



# SNF Value-Based Purchasing Program: Phase One Review and Corrections Call

Moderated by: Hazeline Roulac  
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## Table of Contents

Announcements & Introduction .....	2
Presentation .....	2
Overview of the SNF VBP Program .....	3
Review and Corrections Overview .....	3
Frequently Asked Questions Regarding Phase One Review and Corrections .....	4
Resources .....	5
Question & Answer Session .....	5
Additional Information .....	17

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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® event. All lines will remain in a listen-only mode until the question and answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. I will now turn the call over to Hazeline Roulac. Thank you. You may begin.

## Announcements & Introduction

Hazeline Roulac: Thank you, Dorothy. Hello everyone. I am Hazeline Roulac from the Provider Communications Group here at CMS and I am your moderator today. I would like to welcome you to this Medicare Learning Network call on the Skilled Nursing Facilities Value-Based Purchasing Program Phase One Review and Corrections. During this call you will learn about the Skilled Nursing Facilities Value-Based Purchasing Program Review and Corrections process and receive answers to frequently asked questions about Phase One of the process.

During the review and corrections period, Skilled Nursing Facilities have an opportunity to review and submit correction requests to quality measure information. A question-and-answer session will follow the presentation. You were given an opportunity to submit questions in advance of the call as part of the registration process. We thank everyone who submitted questions. Most questions received should be addressed during this call.

Before we get started you received a link to the presentation in your confirmation email. The presentation is available at the following URL, [go.cms.gov/npc](https://go.cms.gov/npc). That's [go.cms.gov/npc](https://go.cms.gov/npc).

Today's event is not intended for the press and the remarks and 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 question and answer session. If you have inquiries, please contact [press@CMS.hhs.gov](mailto:press@CMS.hhs.gov).

At this time, I would like to introduce our subject matter experts for today's discussion. With me here in the conference room is Celeste Saunders from the Center of Clinical Standards and Quality. And joining us by telephone from RTI are Laurie Coots Daras and Mel Ingber. I will now turn the call over to Celeste Saunders. Celeste?

## Presentation

Celeste Saunders: Thank you and good afternoon everyone and thank you for attending today's call. Again, my name is Celeste Saunders and I'm the Program Lead for the Skilled Nursing Facility Value-Based Purchasing Program.

On slide 2 of today's presentation, we provide the acronym that will be covered on today's call. Today, on our agenda, I'll be providing a brief overview of SNF VBP Program covering Phase One of the Review and Correction process. And we'll also be reviewing frequently asked questions. We have received via SNF VBP mailbox. As Hazeline mentioned, at the end of the presentation we'll have plenty of time for the question-and-answer session focused on Review and Correction.

By the end of today's call, on slide 4, we hope that participants will understand the review and correction process and we'll give answers to your frequently asked questions about the process.



The CMS strategy is focused on making healthcare affordable and accessible for all and built on one main goal, putting people first. Guided by the four strategic goals found on slide 5.

### Overview of the SNF VBP Program

So, let's dive into today's presentation, starting with a brief overview of the SNF VBP Program. On slide 7, SNF VBP program offers incentive payment on Medicare Part A claim paid under the SNF Prospective Payment System based on its performance on a specified measure of hospital readmission. The program aims to incentivize SNFs to coordinate care with hospitals and other providers as well as protect patients from potential harm for adverse events associated with hospital re-admission.

Facility and national level performance information for the program can be found on Nursing Home Compare. On slide 8, the SNF VBP Program was established by the Protecting Access to Medicare Act of 2014 which provided the requirements of the program. In the fiscal year 2017 final rule, CMS finalized that incentive payment to SNFs would total 60% of the amount withheld. Performance score reports detailing SNF performance in the fiscal year 2019 program year were disseminated on August 2<sup>nd</sup> of 2018, and later posted publicly on Nursing Home Compare. Now we will go over the review and corrections process.

### Review and Corrections Overview

On slide 10, SNFs had the opportunity to review and correct performance information that will be made public in two phases.

Under phase one, SNFs had the ability to submit corrections to measure the information until March 31st after the report has been issued.

Please note that if the phase one corrections are provided after information is publicly reported but before the March 31st deadline, corrections will be made retroactively. Under phase two of the process, SNFs have 30 days to submit corrections to performance scores and ranking provided an annual August report.

Moving on to slide 11, please note that the deadline for corrections to calendar year 2017, patient level data were provided in August reports. And that deadline will be Monday, April 1st, 2019 since March 31st falls on a weekend. In order to ensure the accuracy of the data, all patient level data corrections must be processed by the Medicare Administrative Contractor or MAC before CMS considers making the correction.

When submitting correction, only the CCN workbook ID number and the reason for the correction are necessary when submitting a correction request. Please do not submit protected health information such as the Medicare ID number to the help desk. The help desk is not secure for protected health information and submitting PHI constitutes a HIPAA violation. Once the correction request has been reviewed, CMS will notify the SNF if the request has been granted via the mailbox. Please note that the correction will be granted only after the MACs have completed their processing.

On slide 12, phase two provide SNFs 30-days to review and submit corrections to their performance score and rank only which were provided in annual performance score report in August. Patients stay level data corrections will not be accepted during phase 2.



On slide 13, we provided some important dates that are associated with the Review and Corrections process for the fiscal year 2019 program year. Phase two began on August 2nd, 2018 and ended on August 31st, 2018. Phase one also began on August 2nd and will end on April 1st, 2019. Payment incentives began on October 1st. For the fiscal year 2020 program year, we intend to provide measures scores in June report which will begin phase one.

## Frequently Asked Questions Regarding Phase One Review and Corrections

Now we'll review some of the frequently asked questions that we have received in the SNF VBP mailbox. On slide 15, the first question is, how does CMS determine which readmissions are considered planned?

A planned readmission is determined from claims that are submitted to CMS. We do not use the Minimum Data Set or MDS or other patient medical record to determine a planned readmission. However, if a planned procedure occurs in combination with the diagnosis that disqualifies a readmission from being considered planned, the readmission will be considered unplanned.

Moving on to slide 16. The next question we have. Why are patients who are not – excuse me - why are patients who are not sent to the hospital directly from the SNF considered readmissions?

Patients do not have to be discharged or transferred directly from the SNF to a hospital in order to be counted as a readmission. As long as the hospital readmission occurs within 30-days of the hospital discharge date prior to the patient's SNF stay, it is possible for that readmission to be included in calculating the SNFRM.

On slide 17, the next question we have is what should I do if there is an error with the hospital information in my report? Since the SNFRM is calculated using both SNF and hospital claims data, reports contain both sets of information.

If you believe there is an error on a hospital claim, CMS encourages coordination with hospitals to correct the claim. Any SNF that identifies errors that may affect their SNF VBP measure rate, should work directly with the treating hospital to correct claim and resubmit to their Medicare Administrative Contractor.

The next question, will scores and incentive payments still be corrected if claims are not reprocessed by the MAC?

The answer to this is no. All claims in question must go through the MAC's formal correction process to ensure that the data used for the program is accurate. If CMS cannot find a record of the correction, the correction will not be granted for purposes of recalculating SNF VBP performance information.

And lastly, if my payment incentive multiplier changes as a result of a correction, will claims reimburse starting from October 1st, 2018 be reconciled? Yes. Following the completion of the Phase One Review and Corrections process payments will be reconciled. In the coming months CMS will provide additional details regarding payment reconciliation.

And lastly prior to today's call, we did receive one question that I will share here. The question was in August, performance score reports were issued containing data for calendar year 17 and recently interim data was



released for quarters 1 through 3 of fiscal year 18. Is there an overlapping quarter of data between calendar year 17 and fiscal year 18? Why are some eligible stays in the overlapping quarter found on one report but not one the other?

The answer to that question is the data is pulled at different times points for each report. Since the data is constantly being updated, for example, submission of new claims or corrections or other changes to claims, it is possible that the data for the overlapping quarter may change in between the time point when we pull the data for report production. Our policy is to use the most up-to-date data available at the time of report production.

## Resources

And before we jump to our question and answer session on slide 21, we have provided several program training and resources that address the general information about the program as well as tutorials for SNF to review their report, annual updates, and other useful resources. Now we will begin the question and answer session of today's call. RTI International, a SNF VBP support contractor, will be assisting with answering questions today. So, I will turn the call back over to Hazeline.

## Question & Answer Session

Hazeline Roulac: Thank you Celeste. We will now begin the question and answer portion of our call. As a reminder, this event is being recorded and transcribed. In an effort to get to as many questions as possible each caller is limited to one question. To allow more participants the opportunity to ask questions during this call, please email questions that are specific to your particular organization, to the SNF VBP inquiries mailbox which is found on slide 21 of the presentation, so our staff can do more research. Preference on this particular call will be given to general questions applicable to a larger audience and we will be mindful of the time spent on each question.

All right, Dorothy, we are ready for our first caller.

Operator: To ask a question press star followed by the number one on your touch-tone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking your question to assure clarity. Once your line is open state your name and organization. Please note, your line will remain open during the time you are asking your question, so anything you say, or any background noise will be heard in the conference.

If you have more than one question, press star one to get back into the queue and we will address additional questions as time permits. Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster. One moment for your first question.

Your first question comes from the line of Ryan Huba. Frank, your line is open.

Frank Huba: Okay. Thank you. My question had to do with if I heard it correctly, we still have an opportunity to correct 2017 data through April 1st, but that corrections will only, have to be made via resubmitted claims for 2017 data.

That doesn't make any sense that we would be able to resubmit claims going back to 2017.



And it's not the claims that were incorrect, it was the, you know, the clinical assessment that this was planned versus unplanned admission. Back in 2017, we weren't coding claims accordingly.

Laurie Coots Daras: Thank you for your question. This is Laurie Coots Daras from RTI International and I'm happy to address the couple of points that you made. I think you raised a good point on the first topic about the timeline. The Phase One Corrections as Celeste had mentioned, that process began in August and it ends April 1st.

So, though there is time potentially left to make an adjustment to a claim you're right, that in many cases, the time frame by which you would be able to work with the MAC to make a change has passed. So that is a correct point if it's a claim that is over a year old. Does that help with the first part?

Frank Huba: Yes.

Laurie Coots Daras: Okay. And then in terms of your second question about identifying readmissions as being planned or unplanned, the information that we use to determine whether a readmission is planned or unplanned is based on the claim that the readmitting hospital submits on behalf of the patient. And so, you're correct that clinical information is what gets utilize but there is a specific algorithm and list of codes that we use. So, it is often not in the determination of a SNF provider about whether and how the claim is submitted by the hospital.

In terms of the specific conditions and how a planned readmission is defined, I think in the slide deck, we refer to the technical report and documentation on the CMS planned readmission algorithm as well as some additional procedures that are used to make that definition. So just to reiterate that the planned and unplanned is determined based on the hospital readmission claim, not on MDS data. And there is specific set of ICD-10 Procedure and Diagnosis Codes that are used to make that determination. Thank you.

Frank Huba: Thank you.

Operator: Your next question comes from the line of Sandy Lancaster.

Sandy Lancaster: My question I think has been answered, but I guess I'm just a little bit confused about if that algorithm and list of codes that helps determine those planned discharges, it sounds like it's kind of complex. So how, is there training offered in trying to understand that and how we can best communicate with the hospitals to make sure that they are coding those claims correctly?

Laurie Coots Daras: Thank you for that question, Sandy. You're right that the algorithm is rather detailed. It is a similar algorithm that's used by CMS across multiple programs and hospital readmission measures. Though we haven't had a specific training activity on providing an overview of the algorithm, we do help provide technical assistance to providers through the help desk and also by directing individuals to the technical report supplements. So, we're happy to walk through any specific questions you might have, as you're reviewing that documentation. Thank you.

Sandy Lancaster: Thank you.



Operator: As a reminder, if you would like to ask a question, press star then the number one on your telephone keypad.

Your next question comes from the line of Robin Hanks. Robin, your line is open.

There is no response from that line. Your next question comes from the line of Frank Huba.

Frank Huba: Thank you. My next question has to do with the funding. I heard a comment about 60 percent of the funds are going to be paid out. What's happening to the other 40 percent and what was the original source of the funds?

Celeste Saunders: Laurie, would you like me to take that question?

Laurie Coots Daras: Thank you, Celeste.

Celeste Saunders: Sure. Hi, thank you for your question. This is Celeste from the CMS. So, the 2 percent that is required by statute to reduce- the reducing from SNF payments that 2 percent is what funds are incentive pool. So, we gather that money, we create a pool of money, and then that 60 percent of those funds is what we use to redistribute to SNFs based on performance.

The 40 percent this is the Medicare Savings Program, so the 40 percent goes back to the Medicare Trust Fund. And the statute is PAMA, that tells us how we had arranged from 50 to 70 percent and we finalized in our rule that we would select 60 percent to pay back to SNF. Does that answer your question?

Frank Huba: Yes. So, but an entity with a 0.98 multiplier then first lost 2 percent right off the top per the federal legislation and then lost another 2 percent because, they you know, the 2017 data didn't improve upon the previous year's data, but you know the measurement period.

Celeste Saunders: So, to clarify if a SNF multiplier is 0.98 that means that they just lost the two percent. So, they did not earn anything back and they did not lose anything additional. They only lost 2 percent of their pay back. So, it's not two percent and anything additional, it's just the 2 percent.

Frank Huba: Thank you.

Operator: As a reminder, if you would like to ask a question, please press star then the number one on your telephone keypad. Your next question comes from the line of Sandy Lancaster.

Sandy Lancaster: Sounds like Frank and I have lots of questions. So, when we're talking about that redistribution of 60 percent, is it possible then for certain SNFs to get up to the 2 percent amount back and then some SNFs just get 0?

Celeste Saunders: Hi, yes. This is Celeste again from CMS. So, yes. It is possible and this is, we can if you want to send your questions to the SNF VBP inquiries mailbox, we can provide you with resources and point you to more documentation for you to read up on that. But yes, using the logistic exchange function, it is possible that



SNF can earn back their 2 percent that they lost as well as some additional money and it is also possible for a SNF to as you said or nothing back. So, they give that negative 2 percent and that's it.

Sandy Lancaster: Is that initial two percent was just withheld from the published RUG rates then?

Celeste Saunders: I'm sorry, the initial 2 percent, what was that?

Sandy Lancaster: The initial 2 percent was it withheld from the published RUG rates?

Celeste Saunders: No. So, the RUG rates, those are the rates, that is the rate that we use to base our payments on. So, once we see the RUG rate, we subtract, we take 2 percent from that.

Sandy Lancaster: Okay. Thank you.

Operator: Your next question comes from the line of Peggy Stofold.

Peggy Stofold: Hello. This is Peggy and I appreciate your time and your information. I guess we have multiple questions regarding all of this and we're standalone. So, we're just trying to figure out what's the best way to, you know, I know you have a help desk and you have referral sources, but who can we physically talk to, to answer some of these questions, that we may have when we're reading through all this material?

Celeste Saunders: Thanks, Peggy.

Peggy Stofold: Thank you.

Celeste Saunders: This is Celeste again from CMS. You know, it is a little challenging, you know, there's 15,000 SNFs. So, we really do try to funnel those questions through our mailbox, and we do get back to folks as quickly as possible in answering those questions. So, you know, if you have a general question today, we're happy to help you with that.

But if you're looking for just sort of understanding the program in general, we can certainly help you through the mailbox. I know you kind of want to sit down and talk to someone directly, but it's really challenging with 15,000 SNFs to really have that one-on-one discussion. So, if you want to send, if you have a list of questions, you can absolutely send it to the mailbox, and we can have that discussion.

Peggy Stofold: Okay. Thank you. I do have an additional question then and mine kind of goes back to the 2 percent. Because October 1st, we had 2 percent withheld right off the top. Then we had the 2 percent sequestration additionally. And then we received a letter from our MAC just indicating that we were not going to receive an additional 2 percent because we met our SNF QRP threshold.

Celeste Saunders: Right.

Peggy Stofold: Right. Am I interpreting this right?



Celeste Saunders: Yes. So, as you as you, kind of, nicely kind of outlined, there are multiple programs and things that impact your reimbursement, right. So, SNF VBP is just one piece of the pie. So, I think the MAC is probably the best, the best contact to go over like what the reductions are. But you're correct, you have SNF VBP, you have SNF QRP, you also have sequestration, and other things that impact your reimbursement rate.

And if your MAC, if you contact them, if you still have additional questions, we can certainly point you to someone internally who handles payment and claims, those kinds of questions. That's not something that the VBP program can help you with, but we can certainly get you to a contact who can.

Peggy Stofold: Okay. So, I'm sorry. Just to clarify you had indicated just kind of a run down because we have the SNF QRP, we have the SNF VBP. Is there something else out there that input the other 2 percent?

Celeste Saunders: Well you said sequestration, you have sequestration.

Peggy Stofold: Right and it was there anything else?

Celeste Saunders: We can find out from our internal payment. I'm not the payment and claims expert. I know there is patient deductibles and co-pays. But I don't want to get into all that because I don't want to misspeak.

Peggy Stofold: Oh, that's fine. Yep thank you.

Operator: Your next question comes from the line of Lisa Bridwell.

Lisa Bridwell: Hi. Can you hear me?

Hazeline Roulac: Yes.

Lisa Bridwell: Hello. This is just a follow up because I couldn't hear clearly when Frank Huba had asked some questions. It was regarding the SNF multiplier and then did you say that the SNFs multiplier was the equivalent of 2 percent and then as a follow up, what is the exact numerical, the number for the SNF multiplier?

Laurie Coots Daras: Hi Lisa. This is Laurie Coots Daras from RTI International and I can address your question.

Lisa Bridwell: Thank you.

Laurie Coots Daras: So the incentive payment multiplier is a net multiplier. So it has already taken into account the 2 percent reduction in payment that's required by the program.

Lisa Bridwell: Okay and what was that?

Mel Ingber: Laurie? This is Mel Ingber, I'm sorry. May I say something, Laurie?

Laurie Coots Daras: Of course.

Mel Ingber: Okay. The 2 percent has not been taken out until it's incorporated into the multiplier. And if the multiplier has been designed so that from the whole program 2 percent will be removed, but some people will



have only a quarter of a percent removed, some people will get a quarter percent more, and others will have a full 2 percent out. And so, it's all built into the one multiplier. There is no separate 2 percent separate from the multiplier itself.

Lisa Bridwell: Thank you.

Laurie Coots Daras: So, the multiplier depends on your individual SNF performance in the program.

Lisa Bridwell: Thank you so much. That's clearer for me. Thank you.

Laurie Coots Daras: And another helpful rule of thumb is that if the multiplier value is less than 1, then it does reflect a net reduction and if the multiplier value was greater than 1 that it reflects a net positive adjustment. So, a positive incentive payment. Thank you.

Operator: Your next question your next question comes from the line of Nancy Zappolo.

Nancy Zappolo: Hi. I wondered besides hospital coding for planned readmissions, what types of appropriate correction request are you receiving by way of examples for Phase One and Two.

Laurie Coots Daras: Thanks for the question, Nancy. This is Laurie Coots Daras at RTI International. I think the primary other category of questions that we get pertaining to review in corrections pertains to measure exclusion. So, there are a number of different exclusions that are incorporated to calculate the measure many of which have to do with eligibility in the program, but there are others. So, for example, discharge destination if a patient is discharged from a Skilled Nursing Facility against medical advice and that patient's stay is excluded from the calculation.

Nancy Zappolo: And are those examples for Phase One?

Laurie Coots Daras: Yes.

Nancy Zappolo: Okay.

Laurie Coots Daras: Because they're at the resident level.

Nancy Zappolo: Understood. And then any examples for Phase Two?

Laurie Coots Daras: Yeah. So, Phase Two, I'm not sure that we have any examples, yet, but that, yeah Phase Two has ended and that was 30-days after the annual performance score reports that were distributed in August. So, Phase Two actually completed by September 1st. And so, I don't think we don't have any examples that we can share from that.

Nancy Zappolo: Were there- do you recall if there were any correction request, however?

Laurie Coots Daras: One moment please.



Nancy Zappolo: Sure.

Celeste Saunders: Actually, this Celeste from CMS, I can clarify. So, we did receive a few correction requests. Unfortunately, like Laurie said I can't recall specific examples of what occurred in that case. But if you recall some SNF had to be re-ranked and we provided that re-ranking, I think it only affected the ranking. But, if you want to submit that question, we can we can follow up with you, if you want additional examples.

Nancy Zappolo: Okay. Thank you.

Operator: Your next question comes from the line of Hungme Zen Castillo.

Hungme Zen Castillo: Hi, I have hopefully an easy question. We are part of a health system that includes not just Post-Acute, but also Acute Care Hospitals, Critical Access Hospitals, everything under the sun. I have a lot of familiarity with Hospital Value-Based Purchasing and in that realm, the payment incentive continued to grow up until it was capped at 2 percent. Is there a plan for SNF VBP for that at-risk payment to continue growing to a cap or is it starting at the max risk? Right from the get-go.

Laurie Coots Daras: Thanks for that question. This is Laurie Coots Daras from RTI International. Though the programs have a lot of similarities this isn't one of them. The SNF VBP program does not have like an increasing target for payment incentives at this time.

Hungme Zen Castillo: Thank you.

Laurie Coots Daras: Yes. Thank you.

Operator: Your next question comes from the line of the Jenny Baumann.

Jenny Baumann: Hello. I actually have- I probably have two questions. The first is when I read through the frequently asked questions for when I was interpreting my data. One of the questions is does the SNFRM account hospital re-admissions during a single 30-days re-admission risk period and the answer was no. So, if we have a patient that readmits like twice in that 30-day period, so they count twice, or do they only count once?

Mel Ingber: Laurie, are you taking that?

Laurie Coots Daras: Yes, one moment please. Thank you. Okay, thanks Jenny for that question. This is Laurie Coots Daras from RTI International. So, I think if we're understanding your question correctly, it sort of depends, but it is possible that the 30-day readmission window closes at the point of readmission and it would be possible then for another eligible SNF stay to begin a new index SNF admission and have you know, potentially a second readmission.

Jenny Baumann: So, if you have someone that goes out to the hospital, comes back to you, goes out again that counts twice to a-- Because I think it's confusing in the frequently asked questions because it says no. And it says the SNFRM only assesses whether there's an unplanned admission during a single 30-day readmission risk window and the case of multiple readmissions a 30-day risk window end after the first readmission.



Laurie Coots Daras: Right. But it's possible then that a second's index admission could begin in that period. So instead of counting two readmissions for the same resident, it would be, think about it as SNF stays where that same resident could have two different eligible episodes and readmissions for both.

It's kind of a complicated scenario and so happy to try, you know, if you have a specific example that you want to contact us over the help desk, we can help you know give some additional feedback on it. Mel, do you have anything you wanted to add?

Mel Ingber: Yes. This is Mel Ingber from RTI. I'm going to simplify where I think the question was coming from. In a given observation period of the 30-day post, the marker would be, you have at least 1 readmission. It doesn't count you for 2 or 3 or 7 within that 30-days.

If you have 1 you've got it, if you've got 2 you've got 1, if you've got 3 you've got 1. So, it just means that there was one. We don't count the number within the 30-day for a given stay.

Jenny Baumann: So, when I'm looking at my report and I see the same patient was readmitted twice during that 30-day period you're saying that only counts once towards how I'm measured?

Laurie Coots Daras: So, in that case, the 30-day period ended with the resident's readmission and then it's likely that you have a second row in the file where the patient is initiating a new index event and then that also resulting in a readmission.

Jenny Baumann: So, okay.

Mel Ingber: For 1 stay you should have one yes/no for readmission even if there were 2, with the measure.

Jenna Baumann: Yes. I think, I think I might be confused more now. I'm just trying to figure out like if they closes, so another one reopens. So basically, you just get a new one reopened every time if the person comes back to you with a new 30-day window, start it all over again.

Laurie Coots Daras: It's possible.

Mel Ingber: Yes.

Jenny Bauman: Okay. Because I'm trying to interpret my data and I just, it's saying it's possible and there's different scenarios, like is there somewhere where we can reference like with more details than just the frequently asked questions, how to interpret this?

Laurie Coots Daras: Yes. I think probably the best approach would be for you to send us an email on the help desk and a reminder not to send any PHI or HIPAA protected data, but instead use something like the line number or the ID number in your report.

Jenny Baumann: So, I sent these over in August during the corrections period to be looked at and never got any response back.



Laurie Coots Daras: Okay. I believe that were current on all the questions that came in through August, but it sounds like perhaps something might have fallen between the crack. So, if you wouldn't mind just resending it to us, I can be sure that we give you the information that you need.

Jenny Bauman: Okay.

Laurie Coots Daras: Thank you.

Operator: Your next question comes from the line of Joan Kowalski.

Joan Kowalski: Hey, thanks for taking my call. I just want to clarify regarding that AMA. How does that hospital know, that it was an unplanned discharge because of AMA? If these measures are a claims based from the hospital? How would they know?

Laurie Coots Daras: Thanks Joan, that's a really good question, this is Laurie Coots Daras from RTI. The information about whether the patient or the resident was discharged against medical advice you're right, does come from the SNF claim, it's not from the hospital claim.

So, that's one of the few pieces of information that we use from the SNF claim, but you're absolutely correct that most of the other information that we use to identify hospital readmissions and for risk adjustment is derived from the hospital claims.

Joan Kowalski: Now, is that a code that's placed on UB, where does it come from? Because the MDS, it just says planned and unplanned, it doesn't say. (inaudible)

Laurie Coots Daras: Right...

Joan Kowalski: ... There's no coding for that.

Laurie Coots Daras: And the information is actually not from the MDS, it would be what's submitted on the SNF claim to Medicare for payment.

Joan Kowalski: So, the UB04?

Laurie Coots Daras: Yes.

Joan Kowalski: Happened- anybody there from payment and happens to know where that is. I just want to make sure my business office knows. Shall I just ask the question through the SNF VBP inquiries, which I'll be happy to do.

Laurie Coots Daras: Sure and I apologize Joan, the line is a little muffled, so but just to confirm you are wanting to know the name of the field that's used?

Joan Kowalski: Correct.



Laurie Coots Daras: I believe that it's discharge charge destination code. But if you don't mind following up with us on the help desk, we can be sure to get you the specific part of the claim were that is pulled from?

Joan Kowalski : I appreciate it. As far as the MAC reprocessing (Inaudible).

Laurie Coots Daras: I apologize I wasn't able to hear you. I think your question has been answered.

Joan Kowalski: And I know you don't want it on speaker, but I don't have a choice. As far as the MAC reprocessing, if there were errors, we're depending upon the hospital to get that information to the MACs?

Laurie Coots Daras: Correct.

Joan Kowalski : Okay. We'll work on them. Thank you. I appreciate it.

Laurie Coots Daras: Thank you.

Operator: Your next question comes from the line of the Frank Huba.

Frank Huba: Okay, so this is a non-clinician attempting to ask a clinical question. So, from a SNF perspective, if a physician writes an order to the effect of you know if this patient's blood sugar drops below such and such, if this person is blood pressure rises above such and such or falls below that is not considered a planned admission, readmission to the hospital.

Laurie Coots Daras: Hi Frank, this is Laurie Coots Daras from RTI the way that we determine whether a readmission is planned or unplanned is based on information that's submitted from the hospital in the diagnosis and procedure parts of the claim. So, it would depend on how the patient, if the patient goes to the hospital and is admitted, it would depend on how the hospital codes that patient.

So, it would you know it is -- whether there is a physician's order that sends the resident to the hospital or not is not taken into account in terms of how that readmission is categorized, because again it depends on how the hospital codes it.

Frank Huba: Okay, so let me just follow that up with a different example though because I'm trying to make a point, so you've got a cardiac patient in the SNF and some way somehow completely unrelated to their diagnosis it's determined they have a hernia and they need to go in to the hospital for a surgery.

And again, those are scheduled you know with the hospital, so planned but I don't know, we don't know anything about hospital coding or ICD-10, well we don't know much, we'll know more after PDPM comes. But so how is that any different then, I mean that's I don't, I'm not grasping how it's within our control at all to have literally any unplanned or- excuse me - any planned admissions.

Laurie Coots Daras: I think that's the nature of the example that you just provided, though I don't know specifically whether a hernia, a procedure for hernia is something that we would need to look it up to see if it's on the list of planned procedures, but in general what you're describing is something that likely would be categorized as being planned, if it's a you know sort of scheduled procedure that where the residents going back to the hospital and



it's for one of the procedures in the list of codes, then it would be something that's captured at being planned. It's about 10 percent of all readmissions that get categorized as being planned.

Mel Ingber: If I may add something. This is Mel Ingber for RTI. The word planned is a little confusing in the sense that it means, you planned it in advance, you scheduled it, you intended for it to happen, but that's not quite the technical definition for purposes of the measure. There are many procedures that people in post-acute care get to make adjustments to shunt or, have flaps done or whatever they, the clinicians got together and said if you see these kinds of procedures being done, they are very likely to be planned, so we'll put them anything which has these procedures in the planned category.

However, if the person had one of these procedures and they happen to have been admitted for a heart attack, then the algorithm will say well yeah something was done that could have been normally planned but if they were really admitted for a heart attack, but it's basically a list of procedure codes and diagnosis codes. There's no way to read anybody's mind about the term planned in any other sense.

Frank Huba: Clogged fistula?

Mel Ingber: I'd have to check the list, it could be on there, but I don't remember off hand.

Hazeline Roulac: Okay, thank you for your question. We're going to move on to the next one, we appreciate it.

Operator: Your next question comes from the line of Sandy Lancaster

Sandy Lancaster: Okay, so I wanted to clarify for Joan that the discharge destination code called the status code is 07 for Against Medical Advice. And also, I just want to return to the discussion about the SNF multiplier. So just so I can understand and have some numbers in my head. If we were to say that a published RUG rate was \$100 for a particular RUG level.

And if that multiplier for a facility A came back at 0.98 then that facility could expect to receive \$98 a day for that RUG level. Am I thinking the correct way?

Laurie Coots Daras: Yes.

Sandy Lancaster: Okay and then after that, the two percent sequestration will take an additional piece out of that.

Laurie Coots Daras: I think in terms of the order of how these things are applied to the claim is unfortunately a little bit beyond the scope of what were I'm prepared to respond to today, so we don't want to give you the wrong order or incorrect information, so it might be best if you followed up with the help desk question. And then we can be sure to direct you.

Sandy Lancaster: Okay, got it. I'll do that.

Laurie Coots Daras: Thanks Sandy. I think in general, what you're describing is the correct interpretation of how to multiply a work.



Sandy Lancaster: Okay, if I could just make a comment that and I apologize if this sounds negative, but when we have an opportunity as providers to take advantage of resources, it is frustrating to be told that you're not prepared for that scope, we you know and to have to piecemeal it individually is problematic.

Celeste Saunders: Yeah Sandy, this Celeste from CMS. We definitely appreciate your feedback and respect your concern. I guess for this call the scope of the discussion is SNF VBP in specific and specifically it's the Review and Corrections period, so unfortunately like questions around sequestration and that kind of thing, that's definitely outside of our program's purview.

So it is that you know and we definitely don't want to provide misinformation, so questions that are belonged to a completely different component and team all together, we just don't feel comfortable with providing that information especially when we have such a large audience, we would hate to misspeak and provide misinformation, so for those kind of questions, we unfortunately do need to go through the help desk and send you to the payment team, who can appropriately provide you with that response. But as far as this SNF VBP multiplier, your example of \$98 that is correct for SNF VBP.

Sandy Lancaster: Thank you, I appreciate that. I would just maybe then recommend that more opportunities are out there with the various teams, that we can take advantage of.

Celeste Saunders: Okay, yes definitely we can take that back and share with the rest of the SNF folks, thank you.

Operator: Your next question comes from the line of Frank Huba.

Frank Huba: So just quickly, where can we find the list of diagnosis codes that will differentiate between the planned and the unplanned diagnoses?

Laurie Coots Daras: Hi Frank, this is Laurie Coots Daras from RTI. In the slide deck, there is a reference to where that information is, it's in slide number 21, there's a direct link. I think also in the FAQ portion, slide 15 that last bullet will direct you not only to the technical report what the specific appendix B. that includes the tables of planned procedures.

Frank Huba: That's wonderful. We thought it was an audio only conference, how do we get the slide?

Laurie Coots Daras: I believe, they are posted on the MLN website, but we also, if you want to send us an email to the help desk, we'll send you the direct link, if that's more helpful. Hazeline Roulac: Sorry Laurie. Hazeline. Sorry. So, the slide presentation is located on the CMS website at go [go.cms.gov/npc](https://go.cms.gov/npc). And that's [go.cms.gov/npc](https://go.cms.gov/npc).

Frank Huba: Thank you.

Hazeline Roulac: Your welcome Frank. Thank you for the question.

Operator: There are no further questions, I'll turn the call back over to you Hazeline.



## Additional Information

Hazeline Roulac: Thank you so much Dorothy. Thank you to all of our participants. We received a lot of great questions this afternoon and we really appreciate your participation. If we did not get to your question, you can email it to the SNF. And that's SNF VBP inquiries mailbox. That address is on slide 21.

We hope you will take a few moments to evaluate your experience with today's call. Please see slide 22 for more information about how you can evaluate the call. And audio recording and written transcript will be available in about two weeks at [go.cms.gov/npc](https://go.cms.gov/npc).

My name is Hazeline Roulac. I would like to thank our presenters. And also thank you for participating in today's Medicare Learning Network event on the Skilled Nursing Facility Value-Based Purchasing Program, Phase One Review and Correction. Have a great day everyone.

Operator: Thank you for participating in today's conference call, you may now disconnect. Presenters please hold.