

Centers for Medicare and Medicaid Services  
Skilled Nursing Facilities, Long Term Care  
Open Door Forum  
Moderator: Jill Darling  
May 4, 2017  
2:00 p.m. ET

Operator: Good afternoon. My name is (Amy) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Skilled Nursing Facilities, 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 would like to ask a question during this time simply press "star" then the number "1" on your telephone keypad. If you would like to withdraw your question please press the "pound" key.

I would now like to turn the call over to Ms. Jill Darling. You may begin.

Jill Darling: Thank you, (Amy). Good morning and good afternoon everyone. I am Jill Darling in the CMS Office of Communications and thank you for joining us today for the Skilled Nursing Facilities and Long Term Care Open Door Forum.

Before we get into the agenda, as always I have my 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 do have enquires please contact CMS at [press@cms.hhs.gov](mailto:press@cms.hhs.gov).

So first up we have John Kane, who has a general update on the fiscal year 2018 SNF PPS Proposed Rule.

John Kane: Thank you, Jill. And thanks everyone for being on the call today. On April 27th, CMS issued CMS-1679-P, a proposed rule updating Medicare payment rates and policies for skilled nursing facilities for fiscal year 2018. Based on proposed changes contained within this proposed rule, CMS projects that aggregate payments to skilled nursing facilities will increase in fiscal year 2018 by \$390 million or 1.0 percent from payments in fiscal year 2017.

In addition to the payment and policy proposals contained in the proposed rule, it also includes a request for information to solicit ideas for regulatory, sub regulatory policy practice and procedural changes to better accomplish transparency, flexibility, program simplification and innovation and Medicare.

And with that, I am going to turn it over to Michelle King to talk about the Quality Reporting Program.

Michelle King: Thank you, John. The skilled nursing facility quality program – reporting program was established in according to the section of 1899B of the Social Security Act as amended by Improving Medicare Post Acute Care Transformation Act of 2014 better known as the IMPACT Act. The SNF Quality Reporting Program applies to all SNFs that are paid under the SNF perspective payment system.

SNFs that submit data under the SNF perspective payment system are required to participate in the SNF quality reporting program. Excluding providers include critical access hospitals and (sling) beds. Under the SNF quality reporting program, SNFs report data on measures that are publically reported. SNFs that fail to submit that required quality data to CMS are subject to a two percent point reduction to the annual market (batch) percentage update with respect to that fiscal year.

CMS has adopted seven measures with the SNF Quality Reporting Program. (Four of) these measures are MDS 3.0 assessment based and three of these measures are Medicare and claims based. In fiscal 2018, SIF perspective payment systems proposed rule displayed on April 27th at a Federal Registry's inspection deck and is now available under the section of special filing on the website of [federalregistry.gov/inspection](http://federalregistry.gov/inspection).

In this rule, we are proposing for following; beginning in 2020 the annual payment update determination we're proposing to adopt a modified version of the current pressure ulcer intended to satisfy the IMPACT Act, quality measured domain of skin integrity.

The name of the post measure is Changes in Skin Integrity Post-Acute Care Pressure Ulcer/Injury. We propose to determine – we propose to begin data collection of this measure in October of 2018. If adopted, this measure will be placed at current pressure ulcer measure.

Beginning in 2020, the annual payment update determination we are proposing to adopt an application of four inpatient rehabilitation facility outcomes based function measures.

These are, number one, changes in self care score for medical rehabilitation; patients – and this is just at the National Quality Forum's number 2633. Change in morbidity score for medical rehabilitation patients, National Quality Forum number 2634. Number three, discharge self score for medical rehabilitation patients, National Quality Forum number 2635.

Number four, discharge mobility score for medical rehabilitation patient, National Quality Forum number 2636.

We have proposed – we are proposing data collections of these four functions outcome to begin in October of 2018 – October 1st, 2018. Pending the availability of data, we're proposing to publically report six measures in calendar year 2018 as required under the IMPACT Act.

Three of these measures are as follows; application percent of long term care hospitals, patients with admission and discharge functional assessment, and a care plan that adjust its functional National Quality Forum number 2631. Number two, percent of patients or patients with pressure ulcers that are new or worsened under the National Quality Forum number 0678.

And finally number three, application of percent of residents experience one or more falls under major injury, National Quality Forum number 0674.

Three of these measures are claim based measures. They are as follows; Medicare spending for beneficiary, PAC SNF Quality Reporting Program. Discharge of community PAC SNF quality programs. And finally number three, potentially preventable 30 day post discharge readmission measure for SNF Quality Reporting Programs.

Beginning in 2019, SNF must report standardized patient data assessment. To satisfy this requirement, the FY2019 program year, we are proposing to do the data submitted on the existing pressure ulcer measure. For 2020, the program year we're proposing SNFs begin standardized patient data assessment with respect to five specific patient assessment categories required by law.

They are as follows; number one, function status; number two, cognitive functions. Number three, special services treatments and interventions. Number four, medical conditions and co morbidities. And number five, impairment. For 2019, the annual payment update determination, there are no additional submission requirement.

For the fiscal year 2020, we are proposing the requirement that skilled nursing facilities also submit data on additional standardized health assessment data elements using the MDS 3.0. To meet this requirement, we're proposing to modifying the MDS 3.0 with data submission beginning in October 1st, 2018. We are also proposing to extend policies for quality data reporting of quality measure to the standardized patient resident assessment data.

In conclusion, to minimize the burdens we took into count existing 3.0 data elements that would appropriately and adequately satisfy the five patient resident assessment categories in the IMPACT Act to be focused on that data elements that are clinically relevant and useful in facilitating safe care transition. We also proposed to remove 3.0 data elements that we identified as duplicative or no longer useful to skilled nursing facilities. Thank you.

Jill Darling: Thank you, Michelle. Next we have Jim Poyer, who will go over the value based purchasing.

Jim Poyer: Thanks. Jim Poyer, director of the Division of Value Incentives in Quality Reporting here at CMS. And we'll talk a little bit about the skilled nursing

facility value based purchasing, or VBP, programs. And previous year rule making, we adopted scoring and operational policies for the initial year – enactment year of the program affecting fiscal year and 2019 payments and specify the measure as mandated by statute of readmission measure well as other program features.

And in this rule, we include additional program proposals including a payment exchange function needed to implemented value based incentive payment adjustments beginning with October 1st, 2018 payments. But first, a few reminder about the statutorily mandated program requirements. The SNF VBP program is limited to a single 30 day hospital readmission measure to patient's discharge to the skilled nursing facility.

The program is required to reduce the SNF's Medicare perspective payment system, or PPS payments, by two percentage points to fund the value based incentive payment. The total amount of the value based incentive payments in a fiscal year is statutorily limited to between 50 percent and 70 percent of these amounts withheld from the SNF's payments. In other words, meaning that in each year the program includes a Medicare savings between 30 percent and 50 percent of the total withheld that 2 percent that I talked about of the adjustment pool.

And lastly, we're required to rank facilities from low to high and that the lowest 40 percent of the performing facilities on the readmission measure must be paid less than the amount they would have received in the absence of the program. Now to the proposal, this year we are proposing to adopt a logistic exchange function, which is in an S shaped curve that we will use to translate skilled nursing facility performance score into value based incentive payments.

We are also proposing to payback 60 percent of the amounts withheld from the skilled nursing facility Medicare payment. This is – this amount is in the middle of the range provided by statute and matches the estimates provided by the congressional budget office when they estimated the impacts of the protecting access to Medicare provision when it was passed and authorized in the skilled nursing facility value based purchasing program.

In this rule we also propose a performance period, baseline period and performance standards for the second year – fiscal year 2020 program year, as well as additional details on our review and correction process and a revision to the scoring policy for additional precision. And just – we also intent to monitor the affects of these proposed policies carefully.

Including the exchange functions form and payback percentage and we'll continue to develop policy refinements as we consider the best time to transition the program from our all cause readmission measure that was previously finalized to in the – in future rule making to be determined potentially preventable readmission measure for skilled nursing facilities in the future. Thank you.

Jill Darling: Thank you, Jim. Now I'll hand it back over off to John Kane, who will go over the Fiscal Year 2018 SNF Advanced Notice of Proposed Rulemaking.

John Kane: Thank you, Jill. And also on April 27th, CMS issued, CMS-1686-ANPRM, an advanced notice of proposed rulemaking in which CMS solicits public comments on potential options we may consider for revising certain aspects of the existing SNF case mix classification system based on research conducted by CMS and its contractor through the SNF payment models research project.

To support comments on this role, CMS also issued a technical report which is available at the CMS website or the SNF PMR project website. Comments on both the proposed rule and the ANPRM are due by June 26th of this year.

And with that, I'll turn the call back over to Jill and may the forth be with you all.

Jill Darling: Thanks, John. Last we have (Lorelei Khan) who will go over the – who has a PBJ update.

(Lorelei Kahn): Good afternoon everyone. 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, 2017. We strongly encourage providers to submit data throughout the quarter and not wait until

the last 24 hours before the deadlines. 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 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.

Please note that PBJ data is not currently being used to calculate a facility's Five-Star rating. CMS intends to use the data to calculate staffing measures for the Five-Star quality rating system in 2018 and will communicate with providers in advance of any posting. At this time the data, is being used to inform stakeholders of the level of staffing data submitted by each facility.

CMS released survey and certification memo 17-25-NH on April 21st. The link to this memo can be found on today's agenda. The key points of the memo are as follows; mandatory staffing data submission through the payroll based journal began July 1st, 2016. Providers are reminded that they have until the 45th day after the end of each quarter to submit data.

To help providers improve their submissions, the Centers for Medicare and Medicaid services are providing feedback on each facility's data through their monthly provider preview reports. Please note that if your final validation report indicates a submission date after the deadline of February 14th, your provider preview will indicate that you did not submit staffing data for the quarter.

The Nursing Home Compare website now reflects whether providers have submitted data by the required deadline with an indicator. If the indicator is green the facility has submitted data through PBJ. If the indicator is gray the facility has not submitted data timely or has not submitted any data through PBJ.

Beginning with the next submission deadline, providers that have not submitted any data for two consecutive deadlines; February and May will have their overall and staffing star ratings suppressed.

We have updated the data submission requirements related to hire and termination dates and made these fields optional. For those that wish to continue to submit this information, we have altered the system so that it can be submitted more easily. In addition, we have made three labor categories optional. These categories are dental services, job title code 32, podiatry services, job title code 33 and vocational services, job title code 35.

CMS will provide advanced notice to providers for any future changes for the optional or mandatory status of these or any other labor categories. E-mail addresses for technical questions and policy questions as well as the PBJ website are included on today's agenda. Thank you.

Jill Darling: Thanks, (Lorelei) and thank you to all of our speakers. (Amy), we'll go into our Q&A please.

Operator: As a reminder ladies and gentlemen, if you would like to ask a question please press "star" then the number "1" on your telephone keypad. If you would like to withdraw your question, please press the "pound" key. Please limit your questions to one question and one follow up to allow other participants time for questions.

If you require any – if you require any further follow up, you may again press "star 1" to join the queue.

Your first question today comes from the line of (Joel VanEaton) of Care Centers. Your line is open.

(Joel VanEaton): Yes, thank you very much for taking my questions today. Just a couple of questions. First, on the value based purchasing, I understand the measure and how this is going to impact us and looking forward to more specific information in terms of the ranking and how we can gain some of that back.

My question is, now that you stated that 60 percent of the 2 percent reduction will be returned to the SNFs in relationship to their rankings, maybe you could comment on what CMS's intent is for the 40 percent that won't be returned. Is that something that is intended to benefit the SNF population somehow? And then on the advanced notice of proposed rulemaking, John, could anyone comment what CMS's thought is on when this – if this is adopted when it would actually become policy? Thank you.

Jim Poyer: Hi, this is Jim Poyer. I'll answer your question on that. What is going to be done with the remaining 40 percent? As mandated by statute, the remaining 40 percent that is not returned to the SNFs from the amount withheld is returned to the Medicare Trust Fund.

So the congressional bunch of offices, as I have alluded to, is estimating that it's savings to the Medicare Trust Fund. So that's going right back into the coffers of Medicare Trust Fund. Thank you.

John Kane: Hey, (Joel), this is John. Regarding to your question on the NPRM that is actually something upon which we are soliciting comments. So in terms of when something like this would be implemented relative to when it was proposed; one could consider something being proposed and being finalized with the same year, with the one year delay, two year delays, various other forms of delay or transition option.

And so that's exactly what we're hoping to solicit comments about from the public. So if you guys have any thoughts about that or if you have comments about how it should be implemented, if and when we were to actually go forward proposing such provisions those would be the exact kind of comments we'd like to hear from you guys.

(Joel VanEaton): Thank you very much.

Operator: Your next question today comes from the line of (Jane Caruso) of Ocean Health. Your line is open.

- (Jane Caruso): Thank you very much for taking my call. Just two questions about the PBJ. Since PBJ is going to start impacting Five-Star in 2018, we're just wondering if its fourth quarter 2017 data that will begin to flow into the Five-Star?
- (Evan Shulman): Hi, this is (Evan Shulman). Thanks to your question. We haven't determined which quarters will be used in the Five-Star. Right now we're focusing on every facility submitting complete and accurate data. So I think that it's likely that it could be the fourth quarter of 2017, but it's also likely we would include quarters prior to that as well.
- (Jane Caruso): OK, thank you. And the feedback reports were very, very helpful. Also, will it just be nursing time that's going to count or will other disciplines be counted into the Five-Star?
- (Evan Shulman): Haven't determined that yet.
- (Jane Caruso): OK, thank you.
- Operator: Your next question comes from the line of Anna Hansen of Kimball County Manor. Your line is open.
- Anna Hansen: Hi, I tried to watch the SNF Quality Reporting Program training on May 2nd and had technical difficulties, so I was just wondering if you could tell me when it would be posted on CMS's YouTube site?
- Alan Levitt: Hi, this is Alan Levitt. I am the Medical Officer in the Division of Chronic and Post-Acute Care. I am actually not sure of the answer to that question. Can you submit that question, please, to the SNF QRP helpdesk and I'll make sure I would get an answer for you on that.
- Anna Hansen: Can you give me that e-mail address?
- Alan Levitt: Why don't we keep going and I'll try to find you an e-mail address by the end of the call.
- Anna Hansen: OK, thank you.

Operator: And again if you would like to ask a question please press “star” then the number “1” on your telephone keypad.

Your next question comes from the line of Dorothy Crawford of Texas Health. Your line is open.

Dorothy Crawford: Hi, we have a question about the PBJ report that was referred to that it would show as green or gray. And I failed to hear exactly where that is going to be located for the facilities to look at?

(Lorelei Kahn): What we were talking about was an indicator, the indicator is on Nursing Home Compare. If you pull up a facility you see a little circle with three people in it.

Dorothy Crawford: OK.

(Lorelei Kahn): And it’s either gray or green.

Dorothy Crawford: And is that there already there?

(Lorelei Kahn): Yes, it’s already there.

Dorothy Crawford: OK, thank you so much.

(Lorelei Kahn): You are welcome.

Operator: Your next question comes from the line of Stephanie Thomas of Senior Living. Your line is open.

Stephanie Thomas: Good afternoon. I have a question about PBJ. I’m having an issue getting it submitted. However, when I get my validation report it states that all has been accepted. And I’ve called CMS and spoke to several different people, but I am getting different answers. Is there a line or e-mail that you can refer me to that would be the best contact to get things straightened out?

(Lorelei Kahn): You can send it to [nhstaffing@cms.hhs.gov](mailto:nhstaffing@cms.hhs.gov).

Operator: And again that is “star” then the number “1” in order to ask a question. Your next question comes from the line of Amy Miller of Genesis Healthcare. Your line is open.

Amy Miller: Thank you. My question is regards to the SFN Quality Reporting Program and the provider feedback reports. When will those be posted to the CAHPS reporting system?

Alan Levitt: This is Alan Levitt again. First of all to answer the first question, the e-mail address is PACtraining, P-A-C training, @econometricainc, E-C-O-N-O-M-E-T-R-I-C-A-I-N-C, .com. Regarding the confidential feedback, confidential feedback reports will be available one year after the application dates of the measures. And so the measure implementation date site was October 1, 2016. And you would start getting confidential feedback reports beginning a year later the October 1, 2017.

Amy Miller: OK, thank you.

Operator: Your next question comes from the line of Dan D'Agostino of Capital Source. Your line is open.

Dan D'Agostino: Hi, thank you. I have two questions on the SNF proposed payment and policy rule making notice. And I will admit that I haven't read the entire document, but as far as the 1 percent rate hike, notwithstanding what may happen with the proposed –other proposed rule on the payment – perspective payment revision.

Does that – under MACRA, does that stay and affect indefinitely or is it just for this upcoming fiscal year? And the my second question is, for the 2 percent reduction for not reporting the quality data, is that lifted once such data is submitted or does it stay in effect for a stipulated period of time?

John Kane: So with regard to the update as described by MACRA. I believe it's only for the one year. Although, again, it would follow with whatever the statutory provision is in that section of the Act.

Dan D'Agostino: OK.

Alan Levitt: This is Alan Levitt again. Regarding the 2 percent reduction in payment; the 2 percent reduction is for payments that is for a fiscal year. But it's for data that was submitted over a certain period of time. So obviously we want you to continue to submit your data. And so if you are submitting a data in future years correctly you would not be subject to that, but you would be subject to it for that entire fiscal year.

Dan D'Agostino: For the entire fiscal year.

(Alan Aberdeen): And next fiscal year then it would be based on a different timeline of your collections.

Dan D'Agostino: OK, all right. So it's pretty substantial penalty, thanks for clarifying that.

Operator: Your next question comes from the line of (Kimberly Gilmorrow) of Bowman Health. Your line is open.

(Kimberly Gilmorrow): Thank you. I was wondering if we could have the list one more time? Under quality reporting there were some measures that we will begin collecting in 2020.

(Michelle King): One moment please.

Jim Poyer: Full year 2020, or do you mean collection date starting at different day?

(Kimberly Gilmorrow): Well, we talked first about the publically reported six measures in 2018 and then data submitted on existing pressure ulcer measure and then we rolled into collection for 2020.

Jim Poyer: So for the fiscal 2020 payment, the measures that would be collected would include for – the measures for the functional outcome measures that were mentioned.

(Off-Mic)

(Michelle King): Yes. Function status, cognitive functions, special services treatments and interventions, medical conditions and co-morbidities ...

Jim Poyer: Yes.

(Michelle King): ... and impairments.

Jim Poyer: OK.

John Kane: And the measures that you're referring to are -- there are four functional outcome measure; one is the change in self care measure. There's also the change in mobility measure. There is this discharge self care measure and the discharge mobility measure. Those are the measures that are proposed in the rule this year. The payment would actually -- or the collection of those information would actually be earlier than that. The collection of information as proposed in the rule would begin in October of 2018.

(Kimberly Gilmore): Got it.

(Crosstalk)

John Kane: ... in subsequent years.

(Kimberly Gilmore): OK, thank you.

Operator: Your next question comes from the line of (Stephanie Cusack). Your line is open.

(Stephanie Cusack): Yes, I wanted to have clarification on something on the final rule that I sent into CMS that I have not heard back on. And it's regarding the social service qualifications for them to meet the final rule. The 120 beds, is that what you are licensed for or is that bed that you actually have that are available to be used?

(Evan Shulman): Hi, this is (Evan Shulman). We don't have any here -- one here from the reg staff. I'd want to make sure we answer that corrected. I'll give you an e-mail address to send that to. You can send that to ...

(Stephanie Cusack): OK.

(Evan Shulman): Please send to [NHsurveydevelopment@cms.hhs.gov](mailto:NHsurveydevelopment@cms.hhs.gov). We'll make sure we get back to you.

(Stephanie Cusack): All right, thank you.

Operator: Your next question comes from the line of (Merlyn Washington) of (Marne Healthcare). Your line is open. (Merlyn Washington), your line is open.

(Merlyn Washington): I'm sorry. Can you hear me now?

Jill Darling: Yes go ahead.

(Merlyn Washington): Thank you. I've heard of the changes upcoming with the resource utilization group and with the PPS payments. Do you – can you direct me to information as to what that might look like? Or do you have information as to what those changes might be?

John Kane: Yes, so I believe the changes you're referring to are those that are discussed in the ANPRM as well as our typical report that we have posted to the SNF PMR website. As far as the ANPRM is concerned, you can go to [regulations.gov](http://regulations.gov) and, again, look at – you can look out – you can just put in the search bar skilled nursing and then you'll find the two rules that we've just released, particularly the ANPRM.

For the technical report, provides a little more granular detail as to the methodology that we used to come up with the aspects of the RCS-1 that we're considering. You can go on to the CMS website or you can just go to the SNF PPS website, which is <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html>. On the left hand side you'll see where it says SNF payment models research. Click on that you'll find a link for the technical report.

(Merlyn Washington): Great. Thank you.

John Kane: Thank you.

Operator: Your next question comes from the line of (Joel VanEaton) of Care Centers. Your line is open.

(Joel VanEaton): Thank you for taking another question. I'm drawing a blank here. On the quality reporting program, I know that we are going to have opportunities – I don't see them posted yet at CAHPS, but we know we have opportunities to see our percentages and be sure that we don't need to make any corrections.

But will we know ahead of time whether or not we've hit that mark in terms of the 2 percent reduction to our rate for not reporting within the parameters that are required to be reported for quality reporting? And how would we know that?

Alan Levitt: So this is Alan Levitt again. There are – you should have available on CASPER a report – kind of tally report in terms of how you are doing in terms of the number of patients that have been submitted. And we are planning to have a threshold report for you as well. So that way you would be able to keep track of your reporting as well.

(Joel VanEaton): Do you know when that's going to be available? Or – and again, I haven't seen that on CASPER yet, so – or maybe I am looking at the wrong place. So I listened to the quality reporting webinar the other day that was mentioned earlier, there were some technical issues with that. But I still haven't seen anything reported out there on CASPER. Do you know for sure that that's posted out there at this point?

Alan Levitt: Yes, we'll have to get back to you on that, OK?

(Joel VanEaton): OK.

Alan Levitt: We'll put something up on the spotlight page of that.

(Joel VanEaton): OK, all right, thank you very much.

Operator: And there are no further questions in the queue at – sorry. We do have another question from the line of Dorothy Crawford of Texas Health. Your line is open.

Dorothy Crawford: We have a follow up question related to the gentleman's question just previous and so related also to QRP. We were under the understanding and had seen some information about there being a reporting deadline of May 15th, 2017 that would somehow affect payment possibly October 1, 2017. Is that correct?

Alan Levitt: Yes, this is Alan Levitt. That's correct. So that – the first payments or the first fiscal year was based on only the first quarter of data, which would have been from October first to December 31st. And then that data needed to be submitted and available by May 15th of 2015. Future years there will be longer time periods for the collection of that.

Dorothy Crawford: OK, so just to clarify is there a deadline of May 15, 2017?

Alan Levitt: Well, there will be quarterly submission deadlines for each quarter of data. So what you can see if you go to the table in the rule is you see that there is submission of data quarter-by-quarter. And then you will have to meet the submission deadline. So it may be May 15th, may be August 15th for that next quarter and then on and on. So it's not really an annual deadline, it's really a quarterly submission deadline.

Dorothy Crawford: OK, and so then is it true that there will be a payment or financial impact in October 1st of this year?

Alan Levitt: That's correct, so in other words you would – we will be doing a determination for the compliance or non-compliance based on the submission of data. And then we would be making a determination on that. You would have an opportunity to look at that determination and then if you feel that we made it in correct determination, filed for a reconsideration. Which then we would be looking at that and seeing whether or not – based on the evidence that you provide us, whether or not we should uphold or reverse our initial determination.

Dorothy Crawford: And is there somewhere that we can look to see that in printed form or in writing? I too was on the call earlier in the week and there were the technical difficulties, but even the slides that we could see did not reference any date in 2017. So it's a little bit confusing.

Alan Levitt: It should be available in rulemaking. We'll try to check your spotlight page and we'll probably – we'll try to give some clarification as much as possible, OK?

Dorothy Crawford: OK, thank you.

Operator: And your next question comes from the line of (Joel VanEaton) of Care Centers. Your line is open.

(Joel VanEaton): Thank you. I swear this is my last question. As far as the QRP and the spotlight page, can you be specific about the spotlight? It's just – is it just the SNF spotlight page or can you be a little bit more specific about where that's actually going to show up that special instruction?

Male: Each Quality Reporting Program has a spotlight page.

(Joel VanEaton): I got you.

Male: So it would – and so it would be on that particular spotlight page. I try to look up the web will you now give me a little bit of time.

(Joel VanEaton): Right. So it would be on the SNF quality reporting spotlight page, if I just search for that I'll find it.

Male: That's right. That's correct.

(Multiple Speakers)

(Joel VanEaton): And do you have any idea how soon that will be – the reason I'm bringing this up and I'm sure these other folks are as well, is we know that May 15th is the deadline to make sure. We still want to make sure we haven't hit that – the benchmarks for data submission requirement. And if there are corrections or something, we would need to do to go back and make those modifications or whatever we (need to do). To do that before May 15th, we're kind of running up on that and we want to make sure that we're able to do that before we hit that deadline.

Alan Levitt: OK.

(Joel VanEaton): Thank you.

Operator: And there are now further questions left in queue. I now turn the call back over to Ms. Darling.

Jill Darling: Thank you everyone for joining today's call. The next SNF Long Term Care Open Door Forum is scheduled for June 22nd. So please note that the date is always subject to change as well as the agenda item. So we thank you and have a great day.

Operator: Thank you for participating in today's Skilled Nursing Facilities Long Term Care Open Door Forum conference call. This call will be available for replay beginning at 5:00 p.m. Eastern Time today until May 8th at midnight.

The conference ID number for the replay is 58669897. The number to dial for the replay is 855-859-2056.

This concludes today's conference all. You may now disconnect.

END