

Centers for Medicare and Medicaid Services
Skilled Nursing Facilities and Long-Term Care
Open Door Forum
Moderator: Jill Darling
November 29, 2018
2:00 p.m. ET

Operator: Good afternoon. My name is (Jack) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Skilled Nursing Facilities and 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'd like to ask a question during this time, simply press star then the number one on your telephone keypad. If you'd like to withdraw your question, press the pound key. Thank you. Mrs. Jill Darling, you may begin your conference.

Jill Darling: Thank you (Jack). Good morning and good afternoon everyone. And welcome to today's Skilled Nursing Facilities and Long-Term Care Open Door Forum, the last one for 2018.

Before we get into today's agenda, I have one brief announcement. This Open Door Forum is not intended for the press and the remarks are not considered on the 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. And we'll start today's agenda with John Kane who has a Patient Driven Payment Model update.

John Kane: Thanks very much. And thanks everyone for being on the call today. So as you likely have heard by now, effective October 1 of next year, we will be

implementing a new case-mix classification system under the SNF PPS for covered Part A stays, which we call the Patient Driven Payment Model or PDPM.

We – on our website, we’ve actually created an entirely new website to house a suite of educational materials, resource tools, a whole host of other things on this website. That website address is on the agenda for today. It’s a long URL that I’m not going to read now. But you have the URL on the agenda.

I would suggest that everyone avail themselves of all the resources that are on that sites. Again, there is fact sheets, there is frequently asked question document, a PowerPoint presentation that walks through a number of the highlights of a new model and provides a lot of key details about the implementation of the forthcoming system.

We also have a resource mailbox that we’ve created for questions related to PDPM. That is also on the agenda. This one is shorter so I can read it here. And that is pdpm@cms.hhs.gov. So very nice suite of name for our resource mailbox.

And finally, I wanted to announce that on December 11th, which is a Tuesday, so coming up on December 11, we are going to be having a National Provider Call, which we will discuss many of the details and many of the aspects of the Patient Driven Payment Model and its implementation.

So details for that are available on the SNF PPS website. You can find the link there to register for that call.

And as it also suggests there, if you have questions that you’d like addressed during the National Provider Call on December 11, you can submit those questions to the PDPM resource mailbox and we will be sure to review those and address those questions on that December 11th call. And that’s what I have. And now I will turn the call over to Celeste to talk about VBP.

Celeste Bostic: Great. Thank you. Good afternoon everyone. My name is Celeste Bostic and I’m the Program Lead for the Value-Based Purchasing Program. For today’s

call, I will briefly provide a few key reminders based on many of the questions that we are receiving in the SNF VPB mailbox.

As many of you know, incentive payment multipliers for the first year of the program were provided in August via reports in CASPER. As you – if you are unable to locate your report or need assistance accessing those reports, please contact the QIES helpdesk at the email address included in today's agenda.

The incentive payment multiplier is a net value that takes into account the 2 percent reduction in payment, as well as any incentive payments earned based on performance in the program.

A SNF adjusted federal per diem rate or RUG rate is multiplied by the incentive payment multiplier. If your multiplier is equal to 1, your SNF payment is exactly what it would have been absent the program. If your multiplier is less than 1, that indicates that; your SNF will be paid less than what you would have absent the program.

And if your multiplier is greater than 1, that indicates that; your SNF will be earning money back based on your performance. Your Medicare Administrative Contractors or MACs, will apply the multipliers to claims when making payments. So there is no additional action required on the part of the SNF.

We are also still in Phase 1 of review and corrections, which will end on April 1st of 2019. SNF, who are looking to correct patient level data, must submit the ID number found on the left most column of the Eligible Stay tab of your quarterly reports for the stay in question, along with your CMS certification number to the SNF VBP mailbox.

In order for CMS to consider recalculating a score and payment, the Medicare Administrative Contractor must reprocess the corrected claim.

For SNF that submit corrections that are approved, we will provide updated reports with corrective scores and payment incentives. All claims

reconciliation for successful corrections will take place following the end of Phase 1 in April of 2019.

Also this week, as many of you may have seen, the public reporting files containing calendar year 2017 performance information for all SNFs were placed on the Nursing Home Compare website.

Lastly, the next quarterly report will be released to providers in the coming week. This report will contain interim stay level data for quarters one and two of the fiscal year 2018. That's October 1st 2017 through March 31st of 2018. Fiscal year '18 will be the performance period for the next payment year, which is fiscal year 2020.

We are also working to make enhancements to our reports and welcome any feedback on ways to make reports easier to understand and supportive of quality improvement. So please feel free to send any enhancement request to the SNF VBP mailbox. And with that, I'll turn the call over to Casey.

(Casey Freeman): Thanks so much, Celeste. Good afternoon everyone. I'm (Casey Freeman). On behalf of the SNF QRP team, we like to share the following updates on our program.

The SNF QRP data, as we – as was just explained, is now being posted on Nursing Home Compare. The inaugural release of this information occurred in October. The next refresh of this information is planned for late January.

All providers will continue to receive provider preview reports, at least 30 days prior to website refresher. The provider preview reports give SNF the opportunity to review their quality measure results prior to public display.

There is a public reporting helpdesk to address any questions you may have. It was included in today's agenda. You can also find it, if you go to the SNF QRP webpage and you go to the SNF Quality Reporting Program help page.

Next, just a general reminder to all providers, when you're submitting questions to any CMS help desk, please check for and remove all protected health information.

Next, I do want to mention again, as we talked about on the last Open Door forum that Cormac is providing quarterly outreach to all SNF that request it. So for every SNF that request this outreach, Cormac analyzes the data you submitted for the quarter and determines if you submit your APU requirements for that quarter.

If you've not met the APU requirements for that quarter, you will receive an email from Cormac prior to the submission deadline. So this really provides you with an opportunity to double check your data before the timeline expires.

Cormac only reaches out to you if you have not met the requirements. So for those have signed up that did not receive any messaging from Cormac that means that you are compliant.

I would like to note that of over the 15,000 SNF participating in the SNF QRP, about 5000 of you are not registered for this outreach. So if you don't want it, that's absolutely fine. But if you would like to get this outreach, we would great appreciate if you register with Cormac.

And you can do that if you go the SNF QRP webpage, and you to helpdesk page, Cormac has their outreach email listed, it's QRPHelp@cormarc-corp.com. And also I would like to say that after we've reviewed quarter one analytics, it did show that about 450 SNF providers did not meet their quarter one APU requirements.

So again, if you'd like that outreach, you just email Cormac, include your facility name, your CCN number, and a contact email. We'd be happy to share that data with you.

The final topic that I'd like to discuss is warning edits. In early September, CMS incorporated warning edits into the MDS technical submission specification.

The purpose of this warning edits was to help providers meet the data submission requirements. We have heard from every feedback from several providers that Edit 3907 was not helpful. We do consider analysis of that specific edit 3907. And on November 12, that edit was retired. So we apologize for any confusion that that edit may have caused.

We had found that Edit 3891 better informs providers about the completeness of their function to process measured data. So we would direct providers to please look at their final validation reports for Edit 3891. You should no longer be seeing Edit 3907.

If you would like more information regarding active warning edits within the SNF QRP, please refer to the MDS 3.0 provider's user guide, Section 5. You can access that user's guide on the webpage.

And that webpage is also listed on the SNF QRP website under the SNF Quality Reporting help page. And that concludes the SNF QRP update. And I believe that we're now moving on to civil money penalties with Jay.

Jay Weinstein: Hello. My name is Jay Weinstein. I'm a Health Insurance Specialist for the Division of Nursing Homes and I'm also licensed Nursing Home Administrator.

Today I would like to make you aware of an exciting new program launched by the Centers of Medicare and Medicaid Services, designed to improve nursing home care for residents.

It's called CMS Civil Money Penalty Reinvestment Program, which is a three-year effort focused on the following goals – improve dementia care, reduce adverse events, and improve staffing quality such as reducing turnover, improving staff retention, and enhancing general staff performance.

To successfully achieve these goals, the CMPRP is engaging nursing homes in several ways, including through a series of toolkits. The following provides insight to the free toolkits.

Nursing Home Staff Competency Assessment. This toolkit is a self-assessment tool to evaluate the behavioral and technical competencies of frontline and management staff. This is now available on our website.

Nursing Home Employee Satisfaction Survey which is coming soon. This management workforce assessment focuses on staff satisfaction and the impact on turnover, recruitment, productivity, management and leadership training, as well as engagement and team building.

Guide to Improving Nursing Home Employee Satisfaction will be out shortly. This tool will connect facilities to evidence-based resources to help the facility address opportunities for improvement identified through the use of employee satisfaction survey.

The CMPRP tools and the resources mandatory. And using these tools does not guarantee compliance with Medicare and Medicaid participation requirements. The use of tools is meant to assist facilities and building on a culture of quality.

If you have any questions about the CMPRP, our email address is cmp-info@cms.hhs.gov. And on the agenda is the link which can get you to the toolkits. In closing, my only wish is for all providers and anyone engaged in the nursing homes to use this tool as they see fit.

It is very user-friendly as I have navigated the entire guide. The material is outstanding, which has been accumulated over years of research, both in theory and in practice. The many links take you to the source for information.

If you want to access more information, I only wish that when I was practicing as a nursing home administrator, this guide was available as it certainly would have enhanced the entire facility's ability to improve the quality of care and quality of life for the residents and staff in the facility. Thank you.

Jill Darling: And just a reminder to please monitor the PBJ website for any updates. I know we had it on the agenda today but just please monitor. Thank you. And

thank you Jay, and thank you to all of our speakers today. (Jack), please open the lines for Q&A please.

Operator: Certainly. As a reminder, ladies and gentlemen, if you'd like to ask a question, please press star then one on your telephone keypad. If you'd like to withdraw your question, 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 Joel VanEaton with Broad River Rehab. Your line is open.

Joel VanEaton: Thank you so much for taking my call. First, thank you CMS for posting the material you did on the revamped PDPM website. It's tremendously helpful. And if anybody has an access I encourage you to do that. It's an extremely helpful material to understand the new payment system.

My first question has to do with how the wage index is going to affect the new PDPM payment structure, and some brief instructions in the material you all just recently posted, as well as the final rule, indicating that the wage index will affect the rate similar to the way that it does currently with RUG-IV.

My question is, where in the PDPM RUGs -- PDPM payment structure is the portion that will be affected by the wage index? How does that affect the calculation per se?

John Kane: Hey Joel. So thanks very much for the question, as well as the compliments on the material. So as far as the wage index is concern, it will function very similar to what we're doing now. And we've gotten this question a little bit. And I think we want to provide a little more detail on the December 11th call.

But suffice to say, it's going to function basically the same way we do now, which is, there will be a portion of the total case-mix adjusted rate that is subject to the labor adjustment. I think it's currently about 70.6 percent, something like that.

So the total case-mix adjustment rate will be multiplied up against that percentage, something like – that percentage will be carved off. That wage-deducted percentage of the total case-mix adjustment rate would then be adjusted by the wage index for that local area, who would then be added to the nominally adjusted portion of the case-mix adjustment rate.

And then that would give you your wage-adjusted rate that would then be adjusted by the various other adjustments we have under this program.

Joel VanEaton: All right. That's what I assumed. I guess the question I have is, where can we – is there somewhere we can access that breakdown so we can have an accurate representation as we're sort of planning for this and training and so forth?

John Kane: Yes -- no. I think – again, this is one of the questions that we received in the PDPM resource mailbox. And that they've been –the question we received thus far have been incredibly helpful in helping us to kind of see where some of those gaps were and things that we haven't provided special detail on.

So the one thing, if you want to know, is that, the materials on that type, particularly the frequently asked question document, is going to continue to evolve. And we'll make sure that we update the website and let people know when that occurs.

But we do anticipate that documents evolving over time as more questions come in. And so I think the questions around with the wage index, and more generally some questions about how billing specifically under PDPM would function, is an area that I think we need to update that frequently asked question document.

So I think we're trying to get that ready for the December 11th call. But if not, we'll make sure to have those materials updated as soon as we can.

Joel VanEaton: OK. Thank you. And just one other quick question. If at all; how will the five-star staffing, expected staffing in the QD from the MDS be affected? Or

will it be affected by the reduction in the amount of RUG data that will be present once PDPM is implemented next October?

Evan Shulman: Hi. Evan Shulman from the Division of Nursing Homes. As we progress with the staffing measures, we'll work with stakeholders. And we'll put out some information how we'll be adjusting the risk-adjustment methodology using the new MDS item.

Joel VanEaton: OK. All right. Thank you very much.

Operator: Again, if you'd like to ask a question, please press star-one on your telephone keypad. Your next question comes from the line (Joan Klosky) with (Panda Management). (Joan Klosky), your line is open.

(Joan Klosky): Good afternoon. Thank you for having this Open Door Forum. Quick question. I listened to a PointRight webinar on PDPM yesterday.

And they mentioned that the new diagnosis section, I0200 will not be part of the calculation, that aspect of the MDS would not be used for diagnosis classification in calculating the PDPM. Can you clarify that?

John Kane: Yes. So one quick note is that it has been brought to our attention that there was actually a (inaudible) in some of our references to the new item, which is I0020B or I20B. There are apparently few references to I200B, so we just transpose the zero and (the zero on point). So my apologies for that.

But yes, there is a new MDS item that we make reference to that would be coming online starting October 1 of next year, which is I0020B. All of you are likely familiar at this point with I0020A, which is currently connected to those 14 conditions category or clinical categories that are listed on the MDS.

So as discussed in our presentation at some of our website, I believe it's also addressed in the frequently asked questions, that where we would be pulling the diagnosis, the ICD-10 CM code that we would use for the clinical category under PDPM would come from that I20B item as opposed to that first line of I8000.

That was something that we had received comments on. And we thought on the final rule that it was something that we would continue to look at.

And so this was something we came up with as a way of sort of eliminating some of the confusion around the I8000 items and sort of bringing it more toward the primary diagnosis item that's already currently on the MDS. So we are hoping that that would eliminate some of the confusion around this.

But yes, they would use the I20B item to get the – for the ICD-10 CM code. That would be then used for the clinical category that's used under several of the PDPM components. And then I8000 would remain as receiving all the various other diagnoses that would be used for other purposes.

(Joan Klosky): Thank you.

Operator: Again, if you'd like to ask a question, please press star-one on your telephone keypad. There are no further questions at this time. I would now like to turn the call back over to our presenters for closing remarks.

Jill Darling: All right. Well thanks everyone for joining us today. As always, we appreciate your feedback. And if you do have any questions, we have the SNF Long-Term Care ODF mailbox on the agenda. So everyone have a wonderful holiday and we'll talk to you next year. Bye-bye.

Operator: Thank you for participating in today's Skilled Nursing Facilities and Long-Term Care Open Door Forum Conference Call. This call will be available for replay beginning the 29th of November at 5 pm Eastern Standard Time through the 3rd of December 11:59 pm Eastern Standard Time.

The conference ID number for the replay is 355-46657. That number again was 355-46657. The number to dial for replay is 855-859-2056. This concludes today's conference call. You may now disconnect.

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