Questions and Answers from Open Door Forum: Skilled Nursing Facilities/Long Term Care, 12/17/2020

1. I have a kind of general question about the upcoming rollout that will start very soon, for the vaccines for COVID-19. I wondered if CMS will be issuing any regulatory guidance around that vaccine administration since it will be done by a third party. Will there be any instructions to the providers?
    a. I think that certainly from a billing perspective, in many ways we have tried to treat this as we would treat any vaccine, such a as flu vaccine. And so in terms of its administration, in terms of documentation around what's required to - in terms of what's required to be maintained within the records around the provision of the vaccine to your patients, I think that those would follow the same regulatory guidance as you would see for other types of vaccines.
2. My question regards a lot of questions we've been getting from relatives and staff wanting to know about the safety - if it's okay to drop off takeout food for their loved ones during the holidays, or drop off plates of cookies and snacks. With that, I will yield for your answer.
    a. According to the CDC's Holiday Celebrations and Small Gatherings Guidance (https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html), there is no evidence to suggest that handling food or eating is associated with directly spreading COVID-19. It is possible that a person can get COVID-19 by touching a surface or object, including food, food packaging, or utensils that have the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not thought to be the main way that the virus is spread. Remember, it is always important to follow food safety practices to reduce the risk of illness from common foodborne germs.
        i. Encourage guests to bring food and drinks for themselves and for members of their own household only; avoid potluck-style gatherings.
        ii. Wear a mask while preparing food for or serving food to others who don't live in your household.
        iii. Limit people going in and out of the areas where food is being prepared or handled, such as in the kitchen or around the grill, if possible.
        iv. Have one person who is wearing a mask serve all the food so that multiple people are not handling the serving utensils.
        v. Make sure everyone washes their hands with soap and water for 20 seconds before and after preparing, serving, and eating food and after taking trash out. Use hand sanitizer that contains at least 60% alcohol if soap and water are not available.
            1. While CMS regulations at §483.60(i) or policies do not prohibit facilities from allowing family and friends to bring food made at home to residents, we encourage facilities to assess the risks

associated with families and volunteers bringing in restaurant take-out or home-cooked meals and cookies for residents and staff, such as whether safe food handling practices were followed. In addition, we recommend that facilities find innovative ways of celebrating events without having parties or gatherings that could increase the risk of COVID-19 transmission (e.g., virtual parties or visits, provide seasonal music, movies, decorations, etc.). If you have any additional questions or concerns, please forward them to the DNH Triage Team via email at DNH_TriageTeam@cms.hhs.gov. We value your interest and thank you for helping to optimize the health, safety and quality of life for people living in nursing homes.

3. We're hearing that it may not make sense to vaccinate our residents and staff at the same time if we're monitoring for side effects with the residents and yet the staff themselves, may have a reaction or need to be out - home sick for several days with side effects, or reactions to the vaccine. Is there any way to influence CVS or Walgreens to say come more time so we can stagger this? I know it's being graciously done by the government to have them come out. But we're so used to doing flu on a staggered schedule and it seems like, you know, we're two or three visits and done and we're not seeing how that's going to work to really vaccinate staff at the same time as residents. So any help on that could be appreciated.
    a. Yes. I think that question is definitely beyond the pay grade of anyone that is on this call and more likely a question that is for HHS proper as opposed to CMS. If you want to submit the question to the SNF LTC ODF mailbox, we can try and get it over to our colleagues in some of the other departments in HHS and see if they would be able to - if there is any information that they'd be able to share on that.
4. We are getting a lot of questions about the testing guidance post-vaccination, if we'll have to be tested and how often we will have to be tested.
    a. And at this time there are no changes to the guidance as far as testing. There's currently not enough information to be able to determine what we're going to do as far as the frequency of testing. So until you receive any further guidance, please continue to test along the same testing schedules that you are already following.
5. I am from the Home Health Agency in Ohio and of course, our state right now is going through a surge in cases of COVID, especially our county. So my question relates to the changes in the home health payment schedule of obviously we've known that there'll be a no pay (rep) coming. But they've also implemented the major penalties for not getting the (rep) in, in the five days. Has there been any discussion or talk about any type of waiver to, you know, give us a little bit of grace for this, because of what we're dealing with? And we're seeing a census increase of 100 patients from what we were pre-COVID. I guess I just wanted to know - I feel like I understand that the no pay (rep) has come; we've been expecting it.

a. Change Request 11855 says this about exceptions to the late RAP penalty:
If an HHA fails to file a timely-filed RAP, it may request an exception which, if approved, waives the consequences of late filing. The four circumstances that may qualify the HHA for an exception to the consequences of filing the RAP more than 5 calendar days after the HH period of care From date are as follows:
1. fires, floods, earthquakes, or other unusual events that inflict extensive damage to the HHA's ability to operate;
2. an event that produces a data filing problem due to a CMS or A/B MAC (HHH) systems issue that is beyond the control of the HHA;
3. a newly Medicare-certified HHA that is notified of that certification after the Medicare certification date, or which is awaiting its user ID from its A/B MAC (HHH); or,
4. other circumstances determined by the A/B MAC (HHH) or CMS to be beyond the control of the HHA.

The HHA shall provide sufficient information in the Remarks section of its claim to allow the contractor to research the exception request. If the remarks are not sufficient, Medicare contractors shall request documentation.

6. My question is related to the waiver and then also the submission fee final rule where it mentioned that until the public health emergency expires and the last day of the year, that they're allowing practitioners in private practice which generally required direct supervision, so onsite, they're allowing it to be general so long as the supervisor is available for audio and video. My question there is what type of documentation are you expecting, or are you expecting when we have to use that waiver to reduce exposure to the patient's work, the employees? And then the second question to that is on previous calls, when people have had question about the hospital waiver or extending the 100 day Medicare benefit period, it's been recommended that the provider reach out to their MAC just to let them know what's going on. Is this something that you expect as well that providers should be doing, should they find themselves needing to use the general (versus) direct, supervision?

a. We finalized a policy in the CY 2021 physician fee schedule final rule that would allow physicians and certain practitioners, including therapists in private practice, to furnish direct supervision via a virtual presence using real-time, interactive audio and video technology through the later of the end of the calendar year in which the PHE for COVID–19 ends or December 31, 2021.

7. My question is on the quality measure. We previously were using the composite scorecard to address how nursing homes were improving in their quality measures. Is it your recommendation and guidance that we now use the nursing, the Care Compare and five star rating system?

a. When you say scorecard what are you referencing?

i. Previously CMS put out a composite scorecard. We use that looking at the quality measures. I believe it was last year that we were looking at that. And now that we're using the composite scorecard, just wanting to

make sure that we should switch over to just using Care Compare or is there some other guidance that you would provide?

1. So I would contact your QIN QIO for that question. Because they're the ones that are calculating those scorecards for you.
    a. Yes. And they said that they are not using the composite scores anymore because CMS is not.
        i. Okay. So if they're no longer doing that; if that's what the QIN QIO has told you, then we do not have an availability. That was a special project through the statement of work for the QIN QIOs. So CMS would not have composite scores for the facilities at this time.

8. In Wisconsin I understand that we are going to be receiving the Moderna vaccine for our residents and staff and I'm just wondering how long after the EUA is - the EUA comes out for that vaccine, will we be receiving vaccine information sheets similar to what has come out for the Pfizer vaccine, so that we can start to educate our staff and the residents?
    a. You will see public announcements. I would check the CDC Web site once they have received an EUA to use that vaccination. The CDC would then have information regarding the Moderna vaccines and you should be able to find all that information there. And there are also contracts with Walgreens and CVS, to assist and do clinics in the facilities. So know that CVS for their Pfizer vaccination, has already posted a lot of the documentation. So you may want to also check the CVS and Walgreens Web site as well as the CDC, for vaccine information sheets.
9. I'm calling in from a SNF organization in Ohio and I have a PBJ question. I sent an email to the PBJ inbox about any waivers or anything related to the pandemic and they did reply that providers that submitted incomplete information for PBJ, their star rating would be suppressed. And I'm just wondering how they determine incomplete. So if files were submitted, but we did not have the time to review them and make sure that all of the hours were included and send updated files, how do they determine that they're incomplete and suppress the rating versus dropping the rating?
    a. Typically, a facility is downgraded to a 1 star staffing rating if the data indicates that there were 4 or more days in the quarter with no RN hours reported when the resident census was greater than 0. For the quarter ending on September 30, 2020, we are suppressing the staffing star rating instead of downgrading. If the PBJ data submitted by your facility did not have 4 or more days with no RN hours reported, than a staffing star rating was calculated using the data that was submitted.
10. My question has to do with the quality measures. With the quality measures beginning to be unfrozen as of January 27th, can you confirm the data that is being used will be data ending June of 2020 for all of the measures, or will it just be for the claim space measures?

a. With the January 2021 refresh, the MDS-based quality measures (QMs), excluding the short-stay pressure ulcer QM (part of the Skilled Nursing Facility Quality Reporting Program – SNF QRP), will use data from quarters three and four of 2019 and quarters one and two of 2020. The short-stay pressure ulcer QM will continue to use data from January 1 – December 31, 2019 (no update). The claims-based measures, excluding the short-stay QM, rate of successful return to home and community from a SNF (SNF QRP measure), will use data from July 1, 2019 – June 30, 2020. The SNF QRP measure, rate of successful return to home and community from a SNF, will continue to use data from October 1, 2017 – September 30, 2019 (no update).

11. I just have some questions around the monoclonal antibodies there. Could you give some logistics? If our pharmacy or contracted pharmacy, does not have the medications but our hospital that we receive - we are partners with has the medications, can we receive the medications from the hospital as opposed to our contracted pharmacy? Can they mix them or does our pharmacy need to mix them? And then what kind of contracts do we need for that?
    a. The following CMS documents may be helpful to review, regarding monoclonal antibody products:
        - https://www.cms.gov/files/document/covid-medicare-monoclonal-antibody-infusion-program-instruction.pdf
        - https://www.cms.gov/files/document/covid-infographic-coverage-monoclonal-antibody-products-treat-covid-19.pdf

        If monoclonal antibody therapy is used in a skilled nursing facility, please note that the facility must meet Medicare health and safety requirements, which includes providing pharmaceutical services to meet the needs of each resident. The facility may obtain services under arrangement and if so, the facility assumes responsibility for obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility, and the timeliness of the services. Please direct questions about payment to CMSCM-FFSInquiry@cms.hhs.gov. If you have any additional questions or concerns, please forward them to the DNH Triage Team via email at DNH_TriageTeam@cms.hhs.gov.

12. We're in accounting now that requires testing twice a week. Is there a timeframe in between the tests? I've been unable to get clarification on that.
    a. So you're in a twice a week testing status. Ideally, you would have your testing twice a week as spaced out as evenly as possible. Like you don't want to test somebody two days in a row. You want to space them out maybe three, four days. If you do not have your test results back before the next test is due, there

are some places that are having trouble getting test results quick enough, then the CDC is recommending that you do not test the person again, until you have the first set of test results. So if you do a test on someone for example, on day one, and you go to test them on day five but you still didn't get the first set of test results back, they're recommending that you hold onto testing the first and the second time that week, until you get the first result back.