



Publicly Disclosing Medical Director Information: *What You Need to Know*

Background:

In November 2023, the Centers for Medicare & Medicaid Services (CMS) issued a [final rule](#) requiring the disclosure of certain ownership, managerial (managing employees), and other information regarding Medicare skilled nursing facilities (SNFs) and Medicaid nursing facilities. CMS clarified their definition of “Managing Employee,” to explicitly include nursing home medical directors.

*“A general manager, business manager, administrator, director, or other individual that exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of the provider or supplier, either under contract or through some other arrangement, whether or not the individual is a W-2 employee of the provider or supplier. **For purposes of this definition, this includes, but is not limited to, a hospice or skilled nursing facility administrator and a hospice or skilled nursing facility medical director.**”*

What your **facilities** are required to report:

A nursing facility enrolled in Medicare or Medicaid must use [CMS form 855A](#) to submit a change of information-including adding a new managing employee- and provide this information in Section 6A:

- | | |
|---|--|
| • Name | • Fax Number |
| • Title | • Email |
| • SSN or Individual Tax ID Number
(SSNs will never be published) | • Effective Date in your role |
| • Date of Birth | • Percentage of Management Control
(generally should be 0%) |
| • Telephone Number | • Any other contracted services |

It is important to note that it is the facilities responsibility to submit this form to CMS. When facilities are submitting this information, they will need to complete Sections 1, 2B1, 3, 6, 13, and the relevant portions of 15 on form 855A.

When and Where this will be Published?

CMS will issue sub-regulatory guidance sometime in 2024 that will outline the timing, content, and means of the data publication. CMS has indicated that the information will be published in an easy-to-read manner via an accessible, navigable, and searchable website, like Care Compare, that users can understand. They also indicated that information will be published in a manner that allows users to search for trends, relationships, and connections in nursing home ownership structures. No sensitive information, such as social security numbers, will be published¹.

Benefits of Publicly Disclosing Medical Director Information:

AMDA has been working for many years with CMS to attempt to compile a list of SNF medical directors and was able to facilitate introduction of a bill in Congress that would require CMS to collect and publicly disclose the identity of the medical director via Care Compare or some other means. Because of the [final rule](#) that now requires facilities to list their medical director as a “managing employee,” it will not be necessary to pursue that legislative avenue. We feel that the public has a right to know the identity of the medical director of a facility where they are contemplating entering (or placing a family member). Regulators, medical boards, advocates, and the public will have access to information and have the ability to connect with medical directors in cases of health or public emergency. This information will also provide a much better look at the number of medical directors that work in multiple facilities so that we can start to understand the need for medical directors around the country. Anecdotally, we have heard of medical directors who work in 30 facilities or more, or a physician without appropriate general medical training serving as a medical director – this information will help improve this information. The Final Rule will also raise awareness about the medical director’s role, elevate the status of medical directors, provide transparency for residents and their families along with regulatory agencies and nursing home operators, and indirectly increase the visibility of the role and the need for specific educational offerings and certification opportunities currently offered by AMDA and ABPLM.

Potential Concerns about Disclosure:

While most SNF medical directors are technically neither “managing” nor “employees,” this is the regulatory language that is used to describe the medical director’s relationship to the facility. Is it unlikely that this language will increase our liability exposure substantially, as plaintiffs’ attorneys have historically been able to determine the identity of a medical director easily without a public listing. But it is difficult to predict to what extent increased regulatory scrutiny on the medical director will change the landscape, if at all. We will be monitoring these trends closely, and ultimately feel that competent, dedicated medical directors should feel confident that the impact will be minimal—and that SNFs engaging knowledgeable, committed medical directors should feel proud to list their identity. As to any change in professional liability insurance coverage or premiums, the designation as “managing employee” would seem to solidify the responsibility of the facility to indemnify the medical director for any and all duties performed in the role of medical director. CMS already has most of this information on any physician who bills Medicare, as a similar form (CMS-855i) is required. We have been assured that the SSN or other personal information will not be disclosed publicly.

1 – MLN Matters January 2, 2024 Memo: [MM13333 - Medicare Program Integrity Manual: CY 2024 Home Health Prospective Payment System Updates \(cms.gov\)](#)

Relevant Portion of CMS-855A form that **facilities** must complete:

**SECTION 6: OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION
(INDIVIDUALS) (Continued)**

A. INDIVIDUAL WITH OWNERSHIP INTEREST AND/OR MANAGING CONTROL—IDENTIFYING INFORMATION

☐ Not Applicable

If you are changing, adding, or removing information about your current ownership interest and/or managing control information for this individual, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

☐ Change ☐ Add ☐ Remove

Effective Date (mm/dd/yyyy):

First Name	Middle Initial	Last Name	Jr., Sr., etc.
Title			
Social Security Number (SSN) or Individual Tax Identification Number (ITIN)			Date of Birth (mm/dd/yyyy)
Telephone Number	Fax Number	E-mail Address	

Identify the type of ownership and/or managing control the individual identified above has in the provider identified in Section 2B1 of this application. Check all that apply. Complete all information for each type of ownership and/or managing control applicable, including the exact percentage of ownership. Combined percentage totals for direct owners should not exceed one hundred percent.

☐ **W-2 Managing Employee**

Effective Date (mm/dd/yyyy)	Exact percentage of management control this individual has in the provider %
If applicable, furnish this individual's title:	
If this individual also provides contracted services to the provider, describe the type of services furnished:	

☐ **Contracted Managing Employee**

Effective Date (mm/dd/yyyy)	Exact percentage of this contracted managing employee's control in the provider %
If applicable, furnish this individual's title:	
If this individual also provides contracted services to the provider, describe the type of services furnished:	

Please note:

- Many medical directors are compensated as an independent contractor via 1099 reporting. For them, the most appropriate checkbox will be the "Contracted Managing Employee". For medical directors who are a facility employee, receiving a W-2, the appropriate checkbox would be W-2 Managing Employee. Please review this with your facility.

- When answering the question about the “exact percentage of the contracted managing employee’s control in the provider”, please note that CMS defines “managing control” as an entity that has “direct responsibility for the performance of the organization” AND “is capable of changing the leadership, allocation of resources, or other processes of the organization to improve performance.” As medical directors are generally not capable of changing the leadership or resources through a traditional hiring/firing or performance improvement process, medical directors would most often be considered to have 0% managing control of the organization.

The above guidance is general, and we strongly urge you to speak with your facilities about your specific situation as the facilities are filling out this form.

Questions? Contact AMDA’s Public Policy Department at publicpolicy@paltc.org or 410-992-3145