

Centers for Medicare & Medicaid Services
Questions and Answers
Open Door Forum: SNF/LTC Open Door Forum
Thursday, March 3, 2023

1. Question: First of all, in January, CMS released QSO 2305N8, which was the memo that detailed the star rating adjustments related to inappropriate coding of MDS related to schizophrenia and antipsychotic medications in the facilities. And one of the things that I had a question about from that memo is in relationship to the self-reporting issues. CMS initiated or suggested in that particular memo, said in the memo, that they would consider lesser action related to the star rating updates if a facility self-reported. And they mentioned there such as suppression of the QMs rather than a downgrade. Could someone be a little more specific in terms of what CMS might consider lesser action in relationship to findings from those surveys related to inappropriate schizophrenia diagnoses and antipsychotics? Within all of that training, will there be specifics related to some of the things that, I think that we've mentioned before, in questions related to when Section (g) goes away, if there will be specific training related to quality measurement, the updates to the staffing measures and Five Star?
 - a. Answer: Generally, if a facility attests to inaccuracies and in turn, they forego the Schizophrenia MDS Audit, the facility's quality measures (QM) will be adjusted as follows:
 - Your facility's overall QM and Long-stay (LS) QM ratings will be suppressed for six months (Your Short- stay QM rating will be calculated and posted as normal).
 - Your LS Antipsychotic QM will be suppressed for 12 months.
 - b. Answer: At this time, we're planning for the transition and respecifying some of our measures. Section (gg) will be added later this - sorry, it is already added. We'll be transitioning our measures later this year. And we'll be releasing guidance then regarding quality measures and then potentially any training that will arise from that. But we're still working on that right now.
 - i. Comment from participant: Okay. So, in the training that you'll be doing that was mentioned on the MDS itself and the RAI manual, that won't be part of that training. There will not be specifically about quality measures. That will be for the actual RAI assessment.

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2. Question: I wanted to know where can I get the agenda? For that I just wanted to clarify, that amount of time from 4-13 to 4-17, we just won't be able to submit period? Even if you're going through like Point Right or PCC?
 - a. Answer: No. No one would be able to access QIES or iQIES to submit records.
 - i. Question: Okay. I just wanted to clarify that. And the agenda?
 1. Answer: Okay. No problem. So, you're able to sign up to receive agendas and announcements. If you just Google CMS transcripts and podcasts, it should be first. It'll say Open Door Forum Podcast and Transcript. And there is a link that will take you to sign up. (1. <https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums>, 2. <https://www.cms.gov/outreach-and-education/outreach/opendoorforums/podcastandtranscripts>)
3. Question: Regarding the POS and getting prepared for the iQIES, I assigned myself as the POS for all of our facilities. Do I need to assign a POS for each individual facility or can I keep myself as the POS for that company?
 - a. Answer: As long as you know who your users are and you can accurately assign their role, that's the requirement of the - that's one of the primary roles of the PSO is that that person knows who should have what access to the iQIES system related to submissions, reports, et cetera.
4. Question: I'd like to know when we can expect to see a draft item set for the OSA?
 - a. Answer: For those providers that will need to use the optional state assessment, we plan to release that item set and the associated guidance manual pages as a standalone package in later April or early May.
 - i. Question: Do I need to do anything to make sure that I receive that?
 1. Answer: No. Like the other item sets, that will just be posted on the MDS RAI manual page, and we will post an announcement when it's available on the spotlight and announcement pages. The links are in the agenda.
5. Question: I just wanted to check, transitioning from the QIES to iQIES, where will the CASPER and 5-star reports be located?
 - a. Answer: So iQIES will take over that function. So, you will have folders in iQIES like that exist in CASPER. Yeah, and all the reports will also be

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in iQIES. So instead of having two different systems, the QIES ASAC where you submitted your MDS records and then CASPER where you went to your reports, everything will be in iQIES.

i. Comment: Okay. So, the only thing separate would be the PBJ then.

1. Comment from CMS: Well, correct. PBJ will stay in QIES until it transitions to iQIES and I don't have a date for that that I'm aware of.

a. Question: As far as the ending of the public health emergency, the three-day waiver for the state ends on 5-11. I just want to confirm that's the end date.

i. Answer: Yes. Assuming that the PHE ends on May 11 and the qualifying hospital stay waiver would also end on May 11.

6. Question: If I bring a resident in waiving the three-day hospital stay prior to May 11, and this resident goes back out to the hospital after May 12th, it cannot be considered an interrupted stay? We would have to have the three-day hospital qualifying stay to bring them in in continuation of their Medicare stay. Is that correct?

a. Answer: Partially. So, the interrupted stay policy still works for any SNF TPS stay, waiver or otherwise. If the person leaves the building on say May 11 or May 10, or they were admitted on May 10 or 11, and they are covered under Medicare. They leave to go wherever, to the hospital, to home, for less than the interruption window, so three consecutive days or less, and they return to the same facility and it's an interrupted stay, then the qualifying hospital stay is still not necessary. If, however, they are out for a period of time where it would no longer be considered an interrupted stay and therefore be considered a new stay under Medicare, then all traditional Medicare rules would apply, including the qualifying hospital stay policy.

7. Question: Is a schizoaffective disorder diagnosis an acceptable diagnosis for the use of an antipsychotic medication?

a. Answer: So, on the MDS, when you code for schizophrenia, it actually includes more than just schizophrenia. So, it also lists schizoaffective and schizophreniform. So, if the resident has schizoaffective or schizophreniform disorders, you would check off the schizophrenia diagnosis in Section I of the MDS, which I believe is I-6000.

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8. Question: Could you review the timelines on when the October 1 MDS changes, when the item sets as well as the RAI manual and the specifications, when those will be available again?
- a. Answer: Sure. So currently the draft item sets are available as well as the draft MDS data specifications. Those are currently available. In terms of what's coming about April 1, we're going to post the final MDS Version 1.18.11 item set. At that time, we will also post a draft version of the MDS RAI manual. In May CMS plans to post the final version of the MDS data specifications. And in August, the final MDS manual to support the October 1 - all of these are to support October 1, 2023 implementation date of the new item set.
9. Question: I have a HARP because I have an IRS. Is that registration valid for the field nursing or do I have to have another registration?
- a. Answer: I believe you just need to go back into HARP and then request a user role for iQIES. (for the Skilled Nursing Facility) And if that doesn't work, reach out to the iQIES help desk.
- i. Comment from participant: Because in HARP, the first time that I registered, it was not an easy process. It was not an easy process. And maybe it's gotten easier by now, but when the IRS transitioned from CASPER to the iQIES, that was about two, three years ago, it was not an easy process so maybe it's much easier now. I hope it is.
10. Question: Will you please review the MBS training schedule? It kind of went quick so if someone would please reach out with that.
- a. Answer: Sure thing. So, we're going to use a virtual training program and then we'll review the updates. It'll be in two parts. Part 1 will consist of recorded training session videos. We expect to release those recorded training session videos in May. And that will be followed by Part 2, which will be a live virtual workshop session, which will provide coding practice on the items covered in the Part 1 videos. And we expect Part 2 will take place in late June or early July.
11. Question: I was wondering when Section (g) goes away on the MDS, how are we going to do the LOCD (Level of Care determination for Medicaid)?
- a. Answer: You'll have to reach out to your Medicaid agency.
- i. Comment from participant: They use door one to qualify people and they use Section (g) to do that so I'm not sure what they're going to do. We will. We'll reach out to the Medicaid.
12. Question: To continue on the schizophrenia conversation with the clarification about the use and the coding of the diagnosis of schizophrenia,

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does CMS also have a plan to expand the exclusionary diagnoses beyond the three that are currently in the exclusionary diagnoses in both antipsychotic QMs?

- a. Answer: We are currently in the process of examining the antipsychotic measures, but we don't have any definitive plans yet for how we will potentially reach that decision. We had a technical expert panel recently, and we are actively looking at these measures.

13. Question: Could you clarify again about the interrupted stay? And the other one would be the Section A and the optional state assessment. Are they still going to be included on October 1?

- a. Answer: So, with regard to the interrupted stay policy, the interrupted stay policy is in effect for all SNF DPS stays, whether they be a waiver stay or not. So, what I was saying was that if you have a stay that begins under Medicare utilizing the qualifying hospital stay waiver and it goes beyond May 12 and then there is an interruption in that stay where the person returns to their Medicare coverage during the interruption window at the same facility, again meaning it's an interrupted stay, then that stay can continue on the way any other interrupted stay would occur. However, if the person does not return to the same facility or they do not return within the interruption window, meaning that it would be a new Medicare stay when the person returns, then that new Medicare stay would be under all of the typical provisions and rules of a regular SNF stay, meaning that they would require a qualifying hospital stay. For providers that will need to use the optional state assessment, we plan to release that item set in the associated guidance as a standalone package in late April or early May.

14. Question: Assuming the PHE ends on May 11, will it also end the NHSN reporting and the regulations related to COVID?

- a. Answer: The NHSN reporting and notification requirements were extended through 12-31, so December 31 of 2024. And that rule was included in the home health rule that was posted recently. So, the NHSN reporting and resident family notification has been extended through December 31, 2024.

15. Question: I don't know if you're aware, but the agendas are not very timely on the website. The latest transcript, I think, on there, it is from October. So as far as a recent agenda, they are not usually on there prior or immediately following any of these open door forums.

- a. Answer: Yes. Thank you for that. We do our best to get them up timely. There is a lot on our end, trying to make sure we get we get

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everything from all the right folks. But thank you for bringing that to our attention. Thank you so much.

16. Question: The first one is, will the training session for that MDS training be recorded in case, you know, it overflows capacity or someone's not available? And the second, I just want to make sure that during the downtime for QIES related to MDS that the individuals responsible for PBJ and EPOC will still have access to those systems.

a. Answer: In addition to the recorded training session videos, the live virtual workshop sessions will also be recorded and posted if you are unable to attend those sessions. Yes, PBJ and your EPOC will be still available to you.

17. Question: I have a question related to the provider user role job matrix. When it talks about create a patient assessment, delete a patient assessment, edit the assessment, modify the assessment or inactivate the assessment, is this within the software platform that we use within the center or is this afterwards in the iQIES scenario? In other words, everybody in the center who works on an MDS or opens an MDS, do they have to have a HARP and an iQIES role?

a. Answer: No. So, it has to do with those accessing iQIES. So, if you're using software that's within your computers at your facility, then whatever parameters you have there, but it's for the people who actually are going to be accessing iQIES.

18. Question: What you said about the interrupted stay and the new stay, is that going to be written in any official utterances that we can refer to other than an agenda or this verbal discussion?

a. Answer: There are so many different toolkits and documents and educational materials that are being developed in relation and in anticipation of the PHE ending, I can't speak directly to what will be included where or if things will be included. The best I can tell you is that the documents that are currently on the emergency page on the CMS website, they do talk about the fact that the offering hospital policy will end as of May 11 and that once that ends, any new Medicare stay would fall under existing Medicare rules. So, I can't speak to whether or not that specific provision with regard to the interim stay policy will be written in any specific document of all the ones that we're crafting. I'll do my best to try and get those types of clarifications in. But just rest assured that there is a lot of information that CMS is crafting to help providers understand the impact of the PHE ending.

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19. Question: This is on the schizophrenia guidelines. If we get a new admission and the hospital has a diagnosis of schizophrenia, but we don't have any psych records, is that sufficient enough?
- a. Answer: So, we would expect that if you have a diagnosis that comes with the resident that you would have their treatment in place, that they're coming to you with schizophrenia diagnosis with their medications in place, then we would expect you to do a comprehensive assessment of the resident as you would with any resident. So, if that would mean if they are in need of psychiatric services or evaluation that will be provided as well as any other assessments that a resident would require when they are in the facility.
20. Question: So, in preparing for the transition from MDS to iQIES, we've already submitted everything and got the private safety officer. So, is there any additional steps that need to be taken? We've gotten logins and all that information. I just wanted to see if there are additional steps that need to be taken as of right now.
- a. Answer: No. It sounds like you're on top of things.
- i. Question: So future direction on necessary steps will come in the near future if there are new ones that are necessary?
1. Answer: Correct.
21. Question: Would one of you be able to describe the documentation surveyors would be looking for to determine the appropriateness of a schizophrenia diagnosis?
- a. Answer: Our expectations include following professional standards of practice (i.e., DSM-5) for assessing and diagnosing schizophrenia that would include such things as a comprehensive medical and psychiatric evaluation, as well as documented behaviors or symptoms. For example, a simple note or diagnosis list just stating schizophrenia is not enough to demonstrate that the professional standards of practice were followed. We also expect the facility to work with their psychiatric providers and medical directors to ensure that professional standards are followed and that MDS assessments are accurate.
22. Question: I kind of have a three-part question, hopefully it goes fast. But as far as psychodiagnosis and you said that there has to be a comprehensive assessment, is this going above and beyond the AIMS that we do on admission or should we kind of create a new assessment for those residents coming in for that, for the need of the medication? And then our programs that we use the MDS platforms on, like Matrix or Point Click Care, do they

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have an updated - do they have a timeline of when they're going to be updated so we can start utilizing? And are they going to have any like test, you know, run of what everything is going to look like prior to us going live?

a. Answer: Our expectations include following professional standards of practice (i.e., DSM-5) for assessing and diagnosing schizophrenia that would include such things as a comprehensive medical and psychiatric evaluation, as well as documented behaviors or symptoms. For example, a simple note or diagnosis list just stating schizophrenia is not enough to demonstrate that the professional standards of practice were followed. We also expect the facility to work with their psychiatric providers and medical directors to ensure that professional standards are followed and that MDS assessments are accurate.

i. Question: And then my other question was, is there any other updates that are going to happen to the MDS? For example, like a lot of the facilities, we can't code restorative instead of going through the whole entire restorative, clicking zero. If we say none of above, will they like just gray out some of the other areas of the MDS just to save time and efficiency? Are there any updates coming like that or is that something that we'd have to request?

1. Question back to participant from CMS: Are you referring to your software vendor?

a. Answer: Yes. I'm referring to the software vendor when they are going to be updating all their stuff. Do they have a timeline of when they need to update so we can kind of gear that?

i. Answer: So, the transition to iQIES is, in simple terms, a different URL that people will link to and of course, a different user account and password. But their software should still work as is because it's the same item set that is in existence today and being used. So, there should not be any software updates needed to the best of my knowledge for the transition.

1. Comment: Not as for not submitting, but for just doing

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MDS's in general, everything should be updated or is that stuff on our end that we have to like revamp all our assessments and do everything to kind of match what the MDS's are requiring?

- a. Answer: We can't answer when software vendors will have all their information updated. However, you know, we did just post the final specs and we are looking to the vendors to review those data specs and provide any feedback to us in case we have to make any updates to the final batch specs.

23. Question: Just to comment on the schizophrenia audits that are occurring and because somebody previously mentioned the hospital, perhaps CMS could look at the hospital programs who, when elderly patients come into the hospitals, that they're automatically given an antipsychotic just because maybe they're agitated or confused about being there, then they come to the nursing homes. That's the point at which some of this starts. The other thing is the appeal process. There are some nursing homes who want to appeal during their audit. Apparently, the person you appeal to is the person that did your audit. Are you aware, is that the process for appealing that it's directly to the person who conducted it?

- a. Answer: So yes, we are aware that there are some challenges on the hospital side that we've been getting reports of. So, I will take that information back to the hospital team in the quality, safety and oversight group.
 - i. Comment and question from participant: I know there are facilities who are appealing and the person that they have the scheduled appointment to appeal with is the same person doing the audit apparently. So, I just kind of want to make that as a comment. And part of the schizophrenic audits, why is it retrospective when some of these residents have been

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discharged or long gone and there's still a look back - like how can a facility actually correct that for residents who are no longer in the facility?

1. Answer: The focus of the Schizophrenia MDS Audits is on active residents within the facility. However, we may request information on residents that are no longer in the facility as facilities are required to have accurate assessments at all times. That said, we agree that corrections on assessments for residents that are no longer in the facility may not be needed. But, CMS may need to investigate the accuracy of previous assessments to understand the full scope of the potential issue.

24. Question: If there's a change of ownership after April 17, will the provider's security officers and all users have to re-register and vendors be reauthorized and the process restarted?

- a. Question back to participant: Are you a new facility?

- i. Answer: No. But I believe that there might be a change of ownership after 4-17.

1. Question back to participant: So, you'll be keeping the Medicare number?

- a. Answer: I don't know. I think so.

- i. Answer: So, then we consider you the same provider and you would not have to do anything. However, if you become a new provider, a new CCN, then you would have to go through that process to get associated to your now new facility.

1. Question from participant: Does the NPI matter on that or just the CCN?

- a. Answer: Just the CCN.

25. Question: My question is on the social determinants of health, especially the transportation. Could you elaborate more on that? Is it on the discharge or on the admission?

- a. Answer: If you're asking about the transportation information item that will be included on the MDS beginning October 1, then that item is collected both at admission and at discharge.

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i. Question: Okay. And also, about the (gg)'s is that going to affect the five star reporting? Because once they take off the (g) section, I think some of the information is going to fall back on the (gg) section. Is it going to affect five star reporting?

1. Answer: Yes. So, some of the measures that are in the five star rating will be changing and we're actively working to update those measures to use Section (gg). And we will be providing guidance prior to the transition on in October.

26. Question: My question is on the swing bed waivers and when the PHE ends, that will end also. But what will happen to the patients that are in-house at that time?

a. Answer: I'm not sure that I can speak to that at the moment. So again, as I mentioned earlier, there's a lot of information that we are looking to put on our website. And so, we can try to ensure that this is a part of that education.