Centers for Medicare & Medicaid Services
COVID-19 Call with Nursing Homes
June 10, 2020
4:30 p.m. ET

Operator: This is Conference #: 9782909.

Alina Czekai: Good afternoon. Thank you for joining our June 10 CMS COVID-19 call with nursing homes. This is Alina Czekai leading stakeholder engagement on COVID-19 in the office of CMS Administrator Seema Verma.

Today we are joined by CMS leaders as well as providers in the field who have offered to share best practices with you all. I would first like to turn it over to Jean Moody-Williams, acting director at the Center for Clinical Standards and Quality, for an update on the agency's latest guidance in response to COVID-19. Jean, over to you.

Jean Moody-Williams: Great. Thanks so much. Good afternoon, everyone. Thanks for joining. I do have a few updates that I'd like to give. And as was noted, we'd go with our guest speaker. And, then, we would want to save some time for questions as I know we do have subject matter experts on the line as well.

So, I think I'm pretty sure you know by now, but we did want to touch base on our recent release of the NHSN data on COVID-19. But, first, thank you, all, for your effort. It's been really great – the work that you've done to ensure that we have a national data set. It's really been unprecedented – the amount of time – the short amount of time that it has taken. But, it's such an important endeavor in that this information can be used to inform future decisions and policies in care for our residents.

Of the over 15,400 nursing homes CMS oversees for participation in Medicare and Medicaid, over 13,600 facilities have reported the data as of last week. So, that is 88 percent of facilities, which is great. We anticipate that more homes will report every week. And, as a reminder, nursing homes that fail to do so are subject to enforcement action.

So, last week, we posted the new NHSN data on data.cms.gov website where the public now has access to view the general information on COVID-19. And they will also be able to search for information on specific nursing homes. The data are also downloadable, so researchers and other stakeholders can perform in-depth analysis. We are – we've posted a link to the data on the homepage of Nursing Home Compare so that patients and residents and families can also find the information.

It is important to note and it's – we caveat this on the data as well so that if people are viewing it that it does have limitations. As with any new program, we know that facilities may have difficulties as it comes to entering information. And also, as was mentioned, with 88 percent reporting, there is a percent that has not yet reported. And, so, that is noted. But, we know that as with any data source of this nature, it will become more precise over time. But, this is, again, precedent-setting and important to be able to get this much-needed information out.

We also last week posted health inspection results that were conducted on or after March 4, 2020, which is the first day that CMS altered the way that inspection is scheduled and conducted. And, so, this includes inspections related to complaints and facility-reported incidents that were triaged as immediate jeopardy. As you know, we have implemented a streamlined infection control inspection process that was really developed for guidance for preventing the spread of COVID.

And we also released a bit of guidance which enhances and targets accountability measure based on some of the early trends of the most recent data regarding COVID-19 in nursing homes as well as the results of agencies' target infection control inspection. So, the guidance increases enforcement, simple monetary penalties for facilities with persistent infection control violations and imposing enforcement actions on lower-level infection control deficiencies.

The last thing I want to highlight because we want to provide well-rounded support in all areas – that our Quality Improvement organization continue to support nursing home efforts by providing technical assistance and nationwide

training. And trainings are weekly from 4:00 to 5:00 p.m. Eastern Standard Time on Thursday. So, tomorrow there will be a training. You can register on the QIO program website.

Tomorrow's topic will focus on cohorting strategies. And we understand that this is – we pick topics that we have heard that you really want to take a little bit deeper dive on. And this is certainly one that has risen to the top. So, please register for this event.

And, lastly, thanks to all who may have contributed or who are using the Best Practice Toolkit with nursing home information. The second edition was released on June 1. And this, too, is a really great resource. If you haven't already taken a look at it, it's based on the things they are having at the state level.

But, as you go through and you will see what certain states are doing and maybe the ability to reach out if you see a best practice that might be of interest to you. So, lots and lots going on, as usual, but all in all working toward the goal of ensuring safety for residents from COVID-19 and for staff as well and for all the work that you do.

So, with that, I am pleased to really introduce Tracie Murray, who is the administrator for Cedar Crest Nursing and Rehabilitation Center in Sunnyvale, California. So, thank you so much for joining us Tracie, and I will turn it to you.

Tracie Murray: Thank you, Jean. I appreciate the opportunity to share our story. In late March, we had a very helpful certified nursing assistant that tested positive for COVID-19. This was prior to either the County Public Health or the California Department of Health recommending that we wear masks. As a matter of fact, up until that point, we had been told not to wear masks in order to preserve our supply in case we had an outbreak or surge.

The reason that I say that our certified nursing assistant was very helpful was because he helped a lot of people in the facility when he was asymptomatic and, unfortunately, that is where our outbreak began. Ultimately, we had 44 of our 80 residents that tested positive and 19 of our 150 staff.

One-third of our residents that tested positive were asymptomatic and one-half of our staff that tested positive were asymptomatic. It was not until our county helped us with mass testing that we were able to identify who was positive in the facility and cohort them so the virus stops spreading.

Fortunately, almost all of our residents survived the outbreak and all of our staff did survive. The lessons that we learned that I think could help other facilities are to work with County Public Health, have dedicated communication liaisons and keep track of all communications.

Working with our County Public Health. Because we worked with the county, they allowed us to have asymptomatic staff care for our COVID-positive residents. This was huge in helping us to maintain our staffing as well as to have staff who knew the residents providing their care. They also, ultimately, helped us perform mass testing so we could determine who was positive and who was negative.

Appointing a liaison for communication. We appointed one person to handle the communication with staff and family. It was important to be transparent and to communicated often. Some of our families wanted daily updates, which we were able to provide. Most were happy with just being updated weekly. We also had frequent FaceTime, Zoom, Skype and window visits between families and their loved ones which the liaison helped to arrange.

Having a tracking system. In the state of chaotic pandemic, it is important to track all activities. We found that the easiest way for us to track things was to maintain a binder with tabs for each day of the month. If there was an important communication or occurrence, we were able to file it under that tab in the binder. I cannot tell you how many times we went back to look up when something had happened or to look up the details of an encounter.

In the end, we were able to open up our COVID unit on May 13, which was seven weeks after our first COVID-positive case. And we were declared COVID-free by Santa Clara County Public Health. Thank you for this opportunity. I appreciate it.

Jean Moody-Williams: Thank you so much for sharing your experiences and your lessons learned and the things that were affected by them. I think that's really rich and helpful to our audience. So, I, operator, would like to open up the line to see if we have any questions either for our CMS subject matter experts or for our guest speaker.

Operator: Yes, ma'am. As a reminder, to ask a question, you will need to press "star," "1" on your telephone. To withdraw your question, press the "pound" key. Please stand by while we compile the Q&A roster. Your first question is from Slavka Partilova from Health Care Resources. Your line is now open.

Jean Moody-Williams: Hello. Your line is open. We are not hearing you if are speaking. And if not, operator, maybe we can go to the next call.

Operator: OK. Your next question is from Amy Davis. Your line is now open.

Amy Davis: Hi. Thanks for taking my call and for the hard you have been doing. I guess my question is kind of lessons learned and how did you handle communication with the families of those folks who were – who were residents there.

Tracie Murray: I'm assuming that question is for me. So, we …

Jean Moody-Williams: Yes, Tracie.

Tracie Murray: We had our liaison handle the scheduling of FaceTime, Zoom, Skype as well as window visits. But, we have that one person calling, especially the people who wanted daily calls and sending emails, if that's what they requested. But, we try to – I mean we had 80 people that we were trying to manage and by appointing one person who could go through and give them the information that they wanted as frequently as they wanted it. And that was her only job that she had to handle.

We did have weekly calls that we managed through our nursing managers. And that way, they could answer and update families if there were nursing questions. But, otherwise we just had that one person who – that was her sole

duty in the building – was to communicate with families. And it really helped.

Amy Davis: Thanks. That was really helpful.

Jean Moody-Williams: Thank you. We can take another question, please.

Operator: Your next question – please state your name and then ask your question. Your line is now open. To the participant who pressed "star," "1," your line is now open.

Pete Van Runkle: Hello. Do you hear me?

Jean Moody-Williams: Yes I do

Pete Van Runkle: Hi there. My name is Pete Van Runkle. My question has to do with the NHSN reporting. I'm with the Ohio Health Care Association. We've had dozens of members who have gotten CMP letters but they actually have been reporting or, in some cases, they were trying to report but they were unable to get registered with NHSN because of technical difficulties and the inability of NHSN to get back to them and help them. What do you advise these people to do since there seems to be some kind of widespread issues and they have now gotten CMPs?

Jean Moody-Williams: Evan, do you want to take that?

Evan Shulman: Sure.

Jean Moody-Williams: We have our CDC colleagues on as well.

Evan Shulman: Yes. I can take that. Hi, everyone. Thank you for the question. It's Evan Shulman from the Division of Nursing Homes. And we appreciate all the hard work that you are doing and, of course, all the hard work of those that have been reporting. As Jean mentioned, the vast majority of providers have reported.

What these providers should do is that they should follow the instructions in the letter that they received. I can tell you that we have every intent of being

fair in reviewing each case individually. And in the cases where the facilities demonstrate adequate evidence that they did attempt to submit, then we will be – we will return the CMP, but we need to see the evidence.

It's not uncommon at times. We experienced this with our journal program when we first launched it. It's not uncommon for providers to think they submitted correctly and they didn't. It's also – sometimes we find that providers wait until the last minute to try to get everything done.

And – but, however, there are other times when we can – we can see that providers have made an honest mistake and we can – we can look into those. So, we are going to consider all of these things and we'll be fair and make sure that the penalties are fair and not imposed in a way that was outside of the facility's control.

Pete Van Runkle: Thank you, Evan. In some – in some cases – a number of cases, they actually did some of that. And the data was – they got – they confirmation that they had submitted with the blue bars on the screen. So, they will I guess have to go through the process.

Evan Shulman: Yes. We are happy to look at that. And, again, we are – this is not – it is a process by which we are getting fees from, first, the facilities, the CDC, then to us. So, there is a bit of automation that goes into this. But, on the back end, now we can look at each one and review them individually to make sure that we are making the right decision.

Jean Moody-Williams: OK. Great. Thank you. Do we have another question from the queue?

Operator: Yes, ma'am. Your next question – for the participant who pressed the "star," "1," your line is now open. You may now ask your question.

Jonathan Thomas: Hello.

Alina Czekai: Yes. We can hear you.

Jean Moody-Williams: Hello.

Jonathan Thomas: Yes. Jonathan Thomas from Meadowbrook Care Center. Back when the 1135 waiver came out, on one of these office calls actually. One of the questions that was asked was if a person is qualifying for the – without a 60-day break, to be able to get a new 100-day stay because of the COVID in the area – and the question was what if the person doesn't actually have COVID but they have a skilled need? Would they qualify for the new 100 days?

And from what I understood from this call, from the CMS Office call, it was that they would qualify as long as it was documented that there was a lot of COVID in the area, you were trying to save hospital beds and spaces. But, now, we are getting a lot of feedback from the MACs and the billing companies that they are denying a lot of these cases if they don't have a COVID – an actual COVID diagnosis.

So, I just wanted to clarify that with CMS, that you need a COVID diagnosis, that (inaudible), in order to qualify for the new 100 days. Or as long as you can document and show that you were trying to save hospital beds and not send anybody to the hospital because you had a tremendous amount of COVID in your hospital area, that would be enough to qualify for the new 100 days without a 60-day break.

Jean Moody-Williams: OK. All right. Thanks. Do we have any of our payment folks on from CM? I don't think that we do. We have your question here. And apparently, you were receiving – or MACs are challenging these cases if they don't have an active COVID code. So, we can check on that for you.

Jonathan Thomas: Thank you very much.

Jean Moody-Williams: And also – yes. At the end of the call, you will get an email. Just if you send that in as well just to make sure we have the question.

Jonathan Thomas: Thank you.

Jean Moody-Williams: And I think we have time …

Operator: Your next – OK.

Jean Moody-Williams: Go ahead. Go ahead.

Operator: Your next question is from Oner Kristo. Your line is now open.

Oner Kristo: Hi. Thank you for taking my question. I actually have two if there is time. But, I will start with this one. With regard to the reopening guidelines to the states, in each phase, there is required weekly testing. And our organization was trying to determine how we would handle employees or residents who refuse testing. Would the employee have to be excluded from work? How would that affect the requirement that we have negative results before we could move into the next phase?

Jean Moody-Williams: So, thank you for that question. Evan, did we have any – I know we are working on guidance for patients that – for residents and patients that refuse testing. But, do we have anything for staff?

Evan Shulman: Yes. We don't. I mean that's really something that we encourage providers to look at in their own context and work with their states on what would be the safest way to proceed. I don't – there is another of the reopening guidance that speaks about – that have – the state can also have other criteria. And I think that the nuance of someone refusing to be testing is something that should absolutely be considered when a facility is attempting to move through the phases.

As I'm sure you can imagine, it's very, very difficult for us to encompass all of the different types of scenarios that could or couldn't happen when it comes to everyone being tested in the testing guidance. So, how I would look at it is that I would consult with your state and also work with the facilities. But, I would say that pending those discussions, there is nothing from a CMS perspective that once you have those discussions, that should prohibit you or prevent you from continuing to go through the phases.

Oner Kristo: OK. Thank you. Is there time for me to ask a separate question about the reporting to the Healthcare Safety Network?

Jean Moody-Williams: Yes. Go ahead.

Oner Kristo: Thank you so much. So, I have a concern that when you report an employee or resident as suspected and then – because they have maybe one symptom on a particular day, that symptom resolves, there is no reason to suspect them further – then there is no way to remove that person from the suspected column and/or if somebody goes on to test positive or negative, there is no way to move from suspected to positive or – and I feel like that falsely inflates our data. Is there any way to address that within the reporting?

Evan Shulman: Yes. And I think that will – it's something that we can also work with the help desk at CDC for. But, I will say that facilities can correct their data certainly from week to week. So, if in retrospect something turned out not to be the case, you can change that in a future week. And, then, when we pull the data on our end, it will be reflected in what is then posted for the next week.

Oner Kristo: OK. Great. Thank you.

Jean Moody-Williams: OK. I think we have time maybe for one more question. And at the conclusion, we will turn it back to Alina to give you information about where to submit your questions. Operator, is there another question?

Operator: No questions at the moment, ma'am. Please continue.

Jean Moody-Williams: OK. Great. Thank you. Alina, I'll turn it to you.

Alina Czekai: Great. Thanks, Jean. And thanks, everyone, for joining our call today. We hope that you will join us next Tuesday for our CMS COVID-19 Office Hours. That's Tuesday, June 16, at 5:00 p.m. Eastern. And on that call, we will have technical Q&A with our CMS subject matter experts. And in the meantime, you can continue to direct your questions to our COVID mailbox, which is covid-19@cms.hhs.gov.

Again, we appreciate all that you are doing for nursing home residents and their families around the country as we continue to address COVID-19 as a nation. This concludes today's call. Have a great rest of your day.

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