

Centers for Medicare & Medicare Services
COVID-19 Call with Dialysis Providers
August 26, 2020
5:30 p.m. ET

OPERATOR: This is Conference # 1834329

Alina Czekai: Good afternoon and thank you for joining our August 26th CMS COVID-19 call with dialysis providers, nephrologists and others who care for patients living with kidney disease.

This is Alina Czekai, leading stakeholder engagement in the Office of CMS Administrator Seema Verma. Today, we are joined by CMS leaders to provide an update on the agency's latest guidance.

First, I'd like to turn it over to Jean Moody-Williams from the Center for Clinical Standards and Quality for an update from the agency. Jean, over to you.

Jean Moody-Williams: Great, thank you and hello everyone. Just a few updates I'd like to provide to you this afternoon, then we will open up for questions. Our guest speaker is in the hurricane zone today, so we hope that they remained safe and certainly know that – that is the priority.

So also, I want to thank you for your continued effort with the COVID-19 pandemic and the care that you're providing for patient with end-stage renal disease. One of the things I think we had a discussion with the oversight agency, we were able to really communicate to them how this community works together always but particularly in a time of disaster.

You always put the patient first and regardless of what – who owns that particular facility, if the patient needs care, you make sure they get it. And that is really remarkable and what we consider a best practice for other care settings, so thanks again.

So for some of the highlights I wanted to mention, we are really pleased that we were able to release an updated infection control guidance which really for

– in many sections is a reiteration of our previous guidance but it does contain some new recommendations.

One of the recommendations which we had spoken to I believe through a frequently asked question but we put it in the guidance, so there's no mistaking it, is the fact that vascular access procedures should not be considered elective. They are essential for the health of the ESRD patients and should be given the priority that it is due.

The memo also includes a checklist for our dialysis facility to use as a resource and a reference to ensure they're really adequately preparing to respond to the COVID-19 surge or resurgence. So, that is included in that guidance. I also wanted to provide a few ESRD QIP reminders and we can take questions on this as well.

The ESRD QIP preview period will end on August 31st, so we encourage you to review your preview report scores and submit any inquiries that you may have as soon as possible, so that we can have adequate time to investigate and resolve those issues. Also the calendar year 2021 ESRD PPS Proposed Rule is currently on display and comments are due no later than September 4th, 2020, and really encourage you to submit any comments that should be considered as we finalize that rule.

Yesterday, we did release our third interim final rule as a part of our unprecedented effort to combat COVID-19. Now this rule enhances the federal government's virus surveillance network and provides transparency to the American people. It really emphasized testing and reporting of testing and reporting of COVID-19 information.

So, we really specifically announced sweeping regulatory changes that require nursing homes to test residents and staff for COVID-19, according with the guidelines specified by the Secretary. And today, in support of the interim final rule, we released guidance that provides details on how to meet those testing requirements.

And we wanted to be sure that you are aware of what we're requiring because as you – as I think I mentioned on the call a couple of weeks ago, we really want to have good coordination between nursing homes and dialysis facilities and in fact have facilitated a couple of calls between dialysis facilities and nursing home facilities.

So, what we've asked the nursing homes to do in the guidance that was released today and is on our website, it provides how to meet the testing requirements that came out in yesterday's regulation. And it includes information on prioritizing individuals who must be tested and we note that – I think this probably goes without saying at this point but we should prioritize those with symptoms and also those that are triggered by an outbreak and we defined what that means in the guidance.

So, those that have symptoms and those that are in outbreak, which is any new case that arise in the facility would be tested on a basis of twice a week or as – they would be tested, so all staff that are previously tested negative, until no new cases are identified or until – residents until previously tested negative, until no new cases are identified. And then we talk about routine testing and in routine testing we provide information about using the county positivity rate.

So, this is data that's going to be provided to the nursing homes. In the guidance, there's a link to a website. That data is going to be available, August 28th. That data may also be useful to you because it does give you an indication of what's happening in your county. But if the county rate – positivity rate is low, meaning less than 5 percent, testing should happen once a month. If the rate is medium which is 5 percent to 10 percent, once a week for testing.

And then if it's high, greater than 10 percent, we're requiring twice a week testing, and we're also encouraging the nursing homes to look to see what's happening, what else is happening in their community, what's happening in emergency department visits, what's happening in other areas.

We're also encouraging that this information be provided to those facilities or medical professionals or whomever the nursing home is working with, so that you are aware of the status of the residents of that particular facility.

But we're encouraged that this is providing a new source of information, so that we can keep the pandemic transmission of the virus to a minimal. There's support that's being provided to the nursing homes as far as how to do the testing and financial support, et cetera.

So, the other thing I wanted to make you aware of is – within that regulation is the CLIA laboratory reporting. So, the CARES Act requires that all laboratories performing testing related to SARS-CoV-2 to report data daily for all individuals tested to the appropriate state or local public health department as required already by the law. It's important to note that this is for any entity that is doing the testing.

So, that might mean it could be laboratory but it could be a nursing home. It could be a pharmacist. It could be – I don't know if your facilities are doing testing under a CLIA certificate of waiver, but anybody that's doing the testing including the point-of-care testing should be reporting according to the guidelines that had been outlined by the Secretary in a memo that was posted on June 4th.

I believe that was June 4th, but all of that information is actually in the guidance about how to report and where to report. And if a laboratory or testing provider does not report the required information, we will be using a graduated CMP approach of \$1,000 for the first violation and \$500 increments for each subsequent violation.

The IFC3, the interim final rule with comment 3, also has some requirements for hospital reporting of COVID-19 data. I won't go into a lot about that but I encourage you to look at that and it also announces changes to the extraordinary circumstances exception, policies for the ESRD QIP to provide information for all of our database purchasing program as we look at the fact

that we may not had sufficient data to reliably compare national performance of measures.

And so, we want to be sure that we have a policy in place as we're looking at reporting and payment adjustments, so that is included. I know you'd been asking about that on this call as well. And we also launched a national training program for infection control in nursing homes on yesterday for frontline caregivers and their managers, and so that information is available.

So, I will stop there and see if Shellin or Dr. Roach or Dr. Magan have any information you want to add about the guidance or the IFC that went out yesterday and then we'll be able to open it up for any questions that you have. I think Abigail is on as well from the payment piece. So if you have payment questions, we have a subject matter expert on.

So do any of you have any comments you'd like to make?

Female: I don't have anything additional. Thanks Jean.

Jean Moody-Williams: OK, great. So, let's just go to the line to see if we have any questions.

Operator: Thank you. As a reminder to ask a question, you will need to press "star" then the number "1" on your telephone keypad. Again, that will be "star" then the number "1" on your telephone keypad. Please stand by while we compile the Q&A roster.

We have your first question coming from the line of Nathan Usosdavita. Your line is open, sir.

Nathan Usosdavita: Thank you. Hey Jean, it's Nathan. I don't really have a question. I just wanted to say, thank you for getting the documents out. As you had referenced, we've asked about them a couple of different times on this call and it greatly helped us to understand how to move forward as we work through the current situation.

So, I know you guys are busy and these sometimes take longer than expected but we appreciate the opportunity for these calls and the documents and waivers you guys are getting out. So, thank you, and I look forward to more coming out.

Jean Moody-Williams: Sure, thank you. Yes, we regret that it does take a long time but it does have to go through a number of hands to make sure we touched – covered all the bases but we are happy to get it out and thank you for your feedback which, of course, helps us to shape any policies that we put out.

Any additional questions or comments?

Operator: Once again as a reminder, to ask a question or give a comment, kindly press "star" then the number "1" on your telephone keypad. Again, that will be "star" then the number "1" on your telephone keypad.

Presenters?

Jean Moody-Williams: Yes, OK, thank you. So, I will turn it to Alina now to close us out.

Alina Czekai: Great. Thanks Jean and thanks everyone for joining our call today. You can continue to submit any questions or comments through our COVID-19 mailbox. And again, that e-mail address is covid-19@cms.hhs.gov. We appreciate all that you were doing for patients and their families around the country as we continue to address COVID-19 as a nation.

This concludes today's call. Have great rest of your day.

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