

Centers for Medicare & Medicaid Services
COVID-19 Call with Nursing Homes
October 28, 2020
4:30 p.m. ET

Operator: This is conference # 5587022.

Alina Czekai: Good afternoon and thank you for joining our October 28th 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 who will share important updates on COVID-19 with you all.

First, I'd like to turn it over to Jean Moody-Williams, Deputy Director at CMS' Center for Clinical Standards and Quality. Jean, over to you.

Jean Moody-Williams: Great. Thanks, Alina. Good afternoon everyone and thanks again for joining the call. I know, you know, I'd just been thinking we've been doing these calls for quite a while now and we've been making great progress in the field and sometimes we have up days and down days but it is your resilience and your persistence to keep going that really keeping the country moving forward.

So, I just need to continually thank you for hanging in there and doing what you can and making it better for residents, their families, caregivers and others. Like you, I know you can't help but notice as I have that there has been uptick of COVID-positive cases across the country and it's concerning – and to us as well as to you. And as we continue to work, I think we have a better idea overall of what it is we need to do. We learned a lot and it's just that continuing persistence and hard work to do that.

So again, thank you and I urge all of you to continue to work with your staff, particularly implement the action, to prevent the spread of COVID. We talked

about them on this call many times, symptom screening, effective use of PPE, due diligence hand hygiene, social distancing and appropriate cohorting of residents.

And I know those seemed basic but sometimes as the time goes on, it never hurts to reinforce with your staff and those that are – that are on here that are on the frontline as reminders to ourselves that these are things we need to do. And we continue to work with our colleagues at CDC and HHS to see what else could be done. The data that you're sending in is incredibly helpful, it's helping us to continue to deploy resources where they need to be with the testing and PPE.

And so, we thank you again for your continued vigilance in that area as well. I just want to remind you, I know that we put out a number of guidance but really we have an unprecedented training program that was developed by CMS in consultation with the nursing home industry. So, we got your input, we put that into consideration, what needed to be in that training and we have – it's a first of a kind scenario-based training.

And it includes five modules for frontline staff and 10 for the management staff. And again, it covers those things that I just mentioned that you have said that would be helpful to have. So as – we had a number of staff take the training. I think last time it was over 100,000 that have taken this training and some staff and some management. And that's a great number but when you think about, perhaps, nearly a million workers that are out there, it's not good enough.

So, we need to keep really reinforcing, please take the training. We are noticing we're getting good feedback from those who are taking it that it is helpful and we'll be able to bring you some more data on that, hopefully in the upcoming meeting.

So, we also have a pretty full agenda today, so I want to really turn it over to our colleagues from CDC who wants to talk to us about the pharmacy partnership for long-term care program. We also can talk a little bit about the CLIA lab test reporting requirements.

And we talked at our last meeting about advancements that had been made – being made with the NHSN and so we will update you on that. And we've been getting a lot of questions about the BinaxNOW. So, we have an updated plan for you on that and then we'll open it up for any questions that you might have.

So with that, why don't we turn to (Ruth) to talk about the pharmacy partnership for long-term care program?

(Ruth): Hi, thanks so much for the time. I appreciate it. I know it's a packed agenda, so I'll jump right in. So, many folks on the phone probably are aware of the pharmacy partnership for long-term care program. This is a program where we're working with pharmacies at the national level, CVS and Walgreens, to bring on-site clinics for COVID-19 vaccine when it's available for residents of long-term care facilities.

It is up to the facilities how they like to receive vaccine and so you can sign up via NHSN to indicate your preference for CVS, Walgreens or your existing long-term care pharmacy, if they're available. Sign-up is ongoing, it's been opened for about a week now and we just extended the deadline.

And so it will remain open until Friday, November 6th. We do really encourage folks to sign up as soon as possible. It will really help with the coordination and logistics of the program and making sure that we can get vaccine out quickly and efficiently to long-term care facilities once it's available.

So, I know we have a really packed agenda and I want to make sure that there's time for the other folks on the phone and for Q&A. So, I'll hand it off. Thank you.

Jean Moody-Williams: Thanks so much, (Ruth). And just to note that there's guidance out on that particular area from CMS on payment for residents for Medicare patients who will be using enforcement discretion as it relates to some of the combined billing issues and have made provisions for roster billing for the residents, Medicare residents. So, please continue to look out for information

on this partnership and as was noted, sign up, if in fact you want to take part of this.

So with that, why don't we move – we want to talk a little bit about the CLIA lab testing. So, I'm going to turn it over to our colleague at CDC, (Seth) and Dan.

(Seth Kroop): Yes, this is (Seth Kroop) from CDC. I'll say a few things and then turn it over to Dr. Dan Pollock, also from CDC. As most of you are aware, several weeks ago on October 15th, CDC's National Healthcare Safety Network or NHSN released a new point of care laboratory reporting tool within NHSN's long-term care facility COVID-19 module, which extended a new data submission capability to CMS certified long-term care facilities that are already required to report other COVID-19 data to NHSN.

And what the capability did was enabled nursing homes to meet HHS requirements to report SARS-CoV-2 point of care antigen test data and other on-site COVID-19 laboratory test data to appropriate federal and state and/or local health authorities. The CDC work closely with HHS, CMS' long-term care associations and public health partners to stand up the seamless reporting module for nursing homes to report to the antigen point of care test data to NHSN.

CMS certified long-term care facilities are now required by HHS to use NHSN to meet this existing reporting requirement to report the data to appropriate federal and state health authorities. And the idea behind this is really to create a single standardized reporting system that all 15,000-plus nursing homes already used for other mandatory COVID reporting that has the capability to share data with state and local health department and has the capability to share data with HHS and CMS.

The new NHSN tool enables nursing homes to enter the point of care laboratory test data into the NHSN application and NHSN in turn then report the nursing home point of care laboratory test data electronically through standard electronic laboratory messages to the state and local health

department. And then finally, the identified nursing home point of care laboratory data is also reported to HHS.

In order to utilize this, nursing homes need to upgrade their NHSN Secure Access Management Service or SAMS level from level one to three. And most nursing homes had already been contacted to do this and many have already completed the process. We encourage the others to continue completing the process as you're contacted by CDC. And if for some reason you haven't been contacted, you can reach out to us at nhsn@cdc.gov.

I'll turn it over to Dr. Dan Pollock who leads our surveillance branch to talk a little bit more about this.

Daniel Pollock: Thanks, (Seth), Dan here. The NHSN tool that (Seth) has very well described is one that we designed in an effort to minimize the reporting burden on the long-term care facilities. There are two types of data entries, one enables static type information, information about each resident, each staff member, the test ordering provider, the type of test that the nursing home will use to be entered.

And then that information can be ported over into a second data entry which will be the actual test result themselves and there are two data elements that need to be entered for each individual who undergoes the test on-site. We have sent a blast e-mail earlier this afternoon to NHSN users regarding – in the long-term care facility arena regarding upcoming trainings on use of the new tool.

The first training will be this Friday from 2:00 to 3:00 p.m. Eastern and then a second training on November 2nd from 12:30 to 1:30 Eastern. Participants must register in advance for the training and information on the training also will be posted at the NHSN long-term care facility COVID page and at the NHSN – at the NHSN website. So, all are welcome to join the training.

We're also connecting with states that have already stood up our point of care reporting solutions, to coordinate communications regarding expectations and requirements with the nursing homes that are in the state's jurisdiction. We have, as (Seth) said, established a mechanism to deliver the point of care test

data electronically to the state health departments and as of this morning, the electronic messages are beginning to flow to those state endpoints.

We'll also make the data available within the NHSN application for the long-term care facilities themselves to see their own data as well as enable what we referred to as our group users, third parties, other than the long-term care facilities and CDC to gain access to the data within the application. So these are, again, often state health departments that have rights to look at the data as well as receive it electronically.

That's it for me. Thank you.

Jean Moody-Williams: Thanks. Amy, let me turn it to you to give a few words on the reporting from a CMS perspective.

Amy Zale: Thanks, Jean. This is Amy Zale and I'm from the CLIA Program and going along with what (Seth) and Dan just talked about, we know that the HHS June 4th guidance was just updated on October 19th. And that one of the updates require CMS certified long-term care facilities to submit their SARS-CoV-2 testing data including point of care antigen testing data to the CDC's National Healthcare Safety Network.

And CMS recognizes that to fill SARS-CoV-2 reporting requirement, nursing homes and other long-term care facilities that are NHSN users may need to upgrade their Secure Access Management Services or SAMS to level three.

So, CMS will temporarily exercise its enforcement discretion under CLIA and will not – not site CMS-certified long-term care facility, if all SARS-CoV-2 results are not reported as required by the IFC 3 until such time as long-term care facilities are able to update their NHSN SAMS' level and are able to report this data incident in NHSN no later than November 20th, 2020. Long-term care facility should continue to report data and aggregate until they're able to report all point of care and other on-site COVID-19 laboratory testing data. Thanks, Jean.

Jean Moody-Williams: Thanks, Amy, and again we'll have time for questions for anyone. But before we go to questions, we've already been receiving questions about the BinaxNOW.

So, I'd like to turn to (Rachel Kellogg) and thank you for joining us, (Rachel) and I'll turn it to you.

(Rachel Kellogg): Hey, thanks Jean. Good afternoon everyone and thanks for inviting me to participate on this afternoon's call and of course thank you for all the work that you're all doing, very hard work to protect our nation's seniors. So, I'm happy to give you all an update today on the distribution of test kits to nursing homes including the distribution of the Abbott BinaxNOW test card as well as the distribution of the BD and Quidel instruments and tests.

So at the end of August, the administration awarded a contract to Abbott for the delivery of 150 million rapid Abbott BinaxNOW point of care antigen cards to expand testing in the U.S. Of those, 150 million purchased test, 100 million are allocated to states for governors to distribute and 50 million are dedicated to vulnerable community such as nursing homes.

So, the BinaxNOW test card as you're all I'm sure are well aware, they're very simple to use. It doesn't require an instrument, has results in 15 minutes and cost \$5.00 per test. So to date, we have delivered more than 7.3 million tests to nursing home. So, those shipments will continue weekly through December 2020. And after this Binax Program is over through HHS, nursing homes can purchase directly from the commercial market.

So, a quick update on the allocation strategy which we actually updated just a couple of days ago. So, distribution of tests are prioritized based on CDC epidemiological hotspot data. So, facilities and counties with the high-degree of positivity will be prioritized to receive shipments and hotspot data will be reevaluated on a biweekly basis to determine prioritization and allocations for a two-week period.

So, nursing homes in areas with greater than 10 percent positivity or those red counties and those nursing homes in counties with 5 to 10 percent positivity or

those yellow counties will be prioritized to receive test. So, this is where we actually put out an update. So for those red counties, test allocation will be determined for testing of all staff two times a week and for those yellow counties, we will also allocated enough tests to do testing for all staff one time a week.

Originally, we had done those yellow counties to support 50 percent of staff one time a week. So, now those shipments should support all staff one time a week in those yellow counties. Nursing homes with the 5 percent positivity or those green counties will not receive test through the federal distribution, though homes are welcome to reach to their states to ask for additional test from their state allocations.

Because a lot of states are including vulnerable communities in their distribution strategy but those strategies are completely up to the discretion of the governor. We have not told them how to distribution any of those tests.

So, I do want to note that the federal distribution of the BinaxNOW test to nursing homes is intended to supplement existing testing capabilities. These are not intended to be the sole testing tool. I like to say that the Binax test cards are kind of just a tool to add to your testing toolbox.

So, you all should continue to use those shipments of the BD and Quidel instruments to support testing in nursing homes for residents, staff, visitors, however you all, so that your testing protocols in your nursing homes. So speaking of BD and Quidel, quick update there, as you all know HHS sent shipments of BD and Quidel instruments and associated test to nursing homes with the current CLIA certificate of waiver.

So between July and September, we sent 13,985 instruments and more than 4.9 million tests to 13,850 qualified nursing homes. We gave nursing homes until September 30th to receive a CLIA certificate of waiver and shipments to those 1,300 nursing homes who received a CLIA certificate of waiver began last week and they're on track to be completed by the end of next week which was really great news.

Nursing homes who did not qualify for the federal program, if you all were not able to apply for and receive your CLIA certificate of waiver by September 30th, you're welcome to purchase these instruments and tests directly from the appropriate manufacturers and distributors.

Jean, that's it for me. I'll turn it back to you.

Jean Moody-Williams: Great. Thank you. And so we had time left for a few questions. Operator, if we – if you could give instructions on how to queue up for questions please.

Operator: Absolutely. Ladies and gentlemen, at this time I would like to remind everyone in order to ask your questions, you may press star then the number one on your telephone keypad. Again, that's star one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

Jean Moody-Williams: Great. And as we're waiting for those questions to come in, just a reminder that you can access the training from any computer or mobile device for the nursing home, sorry, scenario-based training that I mentioned in – at QSEP which is Q, S, E, P, dot cms dot gov, that's [qsep.cms.gov](https://www.cms.gov/qsep). I know you're accustomed to going to QSEP for other trainings as well.

OK, do we have any questions?

Operator: Again, if anyone wants to ask questions, you may press star one on your telephone keypad.

There are no questions at this time. Presenters, you may continue.

Jean Moody-Williams: OK, great. Thank you and as you are – I know there's a lot of information that we covered this afternoon. So, you know how to reach out to us at any time if you have additional questions. Please feel free to do so.

And I will turn it to Alina to give closing information as well as how to reach us.

Alina Czekai: Great. Thanks, Jean, and thanks everyone for joining our call today. Our next call with nursing homes will take place on November 11th at 4:30 p.m.

Eastern. And in the meantime, you can continue to reach us via our COVID e-mailbox and that's covid-19@cms.hhs.gov.

Again, thank you for everything that you are doing for nursing home residents and their families around the country. This concludes today's call. Have a good rest of your day.

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