



Mastering SNF Compliance

CMS Recertification, OIG Insights, and PBJ Audits

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Learning objectives



- ▲ Understand Medicare's revalidation deadline and expanded reporting criteria
- ▲ Protect PBJ data and its impact on star ratings and audits
- ▲ Implement actionable insights into your compliance program



Section 1

Navigating Medicare:
Inside your nursing
facility's revalidation

Polling question #1

Did you know that CMS extended your SNF revalidation deadline to August 1st?

- a. Yes, that's great news!
- b. Wait, what? Phew, okay, what happens now?



Off-cycle mandatory revalidation

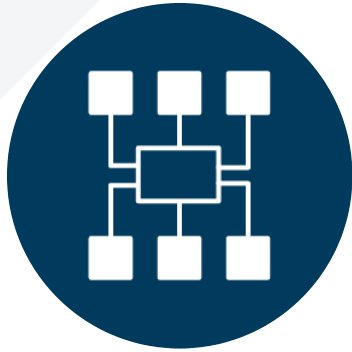
What every SNF should know

- ▲ Revalidation deadline extension – **August 1, 2025**
 - Sweeping and expanded reporting requirements
 - Additional disclosures and span of control (ownership, managerial control, associated parties)
- ▲ Adapted from November 17, 2023 Final Rule:
Disclosures of Ownership and Additional Disclosable Parties Information for Skilled Nursing Facilities and Nursing Facilities
- ▲ Promote transparency by collecting and publishing more comprehensive data



What has changed?

And why?



Organizational structure

Ownership and managerial control



Additional disclosable parties



Updated Form CMS-855A application

Inclusive of SNF-specific amendment document

Disclosures

Who, what, when, where, why, how?

- ▶ Every member of the SNF's governing body
- ▶ Every person or entity who is an officer, director, member, partner, trustee, or managing employee
- ▶ Every person or entity who is an Additional Disclosable Party (ADP)
- ▶ Organizational structure of each ADP and a description of the relationship of each ADP to the SNF



Map it Out

A picture is worth a thousand words



ADPs defined

A person or entity who:

- ▲ Exercises operational, financial, or managerial control over your SNF
- ▲ Provides real estate to your SNF
- ▲ Delivers management or administrative services, consulting, or accounting/financial services to your SNF

Data elements

Unpacking it all – organizations and individuals



Organizations

LBN, DBA, TIN, NPI

Ownership interest > 5%

ADP w/o ownership
or managing control



Individuals

Direct or indirect ownership > 5%

Mortgage or security
interest > 5%

Managing control –
role and status

Next steps?

Keeping records current

- ▲ CMS requires SNFs revalidate their enrollment record at least every five years
- ▲ CMS requires SNFs report any changes to their ownership, managing control, and ADP structures:
 - Within **30 days** for a change of ownership or control
 - Within **90 days** for all other changes
 - See CFR § 424.516(e)





Section 2

Your nursing facility's
compliance program

Polling question #2

Has your management and compliance team reviewed the OIG Nursing Facility industry segment specific compliance program guidance?

- a. We were not aware of this new document
- b. Flagged as to do soon
- c. We are in the process of reviewing, but have questions
- d. Reviewed and adjusted our annual compliance plan accordingly



HHS Office of the Inspector General (OIG)

The Nursing Industry Segment-Specific Compliance Program Guidance



- ▲ The Nursing Facility ICPG describes risk areas for nursing facilities
- ▲ Recommendations and practical considerations for mitigating those risks
- ▲ Other important information the OIG believes nursing facilities should consider when implementing, evaluating, and updating their compliance and quality programs

HHS Office of the Inspector General (OIG)

The Nursing Industry Segment-Specific Compliance Program Guidance



- ▲ The OIG's Nursing Facility ICPG, which provides voluntary, nonbinding guidance, is intended to complement the Compliance Program the Requirements of Participation (ROPs), which are mandatory for nursing facilities to participate in the Medicare and Medicaid program

The Nursing Industry Segment-specific Compliance Program Guidance

Compliance risk areas and recommendations



**Quality of care and
quality of life**



**Medicare and
Medicaid billing
requirements**



**Federal
anti-kickback statute
(AKS)**



Other risk areas:

- Related party transactions
- The Physician Self-Referral ("Stark Law")
- Anti-supplementation
- HIPAA Privacy, Security, and Breach Notification Rules
- Civil Rights



The oversight role of responsible individuals

Responsible individuals should regularly assess

- ▶ The performance of the facility's administrator, director of nursing, compliance officer, and compliance committee
- ▶ The adequacy of the system of internal controls, quality assurance monitoring, and resident care, including resident outcome data
- ▶ The timeliness and thoroughness of the response to state, federal, internal, and external reports of quality of care and resident safety problems
- ▶ The status of remedial efforts

The Compliance Committee

Compliance, quality, and safety data that should be regularly reviewed in coordination with QAPI

- ▲ **01** Resident, family, guardian, and staff complaints
- ▲ **02** Resident, family, guardian, and staff satisfaction surveys and any other internal surveys
- ▲ **03** Staffing turnover and exit interview reports
- ▲ **04** State and federal surveys (conducted by CMS and its agents, The Joint Commission, etc.)
- ▲ **05** Resident outcomes and care delivery
- ▲ **06** Events reporting
- ▲ **07** Staffing and nursing hours reports

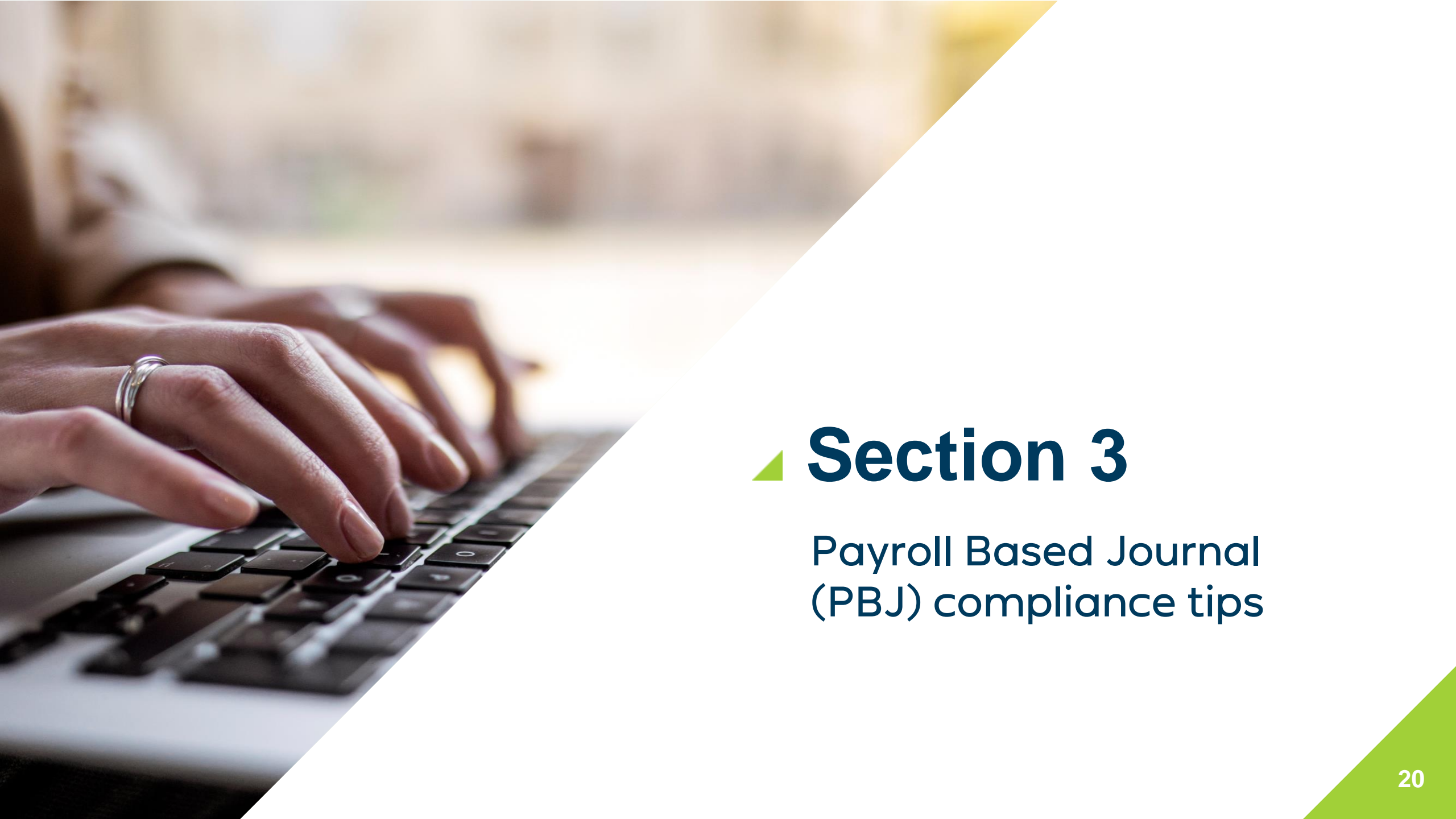


The Compliance Committee

Compliance, quality, and safety data that should be regularly reviewed in coordination with QAPI

- ▲ Hotline calls
- ▲ Disclosure logs
- ▲ CMS quality indicators measuring nursing facility performance, and the underlying data provided by the facility to support those measures
- ▲ Financial indicators





Section 3

Payroll Based Journal
(PBJ) compliance tips

Polling question #3

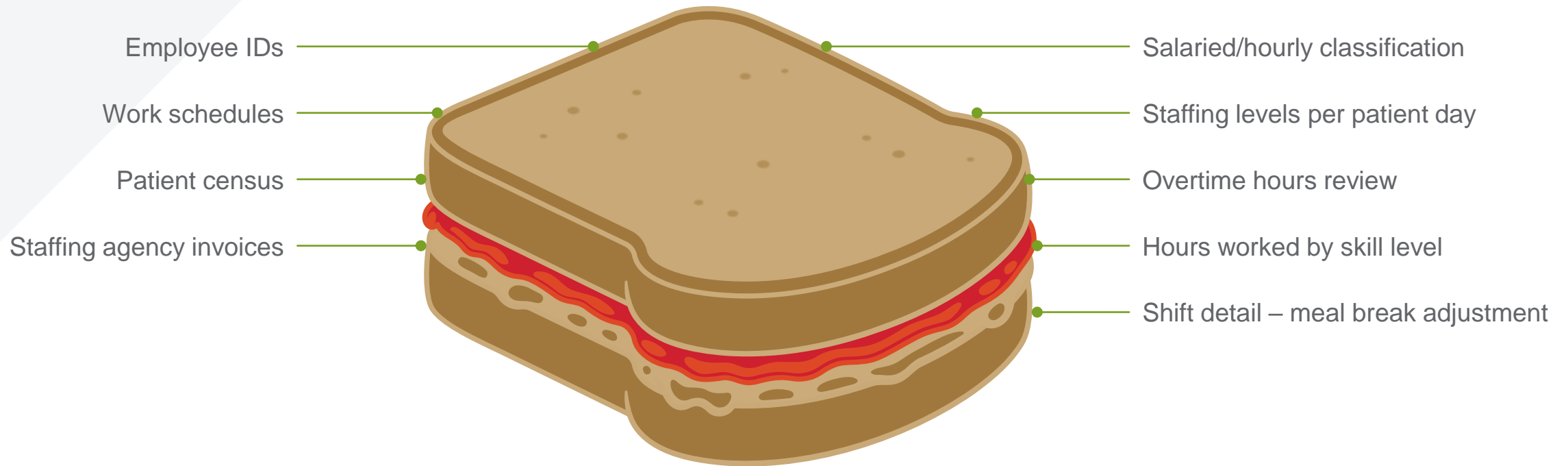
Has your organization experienced PBJ audit?

- a. There is an audit???
- b. Not yet, but heard of others going through them
- c. In the process or recently completed, waiting for results
- d. Yes, and passed
- e. Yes, and failed



PBJ audits – Background

Does your PBJ (Payroll Based Journal) have all the right ingredients?





PBJ audits – Read the correspondence carefully!

- ▲ What are you being asked to produce (if anything)?
- ▲ **By whom?** Note PBJ auditors are Granite Dolphin and Myers and Stauffer
- ▲ **By when?** Note five-business day audit response requirement
- ▲ **Scope of the request?** Note any requirements for supporting documents
- ▲ Who is authorizing and reviewing the request internally prior to submission?
- ▲ Use PHI-compliant mechanisms for the exchange of information

Keep a record of all documentation

- ▲ Maintain an electronic file associated with the audit request
- ▲ Follow your organization's naming conventions for file retention
- ▲ Retain all documentation associated with the audit, including time-stamped confirmation of filing your responses



PBJ audits – Compliance activities

Maintain readiness for CMS's PBJ audit

1. Less might be more
2. Plan ahead and consider more frequent submissions
3. Don't forget to verify your submission
4. Easily find a needle in a haystack
5. Spread the knowledge
6. Trust but verify
7. Keep a close eye on Care Compare website
8. Don't panic: It is fixable!



Audit Flags

Any days without 8 RN hours.

Exempt staff with >40 reported worked hours per week.

Non-exempt staff with more than 80 hours per week or >300 hours per month.

High or low average total nurse (less than two and more than five hours per patient day).

Changes in total average nurse staff hours per patient day by over 10% compared to the previous quarter(s).

Questions?

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