional information is go.cms.gov/lva.

Thank you, Jill.

Jill Darling: Thank you, Ronke. And up next, we have John Kane who will speak on the clarification on RCS-1 status.

John Kane: Thank you, Jill. And good afternoon everyone.

On May 4th, 2017, CMS had issued an Advance Notice of Proposed Rulemaking with comments or an ANPRM which discussed potential options under consideration for revising certain aspects of the existing SNF PPS case-mix methodology, commonly referred to as RUG-IV. We received a significant number of comments on that notice. And we certainly thank you for all of those comments.

Since that time, we have received a number of questions regarding the implementation timeline for RCS-1. And on details of what RCS-1 policies were finalized as a result of that notice. We want to take this time to clarify that the ANPRM did not propose any policies which also means that CMS has not finalized any policies associated with RCS-1. And as such there does not exist a timeline for implementation of the RCS-1 model.

Members of the public may still provide whatever comments they wish on the RCS-1 model presented in ANPRM. Well, we hope to just alleviate any confusion or concern arising from the mistaken impression regarding the status of the RCS-1 model. To repeat, we have not proposed or finalized any policies associated with RCS-1. And as such have no details on the timeline for implementing RCS-1. Thanks for your time. I'll send the call back over to Jill.

Jill Darling: All right. Thank you, John. Last from the agenda, we have (Lorelei Kahn) who has a PBJ update.

(Lorelei Kahn): The intent of the PBJ reporting requirement is to ensure accurate data for public posting for consumers and residents and to analyze how staffing levels

and turnover impact resident care. This supports our overall goal of improving care.

As a reminder, 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, 2018.

We strongly encourage providers to submit data throughout the quarter and not wait until the last 24 hours before the deadline. Data must be submitted successfully to be considered timely.

Once a facility uploads their data file, they need to check their final validation report, which can be accessed in their CASPER folder, to verify that 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.

CMS will be communicating more information about how the data will be used in the staffing measure and the five-star quality rating system shortly. This will be provided through CMS memorandum and posted at the link that's included on the agenda.

Please note that the survey and certification group has changed its name to Quality Safety and Oversight.

CMS has posted public use files for staffing data submitted through the PBJ system. These quarterly data files will have daily staff hours for each of the nursing job categories as well as the daily resident census derived from the MDS.

The files and detailed documentation about their contents and structure will be available for viewing and downloading from data.cms.gov. More information on the public use files can be found in the CMS memo 17-45-NH. Thank you.

Jill Darling: Thank you, (Lorelei). (Jack), we will go in to our Q&A please.

Operator: As a reminder ladies and gentleman, if you'd like to ask a question, please press star then one on your telephone keypad. If you'd like to withdraw your question, press the pound key.

Please limit your questions to one question and one follow up to allow other participants time for questions. If you will acquire any further follow up, you may press star one again to rejoin the queue.

Your first question comes from the line of (Robert Moura) with MatrixCare. Your line is open.

(Robert Moura): Good afternoon. And thank you for having this call today. It's greatly appreciated. Related to RCS-1, do you have – I know you said that there's no finalized policy, no timeline, no proposed timeline for implementation. But do you – can you give us any kind of update as to when, so software electronic health records like myself can have ample time to prepare. Do you perceive 2018, 2019?

John Kane: So thank you for the question. So again, we haven't proposed or finalized any sort of policies which means that they're currently is not any sort of timeline associated with when we would implement this. That being said, we're certainly cognizant of the fact that in implementing something of this magnitude, we would need to make sure that we were taking account of the time it would require for implementing system changes, software development, other such changes that we need to be accompanying the implementation of that type of model.

So we don't have any sort of sense right now of sort of, you know, when will it be implemented or even, you know, in terms of when, you know, something like that will be proposed or finalized or anything like that. So we don't have any details on any of that at this time.

But your comment is certainly well taken but we need to make sure that we're taking account of the amount of time it is necessary for stakeholders to adapt to these types of changes.

(Robert Moura): Thank you. I appreciate that. Thanks, John.

Operator: Your next question comes from the line of Kathy Kemmerer with AdvantageCare Rehab. Your line is open.

Kathy Kemmerer: Hi. I have a question. And this one comes from a survey. And we're wondering hydrocollators are they permitted any longer in a SNF nursing home? And if so, do they need to be locked up? And I know this is off topic. But it came up during a DOH survey and we needed to know.

(Karen): So this is Karen. So just make sure I understand your question. Your question was whether around hydro – whether or not hydrocollators are available or required to be locked up within the skilled nursing facility?

Kathy Kemmerer: Yes. And are they allowed in skilled nursing facilities anymore? We were told they were not. And that's the first time we've ever heard something like that.

(Karen): OK. So I think, you know, from a federal perspective, we do not have specific regulations around that, within the requirements for participation. You would want to check your state requirements to see – to determine whether or not there's any state related licensure requirements that come in to play.

And certainly, if there are questions about findings from a survey that you've had, I would encourage you to either, you know, go through the IDR process or reach out to your state or regional office to ask questions about any findings that you have questions about.

Kathy Kemmerer: OK. Thank you.

Operator: ... line of Doug Burr with Health Care Navigator. Your line is open.

Doug Burr: Yes. Good afternoon. My question is for John Kane and good afternoon John.

John Kane: Hey, Doug. How are you?

Doug Burr: Good. How are you?

John Kane: I'm doing well.

Doug Burr: Has CMS decided whether it's going to be providing any written responses to the original set of comments that received that were related to the ANPRM in which the RCS-1 was introduced?

John Kane: No. I don't think that we have any decisions regarding sort of how we were treating the comments. I mean certainly we've been reviewing the comments. The comments have been monumentally helpful in terms of considering revisions to the model that was presented in the ANPRM. So we certainly are considering those comments as far as how we would respond to those comments. I think that there's still some work that has to get done there.

Doug Burr: OK. Thank you.

John Kane: Thanks Doug.

Operator: Your next question comes from the line of (David Thomas) with Spectrum Health. Your line is open.

(David Thomas): Hi. I had a question for John. At the beginning of the call, you spoke so fast. I had a hard time writing it down. Could you tell me what the acronym ANCRM stand for? And if that's what you've said, I wasn't sure.

John Kane: The acronym was ANPRM and that stands for Advance Notice of Proposed Rulemaking.

(David Thomas): OK. Thank you.

John Kane: No problem.

Operator: Your next question comes from the line of Joseph Browne with Riviera Health Resort. Your line is open. Joseph Browne, your line is open.

Joseph Browne: Yes. Hello. Good afternoon everyone.

I had a question about the PBB – PBJ calculation, is there any place that we could – a number that I had to call about this PBJ calculation is inherent type of weakness for my facility which is like a 50 facilities, 50 percent long-term or 50 percent rehab? So just wanted to know if there was anybody I can reach out CMS, any department or anybody who are in charge of PBJ, that have discussion on that calculation.

Lorelei Kahn: So you can send your question to this e-mail address, nhstaffing@cms.hhs.gov.

Joseph Browne: OK. So I got nhstaffingcms.hhs.gov.

Lorelei Kahn: The @, you forgot the @. So it's nhstaffing@cms.hhs.gov.

Joseph Browne: OK. Yes. Thank you.

Lorelei Kahn: OK.

Joseph Browne: Thank you.

Jill Darling: You're welcome.

Operator: Your next question comes from the line of Pam Campbell with PointClickCare. Your line is open.

Pam Campbell: Good afternoon. And thanks for taking my question. Do you know or have an idea when the proposed rule for RCS-1 methodology will be published?

John Kane: The short answer would be, no. So we – again, we're considering comments, we're considering additional analysis that were suggested to us by stakeholders. So no, we this time do not have a sense of when we would proposing anything related to RCS-1.

Pam Campbell: OK. Thank you.

John Kane: Thank you.

Operator: Your next question comes from the line of (Joe Vanny) with Care Centers.
Your line is open.

(Joe Vanny): Hey, thank you for taking my call. I'm just curious. This wasn't a topic that you all brought up today. But with the data from the new survey process being frozen. Does anybody have any indication when the survey data will ultimately start to be incorporated into the five-star rating and when we can expect some updates to the five-star users manual related to how that new data will impact the five-star.

Evan Shulman: Hi. Thanks for your question. This is Evan Shulman. So first off, the user's manual for those that don't know was updated to reflect the changes due to the freeze of the health inspection component of the five-star rating system. We have announced that the freeze will be implemented and in existence until for about a year, so probably at least until the beginning of 2019.

We do not have a timeline for exactly when it will be unfrozen and the change and specification if there are any for when it will be unfrozen. But we would certainly release information about that prior to reinstating the health inspection rating calculation into the five-star rating system.

(Joe Vanny): Thank you.

Operator: Your next question comes from the line of Mark Klyczek with Rochester Regional. Your line is open.

Mark Klyczek: Hi. Thank you. In regards to the RCS-1 conversation, I was wondering – I know this is even further down the road. But is there any looking forward to the unified post-acute payment program. And would that potentially just overtake the RCS-1 program and be implemented prior to RCS-1?

John Kane: So certainly, that's one of the comments that we received on the RCS-1 model is the manner and degree to which it will be integrated with the direction of the agency been moving with regard to post-acute care, site neutrality and then having a unified (back) system.

So that is, again, a comment that we've definitely taken seriously. And that is actually been a part of some the analysis that we've done since then to try and figure out ways that we can try a lot – better aligned with that future direction.

So again, no real updates to provide as far as surveying more details on that. But, yes, we understand the – so the concerns are integration between the RCS-1 model as well as any sort of future initiatives related to unified; back payments. So, if there any suggestions or comments on that, in addition to that, we're certainly happy to hear them.

Mark Klyczek: OK. Very good. Thank you.

Operator: Your next question comes in the line of Bill Boso with Southern Indiana Rehab Hospital. Your line is open.

Bill Boso: Hi. Thank you. I had in some notes that the – related to those PBJ that beginning in April quarter four data will be used on five-star rating. You indicated on the call that further information would be released. Is that timeline still accurate?

Lorelei Kahn: Yes, it's still accurate.

Bill Boso: Thank you.

Operator: Your next question comes from the line of Tammy Kelly with Commonwealth Care. Your line is open.

Tammy Kelly: Yes. Thank you for taking my call. The question I have is regarding the five-star survey freeze. I know that the methodology and all still not published. I just was wondering if there's any discussion about whether these surveys that occurred during the freeze year will be added into the five-star at the end of that year or if we will be skipping this year and adding – starting with the next year due to the learning curve with the survey.

Evan Shulman: Yes. I understand the question. And I think it's a great question that a lot of folks have. We haven't made decisions about how results from the new

surveys will be included in the five-star rating system. So again, we've published information about that as we get closer to the unfreezing date.

Tammy Kelly: Thank you.

Operator: Again, if you'd like to ask a question, please dial star one on your telephone keypad.

Your next question is from Felicia Ojigho with Manifestation Home Care.
Your line is open.

Felicia Ojigho: Yes. Thank you for (inserting) my call. I just wanted to know the, you gave us an extension of the (overall) system for overpayment month?

Jill Darling: Would you mind repeating your questions.

Felicia Ojigho: OK. I wanted to ask about the overpayment extension. What is the timeframe?

John Kane: Hey, (Jason), are you on the line?

(Jason): Yes.

Felicia Ojigho: Yes.

(Jason): I am (John). But payment extension?

Felicia Ojigho: The overpayment extension, how many months?

(Jason): John, I'm thinking maybe this might be (overpayment) something about overpayment extension, I don't ...

John Kane: OK. Do you want to send it in to the (Inaudible) mail box and we can direct it over to our Office of Financial Management?

Felicia Ojigho: Sure. What's the mail box?

Jill Darling: If you received today's agenda, it's on – it is on the agenda. But I'll read it off for you. It's SNF, SNF_LTCODS-L@cms.hhs.gov.

Felicia Ojigho: OK. Thank you.

Jill Darling: You're welcome.

Operator: Your next question comes from the line of Munazza Malik with Ciena Healthcare. Your line is open.

Munazza Malik: Hi. I'm calling in reference to the SNF VBP program. And my question is, can we expect the 2017 quarterly SNF VBP reports during 2018? And also when would we know the exact of whether the facility is, you know, getting like the rate cuts and their rates according to the SNF VBP calculation?

(Tara McMullen): Hi. This is (Tara McMullen). If you can e-mail the SNF VBP help desk or the SNF LTCODS inbox.

Munazza Malik: OK.

(Tara McMullen): We will direct your questions to the SNF VBP team.

Munazza Malik: OK. Thank you.

(Tara McMullen): Thank you.

Operator: There are no further questions at this time. I would now like to turn the call back to the presenters.

Jill Darling: All right. Well, thank you everyone for joining us today for the SNF Long-Term Care Open Door Forum. You do get some time back so thanks again. And we'll talk to you the next time. Thank you.

Operator: Thank you for (participating in) Long Term Care Open Door Forum Conference Call. This call will be available for replay beginning on March 8th at 5:00 p.m. Eastern Standard Time and ending on March 12th at 11:59 p.m. Eastern Standard Time. The conference I.D. number for the replay is

316-09914. The number to dial for the replay is 855-859-2056. Again that number was 31609914. And the number to dial for the replay is 855-859-2056.

This concludes this conference call. You may now disconnect.

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