COVID-19 Weekly Industry Updates

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CMS.gov

New ICD-10-CM diagnosis code, U07.1, for COVID-19

Published as CMS Communication

4/2/2020

In response to the national emergency that was declared concerning the COVID-19 outbreak, a new diagnosis code, U07.1, COVID-19, has been implemented, effective April 1, 2020.

As a result, an updated ICD-10 MS-DRG GROUPER software package to accommodate the new ICD-10-CM diagnosis code, U07.1, COVID-19, effective with discharges on and after April 1, 2020, is available on the CMS MS-DRG Classifications and Software webpage.

This updated GROUPER software package (V37.1 R1) replaces the GROUPER software package V37.1 that was developed in response to the new ICD-10-CM diagnosis code U07.0, Vaping-related disorder, also effective with discharges on and after April 1, 2020, that is currently available on the MS-DRG Classifications and Software webpage.

Providers should use this new code, U07.1, where appropriate, for discharges on or after April 1, 2020. Refer to the updated MLN Matters Articles for additional Medicare Fee-For-Service information:

- Update to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for Vaping Related Disorder and 2019 Novel Coronavirus (COVID-19)

- Update to the Home Health Grouper for New Diagnosis Codes for Vaping Related Disorder and COVID-19
- April 2020 Integrated Outpatient Code Editor (I/OCE) Specifications Version 21.1 R1

For detailed information regarding the assignment of new diagnosis code U07.1, COVID-19, under the ICD-10 MS-DRGs, visit the MS-DRG Classifications and Software webpage. The announcement is located under the "Latest News" heading.

For additional information related to the new COVID-19 diagnosis code, visit the CDC website.

CMS.gov

Trump Administration Issues Key Recommendations to Nursing Homes, State and Local Governments

Published as CMS Press Release

4/2/2020

Today, at the direction of President Trump, the Centers for Medicare & Medicaid Services (CMS), in consultation with the Centers for Disease Control and Prevention (CDC), issued critical recommendations to state and local governments, as well as nursing homes, to help mitigate the spread of the 2019 Novel Coronavirus (COVID-19) in nursing homes. The recommendations build on and strengthen recent guidance from CMS and CDC related to effective implementation of longstanding infection control procedures.

Nursing homes (also known as "skilled nursing facilities" under the Medicare program and "nursing facilities" under Medicaid; or "long-term care facilities") have become an accelerator for the virus because residents, who are generally vulnerable to complications from the virus, are even more so in an enclosed environment like a nursing home. In one Maryland nursing home, COVID-19 cases grew from one confirmed case one day to 64 confirmed cases the next. Hundreds of facilities across the country are experiencing increased numbers of cases among residents. To address this spread, CMS, which inspects Medicare-participating facilities to ensure compliance with Federal safety rules, has worked hand-in-hand with CDC to provide nursing homes with clear guidance on how they can keep their residents safe. Most recently, on March 13, CMS issued guidance that advised nursing homes to restrict visitors, helping prevent introduction of the virus into these facilities.

Additionally, on March 23, CMS announced new, focused infection control surveys intended to assess facilities' compliance with infection control requirements to ensure they are prepared to address the COVID-19 threat. In the initial wave of surveys during the week of March 30, CMS found that 36 percent of facilities inspected in recent days did not follow proper hand washing guidelines and 25 percent failed to demonstrate proper use of personal protective equipment (PPE). Both of these are longstanding infection control measures that all nursing homes are expected to follow per Federal regulation. CMS is continuing to conduct targeted infection control

inspections to ensure nursing homes are prepared to confront COVID-19 and keep their residents safe. Finally, Medicare is now covering COVID-19 testing when furnished to eligible beneficiaries by certified laboratories. These laboratories may also choose to enter facilities to conduct COVID-19 testing.

The recommendations announced today include:

- Nursing homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control.
- As nursing homes are a critical part of the healthcare system, and because of the ease of spread in long term care facilities and the severity of illness that occurs in residents with COVID-19, CMS/CDC urges State and local leaders to consider the needs of long term care facilities with respect to supplies of PPE and COVID-19 tests.
- Nursing homes should immediately implement symptom screening for all staff, residents, and visitors – including temperature checks.
- Nursing homes should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE.
- To avoid transmission within nursing homes, facilities should use separate staffing teams for residents to the best of their ability, and, as President Trump announced at the White House today, the administration urges nursing homes to work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status.

"The Trump Administration is calling on the nursing home industry and state and local leaders to join us by taking action now to ensure the safety of their residents, who are among our most vulnerable citizens. The Administration urges them to carefully review our recommendations, and implement them immediately," said CMS Administrator Seema Verma.

Today's recommendations will help State and local governments, and nursing homes, as they consider creative ways to stop the spread of the virus, such as designating units within facilities – or entire facilities – solely for residents with confirmed COVID-19. An example of such an arrangement is in Wilmington, Massachusetts, in which a 142-bed facility has been designated as a solely COVID-19-positive facility. Residents across the region who are infected with COVID-19 can be moved to this facility to receive appropriate care and avoid transmitting the virus within their facilities. This approach also eases the challenges of preventing transmission, like extensive PPE usage and isolation practices, for individual facilities. The Massachusetts arrangement, developed in coordination with the state's government, is a prime example of the arrangements envisioned in the recommendations announced today.

The recommendations also speak to enhanced screening and transmission prevention practices. Previous CMS guidance, developed with CDC and issued in mid-March, advised nursing homes to restrict all but the most urgent visitors and staff. Today's guidance builds on this by recommending temperature screenings for all visitors and that all staff utilize adequate PPE when interacting with patients, to the extent PPE is available.

Nursing homes are unique in the healthcare system because, unlike other healthcare facilities, they are full-time homes as well as settings of care. Importantly, nursing home residents, given their advanced age and corresponding health issues, are at particular risk of complications arising from COVID-19. Because they are

large concentrations of particularly vulnerable individuals, nursing homes have been a major focus for the Trump Administration in its aggressive efforts to combat the virus.

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. For a complete and updated list of CMS actions, and other information specific to CMS, please visit the Current Emergencies Website.

McKnight's SENIOR LIVING
News, perspective and analysis

CDC: Mitigation measures, not symptom screening, 'instrumental' in preventing COVID-19 outbreaks in senior living

Written by: Lois A. Bowers

4/6/2020

Symptom screening is of limited use in identifying cases of COVID-19, so mitigation measures could be "instrumental" in preventing an outbreak in independent living and assisted living communities, according to research published Friday by the Centers for Disease Control and Prevention.

Researchers from the CDC and UW Medicine tested 80 residents and 62 staff members of a Seattle-area independent living and assisted living community, and residents and staff also completed questionnaires, on March 10 and 11, a few days after two residents were hospitalized with confirmed cases of the disease and the community put social distancing and other preventive measures in place.

SARS-CoV-2, the virus that causes COVID-19, was detected in three residents and two staff members. None of the residents with positive tests had reported symptoms when the tests were given, but one had reported having some symptoms during the preceding two weeks. Both staff members with positive tests had reported symptoms. One asymptomatic resident who had tested negative during the first round of testing had a positive result during testing a week later.

COVID-19 symptoms were reported by 42% of residents and 25% of staff members who tested negative for the virus.

"[T]he high percentage of both residents and staff members who had negative test results for SARS-CoV-2, yet reported symptoms, illustrates the limitations associated with COVID-19 case identification strategies determined by presence of symptoms alone," the study authors said. "The findings from this investigation

underscore the importance of SARS-CoV-2 mitigation measures, including social distancing, visitor restriction, resident and staff member testing, exclusion of ill staff members, and enhanced disinfection and hygiene practices, which are consistent with current CDC guidance for preventing transmission of COVID-19 in independent and assisted living communities."

That only four residents had positive test results "differed markedly" from the experiences of two Seattle skilled nursing facilities, where high COVID-19 transmission, morbidity and mortality was seen, the researchers noted.

"Possible explanations for differences in findings in this residential community from those in SNFs include more social distancing among residents and less contact with health care providers in independent and assisted living communities than that in SNFs," the authors said. "In addition, early implementation of stringent isolation and protective measures after identification of two COVID-19 cases might have been effective in minimizing spread of the virus."

The study, "Detection of SARS-CoV-2 Among Residents and Staff Members of an Independent and Assisted Living Community for Older Adults — Seattle, Washington, 2020," was published in the "Morbidity and Mortality Weekly Report."

Skilled Nursing News

Nursing Homes Shouldn't Fear Overreacting to COVID-19 — Even If It Means Getting Ahead of CDC, CMS

Written by: Alex Spanko

4/5/2020

As the chief medical officer for publicly traded nursing home giant Genesis HealthCare (NYSE: GEN), Dr. Richard Feifer has a bird's-eye view on the strategies that hundreds of individual nursing homes have implemented in the fight against COVID-19.

Appearing on the most recent episode of SNN's "Rethink" podcast, Feifer was blunt about the decisions that operators face as the pandemic drags on, calling on the federal government to take all steps necessary to provide as much personal protective equipment (PPE) as possible — while also advising providers not to necessarily wait for officials when considering the implementation of stricter guidelines.

"In some cases, it means that organizations might get out ahead of CDC on some infection control practices," Feifer said. "And in some cases, that may turn out to be unnecessary. But it's better to risk overreacting in the face of this pandemic than to risk under-reacting, or being a little bit too late — because lives are at stake."

A transcription of the interview is presented below; the episode is also available on SoundCloud, Apple Podcasts, and Google Play. If you like what you hear, be sure to subscribe on the podcast service of your choice so that you never miss one of our twice-monthly episodes.

Please note that this interview was conducted and recorded on the morning of Wednesday, April 1, and thus reflects the situation as of that date.

Tell me about what you're seeing on the ground as of today.

This is obviously an unprecedented situation. Nobody's even imagined a pandemic like this before, and therefore nobody's fully prepared. We have residents and families who are having to confront situations that weren't even thought of just a few weeks ago — and providers as well. It's evolving and changing every single day. So from a skilled nursing and nursing home perspective, we have to be nimble.

We are learning on the fly; we're sharing with one another across the industry in ways that are truly extraordinary, and we're having to figure out answers to new problems on a minute-to-minute basis. Some of our biggest challenges right now involve access to testing patients with potential coronavirus disease, as well as the supply of personal protective equipment — especially masks and gowns to keep both the staff safe, as well as the residents.

Let's dive into the PPE — obviously it's garnering national attention across care settings. Just this week I saw a case where a doctor at a hospital in New York said she was given a Yankees-branded rain poncho to use as a gown. How bad is the shortage at Genesis, and for nursing homes more broadly?

We're all struggling with the national shortage of PPE. Everyone's experiencing that, and everyone's dealing with it in somewhat different ways. Across Genesis, we've been able to maintain a supply of standard face masks, N95s, for situations where there's high risk and when they're needed — and gowns, up until this point. And we've done that largely by going to various sources around the world to obtain supplies where we can, when we can, and by shifting supply around among our various facilities all around the country — from areas that don't need quite as much, as they've been able to obtain, to facilities that do because they're in hotspots.

That's getting us by on a day-by-day basis. But that's not sustainable. The nation's shortage is going to reach a critical point at some point in the next few weeks, and then we're going to be looking at alternatives that are certainly not preferable — but they may be necessary backup plans. So you mentioned using somewhat unusual coverings, whether it's garbage bags, or raincoats, or what have you. We are not at that point yet, and we hope to not get there.

But in order for that to turn in a positive direction, so that we really don't need to resort to such solutions, we need a greater supply. We need greater federal intervention. We need full implementation of the Defense Production Act and other solutions like that.

I feel like there's a lot of confusion out there about the availability of testing. We saw CMS earlier this week change its rules around lab providers, so that they can now be reimbursed for actually going into the nursing homes and providing those tests. What are you seeing at Genesis in terms of access to testing? Functionally, how is that working right now, and what needs to happen to get more people tested?

There is a huge gap related to the access of testing in skilled nursing facilities today — and any suggestion otherwise fails to see what's actually on the ground in America's nursing homes. And that gap is costing lives. I can't say it any more clearly. This is deeply concerning.

There is a shortage of the swab kits that the laboratory suppliers to nursing homes are telling us on a daily basis — and that shortage has been getting worse day by day, not better. And even when we can obtain the swab kits, the turnaround time for labs for nursing homes ranges from three days — that's the fastest — up to 11 days. This is completely unacceptable. We need to sound the alarm nationally.

So many of the strategies that we're seeing the federal government and states employ depend on accurate, widespread testing — the idea of separating nursing homes into facilities for people with and without COVID-19, for instance.

Absolutely. One of the principles of epidemic management that we're focused on is cohorting patients — cohorting patients who are positive for coronavirus disease away from those who are not. That's optimal in separate facilities, where there's no risk of spread within a facility. But cohorting is the principle, and you can't cohort patients if you can't know with reasonable certainty who has the disease and who doesn't.

The data from CDC, published in the MMWR just last Friday, suggesting that 57% of people who test positive are asymptomatic, who don't have symptoms. That's deeply worrisome. So that's one of the reasons why we must do testing.

How is morale among the staff at Genesis? How have the frontline workers responded to the crisis?

The people who are coming to work each day in America's nursing homes and throughout the health care system — the nurses, doctors, aides, therapists, PAs, NPs, all of them — they're the heroes, and they are coming to work, and they're putting themselves at risk to care for those that are in our facilities. They are doing all that they can in extremely challenging situations. We are doing all we can to support our leaders and support our frontline health care providers and caregivers to keep morale up.

Certainly, when they have an exposure and come down with symptoms, or have any suggestion that they might have coronavirus disease, they can't come to work. They need to go home and be quarantined for 14 days, and so that puts significant strain on staffing. Additionally, some people have medical conditions that get in the way of their ability to work. And then there's a lot of anxiety out there — and I do appreciate that.

So staffing was a challenge. It was a challenge even before this pandemic in American nursing homes, and this has made the situation worse. So far, we've been able to keep up with appropriate and necessary staffing levels, but that problem is going to get worse as well.

We've seen senior living providers, such as assisted and independent living companies, see an opportunity to solve their staffing problems given the record-high unemployment filings, particularly among people who worked in the service sector; if you worked at a restaurant or bar or hotel that closed because of COVID-19, you could easily slot into a hospitality-focused senior living campus. It could be a win-win for operators and people who need jobs. But nursing home workers are more specialized, obviously, making it harder even with some loosening of the rules around aide certification.

The federal waivers around aide certification, and other steps that are being taken to make it easier to have providers potentially use their license across state lines — these are all really important and very helpful steps. But they're not enough.

The challenge that we're facing right now with regard to staffing is one that is likely going to get worse as this pandemic gets worse, rather than better. I wish we could leverage all those unemployed people who are out there, but there's a certain skill level that's required to perform care in a nursing home — and that's a huge challenge that we face.

I also wanted to touch on telehealth. CMS has taken pretty rapid steps to remove tons of barriers to providing remote care in nursing homes, but how easy is it for a facility to implement a telehealth program given everything else that's going on?

The telehealth waivers that were put in place this week and recently are extraordinarily helpful, and very important, and will go a long way to ensure that physicians, nurse practitioners, PAs, and others are able to support nursing staff and provide care for residents in skilled nursing facilities. This is one of the most important steps that the federal response has provided, to support that care.

Telehealth doesn't fully replace in-person care, however, and we do believe that there's still an important place for having physicians, nurse practitioners, and PAs in nursing homes side-by-side with their nursing colleagues, evaluating patients in person.

But when that's not possible, then certainly telehealth is an excellent solution. And it is something that we all can — and are — implementing nationwide right now. So we're grateful to the federal response to support that.

Is there anything else that federal or local governments can do right now to really make life easier for you and your teams on the front lines? Is there anything that maybe is on your wish list that hasn't happened yet, and that you think the industry should be advocating for right now?

Well, it's not going to get easier for any of us right now. So, if you don't mind, I'll reframe the question. What I'd like to see is federal and local support for collaboration across the health care industry at a local level — collaboration with departments of health, and collaboration with acute-care hospitals. What we're starting to see is insufficient collaboration; we're seeing a more narrow or siloed approach, occasionally, as to where patients should go and how we should manage the surge that we're seeing of patients.

Some states and some local municipalities have done a great job of this, where we've seen hospital systems and skilled nursing facilities work together to figure out the best way to care for the overwhelming volume of patients that are coming at us. And they work together to figure out the safest way to care for those with COVID-19 disease, and the safest way to care for those who do not — and who are the frail elderly in American nursing homes and are highly vulnerable.

That collaboration is important, and federal and local officials could be supporting that. In some cases, we are not seeing that; we're seeing an approach that just looks at the needs of acute-care hospitals without taking into taking into account the lives and the risks to those lives in nursing homes. And that deeply worries me.

I don't want to talk about positives coming out of this crisis, per se, but it seems like a lot of the concepts that for individual nursing home operators have been more theoretical or big-picture — like population health management, or social determinants of health, or collaboration across the continuum — become very real very fast.

Absolutely, you know, we've been talking about population health and population health approaches for a number of years now — and that perspective, a population perspective, it's never been more needed than it is right now. So we all need to band together and think about how to care for the entire population in our communities, and figure out the safest way to do that without just worrying about one cohort at the risk of another.

Before I let you go, what are some of the biggest lessons you've learned through this crisis so far? What do you think operators really need to know right now as they look out onto the next month, two months, three months of this crisis?

I think we need to remember that this is something that we're learning about — this pandemic — every day that goes by, and we need to be constantly thinking ahead about what questions we haven't even thought to ask yet. If we just wait for guidance from CDC or the department of health, or CMS or any other officials, we may lose this battle, because they're making it up as they go, just like we are.

We need to all be creative. We need to use our best judgment. We need to put safety and infection control first. That, right now, is all that matters. And in some cases, it means that organizations might get out ahead of CDC on some infection control practices.

And in some cases, that may turn out to be unnecessary. But it's better to risk overreacting in the face of this pandemic than to risk under-reacting, or being a little bit too late — because lives are at stake.

It's always easier to back off on an intervention if it turns out not to be effective or not practical or not necessary. But you can't turn back the clock and start doing something a few weeks ago if we learn later how important it is, and we missed the boat.