PUBLIC COMMENT — FEDERAL REGISTER

Request for Information: Comprehensive Regulations to Uncover Suspicious Healthcare (CRUSH)

Docket No. CMS-2026-0826 | File Code: CMS-6098-NC | 91 FR 9803

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I submit these comments as a practicing psychiatric-mental health nurse practitioner (MS, RN, CNS, AGACNP-BC, PMHNP-BC) and founder of DataLink Clinical LLC, registered on SAM.gov. I operate OversightReports.com, a publicly accessible, facility-level intelligence platform covering all 14,713 Medicare-certified skilled nursing facilities in the United States, built from 18 federal databases and updated through March 2026. My comments address Section II.A (Program Integrity Analytics) and Section II.B (Ownership Requirements).

> **Platform Data Sources:** CMS Quality Measures | Payroll-Based Journal (PBJ) Staffing | Health Inspection Citations | Civil Money Penalties | HCRIS Cost Reports (Worksheet A-8) | CMS Provider Information Ownership Files

SECTION II.A — Program Integrity Analytics

1. Zero-RN Days Are Measurable From Existing PBJ Data and Represent a Legally and Clinically Significant Signal

Federal law requires at least 8 consecutive hours of registered nurse coverage per day in Medicare-certified SNFs (42 CFR 483.35(b)). OversightReports.com displays the percentage of days each facility reported zero RN hours, derived directly from CMS Payroll-Based Journal records, along with a discrepancy flag when self-reported hours do not match auditable payroll records.

This matters clinically as well as administratively. In SNF settings, registered nurses hold a distinct scope of practice from licensed vocational or practical nurses, particularly with respect to clinical assessment, care plan oversight, and evaluation of complex medication decisions. As a practicing psychiatric NP, I can attest that zero-RN shifts create

conditions in which the clinical oversight required to appropriately evaluate PRN psychotropic medication orders may not be consistently present.

> **Citation:** OIG Report OEI-04-22-00550 (June 2025) — CMS Use of Staffing Data to Inform State Oversight of Nursing Homes. CMS did not concur with OIG recommendation to flag RN staffing violations using PBJ data, citing resource constraints.
> https://oig.hhs.gov/reports/all/2025/cms-use-of-staffing-data-to-inform-state-oversight-of-nursing-homes/

2. Antipsychotic Prescribing Rates (CMS Quality Measure 481) Reflect a Documented Measurement Gap That CMS Itself Has Quantified

OversightReports.com displays facility-level antipsychotic prescribing rates for all 14,713 SNFs. As of January 2026, CMS updated the Long-Stay Antipsychotic Quality Measure methodology to incorporate Medicare and Medicaid claims data in addition to MDS data. CMS stated in its official QSO-25-20-NH memo (June 2025) that the national rate under the prior measure was 14.64%, and that under the updated measure incorporating claims data this rises to 16.98%, because the prior measure did not capture antipsychotic prescribing outside the 7-day MDS look-back window.

This gap represents residents whose antipsychotic use was not captured in the official quality measure. CMS also confirmed that the updated measure will use additional data to validate schizophrenia diagnosis exclusions, directly addressing the pattern the OIG identified in its March 2026 report: that some facilities have applied schizophrenia diagnoses in ways inconsistent with residents' Medicare claims history in order to reduce their reported antipsychotic rate.

As a practicing psychiatric NP with prescribing authority, I can offer clinical context: schizophrenia has defined diagnostic criteria, and a facility-level schizophrenia diagnosis rate unsupported by corresponding Medicare claims warrants clinical review. This type of assessment is relevant to the legal defensibility of enforcement actions.

> **Citations:**
> CMS QSO-25-20-NH Memo (June 2025): https://www.cms.gov/files/document/qso-25-20-nh-revised-2025-09-10.pdf
> OIG Report (March 2026) — Nursing Homes Inappropriately Diagnosed Residents with Schizophrenia: https://oig.hhs.gov/reports/all/2026/nursing-homes-inappropriately-diagnosed-residents-with-schizophrenia-to-mask-the-misuse-of-antipsychotic-drugs/

3. Related-Party Transactions Are Disclosed in CMS Cost Reports but Not Systematically Monitored at Scale

OversightReports.com displays related-party transaction dollar amounts from CMS HCRIS Cost Reports (Worksheet A-8) for each facility. These disclosures show payments from facilities to commonly-owned management companies, therapy vendors, and real estate entities. Systematic monitoring of these figures at the chain level would surface patterns currently invisible in claims-level analysis alone.

SECTION II.B — Ownership Requirements

OversightReports.com maps ownership and chain relationships for all 14,713 Medicare-certified SNFs, displaying operator name, number of facilities per chain, chain-average CMS star ratings, and chain-average civil money

penalties. Chain-level patterns are entirely invisible when facilities are examined individually, which is why beneficial ownership disclosure at the 5% threshold matters for fraud detection.

I support enhanced ownership disclosure requirements for interests of 5% or greater, in machine-readable format, updated at least annually. Current public data does not consistently expose beneficial ownership structures, making it difficult to identify systemic patterns spanning multiple facilities under common control.

I appreciate the opportunity to provide input and support CMS's program integrity objectives.

Respectfully submitted,

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