

Centers for Medicare and Medicaid Services
Skilled Nursing Facilities/Long-Term Care
Open Door Forum
Moderator: Jill Darling
August 3, 2017
2:00 p.m. ET

Operator: Good afternoon, my name is (Megan) 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 one on your telephone keypad. If you would like to withdraw your question, please press the pound key. Thank you.

Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Megan). Good morning and good afternoon everyone. Thank you for joining us today for the SNF/Long-Term Care Open Door Forum. I'm Jill Darling in the CMS Office of Communications.

We do appreciate everybody who logged on very early on the call and waited very patiently. This is a very large number of attendees today because of what we have on today's agenda. So I'll keep it very brief and then we'll jump right into today's agenda.

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 at Press@cms.hhs.gov.

So I will hand the call over to John Kane who will give a general update of the Fiscal Year 2018 SNF PPS Final Rule.

John Kane: Thank you, Jill, and thanks everyone for being on the call today.

So this past Monday, on July 31st, the Center for Medicare and Medicaid Services had issued a Final Rule CMS-1679-F which outlined Fiscal Year 2018 Medicare payment rates and policy changes for Skilled Nursing Facilities.

Update to the payment portion of the rule, and I'll pick it over to our colleagues in CCSQ to speak to the other portions of the rule.

With regard to the payment portions of the rule, based on changes that were contained within this final rule, CMS projects the aggregate to SNFs will increase in F.Y. 2018 by \$370 million, or 1 percent, from payments in 2017. This estimated increase is attributable to 1 percent market basket increase that was required as result of Section 411(a) of the Medicare Access and CHIP Reauthorization Act or MACRA of 2015.

Additionally, before I turn it to over to my colleagues to speak to the other portions of the rule, I just want to make one other note that we want to remind everyone that the comment period for our Advance Notice of Proposed Rulemaking that was released concurrently with the proposed rule, which is CMS-1686-ANPRM, that the comment period for that rule or for that notice is still open. This notice outlines the work conducted by CMS and its contractors in developing potential revisions to the existing case-mix methodology used under the SNF PPS, specifically RUG-IV.

To support stakeholders for viewing this notice, we'd also release on our website an accompanying textual report that provides more granular details and analysis associated with our work in developing the payment revisions under consideration.

Additionally, to further support stakeholders to understand the potential impacts of the revised payment methodology, we recently released on our

website the Provider Level Impact file. We'll provide each facility with a snapshot of the potential impact of the policies that might be discussed in the ANPRM based on certain assumption as discussed in the file.

Finally, we recently added to our website a narrative step-by-step description of how residence will be classified for payment under the revised case-mix methodology, similar to the type of narrative description found in Chapter 6 is the MDS RAI manual.

The comment period on this ANPRM closes on August 25. We've already received significant number of excellent comments. Thus far, I'm going to encourage all of you to submit comments on the ANPRM and make your voices heard on this important issue.

And with that, I'll turn it back over to Jill.

Jill Darling: Thank you, John.

Next, we have (Tamyra Garcia) ...

(Off-Mic)

(Tamyra Garcia): Good afternoon, folks. My name is (Tamyra Garcia). I'm here to discuss the Value-Based Purchasing Program for SNF facilities. This program for the Fiscal Year 2018 Final Rule sought to adopt scoring in operational policies for its year, which will begin in Fiscal Year 2019, and identify measures along with additional program feature that's required by statute.

The Fiscal Year 2018 will include additional programs, also as including the exchange function approach to implement value-based incentive payment adjustments, which will begin October 1st, 2008. The logistic exchange function will translate SNF performance scores into value-based incentive payments for the Fiscal Year 2019 program in subsequent years.

We've also finalized the policy to pay, as value-based incentive payments, a total of 60 percent of the total amount of the reduction to SNF Medicare payments for any given fiscal year. Under the SNF VBP Program Statute, we

have the discretion to pay, as value-based incentive payment, a total between 50 percent and 70 percent of the total amount of the reduction to SNF Medicare payments for a fiscal year.

This logistic function that we discussed previously along with this policy that we finalized for the 60 percent pay-back percentage will sort of maximize the number of SNFs with positive payment adjustment. We've also found that this logistic function that we finalized is best to fill the requirement that SNF in the lowest 40 percent of the ranking receive a lower payment that would otherwise apply. This approach resulted in an appropriate distribution of value-based incentive payment percentages and fulfilled other statutory requirements that are described in the rule.

In addition to finalizing the final logistic exchange or function and the 60 percent pay-back, additional policies for the Fiscal Year '18 Final Rule includes performance and baseline periods, identifying those for the Fiscal Year 2020 program year, updated values for performance standards for 2020, as well as additional details on review in correction to period for the SNF's performance information that will be made public on Nursing Home Compare.

And with that being said, that concludes sort of summary of the overview of the policies finalized in the Fiscal Year 2018 rule, I'll turn it back over to the facilitator.

Jill Darling: Thank you. Up next, we have Tara McMullen who will go over the Quality Reporting Program.

Tara McMullen: Hi everyone, it's Tara McMullen and I am going to give an update on what has been finalized in the Fiscal Year 2018 Final Rule for the SNF Quality Reporting Program.

So as background, under the SNF QRP, SNF Quality Reporting Program, SNFs that failed to submit the required quality data to CMS, for measures that have been finalized for use in a SNF QRP, will be subject to 2 percent point

reduction to the otherwise applicable annual market basket percentage update with respect to that fiscal year.

So moving forward into what we finalized this year. So in the F.Y. 2018 Final Rule, CMS finalized the replacement of the current Pressure Ulcer Measure with an updated version of that measure and adopted four new measures that address functional status, beginning with the Fiscal Year 2020 program year.

The new quality measures as finalized, changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury, and the four outcome-based function measures are, change in Self-Care Score for Medical Rehabilitation Patients, NQF 2633, change in Mobility Score for Medical Rehabilitation Patients, NQF 2634, discharge Self-Care Score for Medical Rehabilitation Patients, NQF 2635, and discharge Mobility Score for Medical Rehab Patients, NQF 2636.

Further, we have finalized that we will begin publically reporting six new measures for display by fall 2018.

In addition to this finalized proposals, or adoptions I should say, we finalized that beginning with Fiscal Year 2019, the data that SNFs report on the measure, Percent of Residents or Patients with Pressure Ulcers Are New or Worsened will meet the definition of standardized resident assessment data and beginning with the Fiscal Year 2020, the data SNFs report on the measures, the Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function, and the measure of the Changes in Skin Integrity Post-Acute Care, Pressure Ulcer/Injury meet the definition of standardized assessment data.

That is for the categories of medical conditions and function. We have finalized those measures to the leverage of standardized patient assessment data.

However, in response to the comments that we received for the Fiscal Year 2020 program year, CMS is not finalizing the additional proposed

standardized data elements for the categories of impairments, cognitive function and mental status, and special services treatments and intervention.

Back to Jill.

Jill Darling: OK. Thank you, Tara.

Next, we have Lorelei Kahn who has a PBJ update.

Lorelei Kahn: Hi, this is Lorelei Kahn. I'm going to give you an update on the Payroll-Based Journal Reporting Requirements.

The intent of the PBJ Reporting Requirement is to ensure accurate data for public posting for consumers and residents and to analyze how staffing levels and turnover impact resident care. This supports our overall goal of improving care. The staffing data from April 1st through June 30th must be submitted no later than 45 days from the end of the quarter. The final submission deadline for this quarter is August 14th, 2017.

We strongly encourage providers to submit data throughout the quarter and not wait until the last 24 hours before the deadline. Data must be submitted successfully to be considered timely. Once the 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.

We want to thank those who are submitting data. Each quarter the submission gets better and better and the overwhelming majority of providers are submitting by the deadline. Providers that do not submit staffing data through the PBJ system for the April 1st, 2017 to June 30th, 2017 reporting period, by the August 14th deadline, will have their overall staffing and R.N. staffing star ratings suppressed until data are received.

Overall staffing and R.N. staffing ratings will appear as ratings not displayed in the ratings table above and on the Nursing Home Compare website.

When data are received for the most recent deadline, the suppression will be lifted with the update to Nursing Home Compare the following month.

CMS intends to begin using PBJ data to calculate staffing measures for the five-star quality rating system in 2018 and late submissions will not be used. Beginning in September 2017, Nursing Home Compare will include an icon for nursing homes to that report an aberrant number of days without any nurse aide hours in the quarter or report 300-plus paid work hours in a single month for some employees. These are indicators that the submitted data are incomplete or erroneous.

Back to Jill.

Jill Darling: Thanks, Lorelei. And next, we have Jason Kerr who has a reminder on the SNF No-pay Claim Billing Requirement.

Jason Kerr: Thank you much and good afternoon everyone. I just wanted to remind Skilled Nursing Facilities of our No-Pay Billing Requirement that we've had in place to about 10 years now. And what that requirement is, is once a patient no longer requires skilled care but remained in the certified area of the facility, we've allowed providers to now submit their no-payment bills up to a year at a time.

What we're finding is that there are certain SNFs that don't seem to be compliant with closing out their admissions. That is submitting that final bill to actually discharge that patient from their facility. And the problem with this is the consolidated billing requirement that indicates the SNF needs to submit their any therapy services that are provided during that non-covered period. They need to submit that on their in-patient Part B bill types.

So what we're finding is therapy providers. Separate therapy provider companies are attempting to provide therapy for these patients and they're

receiving rejections on their claims indicating that they're overlapping SNF period in which the patient is in a non-covered stay of a SNF.

And then they have to go do work to try to figure out what SNF it is. And from what I've heard, it's taking a lot of time. And what it appears is the SNFs are not submitting their final claims. And so these therapy companies, as they've reported to us, are at a lost as to what to do.

So I just want to throw a reminder out there that, you know, what it is still acceptable currently to submit a no-payment bill for up to a year, but at a minimum, you can submit it monthly, you know, during no-payment period time that is during the period of non-skilled care. But if we continue to see this happening, what we can do is we will have to probably pull some data to see who actually is enclosing out their admissions because it's creating to a serious hardship on the therapy providers. Because basically, it's the SNF that needs to be submitting these bill types with these therapy services and the therapy providers are at a lost.

So I just want to remind you, the section, the details, the requirements for no-pay billing, it's out at Internet Claims Processing Manual 100-04 and it's Chapter 6. It's SNF and Patient Part A Billing. And the specific section is Section 40.8. And you can access that by clicking – going into the Search button on CMS.gov, just typing in 100-4 Chapter 6 and it will pull out for you.

And that's all I had, Jill. Thanks guys.

Jill Darling: Thanks Jason. We have one last announcement from Tara McMullen, some SNF QRP announcements.

Tara McMullen: All right. Thanks, Jill. Hi guys. It's Tara again. OK. I have three announcements pertaining to the SNF Quality Reporting Program. The first announcement is that now you have the opportunity to register for the Review and Correct Reports Refresher Webinar. So we'll be hosting a Review and Correct Reports Webinar for SNF QRP or SNF Providers on Monday, August 7th, 2017 from 2:00 to 3:00 p.m. Eastern Standard Time. For more

information, you can visit the SNF Quality Reporting Training webpage for additional details and to learn more how to register.

The second update is on the August 15th submission deadline. This is a reminder for those SNF providers for the SNF QRP. So the submission deadline for the Skilled Nursing Facility Quality Reporting Program is approaching. The MDS assessment data for January through March, that's quarter one of Calendar Year, C.Y. 2017, are due with the submission deadline. All data must be submitted no later than 11:59 p.m. Pacific Standard Time on August 15th, 2017.

The list of measures required for this deadline can be found on the SNF Quality Reporting page, Skilled Nursing Facility Quality Reporting Program Measures and Technical Information page. So again, all data must be submitted to CMS no later than 11:59 p.m. Pacific Standard Time on August 15th, 2017.

And the last update is on the reconsideration period. So the reconsideration period ends on August 13th. On July 14th, 2017, CMS provided notifications to Skilled Nursing Facilities that were out of compliance with respect to the Fiscal Year 2019 Skilled Nursing Facility Quality Reporting Program Requirements.

SNFs that received a letter of non-compliance and do not agree with the CMS determination, may submit a request for reconsideration to CMS via e-mail. The reconsideration period is open for 30 days. And all requests must be submitted and received not later than 11:59 p.m. Pacific Standard Time on day 30, which is August 13th, 2017.

If you received a notice of compliance and would like to request a reconsideration, we refer you to the instructions contained within your notification letter. Guidance for submitting a reconsideration request is also accessible on the CMS SNF Quality Reporting Reconsideration and Exception and Extension webpage. Thank you.

Jill Darling: All right. Thanks Tara and thank you to all of our speakers today. (Megan), we'll go into our Q&A, please.

Operator: Certainly, as a reminder, ladies and gentlemen, if you'd like ask a question, please press star then one on your telephone keypad. If you would like to withdraw your question, please press the pound key. Please limit your question to one question and one follow-up to allow other participants time for question. 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 (Eric Welters) with (Peter Hill Healthcare). Your line is open.

(Eric Welters): Thank you. I was unable to get the date on the value-based purchasing, whether that begins October 1st, 2018 for Fiscal 2019 or October 1st 2017 for Fiscal 2018.

(Tamyra Garcia): So it begins for the Value-Based Purchasing Program, October 1st, 2018 for Fiscal Year 2019.

(Eric Rogers): OK, thank you.

(Tamyra Garcia): Yes.

Operator: Your next question comes from the line of (Kim Palmer) with Penn Medicine. Your line is open.

(Kim Palmer): Hi, this is (Kim Palmer). I was just wondering if we were going to have an opportunity to get a compliance letter. I know you mentioned there will be non-compliance. But for those who see nothing, we should assume we're in compliance. Is that correct?

Tara McMullen: Yes. For those who did not receive a letter, you can assume that you are in compliance as long as you're submitting your data.

(Kim Palmer): OK. Thank you.

Operator: Your next question comes from the line of (Kelly Brown) with (Beaumont Health). Your line is open.

(Kelly Brown): Hi, good afternoon. I was just wondering if there's any information available for when the confidentiality feedback reports will be made available in the SNF CASPER reporting system for the SNF (MSTB) measure.

Lorelei Kahn: So we will provide additional information on when that will be available. Right now, we don't have a specific date, but we will provide communications following up with that very soon to let folks know when that will be available.

(Kelly Brown): OK. Thank you.

Operator: Your next question comes from the line of (Peter Degrey) with (Degrey) Therapy. Your line is open.

(Peter Degrey): Yes. Maybe I misunderstood the QRP date that's coming up, the due date, 8/15/17. That's when the first calendar quarter of this year or is that from the last calendar quarter of 2016?

Tara McMullen: Yes. Thank you. That's for – I think your question pertains to the submission deadline.

(Peter Degrey): Yes.

Female: And that is quarter one. Yes, quarter one of Calendar Year 2017, so January through March of this year.

(Peter Degrey): OK. Thank you very much.

Female: Thank you.

Operator: Your next question comes from the line of David Stoehr with OnShift. Your line is open.

David Stoehr, your line is open.

Your next question comes from the line of (Brigitte Doremire) with Greenhills Community. Your line is open.

(Brigitte Doremire): Hello and good afternoon. Regarding PBJ, you mentioned it will start driving the five-star rating in 2018. Can you tell us when in 218 that will be effective?

Lorelei Kahn: That date has not been determined yet, but we will be notifying providers in advance, to let you know.

(Brigitte Doremire): Thank you very much.

Operator: Your next question comes from the line of (Karyl Young) with Consulting Services. Your line is open.

(Karyl Young): Hi, thank you for taking my call. This may be in reference to – or for Jason Kerr. I was wondering who to contact to update the Medicare Claims Processing Manual, Chapter 6, Section 30, Billing SNF PPS, regarding changing the ICD-9 references to ICD-10 and the V code references to Z code, as in zebra.

Jason Kerr: This is Jason. Thank you for letting me know that. We actually had a contractor that was doing that, and maybe we missed that. So I got the section and I'll put that manual change into our next update.

(Karyl Young): Thank you very much. I appreciate that.

Jason Kerr: No. You're welcome. I appreciate you letting us know.

(Karyl Young): OK. Bye.

Operator: Your next question comes from the line of David Stoehr with OnShift. Your line is open.

David Stoehr: Hi, my question is PBJ related. Is there any penalty for over-reporting hours for the PBJ training hours that aren't supposed to be included?

John Kane: We have client who had some job code changes and they're working to fix them, but they're concerned they won't fix them in time before the deadline.

Lorelei Kahn: So if you're over-reporting hours, it may trigger an audit, that would be the penalty, because if the hours don't look right, then they may be audited.

David Stoehr: OK. But nothing fiduciary. OK, very good.

Operator: Your next question comes from the line of Jim Hendricks with Lexington Health Care. Your line is open.

Jim Hendricks: Yes. My question is, we were doing modifications on our QRP and our functional GG assessments. When will we be able to see the change in our percentage of components on our SNF Correct and Review Report? Hello?

Tara McMullen: So I believe we'd have to get back to the reporting team for the SNF QRP team for an exact date. I believe that there's a date actually listed. So however, on our SNF Quality Reporting Measures and Technical Information page, you can find more information there. But we'll probably have to get back to our reporting team.

Jim Hendricks: OK. Thank you.

Operator: Your next question comes from the line of (Debbie Lebron) with (Hines). Your line is open.

(Debbie Lebron): Hi, thank you for taking my call. This is PBJ related. And my question is, is there anybody there that could give us a little more of background information about the pilot auditing that is going on with the PBJ data submission?

Lorelei Kahn: OK. The pilot auditing that's going on the facilities, there was some miscommunication that facilities could volunteer for the pilot audits, and that was incorrect. Basically, facilities are being chosen at random and we're just testing the audit process at this time.

Operator: Your next question comes from the line of (Pam Hadrich) with LifeBridge Health. Your line is open.

(Pam Hadrich): Hi, good afternoon. I have a question regarding the non-compliance letters. If we are doing the modifications on the data that was already transmitted to that, do we need to request the reconsideration or will that data just gets used and the percentage adjusted?

Tara McMullen: Can you please repeat your question?

(Pam Hadrich): If you received the letter of non-compliance regarding the new quality measures, the ones especially to deal with the functional assessments, if the data that – if the MDS' that have already been transmitted and used for that data is being corrected, modified, and retransmitted, will the percentages automatically be adjusted with the new MDS data or do we need to ask for a reconsideration?

Mary Pratt: This is Mary Pratt. Go ahead and request the reconsideration so we can give a full review of the situation, please.

(Pam Hadrich): OK. Thank you.

Operator: Your next question comes from Jasmine Holden with Royal Springs Health. Your line is open.

Jasmine Holden: Thank you very much for taking my call. The question I have for you. We are a Skilled Nursing Facility and when patients or residents, they come to our facility after having a treated qualifying hospital stay, we want the Common Working File to verify the Medicare days. Unfortunately, we as providers, we know that we're supposed to find out where the resident used potential days if the Common Working File doesn't show a full hundred. However, a lot of facilities, they don't do that, then they – and if they bill Medicare and if the claims are not paid and later down the road then they bill the claim to Medicare, then the other provider actually is penalized because then Medicare comes back, recoups the money because that resident or the patient didn't have the number of days.

What can be done to correct that? Because I don't think at the end of the day, it's a failed to the provider who admitted the patient, you know, to bill accordingly in sequence and everything else and get reimbursed and all of a sudden for Medicare to come and recoup the payment because the provider before them failed to submit the claim a timely manner. However, it is one year from two date of service, so you know, there's no penalty.

Jason Kerr: So this is Jason Kerr. And I can just say, I guess it's the timely thing that I question there, because it's like you said, they have a year to submit that claim.

Jasmine Holden: Yes.

Jason Kerr: So that means it's timely if they submit within that year. So unfortunately, why I think that's probably very rare that that would happen, if does happen and it meets timely filing guidelines for that hospital on what they bill, I mean that's well within their right to do that.

Jasmine Holden: But then would you say it's fair for the other provider, then for Medicare to come back and take the money? Because the days were miscalculated because the other provider did not bill. You know, we – for days of service for the month of June, we bill in July. We always are month behind. So we have had quite a few cases whereby the, you know, resident was admitted, we thought that's ahead the 100 days, that's what the Common Working File showed with Medicare, then all of a sudden, after we calculated the days, we billed Medicare, then the money was recouped because this other didn't submit the claim and there was no 60-day break.

Jason Kerr: Right. And I mean – but I'm not – I understand that you're doing the best that you can review at the time that you're submitting. But, you know, you have a year to submit. And it's the result of you taking in this patient and then a provider doesn't get their claim until after you've reviewed the Common Working File, you know, the benefits are paid as the claim is received. So whoever submits their claim first, they are the ones to get those benefits, the benefit days. And if it's within timely filing, I mean I – it's within their right to get that.

And we actually – you know, we have out-of-sequence processing discussions that is talked about in 100 Dashboard Chapter 6. If you want to go on there and review it, it's around Section 40.1. But ideas that whoever get those benefit days, regardless which order it is, if it's the result of it, the beneficiary doesn't have any out-of-pocket expenses, then it's – we wouldn't readjust, we wouldn't adjust those claims to correct the days in the proper order being to day-to-service wise.

Jasmine Holden: Thank you.

Operator: Your next question comes from the line of Amy Miller with Genesis Health Care. Your line is open.

Amy Miller: Thank you. My question is regarding the SNF Quality Reporting Program. We recently received some notices regarding Q1 2017 and non-compliance with the function measure, which leads me to ask ultimately at the end of the year how is non-compliance determined? Is it 80 percent of the data for all three measures grouped together or the CMS look at 80 percent each measure separately?

Tara McMullen: Thank you. So we asked, as part of the Quality Reporting Program, that statutory mandate that we are a pay for reporting program. So in that, we have mandatory items that are used to calculate each quality measure and we ask that you submit at least 80 percent of all the items. So that would be all the measures, not separate and aside, so each submission. So you're looking – so it'd be the first option that you said.

Amy Miller: OK. And so the non-compliance letter that targeted one measure is more of like a heads up courtesy then?

Tara McMullen: Yes. So I'm not on the compliance team, but I do know that they were looking at the measure and so there were submission issues with data in regard to that measure.

Mary Pratt: Yes. I think this has been a kind of ...

Amy Miller: OK. Thank you.

Mary Pratt: I think once the determination of non-compliance is made and the second review is done to help identify some specifics about that particular SNF.

Tara McMullen: Yes. So it's looking up like the items for that measure and that was the first letter.

Amy Miller: OK. Thank you.

Operator: Your next question comes from the line of (Jonathan Mower) with (Claims Boulevard). Your line is open.

(Jonathan Mower): Thank you very much. My question is with respect to the new RCS-I system that's coming up. I know it's the comment period right now. But is there any inclination on the part of CMS for a deferral of this given what seems to be an overwhelming reaction from the provider community with respect to the drastic nature of the change and what it would do to transform the (way) case provided in Skilled Nursing Care Facilities. Is there a possibility for deferral? Or do you believe that CMS is inclined to refine after consideration of feedback from the provider community and just issue a final rule and implement by the end of the year?

John Kane: Thanks very much for that question. And so just to clarify a few things, so number one, it was not a proposed rule that was issued, it was an Advance Notice of Proposed Rulemaking, which is something that CMS and other agencies will use from time to time to basically get the word out about something that we're considering for future rulemaking but it's not something that's being proposed at that time.

So it's – you might think of it more as almost like a discussion piece. It's something that we wanted, to create a dialogue with the public, with you and other stakeholders to say, "Here are some things that we as the government, we as CMS are considering, and we'd like to have your thoughts on it." And you know, sometimes some people will just create series of questions and just say, "Here's 10 questions, answer this for us." And in this case, we decided to

provide a slew of information, a whole (inaudible) of information and sort of everything that we're considering as regards to something that I think you very accurately described as a pretty significant change and how we're paying Skilled Nursing Facilities if we were to implement something like this.

But I want to be very clear on this so that, you know, when you speak about deferrals and sort of, you know, the timeframe for this, we have incentive timeframe for influencing any of those policies thus far. So the ANPRM is there to provide for discussion and to open up that dialogue with stakeholders and with the community about what changes we are considering and we will take all of those comments, and I think we've had 168-ish comments thus far. We look forward to receiving many more comments before the August 25th deadline. We will review those comments. I am absolutely certain that we will make revisions to what is already in the ANPRM. That we'll consider all those comments in terms of the impacts and the kinds of revisions we should make to the system. And in some future point, we hope and expect to actually propose something that is akin to what we put out for discussion.

But again, it is discussion piece at this time, and so we do encourage your comments and don't worry at this point about implementation because we're still a little bit away from that.

(Jonathan Mower): I have to say thank you very much for that clarification, because as we are listening to a lot of speakers and conferences and experts and that it's just, you know, injecting a lot of trepidation in a lot of providers because of – as you hear a lot about what's coming on this and what impact is going to be, it's clearing a lot of trepidation. So thank you for clarifying that. That's very helpful.

John Kane: You're welcome. Thank you very much for the question.

Operator: Your next question comes from the line of (Marie Moyer) with (Campus ELS). Your line is open.

(Marie Moyer): Yes. My question is in regards to PBJ. When will the audit begin and what period will you be reviewing?

Lorelei Kahn: We haven't determined when the actual audits will begin. We're still in the pilot stages right now.

Operator: Your next question comes from the line of (Maurine Mogi) with (Wellspring). Your line is open.

(Maurine Mogi): Hi, I'm just questioning, I'm able to access corporate dashboards for PBJ, but I cannot access corporate dashboards for CASPER. Is there a way to get a corporate dashboard for the CASPER reports over several facilities? Hello?

Lorelei Kahn: One moment. We're discussing.

Can you send that to the PBJ Technical Issues mailbox, that e-mail address is NursingHomePBJTechIssues@cms.hhs.gov.

(Maurine Mogi): OK.

Lorelei Kahn: Thank you.

Operator: Your next question comes from the line of (Rob Adi) with Ensign. Your line is open.

(Rob Adi): Yes. My question is also related to the SNF QRP submission deadline coming up on the 15th and related to specifically the Review and Correct Reports. We have reviewed MDS' and numerous of our facilities and done all the corrections that we can identify, but Review and Correct Reports data does not change. So we have no verifiable way of identifying whether CMS has received those or whether we have exceeded the 80 percent threshold. Where would we look specifically during the short timeframe before the submission deadline to be certain that the corrections have been received by CMS and we're over the threshold?

Ellen Berry: This is Ellen Berry and if you've modified an assessment or a record that you submitted, you can always go into the Print Assessment Report and enter in the data that is needed for each of those records to see what is in the system.

(Rob Adi): Will the Review and Correct Reports ever update with correct numerator and denominators? I know it's in the Review and Correct Report Training provided in May. So the other quality measures are going to update every Monday, but that doesn't seem to apply to the QRP QMs.

Tara McMullen: So we ask you – we have a Review and Correct Report team and they're not here today. So it's a great question. And if you can visit the SNF QRP Programs and Technical Information page or reporting page, just visit our SNF QRP page, we actually have a SNF QRP mailbox on that page and you can find that question there.

And then just as a reminder. So it was a great question and thank you. And as a reminder, we do have our Reports Refresher Webinar on August 7th, 2017 from 2:00 to 3:00 p.m. And I'm sure that your question would be addressed in that webinar if you can send it to us.

(Rob Adi): Thank you.

Operator: Your next question comes from the line of (Susan Boutilier) with KeraCare. Your line is open.

(Susan Boutilier): Hi. I just wanted to clarify a previous post question in regards to the QRP and 80 percent. Did you respond that – I'm going to reference two quarters? So if a facility fell below the 80 percent in the first quarter, but above 80 percent, they were 100 percent in the second quarter, they would still be penalized because they fell below the 80 percent in the first quarter? It's not accumulative of the year?

Tara McMullen: So for clarification. So on data that is to be submitted, mandatory data, it is accumulative 80 percent of all assessment. You have to make that 80 percent threshold a year, in a year.

(Susan Boutilier): So it is each quarter? It's that the total – its accumulative score for the four quarters? If you fall below 80 percent, then you will be impacted financially. If all four quarters, the accumulative of all four quarters is above 80 percent, you will not be impacted financially or penalized.

Tara McMullen: If you submit mandatory data and you submit less than 80 percent of that required threshold, so less than 80 percent, you will receive a letter of non-compliance and you know that you're headed in the direction of not being compliant with the pay for reporting mandate, the statutory mandate.

(Susan Boutilier): I understand that that's for the quarter. Bu the bottom-line, the final decision is based on the accumulative score of the four quarters, correct?

Tara McMullen: Yes, you're correct.

(Susan Boutilier): OK. Thank you.

Operator: Your next question comes from the line of Susan LaPadula with ICMRS. Your line is open.

Susan LaPadula: Hi, good afternoon everyone. This comment is for Jason and his caller regarding the Common Working File and the update of benefits in the Skilled Nursing Facility. We're a consulting firm and what we do to help our clients alleviate that problem is we provide a form which they can create called the 60-day Prior Stay Form. And it's been asked that the admissions department in the Skilled Nursing Facility call into any facility or location of where the resident was prior to admission. And this will help that nursing home avoid the problem of finding out that there were not days in the Common Working File available. I hope that's helpful.

Jason Kerr: It is. Thank you very much.

Operator: Your next question comes from the line of Donna Marshall with Miller's Health System. Your line is open.

Donna Marshall: Hi. I think I got my answer earlier about the correction of the Section GG, because we have the same problem, we keep correcting and going every Monday and beyond excited to see if our numbers are changed, and they just stayed the same. So we were kind of frustrated because we didn't know what to do to get us up above threshold. So you know, that's why we're just wondering if there was any suggestions from what else we could do to help us

get above there, because everything that we've done, that's been – you know, we did everything with the corrections that need to be done. But we're still below in a few of our facilities.

Operator: Your next question comes from the line of (Donna Avi) with (Rock Hill Healthcare). Your line is open.

(Donna Avi): Yes, ma'am. I'd like to know – this is a little bit of the agenda subject line, but is there any information available on what's required for the facility assessment?

Tara McMullen: So there is a document that was – this is Tara – for the SNF QRP, right, for the mandatory items. Is that correct?

(Donna Avi): No. For the facility assessment that's going to be required as – with the changes that are coming into effects in 1, October, for example, the facility assessment is the baseline for your inspection preventionist, a lot of different things. But where is the guideline to complete the facility assessment?

Female: Hi. You can send that question NHSurveyDevelopment@cms.hhs.gov.

(Donna Avi): OK. Thank you.

Operator: Your next question comes from the line of Christy Beard with National Health. Your line is open.

Christy Beard: Thank you. This is in regard to the conversations of this SNF QRP. There is a document out there. I just located yesterday. So I hope this might be helpful to some people. And it's the Review and Correct Reports Provider Training precipitant questions from the webcast on May the 2nd, current, as of May of 2017. And on question number eight, there is the question that goes into weekly measure calculations, quarterly measure calculations and end-of-quarter calculations talking about how it is performed as far as the updates, every Monday morning in the early hours. And I just thought that might be helpful for some folks if in the conversations that people have asked questions about the calculation.

Christy Beard: Thank you.

Operator: Your next question comes from the line of (Ahib Blendon) with ArchCare.
Your line is open.

(Ahib Blendon): Hi, good afternoon and thanks for taking my call. So my question is in regard to the SNF QRP penalty. When we got the request of reconsideration earlier, we identified an error. We corrected it at one of our facilities and it was accepted. But it was only until after e-mailing the QRP Help Desk. Did it finally come off the report? My question is, in reference to addressing the second quarter, are we expected to look at the second quarter now? And if so, how will we find that report so we could identify any potential errors?

Stace Mandl: Hi, this is Stace Mandl at CMS. Can you clarify what report you're referring to?

(Ahib Blendon): When we went in to get the reconsideration – the report that indicates that there is an error in Section GG. I forgot the name of it, but it's I guess the reconsideration I think that's what it's called. The name is skipping me.

Stace Mandl: Are you referring to a letter you have received about compliance? Is that ...

(Crosstalk)

(Ahib Blendon): No. I believe it was in initial – yes, yes.

Stace Mandl: (Regarding) Section GG.

(Ahib Blendon): Right, regarding Section GG.

Stace Mandl: I don't think the letter would have said GG. So it may have been a reminder. I wouldn't – you're talking about a notification to sort of a reminder to make sure you've got your data up to date ...

(Ahib Blendon): No. Do you know how – early in the call, you discussed with regard to the SNF QRP that we had until the 15th in order to make any changes or corrections, yes?

Stace Mandl: Yes.

(Ahib Blendon): All corrections had to be done 8/15 at 11:59 Pacific Standard.

Stace Mandl: Yes, yes.

(Ahib Blendon): OK. So we found an error. When we looked and checked, that we corrected with one of the MDS' that has been submitted. Should I e-mail the question or are you following me now?

Stace Mandl: Yes. Yes. Why don't you go ahead and e-mail this to QRP mailbox? That would be great

(Ahib Blendon): OK. OK.

Operator: Your next question comes from the line of Jasmine Holden from Royal Springs Health. Your line is open.

Jasmine Holden: Thank you very much. I'm sorry. This question is to Jason. I did hear someone else who came up with the solution to my problem, but that actually was not the issue. However, thank you.

Operator: Your next question comes from Sherri Harris with Stonegate Senior Living. Your line is open.

Sherri Harris: Hello, thanks for taking my question. I did want to make a couple of comments on the QRP as well. Early on when the first quarter data and the Review and Correct Report came out and we were making some changes to our percentages on Section GG, when we rolled around and we reviewed report, those numbers were updating based on our corrections. However, over the last two weeks, we had continued to make corrections. And over the last two weeks, when we ran the report, no changes had been made to those percentages, which led me to believe possibly that the report had some issues with updating and updating of the SNF QRP mailbox, and they could not answer my question and referred me to (QPSO) for that information.

So I did ask the question to them which they responded that the report is updating. But I'm kind of hearing over and over from people that their numbers are not changing. So that does lead me to believe there could potentially be a problem with that report updating and I'm wondering if possibly you could take that information back just to see for sure if there is a problem, because we are approaching our deadline. And I know that people are diligently working on that to make that percentage acceptable under the parameters. And so we certainly want to get credit for our hard work at here if it all possible. And then if we would just consider doing that, please.

And then my second question on the QRP Review and Correct Report is, the numerator and denominator numbers that are issued on that report are helpful? However, just for consideration, what would be even more helpful if we can do something at the Quality Measure Report that has a resident roster that could actually tell us who these people are that they're pulling, would even help the facilities that are trying to be in compliant, identify who they are looking at. So that also has been a problem we were trying to propose on those reports.

And then lastly, someone had mentioned about the second quarter data, the second quarter data did come out, I think, on Tuesday. So if you go to your CASPER report and pull it through quarter two, they are there and the Review and Correct period is open now through November 15th, 2017. So I just wanted to share that with the caller that asked about that.

Mary Pratt: These are very useful comments. This is Mary Pratt. Can you do us a favor? Just sort of send in an e-mail and someone will give you the address in a second. But it would be useful to understand the dates of the corrected data, you know, what quarters data were affected by your corrections. So maybe we can pinpoint either a misunderstanding or maybe a glitch in the data files. And I think that would help us – what's the word? Troubleshoot, if there's an issue.

And then on the second of your three comments, I'll turn it over to Stacy Mandl.

Stace Mandl: Thanks, Mary. So I want to make sure that SNFs are very clear on a couple of distinctions, because I think that's where some of this confusion is coming from. The Annual Payment Update threshold is determined by compliance with data submitted. The Review and Correction Report that I'm hearing referenced has nothing to do with the annual payment update (APU) or compliance. That report is only going to give you a roll up of, of how you're performing in a measure. So even if you're correcting data element submissions for Section GG, it may not show up in the Review and Correct Report if it's not affecting the overall measure performance.

So I want to make sure that all the SNFs are clear on a distinction between the two. The Review and Correct Report only pertains to public reporting. It does not give you any information with compliance and if you are meeting the threshold.

So if that's the report that folks are referring to, it won't tell you how you're doing on APU.

Mary Pratt: And the address is ...

Jill Darling: It's also on the agenda if you receive the agenda. Do you by chance?

Stace Mandl: Does the caller have the agenda with the e-mail address?

Sherri Harris: I don't believe. I just believe I have the invite. I don't know that I have the (inaudible) quite possibly could. Let me just go and check those.

Jill Darling: OK. Well, here's the e-mail. It's all caps. It's SNF_LTCODF-L@cms.hhs.gov.

Mary Pratt: In SNF, we call that a dash.

Jill Darling: Thank you, Mary.

Operator: Your next question comes from the line of (Carol Dowrecy) with Mid-Atlantic Health. Your line is open.

(Carol Dowrecy), your line is open.

Your next question comes from (Ahib Blendon) with ArchCare. Your line is open.

(Ahib Blendon): Hi, this is just a follow-up. Thank you to the caller who just went previously and you all provided me the e-mail address. So I'm done.

Jill Darling: All right. Well, thank you everyone for your great questions. We do appreciate your time and your patience from the beginning of the call. So the next SNF/Long-Term Care Open Door Forum is scheduled for September 21st. But as always, the date is subject to change, as well as the agenda items.

So thank you again 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 today at 5:00 p.m. Eastern through midnight on August 7th. The Conference I.D. Number for the replay is 60539414. The number to dial for the replay is 8558592056.

This concludes today's conference call. You may disconnect.

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