

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

Moderator: Jill Darling

November 4, 2021

2:00 pm ET

Coordinator: Welcome, and thank you for standing by. All participants will be in a listen-only mode until the question-and-answer part of the presentation. During that time, if you would like to ask a question, please press Star 1 and record your name. As a reminder, this call is being recorded. If you have any objections, you may disconnect at this time. Now, I'd like to turn the call over to your host, Jill Darling. You may begin. Thank you.

Jill Darling: Great. Thank you, Jeff. Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications. And welcome to today's Skilled Nursing Facilities Long-Term Care Open Door Forum. We appreciate your patience as we are trying to get more folks in. So, as always, thank you.

Before we get into today's agenda, 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 we will get right into our first agenda. We have a PBJ submission reminder from Lorelei.

Lorelei: Good afternoon, everyone. Staffing data from July 1st through September 30th, must be submitted no later than 45 days from the end of the quarter. The

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final submission deadline for this quarter is November 14th, 2021. Only data successfully submitted by the deadline is considered timely and used on the Care Compare website 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 that was submitted is accurate or complete. If the final validation has not been received within 24 hours, facilities should run the final file validation report. This will indicate whether or not the files were processed successfully.

Providers can also contact the QIES helpdesk for assistance by emailing [IQIES@cms.hhs.gov](mailto:IQIES@cms.hhs.gov). The submission deadline of November 14th falls on a Sunday, and the helpdesk is only available Monday through Friday. So, 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 submission. Facilities should review their monthly provider preview in their CASPER folder for feedback on their most recent submission.

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We also strongly 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. I will turn it over to Joe.

Joe Schultz: All right. Thank you, Lorelei. Hi, everybody. I wanted to take this time to inform you that CMS is resuming some provider enrollment activities that were waived or paused under the COVID-19 public health emergency. As you're aware, as of March 13th of 2020, the administrator of CMS authorized the use of waivers.

CMS exercised its waiver authority in several ways, including, but not limited to - and this is in the provider enrollment space, including, but not limited to, waiving application fees, waiving Federal Criminal Background Checks, and postponing revalidation actions. As it relates to waiving application fees, waiving FCBC, Federal Criminal Background Checks, and postponing revalidations, I wanted to make the following announcements.

As of November 1st, CMS provider enrollment is resuming the collection of application fees to the extent applicable, and is also resuming FCBC, Federal

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Criminal Background Checks, as applicable. Additionally, CMS is beginning revalidation actions in a phased approach. Revalidation letters have begun to be sent as of last week, the end of October.

Additionally, the tool at [data.cms.gov/revalidation](https://data.cms.gov/revalidation), has been updated to supply due dates - adjusted due dates for those providers and suppliers that are due, starting in January of 2022. So, providers and suppliers should take action on revalidation if they receive a letter in the mail informing them to submit a revalidation application, and/or find that they have an adjusted revalidation due date at [data.CMS.gov/revalidation](https://data.CMS.gov/revalidation). That is all I have at this time.

Jill Darling: Great. Thank you, Joe, and thank you to Lorelei. Jeff, please open the lines for Q&A, please.

Coordinator: Absolutely. If you would like to ask a question, please press Star 1 and record your name. And if you'd like to withdraw your question, please press Star 2. One moment to see if you have any questions. Our first question comes from Gabriela. Your line is open.

Gabriela: Hi. I was just calling to see; will this call today at all address the CMS interim final rule that was recently released regarding COVID-19 vaccinations?

Jill Darling: So, this is Jill. There's actually a call going on at the same time right now. And I know I helped set it up and it has reached capacity, but it will be recorded for those that were not able to get in. And so, it will be recorded and it will be posted.

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Gabriela: Okay. Thank you very much.

Jill Darling: You're welcome.

Coordinator: Our next question comes from Laura Levy. Your line is open.

Laura Levy: Hi. My question is about the waiver for the QHS. We were seeking clarification if the residents can use it any time since March 2020, and now as long as they meet the other criteria, or if they only have one time to start their skilled care, even if the hospital had to have them move early to make beds available.

Joe Schultz: I'm sorry. Are you asking if the user QHS waiver is something they can only use once or if it can be used multiple times?

Laura Levy: Yes.

Joe Schultz: So, the QHS waiver is one that can be used multiple times. The benefit period waiver, which allows for a beneficiary to re-access a 100-day benefit period without the traditional 60-day wellness period, that can only be used once. Before, there used to be a wellness period in between. So, but the QHS waiver can be used multiple times, as long as the patient meets the relevant criteria.

Laura Levy: Thank you.

Coordinator: As a reminder, if you'd like to ask a question, please press Star 1 and record your name. Next question comes from Kimberly Jamora. Your line is open.

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Kimberly Jamora: Hi. Could you please restate what was indicated about criminal background checks? Did I hear that correctly?

Joe Schultz: Yes. Hi, everybody. This is Joe from provider enrollment. Federal Criminal Background Checks are also known as the fingerprinting process that newly enrolling high-risk providers must comply with in order to enroll in Medicare. To find more about the providers' supplier caps that are designated at high risk, you can visit the Federal Register. The CFR citation is 42424.518. So, if this isn't something that you've had to - again, this only applies at initial enrollment for categorical high-risk providers.

Kimberly Jamora: All right, thank you.

Joe Schultz: I hope that helps. Yes.

Coordinator: Our next question comes from Joel Van Eaton. Your line is open.

Joel Van Eaton: Yes, thank you so much for taking my question. Just a curiosity, do you all anticipate - CMS anticipate that the QHS and benefit period waivers will last for the entirety of the PHE? Thank you.

Joe Schultz: Hi, Joel. I think that - I mean, what we can say is that the waivers are currently in effect, and that we've not given any sort of indication that they were going to be terminated early. So, whether or not they're going to, whether or not they will remain through the PHE, I suppose is an open question. But at this point, they are still in effect and they will remain in effect for the time being.

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Joel Van Eaton: All right. Thank you.

Joe Schultz: Thanks, Joel.

Coordinator: Our next question comes from Courtney (unintelligible). Your line is open.

Courtney: Hi. I'm just inquiring as to where - what the website is or where these recorded meetings are for - in reference to the one that is going on at the same time as this one.

Jill Darling: I will have to double-check. It could possibly be put up on our outreach and education or our stakeholder calls. If you Google CMS stakeholder calls, you could potentially find it there. I'm not 100% sure, so my apologies on that, but it will be posted. *(since the SNF/LTC ODF call on November 4<sup>th</sup>, the IFC-6 webinar recording can be found on: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>)*

Courtney: Perfect. Thank you.

Coordinator: If you would like to ask a question, please press Star 1 and record your name. Our next question comes from Dale Gibson. Your line is open.

Dale Gibson: Yes, there seems to be a lot of confusion about the waiver of the three-day requirement for admission to (SNFs). Are there any criteria that has to be met to waive that three-day requirement?

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Joe Schultz: So, in order to use the qualified hospital stay waiver, the requirement - really and the requirement that has sort of existed throughout this period, is that the person still needs to be - to require skilled care on a daily basis, but as a practical matter, cannot be delivered as an outpatient.

So, all the standard qualification criteria that exists for any sort of coverage, and if they exist, the only thing that's really different is that in order to access that stay, that covered stay, the person doesn't need to have a three-day qualifying prior hospitalization.

Dale Gibson: Thank you.

Coordinator: Our next question comes from Kimberly Jamora. Your line is open.

Kimberly Jamora: Hi. Just a suggestion for future meetings.

Coordinator: Looks like we got disconnected here. Our next question comes from Lori (Gesano). Your line is open.

Lori: Yes. Early on in the pandemic in 2020, we were given, you know, some grace related to PBJ staffing reporting. Given the shortage going on for staffing around the country, and facilities concentrating ancillary staff that might have been office workers to help out with the actual patient care, such as delivering meals and doing - ordering supplies, everybody's being reshuffled. And the five-star reports that are coming out are starting to really wreak havoc on providers.

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So, I'm just curious if there can be some discussion related to star ratings and what's happening. So, and the other piece to that is, I have a number of clients with this most recent five-star that were trying to submit because employees were either out ill with COVID, or were not available.

And so, they needed to send their staff again, but it didn't go through. So, there's a whole bunch of things that are going on that are really hurting providers because they're starting to lose contracts with managed care companies and things like that.

Joe Schultz: So, I'm not sure if we have anyone on the call at the moment to address that. It's a very good point, and a very good suggestion. We can certainly pass it along to our colleagues that work on five star and PBJ. But unfortunately, I don't think that - we don't have anyone on to deal with that, but we'll certainly get them that recommendation.

Lori: Thank you.

Joe Schultz: Thank you.

Coordinator: As a reminder, if you like to ask a question, please press Star 1 and record your name.

Jill Darling: Hi. This is Jill. If we are waiting for more questions, that's great, but in the meantime, to answer the two previous questions regarding the call that's going on currently right now. So, it will be posted on CMS national stakeholder calls

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web page. So, just like I said, you can just Google that. And, Jeff, do we have any more questions? *(since the SNF/LTC ODF call on November 4<sup>th</sup>, the IFC-6 webinar recording can be found on: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>)*

Coordinator: Yes, our next question comes from Kimberly Jamora. Your line is open.

Kimberly Jamora: Hi, I'm sorry. I got bumped off earlier. Just a suggestion that the open-door forum call for SNFs might possibly be moved longstanding to three o'clock because these other national calls that get scheduled urgently, always drop in at 2:00. And as you can tell by many of the commenters today, many of us have two different calls and two different ears. We're trying to keep track of it all. Thank you.

Jill Darling: Hi. Thank you. Yes, we are aware and, you know, we always do our best with scheduling and there's many factors involved, but these calls are recorded and we do post them so that it is available to folks that are unable to, right, make everything - make all the calls that we host. So, thank you.

Coordinator: Our next question comes from Kelly Mathis. Your line is open.

Kelly Mathis: Hi. We heard earlier this year that a 60-day notice would be provided before we ended the - before the waiver was ended for the three-day hospital stay and benefit period. Is that a fact?

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Joe Schultz: We do intend to provide notice on when the waivers would be - when they would be ending. Yes.

Kelly Mathis: Great. Thank you.

Coordinator: I'm showing no further questions at this time.

Jill Darling: All right. Well, thank you, everyone, for joining us today. And like I said, we are multitasking here at CMS. So, please be on the lookout for postings for transcripts and recordings of our calls. And we hope you all have a wonderful day. Thank you for joining us.

Coordinator: Thank you for your participation. This concludes today's conference. You may disconnect at this time. Thank you. Speakers, stand by.

END

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