

Centers for Medicare & Medicaid Services
COVID-19 Call with Nursing Homes
Moderator: Alina Czekai
May 20, 2020
4:30 p.m. ET

Operator: This is Conference #: 4879622.

Alina Czekai: Good afternoon. Thank you for joining our May 20th CMS COVID-19 Weekly Call with Nursing Homes. We appreciate you taking time out of your busy schedules to join us today. 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, CDC leaders to share important updates with you all. I'd 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: Thank you so much and thank you all so much for joining. We have had quite a busy couple of days as far as guidance goes. So we wanted to just take some time today to walk through that fairly quickly.

I'm sure you had the opportunity to read through it. I'll talk a little bit about the data reporting requirements and then take questions given the fact that we had quite a lot of guidance we wanted to go through. We will not have our guest speaker for today's call, but we will resume that on next week's call.

So, first, thank you again for joining the call and as I've mentioned, since February actually, we've had a total of 11 guidance documents really based on infection control requirements and updating them as we learn from the field and obviously with our partners from the Centers for Disease Control and Prevention and also from our federal oversight survey.

So, I'm sure you know that one of the guidances issued in March relay the very difficult decision to restrict non-essential visitors from nursing homes. And at the time, of course, we fully appreciated how painful the separation would be for loved ones, but we really had to look at what was in the interest of the patients, the residents and the staff caring for them.

So, while many areas of the country continue to grapple with the virus, some areas of the country are seeing declining case counts and they are starting to reopen many businesses. So, CMS in collaboration with CDC and the Coronavirus Task Force, wanted to provide states and localities with recommendations that proposed a phased-in approach to reuniting nursing home residence with their loved ones as well as loosening some other restrictions.

But given the vulnerabilities of nursing home residents, we are extremely cautious in the approach and really want to be methodical and data driven. So, our focus is on the safety of the residents and we wanted to tie it to the phases in the President's Opening Up America Again guidelines.

And so that, if you've seen, that included benchmarks that must be met in different phases, and our guidelines match up to those various phases. But again, the pandemic is affecting communities in different ways, so several factors must be considered when you are looking at making decisions on a stay or about relaxing restrictions. You have to look at what's the case status in the community and that's done in a number of ways, looking at decline in a number of new cases, what is the hospitalization rate like, deaths, other things that might be considered outliers.

The case status in the nursing home is obviously very important, and then staffing and PPE and testing. So, a number of factors must go in, but the guidance that we issued emphasized proper screening for facilities, using personal protective equipment, looking at what restrictions needed to be in place for non-essential medical staff as well as testing.

At a high level, we recommended that nursing homes avoid relaxing restrictions and advancing through the reporting phase until all residents and staff have received baseline tests because it's important to understand whether or not there are known cases of COVID-19 within the community.

In addition to the baseline test, we recommend that nursing homes screen all staff daily and test them weekly. The guidance recommends screening steps

such as temperature checks, questions about symptoms, potential exposure, many of the things that you're doing already and have been doing for a while.

Facilities may also need to continue testing residents if symptoms of COVID-19 are present, which would allow us to come and take appropriate infection control measures proactively. So if the facility identifies a new onset COVID-19 case, then while in any phase, the facility must reevaluate and go back to the highest level of mitigation and start over.

So we encourage all state and local leaders to use data to help adjust any of the testing recommendations within the nursing homes and the prevalence as they look at the prevalence of the virus within the community.

Another important factor for reopening depends on declining case counts in the given state or community, state and local officials, as well as each individual nursing home should look at and evaluate the current environment and tailor their approach to reopening accordingly.

As part of the reopening, one of the main questions that we know you received and we received is when will visitation be allowed again. So the answer will depend on a variety of factors. But in general, aside from compassionate care situations, nursing homes can begin receiving visitors in Phase Three, which is when it's anticipated that there has been a sustained decrease in COVID-19 cases.

And when the time comes to allow visitation, it's important to mention and a really valuable reminder that even as we open the nursing home again, all visitors must be screened wear face coverings at all times to limit potential exposure and to protect every resident.

It's also important to note that these are recommendations and that the final decision rests with state and local leaders who are most familiar with the needs of the community. And so we urge them to collaborate with nursing homes in tailoring the implementation plan so that they can be aware of unique circumstances on the ground.

This might require that all nursing homes in a given state or region meet the requirements all at the same time, or they may allow nursing homes to advance along the phases individually. Earlier, well it was about the end of last week, the Administrator had a really productive call with the Governors in which they talked through much of the guidance and I know they've already begun to think about how they will implement it in their States.

So again, noting that this is very important guidance that we will be working with the State and we will be welcoming your input as well as input from advocates and family members as well as we continue to learn what's best in the community.

So I'll stop there. I know that again, you've probably had time by now to pour through the information that was provided last week, and we'll take some questions. But just before that, just a reminder about the requirement for nursing homes to report COVID-19 data to the CDC, and of course, to let family members know information in facilities.

The data must be submitted to the CDC through the National Healthcare Safety Network, the NHSN, and these new regulations require that the first week of data be reported to the CDC beginning May 8th but no later than May 17th. So we do have data and have started to reach out to some of the nursing homes for which we have not yet received data or have knowledge that the data has been reported.

So again, the first report is due May 17th. The second report is due May 24th, so coming up very shortly. The third report is due May 31st. And if we have not received the report by that time, you will receive a warning letter for no report, and then by the fourth report, which is June 7th, we will begin to look at enforcement actions.

So that's all I wanted to say again, so I can leave time for questions, but before I do that, let me turn to Dr. Nimale Stone, who has been so gracious to join us throughout the course of these calls to give us a little information from the field. So, Nimale, I'll turn to you.

Nimale Stone: Thank you so much, Jean, and good afternoon everyone. I'm going to be brief, but I wanted to make you all aware that the CDC Guidance for Infection Prevention in Nursing Homes was updated yesterday.

So, the whole guidance has been now kind of reframed to incorporate the tiered recommendations that are starting to be considerations as we look at reopening. And the way we've organized the website, there are core activities, and then there are some additional guidance, like additional recommendations that are appropriate for what phase of reopening your center and your community might be in.

I just want to highlight one of the new core recommendations, which is that we would really encourage facilities to assign and dedicate one individual with infection prevention control training to be the onsite manager of their COVID prevention and response activities full time.

I think all of us have seen the incredible amount of work that has to be done in order to maintain a safe environment, handle the surveillance and reporting of COVID infections, communicate with public health and continue to be up to date with all of the changing, testing, and cohorting recommendations as we evolve our understanding of this virus.

So, having that person is so critically important, and we would like to see all of us look at our infection prevention resourcing with the more critical eye in light of what we've experienced. There are additional updates to our testing considerations as well as we mentioned the reporting requirements.

And on that note, I'd like to hand it over to my colleague, Dr. Jeneita Bell from the NHSN long-term care team, who is going to give you a quick update from their perspective. Thanks.

Jeneita Bell: Thanks Dr. Stone. Hello everyone. My name is Dr. Jeneita Bell, and I am here to report that a majority of the nursing homes across the U.S. have successfully enrolled in NHSN, and most of them have actually reported data to us. So that's definitely a milestone that's worth celebrating. Congratulations to you all.

And I do realize that some folks on the call may have some concerns regarding the e-mails they sent to NHSN, to our help desk. I just want to give you a few pointers. If you do send an e-mail, please put LTCF in the subject line, that helps us triage your e-mail a little bit faster.

We do have e-mails coming in from State Health Departments, hospitals and other partners. So, it helps us find your e-mail a little bit quicker, so we can triage it to appropriate persons to answer your question.

Also, while you're waiting on a response to us, and we appreciate your patience, please review the materials that are available on the LTC-COVID-19 page. You may find in your circumstance that the answer to your question may be in some of those enrollment materials or materials available to assist you with reporting.

Also, if you're in a circumstance where you're waiting for a response to an enrollment question, there's also an opportunity for you to print our data collection forms on the website. If you go to the website, there is a PDF and you can print it. And as you wait for access to the COVID-19 module, please fill out the form and you'll have the data ready at your fingertips when you are ready.

So then you're not searching back in your records to catch up and be compliant with the CMS requirements. I also ask that you all do not send the same question more than once. We've had some circumstances where one user would send questions, for example, more than once to the NHSN help desk.

And that actually exacerbates the problem with us answering questions quickly, because it slows down our ability to rapidly respond. And also, I want to emphasize, as this is an opportunity if you have experienced some issues and you're waiting on a response from NHSN, please reach out to your QIN-QIOs.

They are a tremendous resource and a wonderful partner of NHSN. They have experienced from a prior project with enrolling nursing homes and troubleshooting common issues, and also providing you with the assistance to report.

So, reach out if you don't know who your QIN-QIO is, I'm sure our CMS partners here on the call can help you out with that or your state health department. Often there's pretty strong partnership between the QIN-QIO and the State Health Department.

Also, while I'm on the phone, I also would like to address some data reporting errors that we noticed. I want to emphasize first that it's very important to ensure that you have the correct CCN when you enroll in NHSN.

Go back and check and fix it if you need to because that is an important data field that we use to match the data up with the records that we send over to CMS. So that can cause an issue and you might get a letter from CMS stating that you had not reported if that information is not correct.

Also, when you're reporting, we asked facilities to do two things in the resident impact facility pathway and the staff and personnel impact pathway. We ask that you submit your aggregate data from January 1st to April 30th. You can use the calendar feature with NHSN to select the date.

It could be April 30th, where you can submit that aggregate count that's happened since then. After that point, you are required to at least report data on a weekly basis. So let's say today, you decide to report for this week. So in the past seven days, how many new cases you've had, it can be confirmed or suspected cases or deaths and admissions when it comes to a resident impact facility module.

Please do not report cumulative cases. We've seen some instances where a facility may have some confusion and let's say for example, on Monday, Wednesday, and Friday, they report each day and the count continues to increase.

So I report 30 on Monday, then 31 on Tuesday, and then I have 36 on Wednesday. Please do not do that. And if you have further questions, other than beyond what I've explained thus far, please refer to our table of instructions for each reporting pathway.

Also, I would like to announce that we have a webinar planned on Friday, May 22nd, 1:00 to 2:00 p.m. During that webinar, we will talk about group user function. So there's an opportunity if you're a part of a corporation, where that corporation can submit data on behalf of your facility using our group user function and submit bulk upload.

So to learn more about that, there's an opportunity with a webinar, however, space is limited. So we encourage people to join early to secure a spot and to learn more about that. I believe we sent out an email blast sometime last week.

We'll probably send another reminder, but to quickly access the information I just shared with you again, you can visit the COVID-19 page and scroll down to the training tab where we constantly update that with new webinar opportunities.

And lastly, I just want to encourage you all that we're not merely collecting data for the sake of collecting data. And CMS is not looking to penalize you, but we're looking to help you and information that we have as far as being shared, not only with CMS, but also the White House Task Force, FEMA and your State Health Departments.

We're looking to use this data to provide you with the resources that you need. So on that note, I want to thank you all for everything that you do. I understand that there are tremendous sacrifice and dedication that's involved with you reporting to work every day and while we're undergoing this pandemic. So, I hope that you all stay safe and thank you for your attention. Jean, I'll pass it back to you.

Jean Moody-Williams: Great. Thank you so much and operator, I'd like to open up the call for questions please.

Operator: Thank you, and ladies and gentlemen, if you would like to ask a question, press "star," "1" on your telephone. Again, if you would like to ask a question, press "star," "1" on your telephone. We will pause for just a moment to compile a Q and A roster. For our first question, it's from Rick Colanda from the Skilled Nursing, your line is open.

Rick Colanda: Hi, thank you. My question is really pertaining to skilled nursing on the Part B side. CMS released a transmittal this past Friday that updated the CPT codes for the sometimes therapy services that require (inaudible). So for example, the e-visit codes, G2061 through G2063 and the telephone service codes 98966 through 98968.

In the transmittal, it mentions therapists in private practice and therapy providers in the MLN Matters accompanying article. It does say institutional providers. So I guess my question is, has there been any clarification or update to skilled nursing facilities being able to have therapists do e-visits and telephone services and bill Medicare on a UB-04 claim form?

Jean Moody-Williams: OK. Thank you. So it's regarding therapist's ability to bill. I don't, do we have anyone from CM on the call? So that was a pretty technical question and I think if you could send that in to us, in addition, we have our billing subject matter experts on our office hours. And before we hang up, we'll get you the information for that so we can make sure you get the right answer. Thank you.

Rick Colanda: And what's the best e-mail then to send, I'm sorry to interrupt, what's the best email to send to you then?

Jean Moody-Williams: Yes, we will announce that. Hang on to the end of the call and so we can make sure.

Rick Colanda: Yes. Sure. Thank you.

Jean Moody-Williams: Next question, please.

Operator: For our next question is from Jennifer Hilliard from Arnall Golden Gregory. Your line is open.

Jennifer Hilliard: Hi, and thank you for taking my call. I was on a Leading Age call today and I understand that there's an acknowledgement of consent issue with providers, not receiving an automatically generated e-mail. And I have a client that has gotten their enrollment, but they cannot access the reporting modules.

So I think they might not have gotten this automatically generated e-mail that requires them to have that last step so that they can do their reporting. Can you provide me with an update of how this issue is being addressed?

Jeneita Bell: Hi, this is Jeneita. Yes, we heard issues with that and we found that there was a defect in the system. So it's actually a reminder for someone to complete that final step that has been rectified, but I really realized that there are some folks who may have been caught in the middle of that.

The enrollment materials should provide instructions for what the next step is, that very last step. If people refer to our enrollment guidance, some of those details are outlined, but I can share with Leading Age, how to work around that. If you did not receive that email, would that be helpful if I shared it with Leading Age?

Jennifer Hilliard: Yes, and if you would also share it with me, that would be wonderful. I can send you an e-mail or something.

Jean Moody-Williams: OK. Thank you for your question.

Jennifer Hilliard: I have a follow-up question, if that's all right.

Jean Moody-Williams: OK.

Jennifer Hilliard: If this client of mine can't do their reporting by the May 31st deadline, are there any acceptable alternate means of reporting if they can't get this problem addressed before then?

Evan: Hey Jean, this is Evan. Do you want me to get to that?

Jean Moody-Williams: Yes, go ahead.

Evan: So, thank you for the question and we are monitoring all of the reporting status for all the facilities and we'll continue to look at that if there are any significant barriers that prevent a facility from reporting and we may take additional actions, but right now it looks like that most facilities are able to enroll in and report and so at this time, I think that we would urge you to continue to work through the current process, even though there may be some

questions, but if we need to make any changes, then we'll get back with everyone at that time.

Jennifer Hilliard: All right. I appreciate it. Thank you, Evan.

Jean Moody-Williams: OK. Thank you. I think we can take – we have time for one more question, please.

Operator: And for our next question is from Angela Hass from Wooden Haven Nursing. Your line is open.

Angela Hass: Thank you. My question is I was listening to the dates that we're supposed to report and it's all set on a Sunday. So can we report that Friday before that Sunday? Or can we report that Monday after?

Evan: Hi, this is Evan Shulman again. You can report it any time during the weekend, as many times as you'd like during the week, you just have to have it in by that date.

Angela Hass: OK. Thanks so much.

Evan: Sure.

Jean Moody-Williams: OK. All right. Well, thank you all for tuning in and if you have additional questions, why don't I turn it to Alina so that you can get that information.

Alina Czekai: Great. Thanks Jean, and thanks everyone for joining our call today. As Jean mentioned, we hope that you'll join us tomorrow for our CMS COVID-19 office hours. That call will take place tomorrow, Thursday, May 21st at 5:00 p.m. Eastern, for technical Q&A with our CMS subject matter experts.

And in the meantime, please continue to direct your questions to our COVID mailbox, which is COVID-19@cms.hhs.gov. Again, we appreciate all that you're 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.

End