

# COVID-19 Weekly Industry Updates

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## Trump Administration Engages America’s Hospitals in Unprecedented Data Sharing

Press Release by CMS

3/29/2020

Today, the Centers for Medicare & Medicaid Services (CMS) sent a letter to the nation’s hospitals on behalf of Vice President Pence requesting they report data in connection with their efforts to fight the 2019 Novel Coronavirus (COVID-19). Specifically, the Trump Administration is requesting that hospitals report COVID-19 testing data to the U.S. Department of Health and Human Services (HHS), in addition to daily reporting regarding bed capacity and supplies to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. CMS, the federal agency with oversight of America’s Medicare-participating health care providers – including hospitals – is helping the Trump Administration obtain this critical information to help identify supply and bed capacity needs, as well as enhance COVID-19 surveillance efforts. Hospitals will report data without personal identifying information to ensure patient privacy.

“The nation’s nearly 4,700 hospitals have access to testing data that’s updated daily. This data will help us better support hospitals to address their supply and capacity needs, as well as strengthen our surveillance efforts across the country,” said CMS Administrator Seema Verma. “America’s hospitals are demonstrating incredible resilience in this unprecedented situation and we look forward to partnering further with them going forward.”

The White House Coronavirus Task Force is already collecting data from public health labs and private laboratory companies, but does not have data from hospital labs that conduct laboratory testing in their hospital. This

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hospital data is needed at the federal level to support the Federal Emergency Management Agency (FEMA) and CDC in their efforts to support states and localities in addressing and responding to the virus.

Academic, University and Hospital “in-house” labs are performing thousands of COVID-19 tests each day, but unlike private laboratories, the full results are not shared with government agencies working to track and analyze the virus. By sharing this critical data, hospitals can help Federal and state government mitigate the effects of COVID-19 and direct needed resources from Federal Emergency Management Agency (FEMA) and the U.S. Government during this unprecedented crisis.

In Vice President Pence’s [letter](#) to America’s hospitals, he asks all hospitals to report data on COVID-19 testing performed in their “in-house” laboratories, which are hospitals’ onsite laboratories. To monitor the rapid emergence of COVID-19 and the impact on the healthcare system, the White House Coronavirus Task Force is requesting hospitals to report testing data to HHS each day and to the CDC’s NHSN. This new data request by the Trump Administration will help monitor the spread of severe COVID-19 illness and death as well as the impact to our nation’s hospitals. Because private and commercial laboratories already report, this letter is not applicable to them.

This action, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Coronavirus Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, visit [www.coronavirus.gov](http://www.coronavirus.gov). For a complete and updated list of CMS actions, and other information specific to CMS, please visit the [Current Emergencies Website](#).



## McKnight's COVID Survey Reveals Vast PPE, Staffing Shortages

Written by: James M. Berklan

3/30/2020

The nation’s nursing homes are heading into the toughest days of the COVID-19 outbreak both underequipped and understaffed, according to results of an exclusive *McKnight's Long-Term Care News* flash survey.

More than 77% of respondents said their facilities were experiencing personal protective equipment (PPE) shortages. Nearly 3 in 5 (59%) said their locations were using homemade or improvised PPE, or reusing it. Masks, gowns, gloves and shoe covers are just some of the infection control products falling under the PPE label.

In addition, nearly half of the respondents (48%) said they have workers “calling in sick due to or exhibiting signs of COVID-19.” This is on top of normal staffing concerns that leave many facilities scrambling to fill open shifts.

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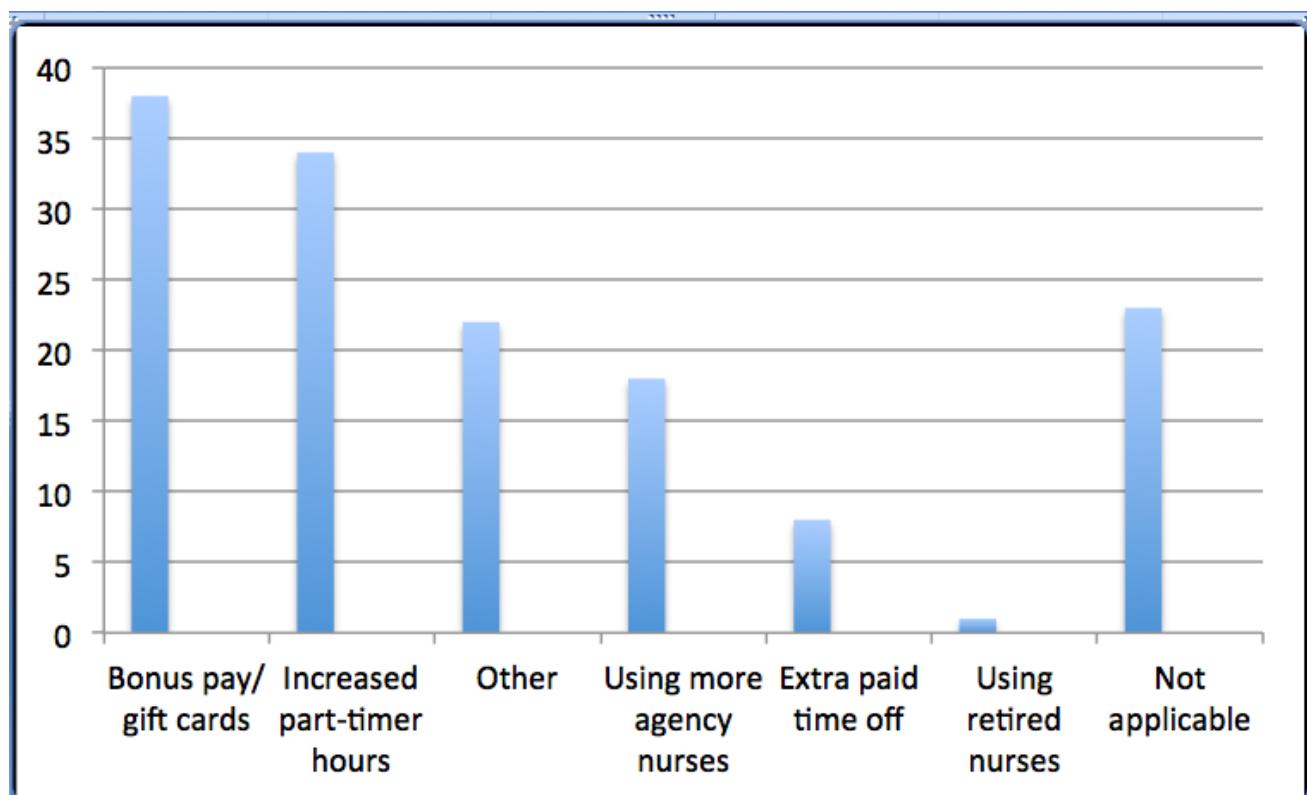
Survey results reflect a distressed industry seeking answers to challenges that could grow by the day. The number of U.S. hospitalizations is surging by thousands per day, putting more stress on the entire healthcare continuum, particularly nursing homes, where the individuals most at risk of falling prey to the highly contagious, deadly virus live.

More than 19% of survey respondents reported that COVID-19 had been detected in at least one resident or worker at their facility. The survey did not explore how many more had personnel quarantined or suspected of being COVID-positive.

Over half (51%) of the survey respondents said their buildings were not currently equipped to handle COVID-19 patients. This comes at a time when numerous states are contemplating whether to follow New York's lead of mandating that nursing homes accept any patient discharged from a hospital in the state, including individuals treated for coronavirus.

More than 15% said their facilities already had been pressured to admit COVID patients from the hospital, while 72% said they hadn't and 12% weren't sure.

## Staffing challenges

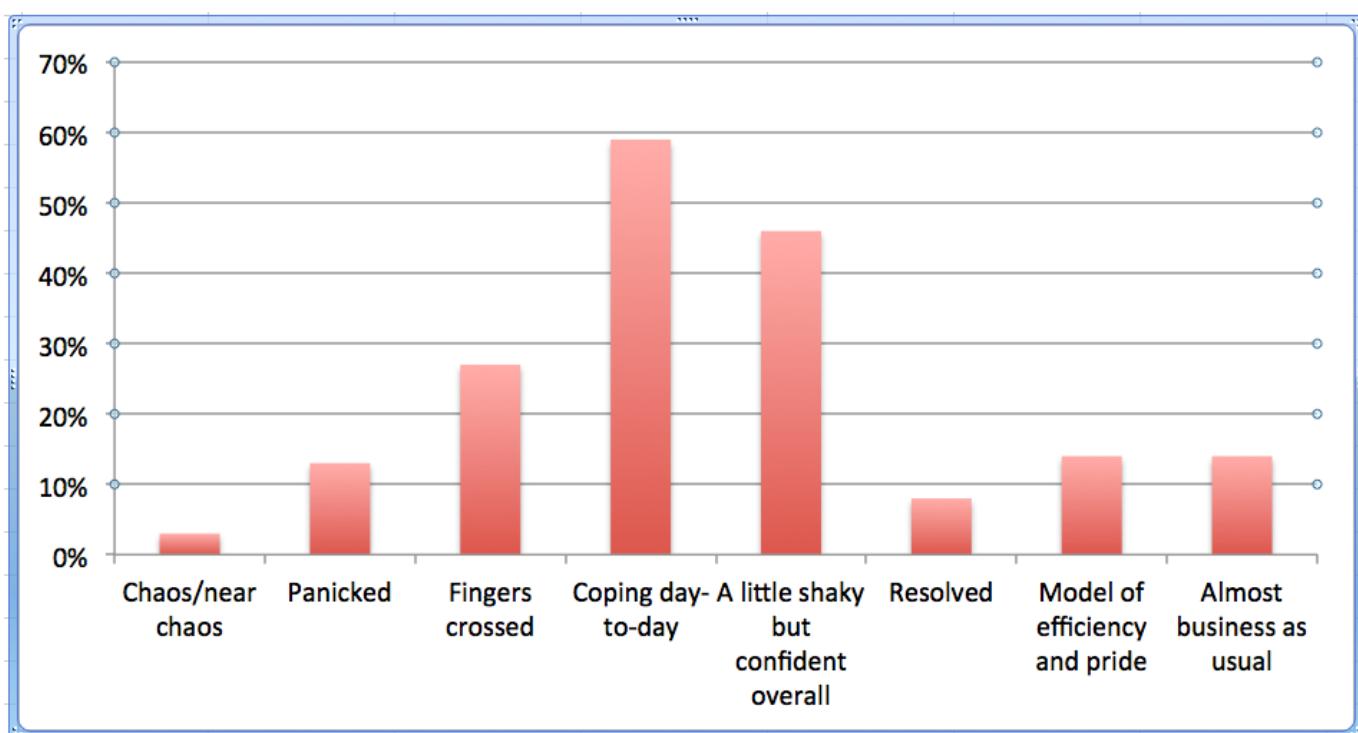


Percentages for: "How is your facility compensating for extra shifts/ other staffing needs?" (More than one choice allowed.)

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Managers said they were compensating for extra staffing needs with a variety of incentives and resources. “Bonus pay/gift cards” lead the way at 38%, followed by “increase part-timers’ hours” at 24% and using more agency nurses (18%). More than 22% entered something in the “other” category, which included flex-time, regular or special overtime pay, and managers filling in for staffers as the most popular choices. More than 23% said a question about “compensating for extra shifts/other staffing needs” was “not applicable” to their facilities’ situation.

A majority, however, observed some kind of anxiety among staff. “Coping day-to-day” was the top choice (59%) when asked “How would you rank the overall mood in your building?” That was followed by “a little shaky but confident overall” (46%) and “fingers crossed” (26%).



**“How would you rate the overall mood in your building?” (More than one choice allowed.)**

About 1 in 7 (14%) labeled their building’s mood as either “a model of efficiency and pride” or “almost business as usual.” On the other end of the spectrum, 13% characterized the mood as “panic” while 3% called it “chaos/near chaos.” Participants were encouraged to choose as many options as they felt were applicable.

Whatever uncertainty or worries survey results revealed, they also exposed a huge wave of creativity to “keep spirits up.” More than 80% of respondents shared strategies their facilities were undertaking to improve the mood. The most common involved free meals or snacks, dress-up/theme days, motivational talks, and increased communication and verbal appreciation.

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Survey participants comprised 350 McKnight's Long-Term Care News readers who responded to an email blast Saturday or Sunday asking them to take part in a survey seeking their views on the virus's effects on their nursing home or skilled nursing operations. Participants were entered in a random drawing for a \$50 gift card.

The biggest group identified themselves as owners, operators or administrators. Nursing leaders and a category for "other" (29% each) came next. The latter group consisted of CFOs, HR directors, medical directors, pharmacists, therapy leaders and other top managers.



## Trump Administration Provides Financial Relief for Medicare Providers

Press Release by CMS

3/28/2020

Under the President's leadership, the Centers for Medicare & Medicaid Services (CMS) is announcing an expansion of its accelerated and advance payment program for Medicare participating health care providers and suppliers, to ensure they have the resources needed to combat the 2019 Novel Coronavirus (COVID-19). This program expansion, which includes changes from the recently enacted Coronavirus Aid, Relief, and Economic Security (CARES) Act, is one way that CMS is working to lessen the financial hardships of providers facing extraordinary challenges related to the COVID-19 pandemic, and ensures the nation's providers can focus on patient care. There has been significant disruption to the healthcare industry, with providers being asked to delay non-essential surgeries and procedures, other healthcare staff unable to work due to childcare demands, and disruption to billing, among the challenges related to the pandemic.

"With our nation's health care providers on the front lines in the fight against COVID-19, dollars and cents shouldn't be adding to their worries," said CMS Administrator Seema Verma. "Unfortunately, the major disruptions to the healthcare system caused by COVID-19 are a significant financial burden on providers. Today's action will ensure that they have the resources they need to maintain their all-important focus on patient care during the pandemic."

Medicare provides coverage for 37.4 million beneficiaries in its Fee for Service (FFS) program, and made \$414.7 billion in direct payments to providers during 2019. This effort is part of the Trump Administration's White House Coronavirus Task Force effort to combat the spread of COVID-19 through a whole-of-America approach, with a focus on strengthening and leveraging public-private relationships.

Accelerated and advance Medicare payments provide emergency funding and addresses cash flow issues based on historical payments when there is disruption in claims submission and/or claims processing. These expedited payments are typically offered in natural disasters to accelerate cash flow to the impacted health care providers and suppliers. In this situation, CMS is expanding the program for all Medicare providers throughout the country

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during the public health emergency related to COVID-19. The payments can be requested by hospitals, doctors, durable medical equipment suppliers and other Medicare Part A and Part B providers and suppliers.

To qualify for accelerated or advance payments, the provider or supplier must:

- Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/ supplier's request form,
- Not be in bankruptcy,
- Not be under active medical review or program integrity investigation, and
- Not have any outstanding delinquent Medicare overpayments.

Medicare will start accepting and processing the Accelerated/Advance Payment Requests immediately. CMS anticipates that the payments will be issued within seven days of the provider's request.

An informational fact sheet on the accelerated/advance payment process and how to submit a request can be found here: [www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf](http://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf)

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## AHCA / NCAL, AMDA Blast 'Short-sighted' Plans to Discharge People with COVID-19 from Hospitals to Long-term Care Facilities

Written by: Lois A. Bowers

3/30/2020

"Blanket, one-size-fits-all" statewide orders barring long-term care facilities from denying admission based solely on confirmed or suspected COVID-19 diagnoses, or prohibiting long-term care facilities from requiring COVID-19 tests prior to admission or re-admission of hospitalized residents, are "a short-term and short-sighted solution that will only add to the surge in COVID-19 patients that require hospital care," the American Health Care Association / National Center for Assisted Living and AMDA – The Society for Post-Acute and Long-Term Care Medicine said in a [joint statement](#) released Sunday.

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The organizations cited a recent New York state order applying to nursing homes but said their concerns extended to assisted living communities as well, and they noted that other states “may already be adopting a similar approach in order to free up hospital beds.”

“As organizations dedicated to preserving the safety of patients and residents in post-acute and long-term care settings including assisted living, we strongly object to this policy directive and approach to developing surge capacity,” they said.

“The question all state officials must consider is whether the risk of introducing a virus with an estimated 30% or higher mortality rate into a nursing home or assisted living community outweighs the risk of hospitals being overcrowded,” AHCA / NCAL and AMDA said. “Regrettably, this is a difficult decision that many officials will be facing now or in the near future. However, it is not a binary decision. Alternative settings for patients recovering from COVID-19 must be considered and implemented now, including large field hospitals, dormitories, hotels, and shuttered nursing homes or hospitals.”

Decisions to transfer hospitalized patients to nursing homes, they said, must include factors such as supply and staffing levels, infection control capabilities and whether buildings have private rooms, negative pressure rooms and corridor designs that permit suitable monitoring of residents with acute, high-intensity medical and respiratory needs.

“In assisted living residences and continuing care retirement communities, these factors and the challenges in managing COVID-19 (+) or COVID-19 exposed residents are even more significant,” the organizations said. “These communities are not healthcare facilities, and thus are not prepared or equipped to handle medically complex surge-related discharges.”

AHCA / NCAL and AMDA recommended approaches taken by states such as Louisiana, Florida, Iowa and Michigan, which the groups described as being “more strategic and collaborative.”

Where hospitals are overwhelmed, they said, states should move residents within nursing homes to create open wings or floors to accept admissions from hospitals, assist in moving nursing home residents between facilities to create an empty nursing home that can accept new patients, or immediately develop and implement options for alternate care sites and staffing to accommodate the expected overflow.

“We urge states to work together with nursing homes / assisted living communities, hospitals, and public health authorities,” AHCA / NCAL and AMDA said.