

Centers for Medicare & Medicaid Services  
COVID-19 Call with Nursing Homes  
July 08, 2020  
4:30 p.m. EST

OPERATOR: This is Conference #2997138.

Alina Czekai: Good afternoon. Thank you for joining our July 8th 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 and CDC leaders as well as providers in the field who have offered to share best practices with you all. First, I would like to turn it over to Jean Moody-Williams for an update from the agency. Jean, over to you.

Jean Moody-Williams: Great. Thanks Alina and thanks everybody for joining, continuing to join these calls and as we try to get out important information to you but more importantly, to hear from you, as we hear from our guest speakers and also have the opportunity to address any questions that you have.

We know that we're still in the midst of a time where, for certain parts of the country, we continue to see increased case numbers of COVID-19, positive cases and so we continue to be very diligent in our efforts to address the increases, any increases in transmission, and employ our prevention activities.

With that in mind, we continue to encourage you to take a look at all the guidance documents that we have out as you are monitoring the data and the trends in your particular community, what impact that might have for your facility. We continue to have the self-assessment that is available, and you may have done that a while ago, but we ask maybe that you pull it out, take a look to see if there are any areas that need to be reinforced.

If you start to see rise in your community, revisit your visitation policy, the testing and screening and supplies, all of those areas continue to be of importance. We are doing a series of calls with the nursing home associations

and some of the nursing homes and some of what we deemed to be hot spot areas. We are hearing that there are issues maybe with testing perhaps, with more so with turnaround at this point.

And we know until that has been brought to the attention of many that are looking to see what assistance we can give in that area, but we know that some nursing homes are investigating point of care tests that are low complexity.

And many nursing homes, we looked at our data, already have a certificate for CLIA for these low complexity tests. And I know it was several weeks ago that we encouraged facilities to look into getting such certificates, if you don't already have them.

So that if at some point you do want to take advantage of doing these low complexity point of care tests in your facilities that you will be ready to do so. And there are any other number of resources that are available to you.

Of course, the quality improvement organizations continue to do training and if you reach out for specific assistance, they can help in certain situations. So, look for those resources as well. We know that the CDC and others are providing trainings and on-site assistance.

So, there are a number of resources that we just want to encourage you to take advantage of. Along those lines, kind of changing course a little bit as we talk about some of the other announcements that we have made at CMS. On June 25th, we released a memo announcing several key points related to transparency in the nursing home compare website due to the COVID-19 public health emergency.

So first, beginning July 9th of 2020, the quality measure based on data collection period ended December 31st, 2019 will be held constant. So in other words, data that is based on the time during the COVID-19 public health emergency will not be included in the quality measures at this time. Similarly, staffing measures and staffing star ratings will be held constant and based on data submitted for calendar year quarter four 2019.

However, due to the importance of staffing, CMS notified providers that the waiver of the requirement to submit staffing data due to payroll-based journal has ended. And facilities must submit the requisite staffing data for calendar quarter two. So for April to June of 2020 through the payroll-based journal system, August 14th of 2020.

Also, we want to continue to encourage you to go through our website to get any guidance. We're continuing to work on guidance. I know that we will begin releasing some shortly as we begin to think about our survey processes and how we continue to advance those to the next stage.

So with that, I want to stop and turn to our speakers, so that we can have time for questions at the end. It is my pleasure to introduce Dr. Jeneita Bell who has been able to join us on other calls.

She's the Medical Officer at the Centers for Disease Control and Prevention, working with our NHSN data and I like to start by thanking you for all that you're doing.

We're starting to really get in good data, a lot of our quality assurance checks. And we're starting to be able to use it for purposes of analysis and where to provide support and the like, so it is really important. So, Dr. Bell, let me just turn it straight to you.

Jeneita Bell: Thank you and good afternoon everyone. I do have to say that I want to express appreciation to everyone who's on the phone call. This is an unprecedented circumstance that we all find ourselves in and with the COVID-19 module that was built and launched in NHSN, it has been a learning experience for ourselves and for you as our users.

So, we appreciate your patience and understanding as we experience some growing pains with this, but the feedback that you all have provided to us has been very helpful and so I'm on the call today to provide you with a couple of updates.

Many of you may have noticed already that with the newest update to the NHSN application on July 2nd, there are two features that I wanted to describe. They're now available to users upon log in.

The first feature I will mention is what we called the COVID-19 module facility dashboard. When you log in to NHSN, you noticed that there's a navigation panel on the left hand side. There's now a button that says dashboard and when you click on that, there's another button that you may select that's called the COVID-19 module dashboard.

And once you select that, you'll notice that two tabs will appear for the resident impact and facility capacity module. We'll continue to build onto this where other dashboards will be available for that other pathway, but right now it's restricted to the resident impact and facility capacity.

And the two tabs that are available gives you an interactive summary and interactive chart display. When you click on the summary tab, it will give you a summary of the data that was submitted on behalf of your facility regarding admitted residents submitted, suspected, confirmed and resident deaths for a selected time period.

There's a calendar feature there that allows you to change that, so it gives you the ability to change those dates and look at the date range that is of particular interest to you. And also on the second tab, you have that feature as well.

You can select the date that you would like to visualize and a bar graph will appear that depicts the confirmed cases and deaths that were reported for your facility for that selected time period. When you select either of those bars, you then are able to look at the numbers of confirmed cases and deaths that were reported for your facilities day by day.

So, it depends on the reporting pattern at your facility. If data is only reported once a week, you'll have no data populated except for that one day but if you have a pattern of reporting where you submitting information on a daily basis, then those counts will be displayed there. I hope that this is helpful to you.

We understood that it was kind of difficult in the beginning with the calendar feature alone to determine what was submitted on behalf of your facility because it was extraneous to go and click on every date in that calendar feature in order to understand that. But now upon log in, you have a summary feature available to you that you can interact with.

The second feature that I would like to mention is the new data field that is available on the data entry screen. So as you may know, if you're a reporter for your facility, when you click on a date in the calendar, there's an additional screen that pops up that allows you to populate the data fields there for admissions, confirmed cases, suspected cases, so on and so forth.

We added additional features there for you to visualize for your convenience. We noticed that there are at least three common errors that occur that might prevent your data from being publicly posted by CMS and that is when there's no CCN or CMS Certified Number included in the facility's profile upon log in or when you're enrolled in HSN. So, that will prevent the data from being submitted in addition to the CCN being incorrectly keyed in.

And that's an honest mistake for some people where you accidentally key something incorrectly and may not catch it. Also, the facility type that was selected during enrollment is very important.

We filtered out this data by skilled nursing facility and that includes CMS certified nursing homes. We also have other long-term care types including assisted living facilities that are enrolling.

But if your skilled nursing facility accidentally selected assistant living during enrollment to NHSN, that facility type will not be included in the data submission to CMS. Also, the date created is very important, that's the date in which you actually submitted data on behalf of your facility and there are instances that we found where the data that were submitted on behalf of the facility occurred following the Sunday, 11:59 p.m. deadline.

So, the data eventually will make it over to CMS but it would not make it on time which has its implications. So, in response to those errors that we noticed, we included four fields on the data entry screen that you cannot edit

here but we do provide guidance on how to edit these. But, this allows the information to be easily accessible to use, so you can double check these things as you enter your data.

So, the date that you select on the calendar feature will be included at the top of the screen, then followed by the CCN. And if you do not have a CCN recorded, it will say NA, were not available and then the facility type is also there.

Another important feature that they created that I just described, and this can be a little tricky, so I want to provide an example. So, let's just say today on July 8th, I decided I want to go back in time and report data for June 1st. I noticed that we forgot that date.

So, I select June 1st in the calendar feature in the NHSN application actually populating the data on July 8th. So, the date created will say July 8th and actually has a time stamp on there as well, which will help you in determining whether or not your data was submitted on time and prior to the CMS deadline.

Now, the information I just provided to you today was sent in an e-mail blast to all of our users on Monday morning. If you're a registered user with an NHSN, you should have received that e-mail.

Check your junk mail just in case. However, if you're unable to locate that information, you can visit our CDC webpage or NHSN webpage, I should say, and click onto the LTC page in order to find our resources that are towards the bottom.

We've labeled new things – a stamp, that says new. So, look for that bold, new, capitalized stamp in order to identify documents that were newly added to the page. So, with that, I'll conclude my remarks and thank you for listening.

Jean Moody-Williams: Thank you so much, Jeneita. And also, thank you for being responsive to the feedback that we are getting from those that are using the system. I really appreciate all the time and effort that's going into this.

I would like to move to our next speaker, Samantha Broussard, who is the Director of Clinical Operations at Plantation Management Company. And I think her presentation will fall in line a lot with what we've been talking about today about reaching out for assistance when needed and making sure that we refresh some of the things that we've been doing. So, thank you so much, Samantha, for joining us.

Samantha Broussard: Good evening everyone. Thank you for having me. As you mentioned, yes, we recognize that with the advent of COVID-19, our corporation wanted to ensure that we had a good infection control improvement program that reflects best practices.

Our corporation, Plantation Management Company, we outreach to CMS and to our QIN-QIO Alliant Quality at the beginning as an important partner for our improvement work.

We have several homes that are engaged with our QIN-QIO for a deeper quality improvement infection initiative control work. However, our corporation decided we wanted to bring this improvement journey to all of our facilities.

With the QIN-QIO's assistance, the infection prevention improvement project was developed corporate wide and it was recognized that quality skills at each facility were essential as a good foundation improvement – for improvement effort.

The first quality skill identified was to broaden each facility's understanding of how to accurately determine the root cause of infection control issues as they are being identified.

To address this issue, our QIN-QIO suggested we develop an educational plan that starts with a corporate-wide affinity group working together to a common goal of improving our quality skills necessary to identify areas of deficiency and where a lack of infection control policies and procedures could cause the spread of COVID in our facilities.

Using of our tool teaching environment, Alliant Quality will teach each home's leadership how to identify opportunities of improvement and conduct a meaningful root cause analysis. This education includes how to identify gaps in care and what areas should be prioritized for improvement.

The second of education will be to build on that root cause analysis foundation and develop steps to track improvement, changes to implement, and how to monitor for sustainability.

As we conclude today, I would like to recommend that if approached, all nursing homes and corporations should take advantage of their QIN-QIO's expertise to assist with improvement in infection control. We are all in this fight together in this all-hands-on-deck approach, it makes the work easier, and ensures that best practices can be instituted from the start. Thank you.

Jean Moody-Williams: Thank you. We appreciate you taking the time to join us. Let's open up the line for questions. We have some of our subject-matter experts from CMS. We've got CDC and then our guest speaker as well, Samantha, any of us would be able to take your various questions. So, operator, could you please open up the line?

Operator: All right. So, as a reminder, to ask a question, you will need to press star one on your telephone. To withdraw your question, press the pound key. Again, that is star one on your telephone. We do have a question on the queue. Please state your first and last name. You are now live.

Kimberly Jamaro: Hi. This is Kimberly Jamaro. Can you hear me?

Jean Moody-Williams: Yes, Kimberly. Thank you.

Kimberly Jamaro: Thank you. Thanks, Jeneita, for the information on NHSN and Samantha. We've already reached out to our QIO for our facilities. But specifically, I'm going to reach back out for their root cause assistance. That was a wonderful learning for today.

Our question relates to a Section 1135 waiver request that we have not had a response to yet. Do you have any recommendations for that? This request



dates back to April and we're concerned. We've not gotten a response even with follow-up e-mails.

Jean Moody-Williams: OK. Well, thank you for that question. We are going through and trying to respond to all of the requests, in particular, where we can give a national response. So, we've gotten through a number of them.

But if there are some in which the national response has not addressed your issue, I would ask that you send that to your CMS location. I'm not sure where you're located. And also, we'll give you, at the end of this call, a mailbox that you can send it too as well, and then we'll make sure and try and get to that.

Kimberly Jamaro: Thank you very much.

Jean Moody-Williams: Next question?

Operator: Next one on the line is Susan Grayson. You are now live.

Susan Grayson: Hi. Thank you. This may be the same question. But I was wondering, will CMS be extending the waiver for the three-night stays – excluding the three-night stay mandatory for a Medicare Part A for a nursing homes?

Jean Moody-Williams: So that, of course, we can do as long as there is a public health emergency in place. Without that, there are some statutory limitations to that. Of course, the PHE is still in place and we anticipate that it will continue. And should that be the case, then we would continue to look at that waiver.

Susan Grayson: OK. Great. Thank you so much.

Jean Moody-Williams: Sure.

Operator: For the next one, we do have Leslie Volmer. You are now live.

Leslie Volmer: Hello. I have a question about testing. I have a couple of employees who are not testing negative for COVID and the guidance I have read is that they can return to work. Is that accurate?

Jean Moody-Williams: So – and how long have they been out, I guess, would be the question?

Leslie Volmer: One for almost two months, and another one probably 15-16 days, and they're both asymptomatic.

Jean Moody-Williams: OK. We did have – go ahead, Kevin.

Kevin: Hey – hi. Thanks. Yes. There's actually some really good guidance on the CDC website on return to work and the return criteria for healthcare personnel that gives specific criteria on symptom-based strategy or test-based strategy depending on whether they tested positive and had symptoms and also other guidance whether they tested positive without symptoms.

And it's really easy to find – I mean, you could probably even just Google CDC HCP return to work and that would probably be the best place to determine when these individuals can return to work.

Leslie Volmer: OK. Thank you.

Jean Moody-Williams: OK. Next question please.

Operator: For the next question, we do have Kay Mayer. You are now live.

Kay Mayer: Hi. Thank you so much. My question is about remote physiologic monitoring in nursing homes. And we've talked to a lot of either nursing homes, or the advocacy groups, or the patient groups and everyone says that the problem is that nursing homes can't use remote monitoring, and again, physiologic. We're not talking surveillance.

It would prevent the disease from spreading. It would allow scarce PPE to be used by the high-risk area facilities and wings of the nursing homes because you could put the remote monitoring technology in the hallways instead of going room to room with like a pulse oximeter.

Everyone tells us that it's a problem with coverage. Is that a Medicaid issue? Is it that Medicare won't cover that type of medical technology and devices? Thanks.

Jean Moody-Williams: Thank you for that question. And I don't know if we have anyone on from payments there. I'm not aware that it is a condition of participation, but I'm happy to check. Do we have anyone from CM or anyone else that can address that?

Evan: Hey, Jean. It's Evan. Hi everyone. We need the payment folks. We can maybe route that question to them. But from a requirement participation, there's nothing that prohibits a facility from doing remote physiological monitoring. Of course, that there still should be the in-person monitoring when needed and assessment when needed.

But there's nothing in our requirements that prohibit the use of these devices based on the person's care plan of course.

Jean Moody-Williams: Right. And there is, at least today, there's Office Hours that Alina could tell us a little bit more about and all of our payment experts generally are on that call. And if you're able to attend, you might be able to get that question answered.

Kay Mayer: Thank you.

Jean Moody-Williams: Thank you. I think we may have time for one more.

Operator: Actually, there are no further question on the queue.

Jean Moody-Williams: OK. Great. So, I will turn it to Alina now to give out additional information. And thank you all so much and to our speakers and everyone else for joining. Alina?

Alina Czekai: Great. Thanks, Jean, and thanks everyone for joining our call this afternoon. As Jean mentioned, we have our CMS COVID-19 Office Hours next Tuesday, July 14th, at 5 p.m. Eastern.

And we'll have all of our technical experts on the line to answer your questions there. And in the meantime, you can continue to send in questions to our COVID mailbox and that e-mail is [COVID-19@cms.hhs.gov](mailto: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 address COVID-19 as a nation. This concludes today's call. Have a great rest of your day.

Operator: Ladies and gentlemen, this concludes today's conference call. You may now disconnect.

End