Centers for Medicare & Medicaid Services
COVID-19 Call with Nurses
August 27, 2020
3:00 p.m. ET

OPERATOR: This is Conference # 1556623

Alina Czekai: Hi. Good afternoon, and thank you for joining our August 27th CMS COVID-19 call with nurses.

This is Alina Czekai, leading stakeholder engagement on COVID-19 in the office of CMS Administrator Seema Verma. As always, we appreciate everything that you are doing for patients on the front lines as we continue to address COVID-19 as a nation.

I'd like to turn it over now to Jean Moody-Williams from the Center for Clinical Standards and Quality for an update on the agency's latest guidance. Jean, over to you.

Jean Moody-Williams: OK. Thanks so much. And hello, everyone. Thank you so much for joining. This afternoon, I will spend most of this call going through a number of guidance and rules that we have released over the past few days. And then we will leave plenty of time for questions that you may have.

I want to touch on points in the interim final rule – all the points in there because I know, as I've said before, that nurses are very diverse and you work in many different care settings. And so, these rules may have some application to your work area regardless of the setting that you're working in. So bear with me there.

Overall, you will note, if you have had the opportunity to review the rule – and I know it usually takes a couple of days to go through and have it soak in as to what it is we're actually trying to achieve. So if you haven't read it yet, understood, but I would say that our primary goal is really to ensure appropriate testing and then reporting of information that is related to COVID-19. And so, many of the provisions in the rule, as I said, are really related to testing and reporting.

So while we have provided testing guidelines in the past, we are now mandating regular testing of both residents and staff for COVID-19 in nursing homes as a requirement for participation in the Medicare and Medicaid program. And this rule requires testing based on parameters identified by the secretary. And so, that's what's in the rule and note that it's the parameters based on the secretary's notice.

And then, yesterday, as a supplement to the interim final rule with comment and in support of that rule, we released guidance that provides the details for how to meet the new testing requirements. And this includes information on how to conduct testing when there is someone who with COVID-19 symptoms, some testing we emphasized for positive and conducting routing staffing.

So I'll summarize what's in the guidelines. First and foremost, as I just said, we note that facilities should prioritize individuals with signs and symptoms of COVID-19 for testing and make sure that they are getting testing. And we had our nursing home call yesterday, and they are – most nursing homes are already doing this. They already have collaborations as well with the hospitals in the local area.

So if you're sending your patients from the hospital to the nursing home, they'll probably ask you what the test – what the COVID status is for those particular patients. And with – and that goes for both staff and residents.

We also note in the case of an outbreak – so, if you have symptoms, test. If there is an outbreak – and right now, we're classifying that as any new cases that arise in the facility – then you would test all staff that previously tested negative until no new cases are identified, and then also testing residents that previously tested negative. And that's for – I think, obviously, for the safety of the residents, for the staff.

And also, if you work in another care setting for the benefit of you as well – for example, if that patient is going out to dialysis or has a medical appointment or a dental appointment, any of those kinds of things – you know

that there has been an attempt to know their status prior to them leaving that facility.

We also talked about routine testing. And in that case, we really tie it to the county-level positivity rate. And so, we are requesting that the nursing facility would look at the county-level positivity rate. We have a website that we point people to. And that data should be available tomorrow, August 28th. And that might be also something that you would be interesting in seeing, what is the positivity rate in your county even if you are not affiliated with the nursing home. It may be data that would be useful to you.

But specifically, as the requirement goes for the nursing facility, if the positivity rate is low – so, that would be less than 5 percent – then the testing would be once a month. Medium would be 5 percent to 10 percent; the testing would be once a week. And high, which we are saying greater than 10 percent positivity rate in the county, would be twice a week.

So state and local officials may also have other monitors such as – one that is frequently cited is what is the rate in the emergency department in that particular area. So some states and local governments are looking at emergency department rates, ICU occupancy rates, all those kinds of things, to tell the complete story. And certainly, this rule does nothing to preclude people using other sources of data. And there are – those that don't comply with this would be subject to enforcement remedies as outlined in our conditions of participation.

So one thing I wanted to note, because I know there is a lot of information in the news and questions and those kinds of things, that the point-of-care testing devices are appropriate for surveillance purposes. And I think it was two days ago the FDA issued an FAQ – and this is for nursing homes I am still talking about – that indicated that antigen tests can be used for surveillance for purposes in congregate care settings. So I am talking about nursing homes. But what they say is other congregate care settings like nursing homes.

If there is an outbreak or high clinical suspicion of an infection in an individual resident, a negative point-of-care test should be confirmed with a

highly sensitive molecular test, which – according to whatever the CDC guidelines say. So if the person has symptoms, you had a negative test, you want to do a confirmatory test.

At this point, their guide says – and this is in the form of a frequently-asked question that they had released – it's not necessary to perform confirmatory high-sensitivity molecular tests for individuals with negative antigen tests or other points-of-care tests if they are (inaudible) doing routine screening, there's no symptoms, there's no outbreak, you are doing a routine screening, that those tests do not have to be confirmed.

Moving away from the nursing home, we included in the IFC reporting CLIA laboratory reporting requirement. And the CARES Act, which was released some time ago, requires all laboratories performing testing related to SARS-CoV-2 to report data daily for all individuals testing to appropriate state and local public health departments as required by the state or local law or policy within the 24-hour period.

So now, this includes labs. It could include others that are doing point-of-care testing. So pharmacists – we know that some nursing homes are getting point-of-care tests. Other types of clinician offices are doing point-of-care testing. So please take a look at that to see if indeed that might apply to you. The guidance that it points to is from the Department of Health and Human Services. It provides all the information about how to submit the information as well.

We had in the IFC information about hospital reporting and the new regulations also hold hospitals and critical access hospitals accountable for reducing the spread by requiring these facilities to report COVID-19 cases. And this is really something that has been in effect since June.

This is not new. But what this does is it ties it to regulation. It codifies it in a rule. But the Vice President sent a letter to all hospitals and critical access hospitals back in June requesting that the state would be reported. And it provides information about cases, bed capacity, ventilator usage and other

important elements. The guidelines, as I said, are available on the HHS website.

So we are also revising the previous policy that allowed repeated COVID-19 testing for Medicare beneficiaries without physician oversight or, I should say, clinician oversight during the public health emergency. And the revised policy clarifies that after an initial test, Medicare will cover further COVID-19 tests with a treating physician or other clinician order. So you could have one test without the order, but then subsequent tests would require an order. And the IFC gives more information about that.

Now, aside from testing and reporting, we have included a few other important provisions. This regulation addresses the reporting and use of quality data for value-based purchasing programs during the time of the pandemic. So I know many of you are working in capacities related to value-based purchasing as either quality improvement professionals or in your clinician's office reporting data, dialysis facilities et cetera.

So this interim final rule addresses almost nearly every setting and every value-based purchasing program for which you are required to report data. And it really acknowledges that we may or may not have enough data to reliably compare national performance or measures or make associated payment adjustments. And so, we speak to how we're going to adjust that. And we also make provisions for the calculation of the 2022 Part C and D star rating to address the effects of the PHE for COVID-19. So that's in there as well.

The interim final rule announces that we will not enforce certain procedural volumes or requirements for four national coverage determinations if the practitioners meet the volume requirements. So if you happen to be doing procedures that are covered under four of the procedures listed in the IFC that are related to national coverage determination, there might be – it might say that you have to do a certain number of them in order to continue having coverage.

What this will say for those procedures is that we will look to see if you have already met the volume requirements prior to the public health emergency. We will honor that, recognizing that in many areas, people scaled back or did not perform what was not considered essential urgent procedures in order to accommodate surge capacities in a number of areas. So we will take that into consideration.

Now, outside of the rule, I wanted to note a couple of things that we announced. We announced an unprecedented national nursing home training program for nursing home staff in management designed specifically with COVID-19 in mind. And this program features a tailored course to incorporate the most recent lessons learned from nursing homes and really teaches frontline staff.

So we focus a lot on the frontline staff, although we have great information in there for management as well. But this is available immediately. We have already had several thousand sign up for it for any of the Medicare and Medicaid certified nursing homes.

Earlier – just a little while ago, we did also release guidance for end-stage renal disease for our dialysis facilities. It did reiterate some of our previous guidance where there seem to be some confusion or questions. So there are some things in there that are not new but really restating.

And one thing we wanted to note although we've addressed in a frequently-asked questions or other things – that the recommendation that vascular access procedures should not be considered elective, and they are essential for the health of ESRD patients. They have to be able to get access to get their dialysis treatment. So this is – really, vascular access procedures are important. And we also addressed a number of the questions even about ESRD Quality Incentive Program in that rule.

So that's just a real high-level overview. And we wanted to just call that to your attention so you can read the details. I can take a few questions on it. I'm not sure we have all our subject matter experts on this call. However, I do

know that they have been joining the Office Hours calls that Alina will tell you more about and can probably get more into the technical details.

But that said, let me open it up to see what your questions are. And if I can't answer them, I'll make sure they get to the right place.

Operator: Ladies and gentlemen, if you would like to ask a question, please press "star" "1" on your telephone keypad and wait for your name to be announced. If you wish to cancel your question, press the "pound" key. We will pause for just a moment to compile the Q&A roster. Again, that is "star" "1" to ask a question. Your next question comes from the line of Hope Pearson. Your line is now open.

Hope Pearson: Hi. My name is Hope. And I was just calling in – I was wondering where tomorrow will we be able to find this website. Where is the best place to go to find the website to see what our community spread is?

CMS - Jean Moody-Williams: So you can go to the Nursing Home Compare, and there will be a link on there to take you to your data.

Hope Pearson: OK. Thank you.

CMS - Jean Moody-Williams: You are welcome.

Operator: Once again, if you would like to ask a question, please press "star" "1" on your telephone keypad. Again, that's "star" "1" to ask a question. Your next question comes from the line of Abay. Your line is now open.

Abay: OK. My name is Abay. You mentioned testing without clinician overseeing the order or without any physician order. Would that be tested at any site? Would that be able to then be done at any site – testing sites?

CMS - Jean Moody-Williams: Yes. So just to be clear, this refers to Medicare patients, of course, who we have authority over. At the current time, Medicare beneficiaries can get a test without a clinician's order. That's the current state. And with this rule, they would still be able to get one test without a clinician's order. But then, subsequent tests will require an order. And the ...

Abay: OK.

CMS - Jean Moody-Williams: Yes. So that's what – how it will be applied.

Abay: OK. Thank you.

Operator: As a reminder, to ask a question, you will need to press "star" "1" on your telephone keypad. Once again, if you would like to ask a question, please press "star" "1" on your telephone keypad.

Jean Moody-Williams: And I know it takes a whole to read through all of this information and then we put the guidance out. So I want to just encourage you to make sure that you go to the guidance that goes along with the rule. And at any time, we are happy to answer your questions after you've had time to go through it. And I'm going to turn to Alina to tell us about the Office Hours as well.

Alina Czekai: Great. Thanks, Jean. And thanks, everyone, for joining our call today. As Jean mentioned, we have Office Hours the second and fourth Tuesday of each month. So our next one will take place on September 8th at 5:00 p.m. Eastern. And we will have all of our subject matter experts on the line ready to answer any questions that you might have about the IFC3 or any additional CMS policy or announcement. And in the meantime, you can continue to submit questions to our COVID-19 mailbox. Again, that email address is covid-19@cms.hhs.gov.

Thank you again for taking time out of your busy day today. We know that many of you are seeing patients and in between rounds perhaps calling in. So thank you for joining us. And we hope you have a great rest of your week.

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