

Centers for Medicare & Medicaid Services
Skilled Nursing Facilities/Long-Term Care Open Door Forum
Thursday, December 7, 2023
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Webinar recording:

<https://cms.zoomgov.com/rec/share/egY7oYuGHeOJXLtDekF5jig8nGr3B2B9htKXZwEIRUSgxge-jy1M7TR9PWVfAw.3Slrbp5mvWv0-BI6> Passcode: 56Lq@MR7

Jill Darling: Hi, everyone. Welcome. Please give us a moment until we get more folks in the room. Thank you for your patience.

>> Recording in progress.

Jill Darling: Great. Thank you. Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications. Welcome to today's Skilled Nursing Facilities (SNF) and Long-Term Care (LTC) Open Door Forum (ODF). Thank you for your patience as we were getting more participants in. So again, thank you. Before we begin, I have a few announcements. This webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum podcast and transcript web page. That link was on the agenda that was sent out. Side note, the SNF Open Door Forum that was held back in October, the transcript and the Q&A document is posted. It's in a ZIP file on the podcast and transcript web page, if you would like to reference that or look up questions that were asked during that call. If you are a member of the press, you may listen in, but please refrain from asking questions during the webinar. If you have any questions, please email press@cms.hhs.gov. All participants are muted. For those who need closed captioning, a link was provided in the chat function of the webinar today. So, we will be taking questions at the end of the agenda today. For today's webinar, there are no presentation slides, just the agenda slide you see on your screen and then, we will provide a resource email and link slide during the Q&A portion of the webinar. You may use the raise hand feature at the bottom of your screen, and we will call on you to ask your question and one follow-up question. A reminder, when the Zoom moderator calls on you, she unmutes you from her end, and you will need to do the same on your end as well. And make sure if you're double muted, to please double unmute yourself. We got to love technology. So, we will do our best to get to all your questions today. So now, I will turn it over to our Chair, Todd Smith.

Todd Smith: Thank you, Jill, and thank you, everyone, for joining us today. I just wanted to point out a couple of new items on the SNF ODF going forward. I just want to make everyone aware that, you know, as Jill indicated, please go to visit the website for the transcripts in the previous call as well as some of the responses to those questions. In addition, we've also made conscious effort to respond to the questions that come into the SNF ODF mailbox. And if you have not received a response to your questions, please let us know. We are making it a priority to respond to those questions and provide the feedback that you needed. In addition, when we do enter the Q&A portion of the ODF, Jill will post a slide that contains a helpful set of email resource mailboxes that folks can email specific questions. And, you know, they range from Part *This transcript 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 transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript 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.*

A payment policy to the SNF Value-Based Purchasing program, to the QRP (Quality Reporting Programs) programs, specific questions that you may have regarding the MDS (Minimum Data Set). So again, thank you, everyone, for joining the call and with that, we will begin with our agenda, and our first agenda items is Debra Lyons. So, Debra, I will turn it over to you.

Debra Lyons: Thanks, Todd. Good afternoon, everyone. My name is Debra Lyons. I work in the Division of Nursing Homes here at CMS. I want to share some information with you on upcoming nursing home survey testing that we're going to be undertaking over the next several months. Over the last few years, we have looked for ways to improve the consistency, accuracy, and efficiency of the nursing home survey process within the context of increasingly constrained survey resources. The largest revision to the survey process happened in 2017 when all states were migrated to a new standardized survey process. The need to ensure surveys are conducted timely at high-risk facilities has become urgent due to a backlog of surveys caused by the COVID Public Health Emergency (PHE), increases in complaints, and a flatline survey and certification budget for eight years. Therefore, we will begin testing some new survey processes that will help surveyors complete surveys more efficiently in limited instances where the risk of resident harm is demonstrated to be lower. This would help surveyors conduct more surveys where the risk of resident harm is higher and address the survey backlog. We expect to be conducting these tests—the survey tests—over the next several months into 2024 as part of our regular testing of procedures that enable more effective oversight. We do not anticipate any additional burden or other actions for providers, and surveyors will continue to ensure that residents' health and safety is protected. We are providing this notification to inform providers that you may see some additional survey staff on-site and may see changes to how some of the investigations are conducted. And with that, we will have more information next year and I'm going to—I will toss it back to Todd or the next presenter. Thank you.

Heidi Magladry: Hi, I will go ahead and go next. This is Heidi Magladry, the Skilled Nursing Facility Quality Reporting Program. And I'm going to provide you some updates about the planned release of MDS 1.19.1. In early 2024, CMS plans to release the draft versions of the MDS 1.19.1 item sets and data specifications that will go into effect October 1, 2024. CMS intends the release of 1.19.1 to be a small release encompassing three changes. Two of the changes are a result of policies finalized last year in the Fiscal Year 2024 Skilled Nursing Facility Prospective Payment System (PPS) final rule. The first change is the removal of the self-care and mobility discharge goal column, that is GG0130 and GG0170, Column 2. As finalized in the rule for residents admitted on or after October 1, 2023, SNFs are no longer required to report a self-care or discharge—or mobility discharge goal. The second change is that a new item will be added to the item sets to collect the resident COVID-19 vaccination status. This item will be used to inform the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure for the SNF QRP and will also be collected across all the assessments in alignment with the other currently collected vaccine items, influenza, and pneumonia. The final change will be the addition of a new row to the N0415 High-Risk Drug Classes: Use and Indication items. This

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new row will be N0415K, anticonvulsants. And for a discussion of that item, I will hand it over to my colleague, Christine Teague, from the Division of Nursing Homes.

Christine Teague: Good afternoon, everybody. This is Christine Teague from the Division of Nursing Homes. And as you heard from Heidi, we will be adding a new classification to the high-risk drug class in Section N. And that new classification will be anticonvulsants. CMS and other agencies have identified that anticonvulsant medications are being administered to residents. These medications often carry certain benefits and risks, but they are not included in the MDS. It's important that residents' care plans are developed while considering medications that can impact their outcomes and risks. Therefore, CMS is adding anticonvulsants to the list of high-risk drug classes in Section N that the facility completes if the resident receives a medication in that particular class. The new item will be N0415K, anticonvulsants. I will now turn over to Kim Jasmin to talk about the MDS error guide.

Heidi Magladry: Kim, just one quick wrap-up here. It's Heidi, I'm sorry. I just wanted to say in terms of the draft item sets and data specifications, as always, CMS provides draft versions of items that's in other documents in order for review and feedback from our stakeholders. Having other eyes and views from different entities helps improve the clarity of language to ensure accurate coding. We encourage stakeholders to view the posted draft materials and provide feedback to us, as we find it very helpful. And with that, I will turn it over to Kim.

Kim Jasmin: Thank you, Heidi and Christine. My name is Kim Jasmin. I work in the Division of Quality Systems for Assessments and Surveys. The final draft of the MDS Error Message Guide is currently under review by CMS. There were numerous changes with October 1 release, which has taken a bit longer for CMS's review to complete. The MDS Error Message Guide is tentatively scheduled for posting on the QTSO (QIES Technical Support Office) website by the end of the month and should you have any questions or concerns regarding error message received from an MDS file submission, please contact the iQIES (Internet Quality Improvement and Evaluation System) center for immediate assistance. And in group chat, I will actually provide a link for where the MDS user guide will be posted once it becomes available as well as information on how to reach—reach out to the iQIES service center if you have any questions. Thank you, and I will pass it on to Ellen Berry.

Ellen Berry: Thanks, Kim. As mentioned on the previous ODF, the iQIES MDS user interface has replaced the jRAVEN (Resident Assessment Validation and Entry System) software previously provided by CMS. The user interface, known as the UI, doesn't allow for completion of MDS assessments for other insurance payers or purposes such as Medicare Advantage and private insurance. As you are aware, providers are not to submit those types of assessments to iQIES. The UI is used to meet OBRA (Omnibus Budget Reconciliation Act) requirements and SNF PPS, QRP, and state Medicaid purposes only. While the UI is free, it has limited functionality and capabilities. You must be connected to the internet to use. The UI does not interact with EHRs (Electronic Health Records). As I stated earlier, the UI doesn't allow for

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completion of MDS assessments for other insurance payers or purposes. As you should be aware, providers are not to submit those type of assessments to iQIES. The UI was created to meet federal and state purposes. Do not use the UI for other reasons or purposes. For those who have been around know that when we move to MDS 3.0, we created a specific item for non-Part A and non-Medicaid insurance billing, Z0300. The purpose was to eliminate providers from inappropriately submitting assessments that were, and are not, required by CMS and the states. jRAVEN did not populate the field and similarly, the iQIES MDS UI doesn't either. The take-home message is that providers who need to complete assessments for other purposes than federal and state should use vendor software and providers are not to submit these assessments to iQIES. Thanks, and Jill, I will hand it back to you.

Jill Darling: All right, great, thank you, Ellen, Kim, Christine, Heidi, and Debra. We will be going into our Q&A right now. So, if you would like to ask a question and one follow-up, please press the raise hand feature and we will give it one moment to gather some hands.

Jackie: All right, the first person I saw was Melanie. Melanie, you're able to unmute yourself. Melanie Hall, you're able to unmute yourself. Okay. I will come back to Melanie then. Jennifer Dixon, you're able to unmute yourself. Jennifer? It looks like you're unmuted, but we can't hear you. Okay, we will come back to Jennifer as well. Let's try Gretchen. Gretchen, you're able to unmute yourself.

Gretchen Goodson: Hi, can you hear me?

Jackie: Yes, I can. Thank you.

Gretchen Goodson: Okay. I just want to clarify again, the date that the new MDS is going to be released and effective. I was taking notes and I missed that.

Heidi Magladry: No worries. Hi, this is Heidi. MDS 1.19.1 will go into effect October 1, 2024. And we anticipate releasing draft item sets and draft data specifications in early 2024.

Gretchen Goodson: Okay. Great. Thank you.

Heidi Magladry: You're welcome.

Jackie: All right. Let me try to go back to Jennifer. Jennifer, you're able to unmute yourself. Jennifer Dixon. Jennifer, are you there? Okay, she might be having issues with her audio, it looks like. So, let's try Melanie one more time. Melanie Hall, you're able to unmute yourself. Melanie hall, you're able to unmute yourself. Okay. We will come back to them at the end then since it looks like they might be having troubles with their audio. The next person I see is Tammy. Tammy, you are able to unmute yourself.

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Tammy Kelly: Can you hear me?

Jackie: Yes, I can.

Tammy Kelly: Thank you. This question is in reference to the MDS errors and the errata that is going to be uploaded on, I believe, December 12. Several of those MDS error notes state they're retroactive to 10/1 of 2023, and I'm just wondering what actions providers are expected to take for assessments that have already been submitted, accepted, and billed.

Ellen Berry: This is Ellen Berry, and as long as it doesn't impact your HIPPS (Health Insurance Prospective Payment System) code, you should not need to do anything. It is if you do a modification to a record that's already been submitted and accepted into the system, would you then be required to complete those items.

Tammy Kelly: Okay. Thank you. That's very helpful.

Jackie: The next person I'm seeing is Lori. Lori, you're able to unmute yourself.

Lori Smetanka: Hi, thank you so much. I had a question about the nursing home survey testing that Debra Lyons talked about. Are you able to provide any more information about what kind of new processes you're looking to test at this point? Are they more targeted surveys or are they off-site reviews or, you know, is there any more information you can give about that?

Debra Lyons: Hi, Lori. Thanks for the question. We are early in the testing phase right now so we really don't want to share that, but as I said, we are looking for ways to more efficiently conduct the survey process and I think that's—we will have to leave it there, if that's okay. But yeah, we are just looking at ways to be more efficient with the survey process so we can get more done in a shorter amount of time.

Lori Smetanka: Okay. Well then, we'll look forward to hearing more as soon as you're able to release it. Thank you.

Debra Lyons: Absolutely. Yep.

Jackie: All right So, the next person I am seeing is Donna. Donna Collins, you're able to unmute yourself. Donna, you're able to unmute yourself. Okay. Let's move on. I will come back to Donna. Jamie, you're able to unmute yourself.

Jamie Maddox: Good afternoon, can you hear me?

Jackie: Yes.

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Jamie Maddox: Okay. I have question in regards to Section A on a patient that stays in a facility that's coming off of Medicare. Where it says about the transfer of the electronic records? You know, transferring from provider to provider? Hello?

Heidi Magladry: Okay. Can you—can you—what is your question?

Jamie Maddox: My question is, if they are staying in the facility and are not actually changing providers, what do we mark there?

Heidi Magladry: There's actually guidance in the guidance manual around that situation. You will mark that you—if they are staying in the facility, the guidance—I will have to double-check it, but I think it says that you mark that you did transfer the medical record because although they are staying in the facility, it's possible that they will transfer to another care team, perhaps from a short-term care side to a long-term care side. So I would go reference the guidance manual because there's a specific example that speaks to that circumstance.

Jamie Maddox: Okay. Thank you.

Heidi Magladry: You're welcome.

Jackie: All right, next up is Matthew. Matthew, you're able to unmute yourself.

Matthew MacWhirter: Good afternoon. Can you hear me okay?

Jackie: Yes.

Matthew MacWhirter: I just wanted to clarify from the beginning. It was mentioning that when the new MDS 1.19.1 comes out, that for Section GG, the discharge goals was no longer going to be included. I just want to make sure I heard that correctly. And does that take effect when it comes out next year?

Heidi Magladry: So, the discharge goal column, so that's Column 2, will be removed with the item sets that are released on October 1, 2024. However, just for your awareness, although that column is still on the current version of the MDS, the requirement to—for residents admitted on or after October 1, 2023, SNFs are no longer required—required to report a self-care or discharge goal. In other words, for the SNF QRP data completion requirements, you will—we will not be considering information in that discharge goal column for SNF QRP Annual Payment Update compliance. You'll still be getting a warning message that says there could be an APU implication, but we will not be considering the discharge column goal on residents admitted after October 1, 2023.

Matthew MacWhirter: Perfect. Thank you so much.

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Heidi Magladry: You're welcome.

Jackie: All right, the next person I'm seeing is Dr. Bridget. Dr. Bridget, you're able to unmute yourself. Dr. Bridget Alexander, you're able to unmute yourself. Looks like you might be unmuted. Dr. Bridget, are you there? Okay, maybe she is having troubles with her audio. We will come back to her. The next person I'm seeing is Serena. Serena, you're able to unmute yourself.

Serena Snuffer: Yes, I'm here. I have a question for—is there any guidance related to dashing for the QRP APU measure when you have a five-day combined with an unplanned discharge now that we have pain questions in Section D, the PHQ-2 (Patient Health Questionnaire-2). Is there any guidance on how we should code those two sections?

Heidi Magladry: Hi, Serena. This is Heidi with the SNF QRP. So as everybody on this call I'm sure is aware, beginning October 1, 2023, GG0130 and GG0170 discharge performance, or Column 3, are required on OBRA discharge assessments. So just to be clear, we are talking about A0310F equaling 10 or 11, regardless of whether it is planned or—a planned or unplanned discharge. So CMS expects that providers will be able to code the resident's discharge function performance even in the event of an unplanned discharge, as most of this information would be known through the provision of routine resident care. GG items for which the provider has no information should be coded with a dash. It is important to note that Section GG replaced Section G on OBRA assessments, and that workflows previously established for GG on planned and unplanned OBRA discharge assessments likely apply to Section GG. The coding of Section GG needs to be based on assessments completed and information collected during the three-day assessment window, and each facility self-determines its policies and procedures for clinical record—record documentation practices and MDS completion. Now, now that I have given you that response, building on that response about the GG items with particular focus on the determination of SNF QRP APU compliance and the data completion thresholds. For an unplanned OBRA discharge, so again we are talking about A0310F equaling 10 or 11 and A0310G equaling two, that is combined with a SNF PPS discharge, so that's an A0310H equals one, discharge performance items in GG0130 and GG0170, Column 3, with a dash, will not count against the provider for APU compliance. As stated earlier, GG items for which the provider has no information should be coded with a dash. Providers should refrain from what I like to call “creative coding,” including the use of one of the “activity not attempted codes” in the event of an unplanned discharge. For other non-GG items that require a resident interview, there's completion or skip language that address what to do in the event of an unplanned discharge, A0310G equaling 10. AO310G equaling two. Sorry. Go ahead.

Serena Snuffer: So, with the unplanned discharge, the pain, there's questions on the pain interview and PHQ-2 if the unplanned is combined with a five-day. Is there any guidance with that?

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Heidi Magladry: We would actually expect—I'm sorry. You meant with a five-day—with an admission, so an A03110B equaling one. Yes? A PPS admission?

Serena Snuffer: Yes, so if I was—a five-day MDS with a discharge occurred, an unplanned discharge.

Heidi Magladry: Yeah. We would expect those items to be collected and reported on the MDS as part of the admission process. So those would count toward your APU compliance threshold.

Jackie: All right, let's see here. I am seeing Riley as next person with their hand up. Riley Luckett, you're able to unmute yourself. Riley, you're able to unmute yourself.

Riley Luckett: Can you hear me?

Jackie: Yes.

Riley Luckett: So, I would like to ask about—you said that there is—for Section G, Column 2, that it is no longer going to be required for residents admitted 10/1 or later. So, could you give some clarification on that admission whether it is based on A1600 or A1900 or another date involved?

Heidi Magladry: So—okay, so I'm not—I guess I'm not understanding the question. So the discharge goal column, so Column 2 that's currently on the MDS is not required for residents admitted on or after October 1, 2023. So, your question—

Riley Luckett: Yeah. The Column 2. Yeah, the question here is, since you were saying it is not required for residents, is this a change or is this just how the system is functioning right now just for—just so I can understand?

Heidi Magladry: Well, this was actually a change that was finalized last year in the SNF PPS rule. The—the measure that's adopted for the SNF QRP that is informed by using Column 2 was removed from the program. So, we don't need that information anymore, and we weren't able to take it off the item set in time for the October 1, 2023, release. So, it's not required but it's still on the item set and will be taken off October 1, 2024.

Riley Luckett: Okay. Thank you very much.

Heidi Magladry: You're welcome.

Jackie: All right. Let's see here. I see that Donna Little has her hand raised. Donna?

Donna Little: Can you hear me?

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Jackie: Yes.

Donna Little: Oh, yes. I just wanted to piggyback on the five-day unplanned discharge. I understand that it is still required as part of the admission process, to answer those questions, but for an unplanned PPS discharge where you have to combine those two without the five-day because now it's required that we code the resident interview portion of a PPS discharge when you combine unplanned with the PPS discharge, how do we proceed with those resident interview questions for that particular MDS?

Heidi Magladry: Let me make sure I'm understanding. Are you asking me—you're asking me about an OBRA discharge?

Donna Little: Unplanned.

Heidi Magladry: Unplanned combined with a PPS discharge?

Donna Little: Uh-huh.

Heidi Magladry: That leads you to ND (Nursing Home Discharge) item set and there is completion or skip language to address all of the—all of the—unplanned discharge circumstances. So, for instance, there's skip language in J0200, should the pain assessment interview be conducted that addresses the pain assessment interview items. There is skip language in C100 that addresses the BIMS (Brief Interview for Mental Status) and in D100, that addresses the resident mood interview. So, all the interview items in that circumstances have skip or completion language in the event of, again, an OBRA discharge combined with a PPS discharge that is unplanned.

Donna Little: Okay. I had looked in the RAI (Resident Assessment Instrument), and maybe it's with our software, but the RAI says if you code "no," it doesn't specifically address just the PPS discharge standalone with an unplanned. It goes into detail about the five-day unplanned discharge. So that's why I was questioning.

Heidi Magladry: Sure. No worries. Keep in mind that when we make the RAI manual, the screenshots that we use in some of the languages, you know, I think—I think the last—if I recall correctly—Ellen correct me if I'm wrong—there's 89 different combinations of MDS assessments, so we don't put everything in the manual that addresses all the possible scenarios in the completion language, and the screenshots that you see of the items in the manual is always off the nursing comprehensive. So, you do need to, you know, you can look at the data specifications or pull up the items.

Donna Little: Yeah, and I did look at that as far as the skip pattern. So, I just wanted to make sure that it was—was appropriate to code the answer “no” if it is an unplanned discharge.

Heidi Magladry: Again, you won't code “no.” You'll deal with the skip language, yeah. You'll do what the skip tells you to do. But thank you, Donna.

Donna Little: Thank you.

Jackie: The next hand I am seeing is Katherine. Katherine, you're able to unmute yourself.

Katherine Tira: Hi, good afternoon. My question is also a follow-up to the last one related to the unplanned discharge. So, if we have a five-day resident and we have the five-day assessment open, say for day six, but the resident has an unanticipated discharge on, say day three, we've always been allowed to adjust the five-day ARD (Assessment Reference Date) date, you know, to that discharge date. And in that case, we wouldn't necessarily have completed the interview items. So, dashing, you know, would possibly be the only available response. So, are you—are you recommending that maybe we would, just don't do the assessment and take the default rate for the few days, so we don't have the APU issue?

Ellen Berry: This is Ellen, I will take that. We are not making a recommendation. You need to—we are not going to tell anybody to take the default rate or not take the default rate. What we are going to ask you to do and advise you to do is when you complete any assessment, that you complete it accurately.

Katherine Tira: Right. It's just we wouldn't have had an opportunity, potentially, to do the interview if it is an unplanned discharge and not planning ARD until, say day six, and, you know, gets adjusted back to day three.

Ellen Berry: So, in that case, when you're coding the assessment, you would code a dash.

Katherine Tira: Okay. Thank you.

Jackie: All right. The next hand I am seeing is Leiannon. I think that's how it's pronounced. Leiannon Perez, you're able to unmute yourself. Leiannon Perez, you're able to unmute yourself. Okay, we will come back to her. The next person that I am seeing is Cynthia. Cynthia, you're able to unmute yourself. Cynthia? It looks like you're unmuted maybe. Are you there? Okay, we will come back to Cynthia.

Cynthia Schuessler: Are you there?

Jackie: Oh, there you are.

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Cynthia Schuessler: It's just very hard because there's no mute function on here. You have to go under accessibility and then hit the button to unmute yourself under "audio muted by host." That's why people aren't unmuting. I just have a quick question about the HIPPS code for OBRA assessments. When will we possibly see what our HIPPS code? Currently, it's still showing like insurance and drugs for codes and nothing for the HIPPS code.

John Kane: So, I assume you're talking about the HIPPS code as it relates to your state Medicaid program?

Cynthia Schuessler: Right. Or, you know, they're doing the staffing based on the nursing HIPPS code, so it would be nice to see what the nursing HIPPS code is.

John Kane: Right. I mean as far as I know, the grouper that is currently out there is producing PDPM (Patient Driven Payment Model) HIPPS code associated with states that have requested that type of information. So, if you are not seeing it, then I would either contact the state to make sure this is information that the state is requesting or talk with your software vendor to ensure that they are utilizing the latest version of the grouper.

Cynthia Schuessler: Okay. Thank you.

John Kane: Thank you.

Jackie: All right, let's go back up. I think we are at Melody. Melody, you're able to unmute yourself.

Melody Malone: Good afternoon, thank you so much. My question has to do with the COVID vaccination going on under the MDS. Once we see that happening in October of 2024, will you be reducing the requirement for the NHSN (National Healthcare Safety Network) reporting for residents into NHSN COVID vaccinations?

Heidi Magladry: Hi, this is Heidi. So, I can't answer that question. Again, this COVID item is being added to MDS to inform a measure that we'll be using for the SNF QRP. The current NHSN COVID resident vaccine reporting requirements are not under my purview, so I'll—but—so I can't speak to plans for the future reporting under that requirement. I don't know if anyone else on the phone could speak to that.

Evan Shulman: Excuse me. CMS will provide more information about NHSN reporting in 2024, but we don't have more information today. Thank you.

Melody Malone: Thank you.

Jackie: The next person I see here, let's see. Robert. Robert Douglas, you're able to unmute yourself.

Robert Douglas: Hi, good afternoon. Thank you for taking my question. My question is related to the CMS mandated five-claim prepay probe. And my question is can you tell us how the error rate will be calculated for that? Is it based on payment claims, MDS items?

Ellen Berry: I don't believe there's anybody on the call that is involved with that process. Still, you want that to be submitted or will it be enough that it was asked on the call?

Robert Douglas: Oh no, I would like an answer to it, so yes ma'am, if that could be submitted, that would be excellent. Thank you.

Jill Darling: If one of the emails on the screen is geared toward that, please send it in.

John Kane: Yeah, this is John Kane. If you want to send it into the Part A policy payment one, to pdpm@cms.hhs.gov mailbox. We can—it's not ours. I'm pretty sure it is out of the Center for Program Integrity, but we can try to figure out who it will go to.

Robert Douglas: Thank you.

Jackie: All right. The next hand I'm seeing is Shawnta. Shawnta, you can unmute yourself.

Shawnta Selzer: Yes, can you hear me? I'm on the phone.

Jackie: Yes, you sound good.

Shawnta Selzer: Okay, good. Sorry. So, I have a couple of questions. So, I need to make sure I understand the QRP and the APU. So, I'm going to briefly explain what my understanding is and please correct me. The QRP are the certain, not all, certain MDS items that affect the QRP within the MDS, and then the APU aligns with that as the rate deduction that affects those dashed QRP items, whereas the common area is the dashing. Is that correct or incorrect?

Heidi Magladry: Sorry. So hi, this is Heidi with the SNF QRP. So, the SNF QRP, there are certain measures that are adopted for the SNF QRP as well as certain standardized patient assessment data elements. The SNF QRP measures are informed by three different data sources: claims-based data, MDS-based data, and data submitted through the NHSN. For MDS-based data, providers have to submit all the required data elements on the MDS in order to meet the 80% APU compliance threshold each year. If you would like more training about that, we have quite a bit of training available on the SNF QRP program. There's a—the SNF QRP training web page has all kinds of stuff about it on there, along with the reconsideration process and data submission deadlines and things of that nature.

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Shawnta Selzer: Is that one on—is it the SNFQRPReconsiderations@cms.hhs.gov? Is that the one?

Heidi Magladry: Yeah, actually. Probably the best place to go is the main landing page that's just the SNF Quality Reporting Program. It's at cms.gov SNF Quality Reporting Program and then that will open up a side bar for you but then a navigation panel which you can jump off to all kinds of information and training. Like I said, there's a SNF QRP training page. Again, an FAQ document about the program. So, lots of helpful tabs on that.

Shawnta Selzer: Okay. Will they be open at this time? I know I tried to open up something and it was being updated, but I will go now, and I will check it out.

Heidi Magladry: Yeah, I'm looking at it now. Looks like all the pages are up and running, so it should be good.

Shawnta Selzer: Perfect. Okay. And then, my second question, so the new QRPs that are added are the COVID and the N0415K anticonvulsants that are coming up October 2024. Those are new ones added to the MDS items for the Quality Reporting Program, correct?

Heidi Magladry: Yes.

Shawnta Selzer: Okay, and previously, which is the one that is now going to be removed, the goals were the previous quality reporting items of the GG0130 and 0170 that are being removed but those were the previous Quality Reporting Program items of MDS, the goals?

Heidi Magladry: Right. Because the goals were required to calculate one of the measures but in last year's role, that measure was removed from our program. So, we don't require the discharge goal any more as of October 1, 2023, but it will be removed from the MDS with the October 1, 2024, release.

Shawnta Selzer: Oh, okay. So, it was removed from the QRP 2023 of October but the MDS itself, it will be removed October 2024?

Heidi Magladry: Exactly.

Shawnta Selzer: Okay, understood. Thank you so much. You're on that page. So, the page for the training you said cms.gov SNF QRP training page?

Heidi Magladry: It is—I think—oh no. It's not on the agenda. I'm sorry. Let's see www.cms.gov/medicare/quality/snf-quality-reporting-program.

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Shawnta Selzer: Okay, thank you.

Heidi Magladry: You're welcome.

Jackie: All right. The next hand that I see is Lea. I think it's Lea. L-E-A is how it's spelt?

Lea Jolley-Kaufmann: Yeah. Can you hear me?

Jackie: Yes.

Lea Jolley-Kaufmann: Hi thank you for taking my call. My question is related to Section GG of the MDS, GG0130E, Shower/Bathe Self and GG0170FF, Tub/Shower Transfer. So, my question related to that is our residents are scheduled for their showers, it is not a daily shower often. It's usually two times a week. And sometimes, the scheduled shower may not have happened during the three-day lookback period regardless of what type of an MDS it is. So, if the bathing was not provided because they were not scheduled, none of the "activity not attempted" are appropriate. How would you recommend to be coded on that section?

Ellen Berry: If you didn't do it, you didn't do it, so you need to dash.

Lea Jolley-Kaufmann: Okay, so it will be dashed as opposed to using one of the not attempted codes because none of them applies.

Ellen Berry: Correct.

Lea Jolley-Kaufmann: Okay. All right. Thank you so much.

Ellen Berry: Yep.

Jackie: All right, the next hand that I see is Terry. Terry, you're able to unmute yourself. Terry, you're able to unmute yourself.

Terri Ahern: Hi, sorry about that. So, my question relates to Section A. The interview regarding race and ethnicity. I was wondering if there's been any consideration of updating that set of questions. The challenge being gathering that information upon entry.

Ellen Berry: So, what is your question exactly? Sorry.

Terri Ahern: My question is, has there been any consideration to updating that section to either include dashes or any alternate questions to be able to answer appropriately when we are not able to gather the information upon entry. So, for that specific date with the new updates, October 1, 2024.

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Ellen Berry: There has not been any discussion that I am aware of. We can check with the—what we call the owners of those items, which are not anybody on this call and see what they are doing from a data analysis standpoint. And if we have anything to share, we'll share it on the next ODF but those who know me, I'm not going to make a promise that we will have anything to share.

Terri Ahern: Yeah, no worries too. And another thing I wanted to add about that was, you know, the list of options is rather long, so we're finding that some of our residents don't have the attention span to like, fully comprehend that list, so I'm wondering if there's also any consideration about truncating it or, you know, using alternative questions. Thank you.

Jackie: All right. Let's go back to Dr. Bridget. I know she had her hand earlier. You're able to unmute yourself now, Dr. Bridget. Dr. Bridget, you're able to unmute yourself. Looks like you're unmuted. Are you speaking? It might be an audio issue with that one. Let's try Leiannon again. Leiannon, you had your hand raised earlier and you're able to unmute yourself.

Leiannon Perez: Thank you. The hand raise was an accident. I apologize for that.

Jackie: Oh, okay. No worries. Thank you. Okay, and then let's see here. We have Donna next. Donna Collins.

Donna Collins: Can you hear me?

Jackie: Yes.

Donna Collins: Oh, yay. Couple of things. One of which is, last month, we found in our validation report there was columns for inaccurate HIPPS and then the corrected HIPPS, so we thank you for that. We're able to bill. Will that happen again this month for those that we suspect may not be correct? And I know this is a software issue but one that is impacting reimbursement.

Ellen Berry: I'm sorry. Are you saying that your software is not providing the proper HIPPS?

Donna Collins: They were, they not in the month of October. So, in November, we received in our validation report in iQIES, we were able to see, you know, the incorrect and then the corrected HIPPS. I don't believe—so for example, for our special care higher clinically complex list, COPD (Chronic Obstructive Pulmonary Disease), shortness of breath when laying flat, earlier in the month of November, it looked like it hadn't been corrected. So, everyone was getting the higher category if they had COPD, regardless of whether or not they were short of breath. So, I'm hopeful we will have another one of those columns in our final validation area again.

Ellen Berry: So, when iQIES went back and reran the impacted assessments, that was all done at once and so if you had—if you were impacted, you would have received in your—one of your folders, the information and so, we are not aware that there is another issue or an ongoing issue. If you have assessments, then you should reach out to the help desk, the service desk, so that our technicians who can look into it to see if it is an iQIES issue. If it is not an iQIES issue, you should definitely contact your software vendor.

Donna Collins: Okay, and then the second question—I appreciate that, thank you. The second question that I have is when it comes to the high-risk drugs category in the MDS and the indications for use, nowhere in the manual does it say that it needs to be an appropriate indication for use. Are you planning on adding that to the newer version in October 2024? Most of our softwares make us choose either a diagnosis or indication for use. So, there's always an indication for use, but whether or not it's appropriate is something else.

Heidi Magladry: Thanks, Donna. We will take that in as a comment. We haven't finished revisions for the manual yet for 2024.

Donna Collins: Okay. Thanks, Heidi.

Heidi Magladry: You're welcome.

Jill Darling: We will take one more question.

Jackie: All right, let's do Tammy. I did see your hand raised, Tammy Kelly.

Tammy Kelly: Thank you. Can you hear me?

Jackie: Yes.

Tammy Kelly: Okay. I wanted to go back to race and ethnicity questions for a moment. We're finding, say we have a five-day PPS and then an admission assessment that are not done together, they might be three or four days apart, and we are finding that we have to go back and ask those questions again because they are considered interviews because there's not a specific lookback specified in the RAI manual and the residents are looking at us like we have three heads because, well I just told you that the other day. Is there guidance on how long that interview is good for between assessments?

Heidi Magladry: So, this is Heidi. I will just say that should follow the manual guidance. These—the race and ethnicity items are interview items. So, there is no kind of time frame. You need to follow those steps in the manual and ask the residents the questions.

Tammy Kelly: That might be something to take into consideration when you're having to ask the same interview questions days apart just because of separation of two assessments. Just to consider that.

Heidi Magladry: Appreciate your input, Tammy.

Ellen Berry: And as I mentioned earlier, this is Ellen, we will bring that back to the owners of those particular items.

Jill Darling: Great. Thank you, Ellen and Heidi. I will hand it off to Todd for closing remarks.

Todd Smith: I just want to say thank you for everyone for participating today and all of our colleagues who responded to the questions. So, thank you, everyone.

Jill Darling: Thanks, Todd. I just sent the SNF ODF email if you were unable to answer, I'm sorry, ask your question, as well as the ODF podcast and transcript link for previous ODF calls, webinars and where we continue to post them. Again, we hope today was very helpful along with these helpful emails that I still have up on the screen. So, we thank you again. Happy holidays, everyone. And we will talk to you next year. And that concludes today's call.