Centers for Medicare & Medicaid Services
Skilled Nursing Facilities and Long-Term Care
Open Door Forum
Moderator: Jill Darling
Thursday, February 14th, 2019
2:00 p.m. ET

Operator: Good afternoon. My name is (Jack). And I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services Skilled Nursing Facilities and Long-Term Care Open Door Forum. All lines had 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 at 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. Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Jack). Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications. And welcome to the first SNF/Long-Term Care Open Door Forum of 2019. So before we get into 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 records. 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 we had a late agenda item added. And it's (John Kane) who has PDPM website update.

(John Kane): Thank you, Jill. And thank you, everyone, for being on today's call. Just wanted to briefly let everyone know that as hopefully everyone is aware we had put on our CMS website a site for PDPM related education and materials. And these materials were posted in to try and help stakeholders, providers to

be able to develop their knowledge of our PDPM and also aid in their own educational efforts as they go out and speak to other stakeholders.

So we had received a lot of feedback on those educational materials, lot of positive feedback. We got a number of questions into our mailbox after a call that we had done in December. The national product (hall) will be done back in December. And all of those questions and all of the comments that we received had really helped us to hone the materials and to build in new questions that we put into our frequently asked question document to – that we – that we hope will further a (lot) of the educational campaign that we have working that thing.

So we want to let everyone know that based on all of those questions and the comments and everything that we'd received that we have, greatly appreciate from all you, we did make a number of changes to the educational materials that we have available on our website. So those changes should be going live later today. So I would advise everyone to go back and check the PDPM websites later today if you have the call. And you'll be able to see all those changes.

I would say that the two main areas in terms of changes or the three main areas in terms of changes, one is that the training presentation that is on the website has been replaced with the – with one that we had used during the national provider call back in December. So that should hopefully provide some new information for everyone that either if you're on the call or even if you aren't.

The second is the classification walkthrough. This is approximately a 40-page document that walk step by step through how a patient would be classified into payment groups under PDPM. So again, that has been updated to be as accurate as possible and hopefully is providing good aid for everyone.

And then the last is the frequently asked question document. So again, lot of questions that we've been getting in to (us). A lot of them were very sort of common themes among the questions. And so we use those common themes

to update the frequently asked question document with a number of new FAQs that we hope will again provide additional information for folks.

So again, we hope that those updates will go live later today. And as always, if you have any questions or comments regarding materials or any questions regarding PDPM, you can always email our PDPM mailbox at pdpm@cms.hhs.gov.

And with that, I will turn the call back over to Jill. Thanks very much.

Jill Darling: Great. Thanks, (John). Next, we have (Casey Freeman) who has a couple of SNP QRP updates.

(Casey Freeman):   Thanks, Jill. Good afternoon, everyone. I'm (Casey Freeman). And on behalf of this (SNF QRP) team, we wanted to provide the following updates.

First, we wanted to share an update on future measure development. CMS is contracted with RTI International to develop a claims based Quality Measure of healthcare Acquired infections for the SNF QRP. As a part of this development process, RTI will convene a technical expert panel to inform the direction in development of this measure.

We're currently accepting nominations for individuals who would like to participate on this (TEP). It – you can nominate yourself or nominate someone else. And the nomination period does close tomorrow, February 15th. So there's still time.

If you would like more information about this (TEP), please go to the SNF QRP spotlight page. And follow the link to the CMS technical expert panel page.

Secondly, we wanted to provide an update on the 2019 MDS item set. Currently, there're 11 draft item sets, which include (interim) payment assessment and the optional state assessment. We've received lots of helpdesk questions in reference to the 2019 item sets that's specifically those

(two). And we wanted to make you aware that these 11 draft item sets are available in the download section on the MDS 3.0 technical information page.

There's a ZIP file that contains 11 of these draft item sets. And that file is entitled MDS 3.0 Item Set Version 1.17.0 Draft for October 1, 2019 Release. So please feel free to download and review these item sets. And, Jill, with that, it includes the SNF QRP update.

Jill Darling: Thank you, (Casey). And last, we have (Melissa Rice) who has a PBJ updates.

(Melissa Rice):   OK. Thanks. Hi, everyone. This is (Melissa Rice) from the division of nursing homes. And this is to let folks know that the staffing data is due today. So the deadline is today for the quarter October 1st through December 31, 2018. So data that's submitted by today's deadline will be considered timely. And that's what will be used on the Nursing Home Compare website and then the five star ratings calculations.

To check that your data was successfully submitted, you can once the file is uploaded check the final validation report that's located in the CASPER folder to see that the data was successfully submitted. But this doesn't confirm that the data's submitted accurate or complete just that it's submitted.

If there are any policy related questions, we do have a mailbox. It is (nhstaffing@cms.hhs.gov). There is also a mailbox for questions that – for technical questions. And that is all one word, NursingHomePBJTechIssues@cms.hhs.gov.   And for any other details – and I believe it will be included in the (minutes) through the PBJ website located on CMS.gov.

Jill Darling: Right. Thank you, (Melissa). And thank you to (Casey) and (John). (Jack), we'll go into our Q&A please.

Operator: Certainly. As a reminder, ladies and gentlemen, 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 require any further follow up, you may press star, one again to rejoin the queue.

Your first question comes from the line of Joel VanEaton with Broad River Rehab. Your line is open.

Joel VanEaton: Thanks for taking my call. So Joel with Broad River Rehab.

Just a couple of manual questions. If anyone could speak to when we might expect an RAI manual that would be updated really to PDPM. And secondly, the current CASPER Quality Measure report requires version 11 and version 12 of the Quality Measures user's manual. And I've been unable to find version 12 anymore just wondering if somebody could let us know when that would be posted as well. Thank you.

(Evan Shulman): This is (Evan Shulman) from division (sent). For version 12, the methodology for those measures is not used in a public domain yet. But we will be posting the manual before they are posted, so next couple of months.

Joel VanEaton: The QRP, the CASPER quality report indicates on the actual printed document for Quality Measures on CASPER that version 12 is required as well as version 11. That's the reason I was asking about that.

Operator: Your next question comes from a line of Mark McDavid with Seagrove Rehab. Your line is open.

Mark McDavid: Thank you so much for taking my call. I just had a quick question related to the item sets had been posted. It appears that on the five-day item set or the draft item sets – on the five-day that there is a place in detection error to capture a seven-day look back of therapy minutes. We expected to see that of course on the discharge of the NPE but are also seeing that on the five-day. And we're just curious as to the logic behind that potentially or is that something that will be changed in the final release.

(John Kane):   So hi. This is (John). So are you talking about the 0400 items, the standard 7-day look back items? Or you talking about the 0425 items, which are the full stay therapy items?

Mark McDavid: The 0400 on the – on the 5-day.

(John Kane):   Right. So these are items that obviously are currently collected for purposes of capturing the therapy information that would be used for calculating a RUG score. We've decided to maintain those items for the current time just because it would allow us to collect that information at the (outer) of the stay for comparative purposes between the current system and the new system.

                 So I think it – at some point, it's likely that we would retire those items. But we'd made the decision to maintain those items for the current time.

Mark McDavid: Perfect. Thank you so much. I appreciate it. Thank you.

Operator: Your next question comes from the line of (Jeff West) with (Qualisote). Your line is open.

Male: So …

(Jeff West):   Hi. Thanks for taking the question. I'd – I understand that it's possible to calculate turnover rates from PBJ data. And I think it's in the F-Tags that that was one of the intentions of using PBJ data. Just wondering if there's any plans to make that happen anytime soon.

(Evan Shulman): Hi. This is (Evan Shulman) again. And it's in the F-Tag. But it is in the – in the law and in the corresponding regulation and policy of that, the ability to calculate turnover in (tenure). We have not posted information about how we're going to do that. It certainly can be done from PBJ data. But we – we'll be coming out with more information about that as the year progresses.

(Jeff West):   OK. Thank you.

(Evan Shulman): Sure.

Operator: Your next question comes from the line of (Deb Gobol) with Bronson Commons. Your line is open. (Deb), your line is open.

Your next question comes from the line of (Amy Alec) with King Management. Your line is open.

(Amy Alec): Hi. We were notified that one of our facilities did not meet the requirements of the SNF QRP program for fiscal year 2019, which would result in the 2 percent reduction. But we have not seen our payments reduced for this yet for October, November and December of 2018. So is that – when is the payment supposed to actually be reduced?

I – I've called their (Mac). And nobody even knew what I was talking about.

(Casey Freeman): Hi. This is (Casey Freeman). Thank you so much for the question. We really appreciate the opportunity to share some information.

We do anticipate that that payment reduction will be applied almost at – very shortly. There was a miscommunication with some of the (Macs). And we have sent them a new technical direction letter. And we do anticipate that; that will be applied very shortly. And it will be retroactive back to October 1. So thank you for the question.

(Amy Alec): OK. Thank you.

Operator: Your next question comes from the line of Pamela Heckman with the New England QIN-QIO. Your line is open. Pamela Heckman, your line is open.

Pamela Heckman: Hello. Can you hear me?

Jill Darling: Yes. Go ahead.

Pamela Heckman: I have a question about the high-risk unstageable pressure ulcer Quality Measure added to the CASPER report. Apparently, in January of 2019, I see that they've gone back and put that information in retroactively if you pull in older CASPER report. I don't understand how the high-risk unstageable pressure ulcer differs from the high-risk pressure ulcer. They're both long

stay. And wanted to know – there seems to be an overlap of the residents but not exactly. Is there any way that we can get clarification on that before version 12 of the report comes out?

Male: Sure. The – and again, we'll be posting version 12 shortly. The difference is that one of the measures includes …

(Evan Shulman): Whereas the current measure, the one that's post publicly does not include the – it's just a long standing specification setup in posted publicly and are currently posted publicly.

Pamela Heckman: OK. Thank you for clarifying that.

Operator: Again, if you'd like to ask a question, please press star, one on your telephone keypad. Your next question comes from the line of (Amy Miller) with Genesis Healthcare. Your line is open.

(Amy Miller): Hi. Thank you. My question is related to PDPM and the PDPM calculation worksheet for SNF that had been released. At the very beginning, when it discussed this calculation of PDPM cognitive level, there is a statement about if neither the (Bims) nor the staff assessment for the PDPM cognitive level is complete, then the PDPM cognitive levels cannot be assigned. And then the case mix group cannot be determined.

There are situations where we have clients who are admitted discharge back within a day or two on a plan to the hospital where an assessment or an interview cannot be conducted, which results in the interview being (dashed). Does that mean that we would not be able to get a CMG for the speech component? Or would it still be able to generate a CMG?

(John Kane): Hi. This is (John). So yes. So as added (station) of classification walkthrough, and we're – this is a question that we've (done) from a number of people. So it's something that we are looking at. But as it currently states in the classification walkthrough, if the (Bims) are not completed and the staff assessment is not completed, then we're not able to provide a CMG

assignment for the speech component. And as a result, there will be an error message that would be – that would be provided back.

Operator: Your next question comes from the line of (Sherry Harris) with (Stonegate). Your line is open.

(Sherry Harris):   Hi. This is a question for – thanks for taking my call – question for PDPM as well. At a (tell) low confusion based on the HIV/AIDS count for the NTA for the non-therapy ancillaries and how that would correlate to our case mix group if indeed the HIV or AIDS can't be marked on the MDS and has to be got from the UB-04 on the diagnosis codes.

Most of the software will calculate those case mix groups. And then that's what goes on to the UB-04. How is that going to be calculated if that information is not available after the fact?

(John Kane):   So the information will be code on the claim in the – in the same way that it currently is. And so the only real difference between the current system and the new system is in terms of what the impact of that – of that code being present on the SNF claim is. So the current system obviously has it that you got 128 percent add on to that, to the calculated per-diem rate where (number) PDPM, two things happen. One is that there is an 18 percent adjustment that's made to the nursing component. That will function pretty much exactly the way that the current adjustment does. It just be one component as opposed to the entire per diem.

The one that's a little bit – probably little bit more confusing is the NTA one where there, we've – we are one to one correspondence between the group in which a person would fall into if that, the (B20) code was not present and then the group into which they would fall if the (B20) is present. And so the (pricing) software will actually do that recalculation, will provide the rate based on the presence of the person's group as well as the (B20) code.

(Sherry Harris):   So the actual case mix group would be adjusted at the claim time instead of shown on the claim moment when it's (build).

(John Kane): Correct. Unfortunately, that was – that was the – really the only – the only direction that we had given that this is information that we're not able to collect on the assessment for (reason) ….

(Sherry Harris): Right. Yes. I was set to (win). We were counting at those point systems for your NTA score range. I was just curious as to how you would ever get that eight point (Tard) to billing the claim.

(John Kane): Right. So I mean – so I mean if you look at the score ranges, you'll see that if it – if you're in score range X and then you add eight points, which we'd – which we felt it was important to note to not just you go this group. We wanted to make clear what that – what the value of that was in terms of the increase in costs. And we wanted to make clear in our – in our rulemaking and as well as in the payment system the impact of having that condition and why it's so costly and particularly in terms of the NTA. I mean that's something that I think we all sort of know intuitively that HIV and AIDS carries a great – not every ancillary or pharmacy cost. But this I think provides that sort of a very clear sense of that.

So we wanted to give it that eight points. And wanted to kind of make that clear. In terms of how it gets implemented though, it's really just that you go from, say – you know if you're Group (NF), which I think is the lowest one, and then you get eight points, you end up in Group (NB), which – because you end up in that range.

So that's how it gets implemented. But I understand why it was – it's – why it's confusing and certainly not the most ideal choice.

(Sherry Harris): OK. All right. Well, thanks. That will be confusing as far as the billing side because we typically book what used to be RUGs would be a case mix group.

(John Kane): Right.

(Sherry Harris): It's going – yes – that's going to change. So anyway, thank you – thanks for the information.

(John Kane): Thank you.

Operator: Your next question comes from the line Joel VanEaton with Broad River Rehab. Your line is open.

Joel VanEaton: Hey, thank you for taking my second question. I had a question about when – if anyone can kind of let us know when the (REN) manual for PDPM will be posted. Thank you.

(Casey Freeman): Hey, (Joel), this is (Casey). Thanks so much. We – historically, we publish that manual more toward August. We do understand the need to be able to review the PDPM. So we are – our goal is to have that published sometime in May this year. So we hope that that will be helpful.

Joel VanEaton: Thank you very much.

(Casey Freeman): Thank you.

Operator: There are no further questions at this time. I would now like to turn the call back over to the CMS team for closing remarks.

Jill Darling: All right. Well, thank you, everyone, for joining today's open door forum. You will get some of your time back. So we appreciate you calling in, listening and asking your questions. So, everyone, have a great day.

Operator: Thank you for participating in today's Skilled Nursing Facilities and Long-Term Care Open Door Forum conference call. This call will be available for replay beginning at 7 pm Eastern Time today to 11:59 pm Eastern Standard Time on February, the 19th. The conference ID number for the replay is 3693669. That was 3693669. The number to dial for the replay is 855859205. Thank you for your participation. You may now disconnect.

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