

Centers for Medicare & Medicaid Services
Questions and Answers
Open Door Forum: SNF/LTC Open Door Forum
Thursday, December 5, 2024

1. Question: Will there be special training from NHSN CDC about this new, required reporting before January 1?
 - a. Answer: I can say from a regulation perspective that this is separate. The regulation is separate from the quality measures program. They complement each other. I don't know if anyone else, any of the other speakers that work with the quality measures, can speak to it. This is not being adopted currently in the SNF Quality Reporting Program as one of the measures. If that were to happen in the future, that would go through separate notice and comment rulemaking to be adopted into the SNF QRP (Quality Reporting Program).
2. Question: I have a quality measure question, suggestion, and question as far as the discharge function score. I've mentioned this a couple times on this call, but I want to continue to encourage CMS to work with the provider community to try to create more actionable reporting out of iQIES QRP reporting for the discharge function score. I've talked to so many people around the country who are frustrated with not being able to really use the data. Whether somebody triggered or not isn't the helpful thing, it's why. We're wondering, if possible, that CMS could engage the provider community to help design and create some actual reporting out of iQIES that will help us with that. Secondly, as far as the discharge function score is concerned, can we anticipate a revision of the achievement threshold and benchmarks for the discharge function score from the baseline year of 2023 now that we have new parameters related to how that score is tabulated and is a different score now than the old score was? Will we have new baseline data at some point before 2027 that we could be aware of?
 - a. Answer: The Discharge Function measure's specifications described in the latest SNF QRP Measure Calculations and Reporting User's Manual Version 6.0 are what was used to calculate the performance standards published in the FY 2025 SNF PPS rule last August. (Those performance standards apply to the FY 2027 Program year and were calculated using FY 2023 data.) If you are inquiring about the PT/OT exclusion that was switched to a risk adjustor between Version 5.0 and 6.0: "Resident did not receive physical or occupational therapy services at the time of admission" is no longer an exclusion criterion, but is now a risk adjustor. Also, yes, the SNF VBP Program will share baseline period measure results for review prior to impacting payments in FY 2027.
3. Question: I just want clarification on the end of the NHSN reporting, the NHSN reporting that ends at the end of the year on COVID. I typically report the data every Monday, but it is of course due Monday through Sunday. So, the official last day of reporting you said was the 31st, but technically it would extend into the January time frame. I'm just trying

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to figure out if I still need to submit that last Monday of the year. Does that make sense? Because you're always looking back.

- a. Answer: So, the requirements that was described at the top of the very beginning call are replacing those requirements. So, you will continue reporting into the respiratory pathogens and vaccination form—the resident form that exists now will continue to be the place that you report those data in January. The form actually already has been updated to reflect all the data elements. The only difference will be that the RSV and flu questions will be required beginning in January, whereas now they're optional.
- i. Question: Ok. So, we're not discontinuing reporting, we're still reporting, and this will be both for residents and staff? I walked right in when y'all were talking about this, so we'll still have to report resident and staffing even though that was supposed to be discontinued?
 1. Answer: Staff reporting to NHSN under the regulations will not be required, and I don't want to speak out of turn here, but for quality measures, you'll still be reporting that, but perhaps on a different frequency. But I think the bottom line, and this may help you, is that CMS and CDC have worked closely together with NHSN and what you see when you go to NHSN will support what the requirements are as to the date that you're going into the NHSN system. Does that make sense?
 - a. Comment from participant: I mean I guess it does. I'm just wondering if it's still weekly. The challenge we have is that we had a couple of managers leave, so I'm the only one that has the SAMS (Secure Access Management Services) card, so that was why we were like, Ok, we need a backup besides just me reporting this information. So, I just want to get clarification. We thought it was ending because we thought the data was going to be pulled from the MDS as far as COVID.
 - i. Comment from CMS: My recommendation would be to absolutely get in there and get that NHSN training for more than one person in your facility. The process for getting new individuals added to NHSN has actually been streamlined in the last few years, so it no longer takes weeks. It's now just a couple of days. If you submit a user support ticket, the user support team can help troubleshoot and get additional users added.
4. Question: we get asked from providers how to submit their assessments if their software vendor went down or other circumstances where they couldn't utilize their current system. Now as of October of '25 with the user interface, I'm not a hundred percent familiar with the XML format. I think that's probably more like an Excel-type of format,

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but how would you recommend we advise providers when they have those circumstances when they cannot submit their data through their current process?

- a. Answer: They're going to need to use a third-party vendor software. The user interface (UI) does not interact with any software, and they can't download. It's not like jRAVEN where it was almost like a replacement of their software. The user interface is nothing like that. It does not interact with anything. So, the UI is not useful except in extreme circumstances. So, they will need to find another software vendor. We have less than 100 people who rely on the user interface out of 16,000.
 - i. Comment from participant: And I'm not sure that that's necessarily, I understand that, but sometimes the vendor software goes down that they utilize, and so they're worried about submitting their assessments timely. So, are they just to report to us if their vendor software goes down for a day or two? Sometimes three.
 1. Comment from CMS: If it's short term, I mean they can report to you and to the CMS location, but remember they have a specific amount of time after they complete an assessment to transmit it. So, if it's one or two, or three days, there should not be an overall issue except obviously their workload builds up, which is not something fun to deal with.
5. Question: I had a question around the NHSN reporting. We often see that the NHSN updates, the up-to-date definitions for the vaccinations, and we've had customers reach out to us to tell us that these updates are coming, but we ourselves do not get those updates from NHSN until they're posted on the website. Is there any way that as a vendor we can sign up to get those updates—the same updates that our customers are getting?
 - a. Answer: I think we can add you to our distribution list where we send announcements and emails to both users and partners. So how about, can I take down your email? Actually, if you just drop your email in the chat here, we can get you added to our partner list.
6. Question: With the change of the NHSN reporting requirement and it being included in the payment rule, the interim final rule that initially had this requirement in it had an associated F-Tag F884, however, there is no mention of it continuing to have an associated F-Tag of F884 with this new payment, the new update that's included in the home health payment rule. And it also is absent in the updated draft of Appendix PP that came out on 11/18. So, seeking some clarity as to if that was just an oversight or if, in fact, F884 is, in fact, going away.
 - a. Answer: The sub regulatory guidance related to this NHSM requirement has not been released yet, so when we have those updates, we will provide them.
7. Question: We've been getting contacted by providers who are not getting a quick turnaround at all and actually waiting weeks for access. So, is there some information that we can provide to them to make this process smoother?
 - a. Answer: There's a video and an enrollment guide. So, I would say definitely start there. And then if you run into any issues submitting a ticket to user support,

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there's a team of individuals that are there to help with problems with enrollment and adding users.

- i. Comment from participant: And although we're not daily users at the association, we get frequent calls, and we share your training and all the information, and we've gotten a question regarding the health care personnel influenza survey and asking why is there an optional assessment besides the required one because I think some providers might've inadvertently completed the optional one versus the one that was required. Just wondering why there is an optional one.
 1. Comment from CMS: I think it was just a matter of reporting burden and not requiring it for all users. So, we encourage each user to fill it out.
8. Question: For the changes that are coming with the January 2025 Care Compare refresh, will there be any announcements on the page to help consumers understand the changes with the unfreeze this January?
 - a. Answer: As we announced in the memo, ([QSO-25-01-NH](#)) we will be unfreezing the quality measures in January 2025 and as a result will be revising the QM rating cut points to maintain the same rating distribution. These updates and revised cut points are posted in an updated [Nursing Home Care Compare Five Star Technical Users' Guide](#). NHCC will be updated to reflect the updated QM names as applicable. We will also post a "What's new" announcement on NHCC.

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