

Centers for Medicare & Medicaid Services
Skilled Nursing Facility Long-Term Care
Open Door Forum
Moderator: Jill Darling
March 23, 2017
2:00 p.m. ET

Operator: Good afternoon. My name is (Kim) and I'll be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare & 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 speaker's 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 one your telephone keypad. If you would like to withdraw your question press the pound key. Thank you.

Ms. Jill Darling, you may begin your conference.

Jill Darling: Good morning and good afternoon. Thank you, (Kim). I'm Jill Darling in the CMS Office of Communications. Thanks for joining us today.

I believe this is the first SNF/Long-Term Care Open Door Forum of the year. So, thanks again.

So, before we get into the 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@press@cms.hhs.gov.

So first in the agenda, we have Stephanie Frilling who has March SNF VBP Report update.

Stephanie Frilling: Thank you, Jill, and good afternoon to our callers. Again, I'm Stephanie Frilling and I'm the program lead for the Skilled Nursing Facility Value-Based Purchasing Program. The program is overseen by the Division of Value Incentive and Quality Program here at Medicare.

So the Skilled Nursing Facility Value-Based Purchasing Program which was authorized and protecting access to Medicare Act or PAMA of 2014 will implement a quality payment adjustment beginning October 1st of next year. The payment adjustment will be computed in each facilities SNF PPS payment.

Our program will implement with an all cost readmission measure or the SNFRM, and you can find some information about the measure that we do reporting on, on SNFVBP CMS website.

But today, I'd like to you provide you a brief overview of a facility quarterly confidential feedback report. Each facility was distributed a report in January and March of this year. The reports are accessible via the QIES CASPER reporting application. We distributed an example reports to all SNFs in October of 2016 and about of half of our 16,000 SNFs did download that sample and view the reports. We're hoping to reach the other skilled nursing facilities as well as the hospital-owned facilities.

In December of last year, we distributed the first facility populated reports and that was based on data fro SNF (days) calculated during the year of 2013. The most recent quarterly report, we distributed in late February to March and it included the data, the annual data for calendar year 2014.

The next quarterly report will distribute this coming June and we'll include data from calendar year 2015. This really is an important – the first important report that we'll be putting out because 2015 is our baseline year for the payment adjustment.

Quarterly reports summarized your facilities results on our SNF readmission measure and that is the SNFRM measure. It's an all-cause measure.

The reports include the number of eligible SNF days that were used to calculate your performance during this period and the number of unplanned readmissions from your SNF during this period. So the report also includes your SNF performance on the measure, the risk-standardized rate readmission which is an RSRR, risk standardized readmission rate of your facility during the period. The national average readmission rate for 2014 was also included in the March quarterly reports.

For our next report, the June report, we are considering different patient level data from the hospital stay that we can include the SNF. So we've conducted a variety of outreach activities and have learned from stakeholders that more detailed information would be valuable.

For example, SNF have expressed interest in seeing patient level data for the eligible stay use to calculate the measure. So we're considering just that. So, we have – we have the claims – the insurance claim number of the in-patient stay, the gender, the date of birth, and other kind of personal information that would index it. We can also include information on the risk adjustment and we – to which we have nearly 300 variables. And we can also include elements for the prior proximal hospital claim such as the admission discharge date and principal diagnoses of those claims.

So CMS welcomes your feedback on what information would be most helpful and whether the data elements are discussed would be appropriate or whether we would consider fewer data elements than previously mentioned.

So please feel free to (inquire) to our help desk at the snfvbpinquires@cms.hhs.com. And I encourage everyone to pull down a reports and consider them and site how useful they really are, and understanding the SNFRM performance.

So concluding remarks, I just like to say if you haven't log on or of you don't have access to QIES CASPER file here at CMS, you can reach the help desk which is help@qtso.com.

We also update our CMS SNFVBP website on regular basis so you can check there. And thank you for your time. Jill, I can turn it back to you.

Jill Darling: Thank you, Stephanie. Next and last in the agenda is (Lorelei Khan) who had a PBJ update.

(Lorelei Khan): Good afternoon, everyone. The next quarter of PBJ data from January 1st through March 31st must be submitted no later than 45 days from the end of the quarter. The final submission file for this quarter is due on May 15th, 2017.

We encourage providers to submit their staffing data early and not wait until the deadline. So, if there are errors or issues they have time to correct them and successfully submit their files. As a reminder, the validation report may take up to 24 hours to be received. It is the facility's responsibility to allow for time to receive this report and to check CASPER for final validation of acceptance of their submission.

We've added an indicator to the Nursing Home Compare website that shows whether a facility had submitted data through the Payroll-Based Journal. If the indicator is green the facility has submitted data through PBJ. If the indicator is gray, the facility has not submitted any data through PBJ.

The indicator is how we are starting to identify ways to notify stakeholders about the level of data reported by facilities. We will continue to look for other ways to reflect the level of compliance with the program on Nursing Home Compare. We also want providers to be aware that we are providing feedback on date submitted in the monthly provider preview reports.

The feedback provided in this month's report is for data that was submitted by the February 14th deadline. For example, in these reports, we inform providers if we're showing that they have not submitted hours for nursing aid for each day in the quarter. We believe this is one indicator that may in the facility has not submitted complete data.

We will continue to provide this an additional feedback in the provider previews in the upcoming months. This feedback is intended to help providers improve the completeness and accuracy of the reporting.

Please note the PBJ data is not currently being use to calculate a facility's five star rating. CSM will provide advance notice of when this will happen.

We identified an issue with some providers having difficulty in sending data when an employee was hired, terminated and rehired in the same quarter. For this reason, we have made the hire and termination data field optional at this time. We've also adjusted the system to make it more flexible to accept this information in a variety of ways. More information on this is available on the PBJ website. Thank you.

Jill Darling: Thank you, (Lorelei) and Stephanie. (Kim), we will go into our Q&A please.

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Operator: And as a reminder, ladies and gentlemen, if you'd like to ask a question, please press star then the number on your telephone keypad. If you would like to withdraw your question, press the pound key. Please limit your question 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.

And your first question comes from the line of Joel VanEaton with Care Center Mgmt. Your line is open.

I'm sorry. Your next question comes from the line of Laura Liccione with Ocean Healthcare. Your line is open.

Laura Liccione: Hi, my name is Laura Liccione with Ocean Healthcare in New Jersey. Thank you for taking my call. My question is about the SNF Value-Based Purchasing Program and the 2 percent reduction or withhold. Is that 2 percent reduction based on what Medicare pays versus what is billed? Meaning that 2

percent reduction on our rate is before or after the 2 percent sequestration is applied.

Stephanie Frilling: You know, that might be a question for payments. So, I would ask you to send to my mailbox but I can tell you this that it is computed with your SNFPPS payment amount, so it is a factor that is applied to that rate.

So but – how that affects the sequestration, let me follow up for you on that. So please e-mail at snfvbpinquiries@cms.hhs.gov.

Laura Liccione: OK, thank you.

Jason Kerr: And this is – this is Jason just to clarify. That would be before. Sequestration comes at the end after co-insurance and deductible are applied.

Laura Liccione: OK. So the 2 percent withhold with the SNF value-based purchasing is before and then the sequestration is later?

Jason Kerr: That would be correct.

Laura Liccione: OK, great. Thank you so much.

Jason Kerr: Sure.

Operator: And your next question comes from the line of Joel VanEaton of Care Center MGMT. Your line is open.

Joel VanEaton: Yes, thank you for taking my call. I was wondering if somebody could maybe give us an update on when the value-based purchasing measure, rehospitalization measure will shift from the one that was authorized in PAMA to the one that was talked about in final rule for 2017 which adds the potentially preventable element to that.

Stephanie Frilling: Yes. I can definitely speak to that. So, the statute says, you know, wouldn't practical, when feasible.

Joel VanEaton: Right.

Stephanie Frilling: So, we do believe – and of course, if you see from our rules, we do believe that Congress intended for us to implement the all-cause measure first ...

Joel VanEaton: Right.

Stephanie Frilling: ... and then to collect data and then transition. So it is – we will be, you know, looking in that in future we'll making. But before we could do that, we would need to collect at least one year data under ...

Joel VanEaton: Sure.

Stephanie Frilling: ... SNFRM.

Joel VanEaton: OK. And then just quick follow-up question. And this wasn't addressed in the comments earlier but maybe somebody can answer for us. On the quality reporting program, there was an update on February 9th on the quality reporting website related to the technical specifications for Q.M. number 0678 which is the Pressure Ulcers That Are New or Worsened Short Day Measure. And it gives a link to go – when you go to that link, it takes you to an updated that is supposed to be from October 2016 which would be the time that should been updated.

But when you update – when you actually unlock that and go into that report still dated August 2016. I'm just curious if someone or who I would need to get in touch with to find out whether that report is continues the actual updated information related to that measure.

Stephanie Frilling: Right. You know what, that isn't my division but I can definitely – if you want to send it to my help desk the snfvbpinquiries@cms.hhs.gov. I can get directed over to the QRP people.

Joel VanEaton: OK, great. Can you give me that e-mail again, please.

Stephanie Frilling: Yes, snfvbpinquiries@cms.hhs.gov.

Joel VanEaton: All right, thank you so much.

Stephanie Frilling: Yes. And maybe just in the call if you'll just reference that you asked the question on the call.

Joel VanEaton: Sure.

Stephanie Frilling: Thank you.

Joel VanEaton: Thank you.

Operator: And your next question comes from the line of Cindy Reynolds with Pines at Whiting. Your line is open.

Cindy Reynolds: Hi. My question has to do with the PBJ. If services are provided to a long-term care resident that billing Medicare B, is this time part of the PBJ?

(Evan Shulman): Hi, this is (Evan Shulman). What type of staff are you talking about? Physician, therapy, regular nurse aid ...

Cindy Reynolds: I'm talking about, I'm sorry, therapy.

(Evan Shulman): Therapy, yes. That would be reported.

Cindy Reynolds: OK. But can you clarify what therapy is considered direct patient care and what therapy time?

(Evan Shulman): So, it's – I'm not sure we referenced this yet, but the PBJ manual just describes the types of staff that hours are required to be reported for. And we're not asking providers to separate between different tasks throughout the day. This would be hours that a facility pays, pay therapist to perform services. If they are not paid for particular time and those hours it would be reported.

Cindy Reynolds: OK. Thank you.

(Evan Shulman): Sure.

Operator: And your next question comes from the line of Zach Washut with Matrix Medical Network. Your line is open.

Zach Washut: Hello, thank you. My question revolves around the LTI member files and the timing of those. Are those released quarterly, biannually or is that something MCOs can actually request?

Male: I'm sorry. Can you please clarify what you're referring to?

Zach Washut: Sure. The long-term institutionalized member files that are released to the MCOs, I was just curious on the timing of those if that's a quarterly file that's released or it's by annual, or if the MCOs can actually request those?

(Evan Shulman): We don't have – we don't have someone from the Medicare Advantage or Managed Care inside the house here for that. If we – you know, e-mail address for them or should we just ...

(Off-Mic)

Male: Yes, you might want to submit that through SNFODF mail box.

Zach Washut: SNFODF, OK, thank you so much.

Male: All right. Thanks.

Operator: And your next question comes from the line of Lori Drounette with Crown Point Health. Your line is open.

Lori Drounette: Hi. Thanks for taking my call. I want to clarify on the PBJ information about on the five star preview report. Our report says that the data submitted for our facility did not include nurse aid hours for any of the days covered by the reporting period. But we do have data reported so this just mean that there's only some days not covered or any of them?

(Evan Shulman): So, you're talking about the part about reporting the number of days that hours for aids were submitted?

Lori Drounette: It just says your facility did not include nurse aid hours for any of the days covered by this reporting period.

(Evan Shulman): Yes, that means that we show your facility is not having submitted any hours for nursing aids for the entire quarter.

Lori Drounette: OK. So in the CASPER reporting, it shows we did submit ours, so who do we need to contact about that?

(Evan Shulman): You can send that to N.H., so nursinghomestaffing@cms.hhs.gov and we'd be happy to take a look at it for you.

Lori Drounette: OK. Thank you very much.

(Evan Shulman): Sure.

Operator: And your next question comes from the line of Charmaine Preiss with Brandermill Woods Health. Your line is open.

Charmaine Preiss: Hi, Charmaine Preiss with Brandermill Woods. I was – this is a PBJ related question. We were wondering how do we access the reports that you speak off as far as to see where our status is?

Moronke Akinso: You're talking about the provider previews?

Charmaine Preiss: Yes.

Moronke Akinso: It should be in your CASPER folder.

Charmaine Preiss: OK. Thank you.

Operator: And your next question comes from the line of Tom Trice with Optimum Health Solutions. Your line is open.

Tom Trice: Thank you. My question is about the PBJ submission specification. I was just wondering if there's a planned date to no longer accept Version 2.00.0? Because the reason I asked the question is I know you came up with Version 2.00.3.

Moronke Akinso: OK. Can you submit that question to our technical issues mailbox and that e-mail addresses in on the agenda that was sent out.

Tom Trice: Sure. Thank you very much.

Moronke Akinso: Great. Thank you.

Operator: And again, if you would like to ask a question, please press star and the number one on your telephone keypad.

Your next question comes from the line of Michael Lee with Molina Healthcare. Your line is open.

Michael Lee: Hi everyone. This question is regarding the VBP option, understanding that the current model that's out there that's slated to start next year as for fee-for-service Medicare payments. What is CMS' expectation for MCOs to perhaps adopt similar value-based, you know, purchasing, you know, contracting wise with provider that are in network?

Stephanie Frilling: So currently, the statute Section 215 of PAMA limits our authority to apply a payment adjustment to only facilities that are paid under the SNF perspective payment system. So there are no other plans other than the PPF.

Michael Lee: OK. Thank you.

Stephanie Frilling: Sure.

Operator: And there no further questions at this time. I'll turn the call back over the presenters.

Jill Darling: All right. Well, thank you everyone for joining us today's open door forum. Our next one scheduled is for May 4th but note that the date is always subject to change as well as the agenda item. So we thank you for your time and we'll give you some time back and have a great day.

Operator: Thank you for participating in today's Skilled Nursing Facility Long-term Care Open Door Forum conference call. This call will be available for replay beginning today, Thursday, March 23rd at 5:00 p.m. to Monday, March 27th at midnight.

The conference ID number for the replay is 57582259. The number to dial for the replay is 855-859-2056.

This concludes today's conference call, and you may now disconnect.

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