

Centers for Medicare & Medicaid Services
Questions and Answers from Open Door Forum:
Skilled Nursing Facilities/Long Term Care

January 27, 2022

1. If CMS moves forward with the update to July Five-Star rating, first, when can we expect an 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?
 - a. The release date for the technical specifications that will describe how the new staffing turnover measures feed into the star ratings is pending. For the second question, the staffing star ratings are updated quarterly in January, April, July and October. The updates typically occur on the 4th Wednesday of the month.
2. How will CMS incorporate the weekend staffing and the turnover metrics into the overall Five-Star staffing calculation in July?
 - a. The release date for the technical specifications that will describe how the new staffing turnover measures feed into the star ratings is pending.
 - i. When will the CMS release the next Five-Star Technical Users Memo, which will detail the revised Five-Star staffing formulas?
 - ii. The release date for the technical specifications that will describe how the new staffing turnover measures feed into the star ratings is pending.
3. Is there any update on releasing survey guidance for Phase 3 of the ROP (piece)?
 - a. We have no information of the release of Phase 3 guidance for the LTC RoP at this time.
4. I'm asking about the resident vaccine reporting requirement in CDC 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.
 - a. There have been no changes to the weekly resident vaccination reporting requirement. CMS continually reviews our guidance and will release updates

This Q and A document was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This Q and A document was prepared as a service to the public and is not intended to grant rights or impose obligations. This Q and A document may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

publicly as necessary. Unfortunately, we cannot comment on possible future updates.

5. 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 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? 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.
 - a. Thank you for your feedback. We encourage you to seek guidance from the physician regarding the primary diagnosis that represents the reason for admission for the Medicare Part A stay. This information assists in representing the medical conditions of the patient and is used for payment classification in addition to data driven programs such as Quality Measures and the Quality Reporting Program. The same recommendation applies to the second part of your question. Please work with the resident's assigned physician to classify if a surgical procedure meets the criteria /guidance in the RAI 3.0 User's Manual for Major surgery. Page J-36 states the following: Generally, major surgery for item J2000 refers to a procedure that meets the following criteria: 1. the resident was an inpatient in an acute care hospital for at least one day in the 100 days prior to admission to the skilled nursing facility (SNF), and 2. the surgery carried some degree of risk to the resident's life or the potential for severe disability.

This Q and A document was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This Q and A document was prepared as a service to the public and is not intended to grant rights or impose obligations. This Q and A document may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.