

Centers for Medicare & Medicaid Services  
Skilled Nursing Facilities/Long Term Care Open Door Forum

Moderator: Jill Darling

January 27, 2022

2:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. This call is being recorded. If you have any objections, you may disconnect at this point. I will now turn the meeting over to your host, Jill Darling. Jill, you may begin when ready.

Jill Darling: Great, thank you, (Erin), and thank you everyone for your patience as we were dealing with some technical delays, difficulties as we were trying to get our speakers in. So again, thank you for your patience. And I'm Jill Darling in the CMS Office of Communications, and welcome to our first Skilled Nursing Facilities/Long Term Care Open Door Forum of 2022.

Before we get into the agenda today, I have one brief announcement. This open door forum is open to everyone. But 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 do have any inquiries, please contact CMS at [Press@cms.hhs.gov](mailto:Press@cms.hhs.gov).

And I will hand the call off to our first speaker, Lorelei Kahn, who has a PBJ reminder.

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Lorelei Kahn: Good afternoon everyone. Staffing data from October 1 through December 31 must be submitted no later than 45 days from the end of the quarter. The final submission deadline for this quarter is February 14, 2022. Only data successfully submitted by the deadline is considered timely and used on the Care Compare Web site and in the Five-Star Rating calculations.

Once a 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.

The final validation report only confirms that data was submitted successfully. It does not confirm that the data submitted is accurate or complete. If a final validation has not been received within 24 hours, the facility should run the final file validation report. This will indicate whether or not the files were processed successfully. Providers can also contact the QIES help desk for assistance by mailing [iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov).

The submission deadline - sorry. Providers should not be waiting until the last few days before the deadline to begin their submissions. CMS will continue to provide technical assistance to nursing homes to improve their staffing and data submissions.

Facilities should review their monthly provider preview in their CASPER folder for feedback on their most recent submission. We also strongly

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recommend that nursing homes run the following CASPER reports to review the accuracy and completeness of the data that they have entered -- 1700D, which is the Employee Report, 1702D, which is the Individual Daily Staffing Report, and/or 1702S, which is the Staffing Summary Report.

In addition, facilities should be running the MDS Census Reports that are also available in CASPER to verify that their census is accurate. All of these reports should be run, leaving sufficient time to review and correct any discrepancies before the submission deadline has passed.

On January 7, 2022, CMS released Memorandum QSO-22-08-NH regarding nursing home staff turnover and weekend staffing levels, specifying that CMS will begin posting employee level staffing data as well as turnover and weekend staffing measures to Care Compare with the January update that occurred on January 26, 2022. These new measures will be calculated using the data that is already being submitted in PBJ.

There are no new reporting requirements for providers related to these measures.

Finally, CMS is aware of situations when a facility changes its employee identifiers. For example, when facilities change their payroll or timekeeping system, it may be necessary to change its employee identifiers.

Employee identifiers are used to calculate each facility's staff turnover measures by identifying when each employee starts and stops working at a facility. If a facility changes an employee identifier, that event is viewed the

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same as an employee ending their work at a facility. Therefore, it is critical that facilities use the methodology to link old and new employee identifiers together when these identifiers change. If a facility does not do this, it will artificially increase its staff turnover measures, which can be viewed as worse performance.

Facilities must link employee identifiers to ensure their turnover measures are accurate. Links to instructions and templates for linking employee identifiers can be found in the memorandum.

And now I will turn it over to the next speaker, Christy Hughes. Christy?

Jill Darling: All right. Hi everyone, its Jill Darling. And we may have lost Christy. She was going to give a couple of announcements, the Public Reporting Updates on the January 2022 Refresh and the MDS 3.0 QM Users' Manual Version 15.0 announcement. So hopefully we'll get Christy back. But for the time being, well go into - I'm sorry, Christy, if you can hear us?

Okay. We will - well go into Q&A real quick. And then if we can get Christy back on, we will have her give her announcements.

Coordinator: Thank you, Jill. If you would like to ask a question, please press star 1 at this time. Please unmute your phone and record your name clearly when prompted. Your name is required to introduce your question. To cancel your request, you can press star 2. And speakers, one moment. All right. And our first question comes from (Joel). (Joel), your line is...

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(Joel): Thank you so much for taking my call and for the call today. Just a comment, if I could, and then a follow-up question related to the Five-Star updates. I was wondering if I could just make the comment to CMS and petition CMS to consider pushing off the July update to Five-Star until we have some more staffing - some more solid staffing ability within the SNF community.

As you know now, were in the definite staffing crisis for a number of reasons, primarily the COVID 19 issues. And if CMS could consider not updating the July Five-Star rating based on data that is coming from the COVID period of time until we can get some more structure within our staffing, that would be tremendously helpful. And if there's a place that we can send petitions to have CMS do that, if you could let us know that would be great.

A follow-up question to that, if CMS moves forward with the update to July Five-Star rating, first, when can we expect a update to the Five-Star Users Guide that will more specifically help us understand how these two new measures will fold into the staffing measure that is currently being utilized? And then secondly, what time frame will be used for the July Five-Star update as far as staffing is concerned?

Thank you very much.

Lorelei Kahn: So, if you could send your comments and questions regarding this issue to Better Care mailbox, which is [bettercare@cms.hhs.gov](mailto:bettercare@cms.hhs.gov), and we can get you responses to these questions.

(Joel): Okay, thank you.

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Lorelei Kahn: Thank you.

Coordinator: Our next question comes from (Jolene Johnson). Your line is open.

(Jolene Johnson): Yes. My question is how will CMS incorporate the weekend staffing and the turnover metrics into the overall Five-Star staffing calculation in July?

Lorelei Kahn: Again, if you can send this question to the Better Care mailbox. That's [bettercare@cms.hhs.gov](mailto:bettercare@cms.hhs.gov). Thank you.

(Jolene Johnson): My next question is, when will the CMS release the next Five-Star Technical Users Memo, which will detail the revised Five-Star staffing formulas?

Lorelei Kahn: That - you can send that question as well, and we will get you a response. Thank you.

(Jolene Johnson): Okay, thank you.

Jill Darling: Hi, (Erin). Just wondering...

Coordinator: Our next...

Jill Darling: ...if we have Christy Hughes?

Coordinator: I show...

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Jill Darling: She might have been on the participant side.

Coordinator: If she's on a participant side, if she can hit star 0 at this time please. Star 0.  
Okay, one moment, speakers.

Jill Darling: Thank you.

Coordinator: You're welcome.

Christy Hughes: Can everyone hear me now?

Jill Darling: Yes, is this Christy?

Christy Hughes: Yes. I'm so sorry everyone. I've been talking and talking and no one's been hearing me.

Jill Darling: That's all right. Well, thank you so much for joining us, Christy. Well - I'll kick it off to you to give your two announcements, and then we can bring it back to the Q&A. So you may go ahead.

Christy Hughes: Perfect. Perfect. And good afternoon everyone, I apologize for wasting any time here. I'll just go right into it then.

So today I would like to review some recent announcements, and they're posted on both the SNF QRP and you'll also find them on the NHQIP (Dev).

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First, the January 2022 Refresh of the Skilled Nursing Facility Quality Reporting Program data, it's now available on Care Compare, and you'll also find it on the Provider Data Catalog, also known as PDC. The data are based on quality assessment data submitted by the SNF to the CMS from Quarter 3 2020 through Quarter 1 2021. So that's three quarters of data. And the data for the claim-based measures will continue to display Quarter 4 2017 through Quarter 3 2019 data for this refresh. And that's going to happen while CMS performs additional measure analysis.

Feel free to visit Care Compare and PDC to view the updated data quality data. And for any questions about SNF QRP public reporting, please e-mail SNFQRPPRQuestions, Q-U-E-S-T-I-O-N-S, at cms dot hhs dot gov.

And secondly, today, on January 14th, the Skilled Nursing Facility Provider Preview reports were updated, and they are now available. These reports contain provider performance scores for quality measures, which will be published on Care Compare and PDC. And that will be during the April 2022 refresh of the Web site.

The data for this contains - within the provider preview reports are based on quality assessment data submitted by SNFs from Quarter 3 2020 to Quarter 2 2021. And that is four quarters of data. The data for the claims-based measure will continue to display Quarter 4 2017 through Quarter 3 2019 data for the refresh, again, while CMS performs additional measure analysis.

The providers do have until February 14th of 2022 to review their performance data. Corrections to the underlying data will not be permitted

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during this time. However, providers can request Centers for Medicare and Medicaid Services to review of their data during the preview period if they believe that the quality measure scores that are displayed within their preview reports are not accurate.

For more information on this, you can also visit CMS SNF QRP Public Reporting Web site.

And there is one additional announcement for you all. On January 4th, we posted the new MDS 3.0 QM User's Manual, and that's Version 15.0 on the Nursing Home Quality Initiative Quality Measures Page.

The MDS 3.0 QM User Manual Version 15.0, it contains detailed specifications for the MDS 3.0 Quality Measures, and it includes the notable changes to the section, summarized the major changes that you're going to see from MDS 3.0 QM User's Manual Version 14.0.

The MDS 3.0 QM User's Manual Version 15.0 can be found in the Download section on this page. The logistic regression coefficients used to risk adjust the percent of residents who made improvements in function and percent of residents whose ability to move independently worsened and percent of residents who have or had a catheter inserted and left in their bladder measures have been updated using Q4 2019 data.

These coefficients were previously contained in Chapter 4 of the MDS QM User's Manual Version 14.0 but have been moved to the Risk Adjustment Appendix file for MDS 3.0 Quality Measures User's Manual Version 15.

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And that is all I have today. Thank you for listening.

Jill Darling: Thank you, Christy. I'm glad you're able to join us.

Christy Hughes: Thank you all so much for your patience.

Jill Darling: (Erin), well go back into - sure, thanks. (Erin), well go back into our Q&A, please.

Coordinator: Thank you. Just a reminder, if you would like to ask a question, please press star 1 at this time. And speakers, our next question comes from (Donna Elston). (Donna), your line is open.

(Donna Elston): Thank you for taking my call. I just wondered if there was any update on releasing survey guidance for Phase 3 of the ROP (piece).

Christy Hughes: I'm sorry, is that for me, for SNF?

(Donna Elston): Correct. Yes.

Christy Hughes: And I'm sorry, what was your question again?

(Donna Elston): So is there any update on release for survey guidance for Phase 3 of the Requirements of Participation?

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Christy Hughes: I am not going to be able to answer that question, unfortunately. I'm filling in for my colleague, Heidi Magladry. But she did let me know that if there are any questions that I'm unable to answer, please go ahead and forward them to the SNF QRP Help Desk at [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov). And they typically respond within 24 to 48 hours.

(Donna Elston): Okay, thank you.

Christy Hughes: You're welcome.

Coordinator: And our next question comes from (Paula Small). Your line is open.

(Paula Small): Hello. I'm asking about the resident vaccine reporting requirement in CDS - CDC, I'm sorry, and if that can be incorporated - if it needs to continue to be reported, if that can be incorporated into the MDS work because it would be one-time entry for providers. And then it would always be in there versus providers having to do this weekly reporting on the CDC side. And then also hoping that the staff reporting weekly requirement can be modified now that the vaccine mandate is in place. Thank you.

Christy Hughes: And again, unfortunately, I'm not as familiar with the SNF program, but I can tell you were talking about that across the board because that's a lot of what our stakeholder feedback was from a lot of the questions for public reporting we have last year during (enroll) season.

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But sadly, I don't think I can be of much help with an actual definite answer for you. But if you would e-mail the [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov), they'd be able to provide you with an update.

Coordinator: And our next question comes from (Janet Hobbs). Your line is open.

(Janet Hobbs): Hi. Can you hear me okay? This is (Janet).

Woman: Yes, we can.

(Janet Hobbs): Oh, I'm sorry. Okay, thank you.

I have two questions about the MDS and updates on that. We have a quite a struggle with I0020, the primary diagnosis, and J2000 surgery questions. And about I0020, its asking for the primary diagnosis and the primary medical condition category that best describes the reason for a Part A stay.

And the reason that that is a struggle is because sometimes they're in the hospital for something like a heart attack or something, but then they have residual weakness for that. And if we struggle with, do we put the weakness in muscle wasting as a primary diagnosis because that's really why they're here to rehab or do we put the heart attack?

And I'm just wondering if instead of having that as something in a sense that we have to choose, is that something that CMS could fold into some kind of algorithm where they just do it, we put down the diagnoses and let them pick that because picking that is very difficult?

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And then the second one is on the surgery question, the part of the question about whether it counts as a surgery if it carries some degree of risk. And what I would consider some degree of risk I'm not sure that CMS considers some degree of risk and that makes it difficult to decide if something was a major surgery. So, anyway, thank you.

Christy Hughes: That was a lot. And I understand a lot of what the concerns are that you have. The MDS is - I don't feel comfortable answering that without Heidi on the call. I'm so sorry. But again, if you submit that to the help desk, they'll be able to provide you a prompt answer. My apologies to you.

(Janet Hobbs): Can you repeat the - can you repeat me the e-mail address on that?

Christy Hughes: Oh, absolutely. Sure. And I apologize to everyone. Yes, absolutely. So the SNF QRP Help Desk, its SNF, S-N-F, Quality, Q-U-A-L-I-T-Y, Questions -- make sure that you put the s on there -- Q-U-E-S-T-I-O-N-S, at cms dot hhs dot gov. And as I said, our contractors, we actually just had a conversation today. They typically provide some type of answer within 24 to 48 hours.

And your question was rather thorough and detailed in a couple of different levels. So even if they can't give the answer within the 28 to - 24 to 48 hours, they'll at least let you know that they're escalating it or digging a little bit deeper just to let you know that they have received it, and they are working on it and will get you some type of answer to give you some resolution or closure on it.

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(Janet Hobbs): Well, the - my one question about that is It's not technically a QRP question; it's more of an MDS question, because I don't even know...

Christy Hughes: And again...

(Janet Hobbs): ...how these...

Christy Hughes: ... - yes, so in that case...

(Janet Hobbs): ... - (if they'll still answer it).

Christy Hughes: ... - yeah. In that case, what they would do is, like I said, they would respond and simply state that they don't have - you know, were working on this, then we'll reach out to our MDS team who is part of our DC-PAC team and we'll be able to get you an answer for it.

(Janet Hobbs): Okay. So that's...

Christy Hughes: And they'll let you know that they have - that they are in receipt of it and they'll reach out to the appropriate group that has the expertise on it that will be able to provide you with some type of answer.

(Janet Hobbs): Okay. If I could just ask or repeat that, is it SNFQualityQuestions -- plural -- at cms dot gov?

Christy Hughes: Dot-hhs dot gov. So, its [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov)?

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(Janet Hobbs): Okay, thank you so much.

Christy Hughes: You don't want to forget that HHS in there. You're welcome. And my apologies again. I'm just kind of filling in today and some of these questions, you know, they need an absolute and I just don't feel comfortable speaking for someone else's program. My apologies.

Jill Darling: (Erin), do we have any more questions?

Hi, (Erin), are there any more questions in the queue?

Well, folks, I do apologize, this is Jill Darling, about the technical difficulties today on this phone call. So if you are in the queue for a question, were unable to hear you or get to you. But please send your e-mail into our SNF Long Term Care ODF e-mail. It is listed on the agenda. Its [SNF\\_LTCODF-L@cms.hhs.gov](mailto:SNF_LTCODF-L@cms.hhs.gov).

Again, we apologize for the technical difficulties today. But I'll try, (Erin), one more time, our operator?

Okay. Well, again, please send your questions into our SNF LTC ODF e-mail for further comments and questions regarding today's agenda topics.

Again, we thank you. We will end today's call. And hopefully we can get things sorted out for the next time. Have a great day everyone.

END

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