

Centers for Medicare & Medicaid Services
COVID-19 Call with Nursing Homes
November 12, 2020
4:00 p.m. ET

OPERATOR: This is Conference #8255747

Alina Czekai: Good afternoon and thank you for joining our November 12th CMS COVID-19 Nursing Home call. This is Alina Czekai, leading stakeholder engagement in the Office of CMS Administrator Seema Verma.

It's now my pleasure to introduce Administrator Verma. Over to you.

Seema Verma: Thank you, Alina. And thank you all for joining us today. We really appreciate it. Always want to start this call by just saying how much we appreciate all the hard work that you are doing on the front lines. I know we're all very, very tired. And, unfortunately, this issue continues to persist. And we're here to support your efforts.

What I wanted to do today was just provide some updates. I think there's been a lot going on. And then also just open up the call for some discussion about anything that we can do to support your efforts. I think as we all know, we're seeing significant community spread across the nation. And when there is community spread, I think the spread into the nursing homes, it tracks very closely. If a community has a lot of cases, inevitably we see that it gets into the nursing homes.

That being said, we're, at this point, we have over some 70 percent, 74 percent, I think, is the number of nursing homes that has been impacted by COVID. That being said, a lot of the nursing homes may have a few cases and has been able to mitigate the spread. And then there are those that are continued to have challenges. And I think we want to make sure that our systems are there to support them.

But just a few announcements, I think, that have come up over the last couple of days that I wanted to make you aware of. The first one is around the

therapeutics and the vaccines. Obviously, we're very encouraged about the Pfizer announcement.

We're hearing that Moderna will be – they'll be able to have a better understanding of what their data shows, and it was based on the same type of technology as the Pfizer vaccine. So we're very hopeful that there is light at the end of the tunnel. And we just – we just have a few a few more weeks to get through in terms of the nursing homes and assisted-living facilities.

CDC continues their work in terms of the priorities. And I think that there's an independent group that will once the vaccine is approved, will give those final recommendations on the priority. But, obviously, we think that nursing homes and assisted-living facilities need to be prioritized. And because of that, that's why we had Operation Warp Speed, and had those efforts to work with the pharmacies, Walgreens and CVS, to make sure that the vaccine could be easily administered.

And I know many of you have responded that you want to participate in that program. So that's a great news. I think the vast majority of nursing homes, that's the only data that I see. And I hope that assisted-living facilities are doing the same. So we're very encouraged about that.

As part of our efforts around the vaccine distribution, CMS has also provided – we're going to be using enforcement discretion so that the pharmacies that come into your facilities will be able to bill Medicare for the residents that they inoculate.

And then they would probably bill, if your staff has insurance or if they're uninsured, I think there's processes for both of those. I think that – as soon as the vaccine is ready to go, I think we've got a good system there to make sure that nursing homes and assisted-living facilities are prioritized.

The second area then is therapeutics that are coming out. There was a therapeutic that was approved, the Lilly drug, the monoclonal antibodies, which was just approved this week. And the other thing that CMS did, following that announcement was announcing some new payment policies.

We're sort of looking at the monoclonal antibodies as a type of vaccine. And because of that, that will allow for the infusion to take place in a variety of different settings, as long as the safety requirements can be met.

So it's likely about an hour of infusion, an hour of observation on nursing homes could potentially, if they choose, could decide to administer that inside the nursing homes and you would bill on top of that – on top of your daily rate because it's like a vaccine.

If you feel like you are unable to do that, there are obviously arrangements that you could have with other providers. We recognize it would be difficult for nursing homes to transport nursing home residents to hospitals or other locations. And so I would encourage you to work with home health agencies or home infusion and look at our guidance as well because the idea here is that it's site neutral, and lots of providers as long as they're meeting the safety requirements can provide this.

Obviously, initially, it's in shorter supply. The manufacturer is ramping that up. But the distribution of that we've been getting a supply. Very similar to Remdesivir, where there's an allocation that's given to each of the states. And then the states decide how the drug is delivered and to where and to whom. So I would encourage you to work with your state if you need some any more information.

But we've heard really good results. And the testing that you're doing is so important and critical because the drug is most effective when it's given with mild symptoms. So if somebody is – their diseases progressed enough for them to be in the hospital, we know that it has limited effectiveness, and it actually doesn't work.

They halted the studies for people that when they went to the hospital, and it has much more effectiveness, that you guys can read the label on this. And we can give you some more information, but it's over 55. I think it's – it does really well with elderly people with comorbidities.

So, anyway, just wanted to make sure you had the latest information. We, like I said, we've also provided a lot of flexibilities around billing, to make sure that nursing home residents and nursing homes can rapidly access this.

I know top of mind, we hear a lot about staffing, and supplies. And so, let me talk about those issues together. When we started out the response to the pandemic, we were putting out a lot of national guidelines. And it was more – it was a national approach. States would – had their own responses.

What we're doing right now is a more targeted approach. We really appreciate all the hard work. And we know that it's been a lot of administrative burden around the reporting that you are doing into the – to CDC.

That's been very critical for us to be able to see where there are issues. And we know that we've seen that some of the nursing homes that are reporting cases are reporting that they're having staffing issues, as well as some supply issues.

That being said, one of the things that we're doing with HHS, and CDC and CMS is calling the nursing homes. So when we see that they are reporting cases, they're going to be getting a call from the federal government.

We're asking them a few questions, to be able to identify what their issues are and how we can support them. But what the result of that would be is connecting them with somebody that can help them with supplies, somebody that can help them with testing, or whatever their issue is, it could also be follow up from QIO. So there's going to be this seven to eight questions where we're sort of doing the assessment.

What's been a little unusual in the first round of calls is that a lot of the nursing homes that are reporting outbreaks, when we talk to them weren't reporting staffing, as a high of a level as what we're seeing in the NHSN data in terms of staffing and supply. So we'll continue to work with it. But we're trying to have direct communication with the nursing homes that have been impacted.

Obviously, there are a lot of state strike teams, which many nursing homes had found very helpful. And then we have our federal strike teams. Our federal strike teams are probably going to focus on the nursing homes that are having the most difficulty.

As I said, there's a lot of nursing homes, that start out with a few cases and they're actually able to contain it. There are some, where we're saying that they've got 10, 20, 30 cases, and that's really where CMS is going to be focusing as – on those nursing homes, that that may be having some more problems in mitigating the spread of it.

So expect to be if you have a nursing home that or if you are a nursing home that has cases, expect to get some follow up. And the goal of that is just to support your efforts to make sure we're doing everything that we can to support you.

The other piece that I wanted to focus on is also training. We're going to put out some information today publishing the names of the nursing homes that have participated in our national training program.

I have heard and if it's not the case, I'm happy to discuss that the people that have participated in the training have found it very useful. Some of the concerns that we have is as we're going into nursing homes that are having larger outbreaks, many of them haven't participated in the training.

And given where we are and the degree of spread in the community, I would strongly urge you to have your staff participate in this training. A lot of times what we're seeing is just – it's not just community spread, because there's a lot of nursing homes that are able to mitigate it, and what seems to be the differences, the understanding around infection control. So would encourage you if you haven't. And we'll be putting out that list publicly about the nursing homes that have participated in training.

The last area is testing. I know that that has been a big list for everybody. And we really appreciate all the work that you're doing. At some point, we're going to be working on the enforcement around the testing data, we know a lot of you still are not at that point, and we want to work with you to get there.

Obviously, our approach is to make sure that we're supportive and we're helping you before we turn to fines. So right now, we've got about half of the nursing homes reporting, we're going to continue working with you on that.

That being said on testing, I think our numbers what we're looking at in states that are in the red zone, most of those – I think we saw most of the states, at least in NHSN are reporting 90 percent has been doing the testing and in the yellow zones, I think it's a – it's more like 85 percent.

So generally testing numbers, we still have some nursing homes with outbreaks that are indicating that they – that they're not testing. There may be some issues with data and reporting. And we've been trying to make sure that you are getting the supplies that you need.

And I talked to (Dr. Jawad) this morning, and he said, "I'm sending them. I'm not sure if everybody's using them." We want to make sure that we are keeping the lines of communication open so that you have the appropriate testing supplies."

So I think I've covered most of the areas that we have – that we wanted to highlight and made sure that you had the latest information. We also created a nursing home Resource Center on our CMS website, which has all of the guidance and other tools in place. But we just wanted to make sure that you were aware of that.

So I'm going to turn it over to Dr. Fleisher. But really, today's discussion is an opportunity for us to you know, give you an idea of what we're working on. We know this is a tough time and we just continue to refine the strategy. And we also just want to hear from you if there's anything that we can do to support your efforts.

Alina Czekai: So actually, before I turn it over to Lee, I know that we have Mark Parkinson is on the line and (Ruth) from (Leading Age) is also on the line. So maybe if you all wanted to say a few words, and then we can open it up to Dr. Fleisher and questions from the nursing homes or comments.

Mark Parkinson: Sure, (Ruth), you want to go first?

(Ruth Katz): Sure. I just – I just wanted to say thank you for this call. And thanks for everything you're doing. And Administrator Verma, when you were talking about making sure that nursing homes have the testing supplies they need, are you – do you mean BinaxNOW cards that they need as many as they need or?

Seema Verma: I mean, that's my understanding from (Dr. Jawad) is that they're trying to rotate in the shipping of the Binax. Not necessarily every week, but they're understanding that you may use the Abbott test. But they also want to make sure you're getting the supply of Binax test.

(Ruth Katz): Right. And, unfortunately, they're also expensive. And I mean, it ends up being an expense for nursing homes. But, yes. And I was also wondering if there's going to be any additional help with PPE?

Seema Verma: We continue to ...

Mark Parkinson: Hello.

(Ruth Katz): Hi.

Mark Parkinson: Hello.

Alina Czekai: Administrator Verma, did we lose you? I believe the Administrator got disconnected. She'll be dialing back in. But, Lee, do you want to take that?

Lee Fleisher: Sure. No. Thank you. I missed the question.

Mark Parkinson: Yes, I think we all dropped off in there for just a second. Somehow some of us got back in.

Lee Fleisher: Well, why don't – while the administrator is getting back in, again, thank you for everything you're doing. And we greatly appreciate it. One of the things that we will start doing is making phone calls.

Actually any nursing home who had a case in the last week would have received a call and it's really important that we get those calls answered,

because they're going to be asking some six to seven key questions that we're going to use to triage the nursing home to either additional resources at the federal or state level, for example, the testing, the PPE, the staffing, of seeing where to go in addition ...

Seema Verma: Sorry about that. I guess I lost the line. Lee, were you able to answer the question about the supply issue? Or do I need to answer that?

Lee Fleisher: Well, I was just talking about that the questions we are going to get after they answer the – we're going to call it every week for the nursing homes. I believe every nursing home in the country will be contacted by HHS or by CMS, with our CDC colleagues, and we're going to triage them to the appropriate resources to get – both to see if they're staffing, testing supplies, as well as PPE supplies. So we don't have any at CMS, but we're going to try to work with our state partners to ensure you get the supplies.

Seema Verma: Thank you, Lee.

Mark Parkinson: So this is Mark Parkinson here. Is it OK, if I make a couple comments?

Seema Verma: Please do.

Mark Parkinson: Great. I think we have – most of our Board, perhaps all of our Board and each of our 50 state execs on the call. So we greatly appreciate you giving us a chance to get this update and to give you a few ideas on where things are at.

And I think you accurately stated the situation. It's really hard right now. The community spread is, of course, rampant. We're doing a good job in some parts of the country and with some facilities and keeping it out that just gets really, really hard when you see the kind of numbers that are out there. And we appreciate that recognition.

A few things just to highlight that have been very helpful, because I think, , the areas you might want to continue to focus on. First, is in the area of testing. The situation that we're in with testing compared to – back in March, it's just night and day.

The decisions initially to send the antigen machines to the facilities, and then probably the more important than that the Abbott Binax test has just been a complete game changer. And I think save lives and our buildings. And to the extent that you all can continue to keep an emphasis on that, that would be great.

I think early on, we heard that maybe those shipments might continue until the end of the year. And we might just want to sort of think about the timeframe be more towards like when we can get the vaccine and the buildings, which I think it sounds like it's going to be pretty close to that same time frame. But just want to let you know that the testing emphasis has been fantastic.

Secondly, we are extremely happy this week with the news on both the vaccine and the monoclonal antibodies. Couldn't be more excited, and I completely agree with you. It does give us hope that maybe we are just a matter of months or perhaps even weeks from this nightmare being behind us.

We greatly appreciate not only being prioritized for the vaccine, but also the turnkey solution that's being provided to get the vaccine in the buildings, both assisted-living and skilled nursing. And just want to thank you for that decision. And I know that you'll continue to be an advocate for us as those prioritization decisions are made.

Finally, what I want to say is, I think you also are quite right when you say folks are just tired. And that's just so true. As I talked to our members every single day. Because of staffing shortages, there's been a lot of people that have been in nursing homes or assisted-living buildings since March, what may be just a few days off.

And in other – in other words sort of the schedule, but I think you've probably had. And it's just – it's just getting – it's just hard. And with the staffing shortage, that there's nothing else that can be done about it. And they recognize that and I think people are committed to see this through to the end. And we need – and that thing to make it as user friendly as possible. So there are two regulatory things that I would just ask you to consider. And I know that you're thinking about both of them.

One of them you referenced, which is the requirement for everybody to report every single individual test to the NHSN portal. If you know there have been some delays in people getting the security clearance to do that, and then just them having the man – the person power to get it done. I know that you've been flexible in enforcement.

And we know – I think – I don't think we want to tell people they don't need to do it, because then they'll just stop their attention on it. But I – we appreciate the flexibility and hope that that can continue beyond what I think we've kind of heard which was a November 20th day.

And then finally in relation to survey (insert) in general. There had been some really good stories. You know, I think that when we stopped the surveys and went to regular surveys and went to the infection control emphasis, we were hearing a lot of really good things about what was happening with survey teams and providers and cooperating and learning stuff.

And I hope that for the most part, that's the case. But I will have to say you know in the last month or so, we are getting reports at various parts around the country what again feels like a pretty punitive survey approach on non-COVID related matters.

Evan Shulman has been great at letting us talk with him about those situations, and David Wright has been as well. But I just think to the extent that until we get past the vaccine, the emphasis can be on infection control. And on trying to get better, that would be very productive.

So, again, thanks for – thanks for hearing us out.

Seema Verma: Thank you, Mark. And just a couple of comments in response, I think on the survey (insert), we'll continue to work with you on that. Obviously the advocates feel strongly that we are continuing to review the normal course pieces on nursing homes. But we recognize you guys are under tremendous pressure. And there's a lot going on. So we want to work with you. And if there are issues or incidences, please feel free to flag those for us. And we can try to deal with that.

On the issue of the testing piece, we want to work with you. And if people are having problems, figuring out whether it's security or the reporting, but it is really critical to tracking this and to make sure that the testing is happening and that you have the supplies that you need.

I know one of the things that I keep hearing from (Dr. Jawad) is, "I don't know what's going on, I'm sending out these tests, we don't know if they're being used." And obviously, as the demand for testing is very high, we just want to make sure that we are sending it to the right places. And if there are people have an oversupply or whatever the issue is, and not having that data is a real problem for us on the federal level.

So we want to work with you we're going to, we had a conversation about it this morning about doing some calls. We're going to identify the nursing homes that we haven't heard from and try to work with them.

So we'll still have that requirement. But I think we'll try to be flexible, but I can't emphasize how important it is just to the overall response and ensuring availability of testing across the country.

Mark Parkinson: Sure.

Lee Fleisher: Seema, I don't know if you want to comment, or I'm happy to about the holidays coming up that I'm concerned about both staff and (inaudible).

Seema Verma: Yes. Yes. That's a – that's a great point. And thanks for prompting me, Lee. The team has been working on some guidance, I will tell you that I'm very concerned about Thanksgiving.

Obviously, people leaving the nursing home, and then coming back presents all kinds of risks. That being said under the law, we can't prevent people from leaving the nursing home. So we're going to put out some guidance.

And Lee and Evan can tell you a little bit more about it. The taskforce just reviewed it – these last couple of days. So it's just something that we're all very concerned about. I think if we can emphasize to people, hey, look, this vaccine is right around the corner. You know, it's been a long road for

everybody. But hopefully we can hold on and continue to take the appropriate safeguards and precautions.

Lee Fleisher: And, Mark, you had emphasized in a previous call I had with your Board, the issue of the staff not understanding that even if they test negative on day one, after they come back, day two, when they're not testing, to not relax their use of PPE. That's one of our greatest concerns of bringing it in.

So if they haven't taken the education or reemphasizing the necessity of continuing PPE when they return to the homes. Because there – we are concerned about seeing college-aged children and others during the holidays. And I don't know if Evan wants to chime in about the resident side of the equation.

Evan Shulman: Good afternoon, everyone. I mean, I think we're running out of time here. The Administrator and Dr. Fleisher have mentioned that we're working on some guidance. I think you'll see that it's – I don't think you're going to see many surprises here. I think we all know what works. We just need to reinforce it. And make sure that we take extra precautions if residents want – and also remind our staff that even though they're not a nursing home resident, thanksgiving get-togethers need to be different this year.

So you'll see more in the upcoming days we hope. And we're trying to support you here in giving you some information that we think can help you prevent COVID from coming back into the building, including not only educating residents and their families on the dangers and risks of leaving the facility.

But discouraging them from leaving the facility and encouraging them for alternative means to get together. So more to come on that. And we know it's going to be challenging, so we're going to try to get as much information out about that as we can.

Lee Fleisher: Administrator, is there anything else? Go please.

Seema Verma: I know that we're – yes, I know we're running out of time. Maybe just one last question. And then we can wrap up. Yes. We just want to make sure that

we're keeping the dialogue open. And so as you brainstorm in your Board meetings or just amongst yourself that there are things that we can continue to support you on, let us know, I think the concern about the testing supplies, that was brought up by LeadingAge, the survey pieces, this, the new requirements around reporting on the testing, I think those are all things that we can work with you on, and just look forward to always having a continued dialogue with you all.

OK, I'm not hearing any questions or comments. And so, Mark, and (Ruth), if there's anything else that we can talk – that you want to follow up on, let us know, any questions. I think there's going to be – there's information out there on reimbursements on vaccines and on the monoclonal antibodies.

So, again, that's something that I would really encourage you to work with your state on. Obviously, the initial supply is going to be limited, but then hopefully, over time, the manufacturer will increase its production. And we just want to make sure that nursing homes are addressed. And that, of course, is a state decision. But I think also having a plan for your nursing home residents about how you see that being administered. Is that something you're going to do in-house? Or whether you may work with another provider.

Mark Parkinson: Terrific. And you know, this is the third or fourth time that you or Dr. Fleisher have spoken with our board and this time with our state exemption like the last five or six weeks, and we really appreciate that and the dialogue is really matters.

And as this community spread continues, we'll be in touch with you about what's happening in the facilities. And if we come up with some more constructive ideas on how to slow this down or stop, but we'll be in touch with both of you.

Seema Verma: Thank you, Mark. And thank you all for participating today.

(Ruth Katz): Thank you very much.

Seema Verma: Thank you.

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