

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

Operator: Good afternoon. My name is (Tiffany) 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 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 on your telephone keypad. If you would like to withdraw your question, press the pound key.

Thank you. Jill Darling, you may begin your conference.

Jill Darling: Thanks, (Tiffany). Good morning and good afternoon, everyone. Thank you for joining us today for the SNF Long-Term Care Open Door Forum. And happy fall to everyone even though it kind of feels like summer time here.

Before we get into the agenda, as always, one brief announcement from me. 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](mailto:press@cms.hhs.gov).

Up first, we have John, Kane who has over -- will speak about the SNF IPPS correction of it.

John Kane: Thanks very much, Jill. And thanks, everyone, for being on the call.

Just as a heads up for everyone, in the October 4th federal register, CMS had published a correction notice associated with the FY 2018 SNF PSS Final Rule. This correction notice addressed certain errors that were found to be in the wage index file, typically the PSS wage index file, which is also used by us for the SNF PSS wage index.

In addition to addressing corrections in the wage index, the correction notice also speaks to the fact that as a result of correction those errors in certain -- in certain wage areas, we found that the budget neutrality factor which is the factor that's applied against the unadjusted base rates to ensure that per statute changes in the wage index each year do not result in changes in aggregate payment. That that factor had also been -- also needed to be revised.

And so, as a result, since that adjusted factor apply against all of the unadjusted base rate, then it also bleeds into affecting all the case of unadjusted base rates and then also leads into affecting all the cases of adjusted rates and so on and so forth.

So, I just wanted to make sure that everyone was aware that the correction now has existed and was -- had been posted so that to make sure that everyone is using the most up-to-date rate file that we have available. And the online (pricer) file had been updated as well.

One of the things, just quickly, as sort of a reminder is that as everyone can recall when we released our proposed rule, we also released an advanced notice of proposed rulemaking in relation to the changes that we are considering to the SNF PSS qualification system, in particular, the model that we have described as Resident Classification System, Version 1 or RCS-1.

We received about 248 comments from all of you on that model and we very much appreciate all the comments that we received. We're in the process of reviewing those comments. We did want to remind everyone, however, that even with the ANPRM comment period over, we are still accepting comments to our mailbox.

So, if you have any comments that you just weren't able to get into -- under the deadline, or if you have things that you thought about since then, we do encourage you to email us any of those comments or questions or concerns.

And just to remind everyone of the mailbox, it is SNFtherapypayment, all one word. That is [SNFtherapypayment@cms.hhs.gov](mailto:SNFtherapypayment@cms.hhs.gov). Thanks very much. I'll turn the call back to Jill.

Jill Darling: All right. Thanks, John. And next and last in the agenda is Lorelei Kahn who has a VBP update reminder.

Lorelei Kahn: Thanks, Jill. The intent of the PBJ reporting requirements is to ensure accurate data for public posting for consumers and residents and to analyze how staffing levels and turnover impacts resident care. This supports our overall goal of improving care.

This is a reminder. Staffing data from July 1st through September 30th must be submitted no later than 45 days from the end of the quarter. The final submission deadline for this quarter is November 14th, 2017. We strongly encourage providers to submit data throughout the quarter and not wait until the last 24 hours before the deadline.

The 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 their 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 as necessary.

As I mentioned, the next deadline is November 14th, 2017. Providers that submit no staffing data for the July 1st to September 30th reporting period by November 14th will have their overall staffing and RN staffing ratings suppressed for the December 2017 update of Nursing Home Compare. In addition, if there are an usually high number of days for which no nurse aid hours are reported, a gray icon will be displayed.

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.

There are two small technical updates to the PBJ Systems. Neither of them changed the way data needs to be submitted by the deadline to meet the requirements.

The first is that we've heard that sometimes when a facility is sold or obtains a new software vendor, the new owner or vendor creates a new employee ID and cannot use the old employee ID. Therefore, we've created a process that enables facilities to link an old employee ID to a new employee ID.

A system ID is being created for each employee for the purpose of this new linking methodology. This system ID does not replace the current employee ID that the facilities have assigned. Remember, none of these changes requires facilities to change their employee ID numbers or how they submit data. They're only to be used if a facility must change their existing employee IDs.

For more information about the PBJ administration submission file, please see the linking methodology in the download section on the PBJ website.

CMS has posted public used files with staffing data submitted through the PBJ system. These quarterly data files will have daily staff hours for each of the nursing job categories as well as the daily resident census derived from the MDS.

The files and detailed documentation about their content and structure will be available for viewing and downloading from [data.cms.gov](http://data.cms.gov). More information on the public use file can be found in the CMS Survey and Certification Memo. The link to this memo was provided on the Open Door forum agenda. Thank you.

Jill Darling: All right. Thanks, Lorelei and thanks to John. So, now, we'll open it up for Q&A, please.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press star then the number one on your telephone keypad. If you would like to withdraw your question, please 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 Lynette Davis with Opis Senior Services Group. Your line is open.

Lynette Davis: Hi. How are you today? I have a question regarding the new (Q1B) changes that are appearing on our remittance advices. Is this a question that you would be able to help answer? Hello?

Jill Darling: Hi, there. I don't think we have anyone in the room right now. But if you have the agenda in front of you, if you wouldn't mind sending your question to the SNF.

Lynette Davis: The mailbox?

Jill Darling: Yes, please.

Lynette Davis: OK. I'll go ahead and do that. Thank you.

Jill Darling: Thank you so much.

Operator: Your next question comes from the line of (Doug Behr), with Health Care Tour LLC. Your line is open.

(Doug Behr): Yes. Good afternoon. My question is for John Kane. And John, it's (Doug Behr). How are you?

John Kane: Doing well. How are you, (Doug)?

(Doug Behr): Good. My question relates to the comment you received as a follow up to RCS-1 and the ANPRM. Does CSM intend to produce or publish some sort of response to the comment that you received either a Q&A document or some sort of just response to the questions you get or request for data so that providers have some insight into your thoughts or any additional research that you may be doing?

John Kane: To answer the question, (Doug), I'm honestly not sure sitting here at this moment. We're still in the process of reviewing all the comments. There was a lot of information and a lot of the comments and a lot of additional analysis work that we want to undertake to address some of the comments or look into some of the comments that we received.

So, again, we're still in the process of reviewing them. I don't know if -- what the next step will be in terms of if we put something out there as a response or if we -- if we seek additional feedback or if we have additional questions regarding some of the comments we received. I honestly don't know sitting here. But I will talk to my leadership and we will see if something like that makes sense for us to do.

(Doug Behr): OK. Great. Thanks. I appreciate it.

John Kane: Thanks a lot, (Doug).

Operator: Your next question comes from the line of Grant Edelstone with the Episcopal Senior. Your line is open.

Grant Edelstone: Yes, thank you. Are you taking any questions on phase two of the final rule?

Evan Shulman: This is Evan Shulman. We can -- we can try. OK. Go ahead. Give it a shot.

Grant Edelstone: So, in particular with the, with the psychotropic change in the PRN, 14 days for the non-antipsychotic. Is there any restrictions on the duration that the physician can place after the first 14 days when they request an extension?

So, for a hypnotic or an antidepressant or an anti-anxiety after the initial 14 days and if the MD justifies it and wants to extend for another duration. Is there any guidance on what that particular amount of time would be?

Evan Shulman: No. Just as I understand the question, you understand that the -- originally -- the original prescription can't be longer than 14 days unless the physician...

Grant Edelstone: Correct.

Evan Shulman: That it needs to be extended. And your question is how long can that extension be for?

Grant Edelstone: Correct.

Evan Shulman: OK.

Grant Edelstone: Is there any limitations on the...

Evan Shulman: I think -- I think I'd have to go back and look. I think we would question why it would to -- first off, the medical condition and the rationale for the extension should be very well documented, number one.

Number two, I think similarly we would question why if it's extended for a period that's even longer than 14 days, I think we would -- we would want this -- want to -- we'd probably question that.

If the regulation and we'd encourage you to go back and look at it, the regulation and interpretive guidance do not specifically state what the any limitations on the extension then there is not one.

Again, that's we need to look back at the, at the interpretive guidelines in the appendix PP of the sum. But we would still regardless expect the documentation related to the medical condition and rationale to be very clear as to why the medication needs to be extended.

Grant Edelstone: OK. Thank you. And the advance copy, is that still the latest version of the sum and appendix PP?

Evan Shulman: Yes. Yes. There are two on the website. One is effective until November 28th and one is effective starting November (28th).

Jill Darling: Next question please.

Operator: Your next question comes from the line of Jonathan Duvall with Prime Care Technology. Your line is open.

Jonathan Duvall: Hey, good afternoon. Probably an easy question. If a provider realizes that they have either missed some hours or things like that for a prior reporting period, what's the best way of them updating their data with you?

Lorelei Kahn: So, it is possible to go back into the system and update or correct any data that was missed or is wrong. However, CMS will not use any corrected or new data submitted after the submission deadline.

Jonathan Duvall: OK. And can they resubmit it with an XML file or does it have to be done manually?

Lorelei Kahn: It can be done by XML or manual.

Jonathan Duvall: OK. Just with their -- upload like normal?

Lorelei Kahn: Yes. You would just be replacing what's there with the complete data.

Jonathan Duvall: OK. Thank you.

Operator: Your next question comes from the line of (Tracy Dasek) with (Alpine). Your line is open.

(Tracy Dasek): When in 2018 is the PBJ going to start?

Lorelei Kahn: We don't have an exact date but probably sometime in the spring of 2018.

Jill Darling: Next question, please?

Operator: Your next question comes from the line of (Laurie Navor) with Kerrigan Healthcare. Your line is open.

(Laurie Navor): I guess my question is related to quality -- SNF quality reporting. We have -- for the notices -- (for fully) it has notices regarding the records indicating that that submission is not received in relation to any three of the (2RP) items.

Can you direct me on where to go or where to inquire with this as we went through all of our current reporting? Everything as far as we can tell on the review in correct report we are 100 percent. However, the facility continues to get notices that they're out of compliance. Is there somewhere that I could be directed to for assistance to this?

Jill Darling: One moment please. Unfortunately, we don't have anyone in the room but we are looking for the direct email. Just one moment.

(Laurie Navor): Thank you.

John Kane: Hi. Here is the email address. It's [SNFqualityquestion@cms.hhs.gov](mailto:SNFqualityquestion@cms.hhs.gov). So, SNF, S-N-F, qualityquestion, no space, at cms.hhs.gov.

(Laurie Navor): HHS.gov? OK. Thank you very much.

Jill Darling: You're welcome.

Operator: Your next question comes from the line of (Matt Carlyle) with OnShift. Your line is open.

(Matt Carlyle): Hello. Thanks for taking my call. I had a couple of question all surrounding PBJ submissions for vendor's perspective.

It is said on the site that they're going to provide the (trio) PBJ excess D-file but not available until the 20th of November which is the day that the cutover is happening. Is it possible to get that any earlier so that some testing can be done?

Evan Shulman: Hi. I think we all have been getting it up -- getting -- working on getting it up earlier. But again, note that that posting has no impact on the submission for this quarter. That is only facility to use as needed if they need to link employees together and that can be done at any time retrospectively as well.

(Matt Carlyle): Understood. But there were some other changes that came along with the (trio) as well that we're trying to make accommodations for.

Evan Shulman: ... can you be more specific?

(Matt Carlyle): I have to go back into the file and look specifically but there were things around mealtime, making sure that those were accounted for, making sure that census wasn't a required entry any longer and then as well as the linking file.

Evan Shulman: So, census is optional. If it's there and you submit it, it doesn't matter.

(Matt Carlyle): Right.

Evan Shulman: It's always been the case where lunch should not be reported. There is nothing from a technology perspective that needs to change on that. It's just that facility shall not report. I don't think there would be anything different the technical specifications that speaks for that.

(Matt Carlyle): Yes, I know. There were minimal changes which is great. I mean, it actually made me wonder why it was a major update.

But while we're talking about the administration linking file, so from the sound of the report that was given is this call and what we read, it sounds like the responsibility for this is going to fall to the people that are submitting primarily, right?

You guys, did you guys build this functionality into the CMS submission site? Or is it strictly a file that's going to be submitted from the site?

Moronke Akinso: For the XML, so it's more of a file submitted through PBJ. Similarly, how the XML is uploaded it's an add-on to that.

(Matt Carlyle): So, is it a separate upload than the PBJ file itself?

Moronke Akinso: Are you talking in regards to what the XML upload? We upload your hours is separate from when you do -- when you do...

(Matt Carlyle): Yes. So, is the administration linking file separate from the PBJ hours upload?

Moronke Akinso: I believe so. But if you can send an email to our -- the nursing home staffing mailbox, we can definitely look into it further.

(Matt Carlyle): OK. And then the last question I have does CMS plan to make a testing environment available to vendors so that they can test changes as they come about prior to submission deadlines and having to hear back from our clients that this would work or this would not work?

Evan Shulman: We've made the -- some things available for that such as the (XSD) file. We actually don't have any major changes planned right now for the future. It's something that we'll look at. I think if there are -- I think we appreciate the suggestion and also understand the need.

And if we do make major changes, we want to make sure that facility and vendors have the ability to submit successfully prior to that change being affected.

(Matt Carlyle): Correct. Yes. So, it would be beneficial if there was an environment to test and ahead of changes like that. So, if you guys have that in mind that's probably a need.

Evan Shulman: Thanks. I appreciate that suggestion.

(Matt Carlyle): Absolutely. OK, that was it. Thank you.

Operator: Your next question comes from the line of (Ann Toole) with Wellington Health. Your line is open.

(Ann Toole): Hi. I was calling because in the informational email that was sent out on November 1st about how the PBJ information was now public on the data website, there was a table in there, table one PBJ data second quarter of 2017.

And they always (inaudible) the table in the email but I was wondering if there were some place that that table was going to be made available on a quarterly basis.

Moronke Akinso: When you say table, are you referring to the actual view the data table to actually look at the hours and the facilities?

(Ann Toole): So not the -- but I am -- I'm not looking to see the actual hours by employee but that was the table that it looks like someone at CMS have put together and it was (back typed) in on column, median hours per resident day in that and then 25 percentile hours per resident day and (so many) five percentile hours per resident day.

So, let's say if the chart that CMS had compiled based on all of the nursing home data that they have so you can compare yourself to the admission standard.

Moronke Akinso: So, are you seeing that information on data.cms.gov or are you getting this somewhere else?

(Ann Toole): So, I'm getting this from an email that was sent out about the PBJ update. It's is a PBJ update data now public. It's also where I got the phone number for this call.

It was listed at the bottom, so it looks like maybe sent by the American Healthcare Association National Center for Assisted Living talking about CMS. And if there's also data centers in Medicare and Medicaid that was (officially peer based journal), PBJ data to the public through files associated here.

And so, like I said I can see the table on the email but I can't see the table when I go to the data website. And I just wanted to know if there was like

some way the table was going to be released or available going forward so that each quarter we can compare ourselves to the industry standard. Because it only shows quarter two and it doesn't show quarter one.

Moronke Akinso: OK. So, we didn't send that email out. So, I believe whatever that organization that sent it to you they may have done their own analysis. So, if anything, you may want to reach back out to them and the possibly they may continue to send that information but we didn't send it on our end.

(Ann Toole): OK. And you don't have any intention of sending that? You don't have any relation to the information on this CMS data website?

Moronke Akinso: Right now, all the information that we're posting is raw data. The hours that committee -- sorry -- the hours that facilities are submitting through the PBJ system. We're not doing any manipulation to the data submitted.

(Ann Toole): Are you going to in the future?

Evan Shulman: We will eventually post the staffing measure again. So, yes. And we do intend to continue to put data that was submitted each quarter. Each quarter as we're getting the data in, we analyze it and see what we can post. And we're interested in posting it as much as possible.

(Ann Toole): OK. Thank you.

Operator: Your next question comes from the line of (Donna Beaky) with Briggs Healthcare. Your line is open.

(Donna Beaky): Hello. I was checking to see what the new survey starting November 28th. Is there going to be a release of the 802 form that actually includes the cross-referencing of the MDS for the instruction?

Evan Shulman: Hi. Thank you for your question. I don't think there's going to be a cross-referencing of that. We have the facility metrics that's been posted.

I think I would just note that while the MDS is probably the single source for that information, it's not the only source. We actually don't want to limit or

prescribe a specific source of that information from the facility metrics. But we're continuing to look at that. And if there is something that we put out, we'll certainly issue an (SMC) memorandum.

(Donna Beaky): OK, thank you.

Evan Shulman: Sure.

Operator: Your next question comes from the line of (Erin Hogan with Envision Extended Care). Your line is open.

(Erin Hogan): Hi. So a PBJ question regarding the CNA hours. We are very, very small rural facility. Sometimes we only have one or two patients, so we do not have a CNA working. We just have an RN. But, yes, that's been flagging that the data is incorrect and so forth.

So, I was (wondering) like -- I don't like red flags that my data is incorrect. So, how that -- like your census can be taken into account or any suggestion?

Lorelei Kahn: Yes, we will. What we need you to do is just send an email to the nursing home staffing mailbox and we will look into it. And we can have the icon changed if everything checks out.

(Erin Hogan): OK.

Lorelei Kahn: OK.

(Erin Hogan): Can you give that email again? I'm sorry.

Lorelei Kahn: Yes. It's just [nhstaffing@cms.hhs.gov](mailto:nhstaffing@cms.hhs.gov).

(Erin Hogan): Great. OK. Thank you.

Lorelei Kahn: You're welcome.

Operator: Your next question comes from the line of (Mary Madison) with Briggs Healthcare. Your line is open.

(Mary Madison): Good afternoon, CMS folks. Mr. Shulman, you mentioned in your comment about the SOM and specifically appendix PP. And we were talking about the two versions that were out -- the advanced copy of PP which was posted on June 30th doesn't have an effective or implantation date. However, at the top of each page, the 694 pages beyond the note itself, it says effective November 28th of 2017.

I've been communicating with a couple of folks at the Division Of Nursing Homes and they tell me that the final version of appendix PP is working its way back through CMS and the date of publication of the final version of PP is yet to be determined.

You mentioned that the advanced copy -- you didn't say that in particular but it was effective November 28th. When might we expect the final version of appendix PP? And thank you for your response.

Evan Shulman: Sure. So, the advanced copy that is posted is just -- it's posted with the word "advanced" because it is not yet formally incorporated into the states operations manual. We post it in advance of that formal action.

This is the copy that will be effective on November 28th. There may be a typo or something like that that is corrected but this is the final copy that is effective on November 28th.

(Mary Madison): Thank you very much.

Operator: Your next question comes from the line of (Tracy Basic) with (Alpine). Your line is open.

(Tracy Basic): Do you know how the staffing measure will be calculated using the PBJ data? Like what timeframe will be used? And is it going to be calculated at the time of the annual survey?

Lorelei Kahn: We haven't made that determination yet, but once we do we will give the providers advanced notice.

(Tracy Basic): OK, thanks.

Lorelei Kahn: You're welcome.

Operator: You're next question comes from the line of (Lisa Hampton) with (Grace and Oak).

(Lisa Hampton): Hi. You answered one my questions about no longer reporting the census data. But when looking at our validation report on Casper, is that just the status that are going to be there in order to compare our hours? How do you want to put that? With our -- how many hours PPD because it's still going to be pulled from the MDS?

Moronke Akinso: Yes. That information will still be there.

(Lisa Hampton): OK. So we don't have to submit it. And if we don't submit it through PBJ it will be there in order for us to see our hours by our census?

Moronke Akinso: But if you don't submit it, are you...? If you do, if you do submit it, it will still be there.

(Lisa Hampton): If we don't submit census hours through PBJ, because it says we no longer have to, correct?

Moronke Akinso: Right.

(Lisa Hampton): So, if we don't submit it through PBJ, will our census still show on our validation reports?

Moronke Akinso: No, no, because the census will be, being pulled from MDS. So, it's not going to show on the validation reports.

(Lisa Hampton): So, if we want to be able to see things like our what's being reported as our RN hours or LPN hours PBD by census, we have to submit it there as well?

Evan Shulman: Well, let me -- this is Evan Shulman again, so, let me take a step back.

(Lisa Hampton): Sure.

Evan Shulman: So, we're not going to be using the census that is submitted through PBJ system to (technically on hours) per resident per day measure.

What we're doing is we're using the MBS data to calculate daily census which comforts better with the daily staffing hours that are submitted by each facility. So, we are providing through the monthly provider preview data about each facilities daily census. And we're intending to for the foreseeable future.

A facility, though, can merely take their own census. And if you're completing MDS data accurately, meaning, timely then it should be extremely close to the MDS census that we are calculating. And that's what you should use to calculate your own hours per resident per day.

(Lisa Hampton): OK. OK. Got it, understood. Thank you.

Operator: Your next question comes from the line of (Gary Eye) with (Telecare). Your line is open.

(Gary Eye): Good afternoon. Are you accepting questions on RCS-1?

John Kane: Sure. What do you got?

(Gary Eye): Given the somewhat old information used to produce results for RCS-1 and it may be statistically sound. And also that PBJ, PPS way back in the '90s, late '90s was demoed across six different states. Is there any intention to do a demo or have a demo period for RCS-1 before it goes live?

And also, I think we all know that once it's in the field and once it's in use. Behaviors changed and therefore, a demo may show a lot of different results and using the data that was used for the statistical analysis.

John Kane: No, thanks very much for the question, so actually comment. So, with regard to your comment regarding demoing, similar to my response to (Doug) earlier, I really made those kind of decisions at this point. That was one of the -- that was among the comments that we received from a few folks was to consider using authority that we have to either demo list in a few states or to run this

through as almost like an event, an alternative payment model through something like a FEMA like authority.

So, we did get some comments like that. Those are among the ones that we are reviewing and considering. Something like that would be something that we would need to obviously get direction from our senior leadership about.

So, I can't provide you with any more detail as far as -- I can't provide you any details tonight because again really haven't made any sort of decisions about that. With regards to your comments about the fact of how the system changes, that there is a difference between through in the field versus sort of statistical modeling. But it's a point that is certainly well taken.

I think one of the comments that we received that I think that we, that I think bares that out sort of most startlingly is the comment that we received from probably the vast majority of commenter's which was that -- while in the current system there may be certainly incentives that's we encourage providers to provide significant amounts of therapy and the system that we spoke about in the past as an agency in reference to the uptake in RAU that we've observed over the past number of years.

The comment that we received, again, sort of most notably from the various commenter's and from the providers was that under our CS-1, there is pretty increased likelihood that providers would reduce significantly the amount of therapy but they're providing the beneficiaries.

So, that is something that we are taking very seriously. And we understand that the modeling that we're currently using versus that which would be in the field under essentially new incentive structure is something that we have to be cognizant about.

So, I appreciate your comment. I wish I could provide more details at this point. And unfortunately, we're still in the process of trying to review the comment and decide for our new direction.

(Gary Eye): Thank you.

Operator: Your next question comes from the line of (Johnson Brooks) with Abbot Healthcare. Your line is open.

(Johnson Brooks): Yes. As it relates to the data.cms.gov data set information that's available, if a facility has the proper confirmation of submission of their quarterly PBJ data from CMS and everything. And then find that they're excluded from the data and from data set that's available. How do we go about finding the reason for that exclusion?

Moronke Akinso: Actually, if you look at the PBJ documentation, it's also listed with the PBJ user files, public used files. It would actually explain the exclusion and inclusion criteria that we used as to why facilities would not be included or excluded from the, from the public used files.

(Johnson Brooks): OK. And once we get into that, the exclusion criteria obviously above and beyond the, just the submission of it and without errors or the validation is, is there a way or someone we can talk to further analyze that data or that on the facility to analyze themselves day by day?

Moronke Akinso: You can send it to [NHstaffing.cms.hhs.gov](mailto:NHstaffing.cms.hhs.gov) and we can look at it a little bit further.

(Johnson Brooks): OK. Thank you very much.

Moronke Akinso: You're welcome.

Operator: Your next question comes from the line of (Lauren Egret) with Paragon Healthcare. Your line is open.

(Lauren Egret): My question is related to the CMS census reporting. So, when we, when you have that PBJ reporting and your CMS census or MDS census data reporting that is higher than your PBJ, for example. How long does that census...? How far that back does that census calculates?

For example, when we went through this in our company, it was mainly residents that were discharged, however, with the previous company. So,

therefore, we could not go in and correct anything or submit a discharge to take them out of the NDSS data. How do we, how can we I guess correct that? And then, how long do those report calculate back to you?

Evan Shulman: Hi. Thanks for the question. It sounds that -- this is Evan Shulman. It sounds to me like that may be somewhere of an isolated situation that we'd happy to take a look at if you email, email address [NHstaffing@cms.hhs.gov](mailto:NHstaffing@cms.hhs.gov).

The MDS sent this calculation. We pull the MDS data greater than the timeframe that facilities are required to submit discharge assessment, so it's greater than 45 days actually after the end of a quarter and you should submit their discharge assessments prior to that.

So, when we pull the data, we should have received any new or any assessment that will require as of the last date of that quarter. But again, if it's an isolated situation, we're happy to look at it.

(Lauren Egret): And what's that email address again?

Evan Shulman: NH, as in nursing home, [NHstaffing@cms.hhs.gov](mailto:NHstaffing@cms.hhs.gov).

(Lauren Egret): OK, thank you.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key.

Please submit 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 next question comes from the line of Grant Edelstone with Episcopal Senior. Your line is open.

Grant Edelstone: Thank you. So, just following on what you said so far the census data. Is that going to be same as what we see on the overall roster when we get our task

reports based on entry and discharged tracking? Is that basically pulling the census data for PBJ?

Evan Shulman: It might be different due to timing of when we pull the data versus when you're looking at that. So, I can't really -- sorry, I can't comment on that.

But I think it's very safe to say that if a facility is completing their submission and discharge assessment and into the records timely, then the census should match up. Really, there's no reason why it shouldn't match up.

Grant Edelstone: OK. And would there be any connections to what we know is probably expected staffing or the risk adjustment in the staffing star based on the (rough) data? Is that something that might play into this?

Evan Shulman we'll communicate that methodology which would include whether or not we're including some of the risk adjustment methodology you described. We would include that in any communication.

Grant Edelstone: Thank you.

Operator: Your next question comes from the line of (Brook Pearl) with (Lest Mattress Home). Your line is open.

(Brook Pearl): Yes. My question links back to linking new and old ID numbers. We had to move from one reporting system to the next and we could not take our IDs over. We had to recreate them. Where would I find that information on how to do that to link them?

Lorelei Kahn: It's actually listed on the agenda, the SNF Open Door agenda. It would say Linking Methodology Link.

(Brook Pearl): OK. So, it's actually in the -- OK, that's perfect. I was also -- I just wanted to make sure -- I had called the CMS website about this about a month ago when we discovered this. And the gentleman I talked to said that we didn't have to link them; that that was something we could do but CMS was aware that this is happening.

So, if we just like what -- pretty much stop recording numbers for one person -  
- one group of numbers and started recording hours for the next group that  
was OK, too. Is that OK? Or we have to link them now?

Evan Shulman: We recommend you link them. If we are going to calculate a measure of  
turnover and tenure for staff, then if you don't link them then we would not  
know how long those employees have actually been associated with your  
facility.

(Brook Pearl): OK. And that was my question, too, but I had specifically asked about that.

Evan Shulman: Sure.

(Brook Pearl): OK. Thank you very much.

Operator: Your next question comes from the line of Mark Wilson with Prestige  
Healthcare. Your line is open.

Mark Wilson: Good afternoon. Thank you for taking my call. Just to clarify the previous  
question on PBJ. Has CMS specifically decided what quarter ending data  
they will use to report on five-star staffing beginning in 2018? Thank you.

Lorelei Kahn: No, that decision has not yet been made.

Mark Wilson: All right. Thank you very much.

Operator: Your next question comes from the line of (Jamie Keys) with (Lodge Nursing  
Care). Your line is open.

(Jamie Keys): Yes. Hi. I'm kind of new to this. So, when I'm entering staff hours manually  
and I want to go and I've already put an ID and I put some -- the information  
and I want to change the week.

Is there any way of updating that software to be able to just keep that name in  
there instead of always having to retype the name? I know I do a copy and  
paste now. But I just wanted to find out if there is any way that they can  
update that.

Lorelei Kahn: Can you send your question to the  
NursingHomePBJTechIssues@cms.hhs.gov?

(Jamie Keys): OK. I'm sorry. Nursing Home PBJ...

Lorelei Kahn: Tech issues.

(Jamie Keys): Tech issues. OK.

Lorelei Kahn: At CMS.hhs.gov.

(Jamie Keys): OK. I sure will. Thank you.

Lorelei Kahn: OK, thanks.

Operator: Your next question comes from the line of (Lynette Merkel) with Tennessee  
Health Management. Your line is open.

(Lynette Merkel): Yes. We have asked early on about fees that you had mentioned if you have  
failed to meet some of the requirements there would fees but I didn't know  
what they were. And I was just wondering if those space have been assessed,  
just kind of a ballpark.

John Kane: Can you explain a bit more about what has not been met and what fees you're  
referring to?

(Lynette Merkel): When we started this project a year ago, they had said if you did not meet  
your submissions you could be fined. And at that point, they told us the fees  
had not been determined. So, I was just wondering if you're into it now the  
fees has been assessed. Just the ballpark of what they are.

John Kane: No. We have not set a specific amount for -- your referring to money  
penalties. We haven't set a specific amount for that yet and we're still  
working with the providers to make sure they can, that we can educate them to  
get their submissions in. They actually taken thus far are on the nursing

compare website related to the suppression and the negative icon, the gray icon.

(Lynette Merkel): OK. I was just curious.

John Kane: Sure.

Operator: Your next question comes from the line of (William Bell) with Illinois Healthcare. Your line is open.

(William Bell): Thank you. Good afternoon. I got a quick question on the ROPs. On survey and certification letter 1736, it talks about a delay of an enforcement of certain phase two requirement. Has the determined they -- the determination been made yet as to whether it's certain phase two or is it all of phase two requirements?

John Kane: I know which memo you're talking about. We will be providing further information about that very shortly. So, we have committed to a moratorium on certain type of enforcement for phase two requirements. We will be providing more specifics on that in a very near future.

(William Bell): OK. Thank you.

Operator: There are no further questions in queue at this time. I turn the conference back over to our presenters.

Jill Darling: All right. Well, thank you, everyone, for joining today's call. A bunch of great questions. So, just be on the lookout for the next SNF Open Door Forum call. It may be -- I don't have my calendar with me. It may be at the end of December or early January. So, thanks, everyone, have a great day.

Operator: Thank you for participating in today's Skilled Nursing Facility's Long Term Care Open Door Forum conference call. This call will be available for replay beginning today at 5 PM Eastern Time through midnight on November 6th.

The conference ID number for the replay is 61375771. The number to dial for the replay is 855-859-2056. This concludes today's conference call. You may now disconnect.

END