

Centers for Medicare & Medicaid Services
COVID19 Call with Nurses
Moderator: Alina Czekai
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3:00 p.m. ET

OPERATOR: This is Conference # 3563787.

Operator: Hi, good afternoon. Thank you for joining our CMMS COVID-19 call with nurses today. My name is Alina Czekai and I'd like to introduce our speaker today, Jean Moody Williams. Jean is our acting director here at CMS at the Center for Clinical Standards in Quality. Jean, turning it over to you.

Jean Moody Williams: Thank you so much and thanks to all that have joined our call this afternoon. We really appreciate this opportunity to reach out and talk to you about the crisis going on here at CMS, the things we've been able to do this past week and – and just as importantly, to hear from you, what are those things that we need to think about continuing to do. We really – I think when I talked with you last week, I said, you know, things are going to be coming out, keep your eye open for the next week and we had an unprecedented array of temporary, regulatory waivers and new rules that really are designed to provide maximum flexibility as we try and work to respond to the Coronavirus pandemic.

So waivers that we released this week were really – were geared to ensuring that local hospitals and health systems and post-acute care settings and you know ambulatory settings had the capacity to handle a surge, a potential surge in COVID-19 patients and we are calling this, really, a hospital without walls approach and also to remove barriers for physicians and nurses and other clinicians to be ready to be hired from the community or from other States so that healthcare systems can expand the workforce as needed. So we wanted to increase access to Telehealth and Medicare to ensure that patients have access physicians and other clinicians while keeping their patients safe.

And then we started to expand some availability for testing and as well, giving temporary relief from many of the paperwork, reporting and audit requirements, so that those things aren't serving as a barrier. I thought I would

pull out – encourage you to look at the complete set of the waivers and some of you may have joined our other calls and have heard the overview of what's in those waivers. So I'm going to pull out a view that I think might be of interest to you, this audience, but I would encourage you to look at them all because they probably are relating one way or another to the work that you do and then another thing I'll note is that as I go through these, in general, these are all subject to still the State and local laws.

What we've tried to do was remove the barriers that may stand in the way from a Federal perspective for where we thought it was reasonable to do so but then you would still have to work through your State for anything that might a local requirement. For example, we've done some things with licensing and expiration of licensing and hospitals where you can continue to work and – until – during this period of emergency, but I'm licensed – I'm a licensed registered nurse in the State of Maryland. In addition, I got a note from them that they're going to extend expiration periods for three months.

So combined with those two things, I know exactly what I need to do for my own licensing requirements. So please continue to look at – at both areas. So for example, some of the things that – for – as it relates to physician services, CMS is waiving the requirement that Medicare patients in hospitals be under the care of a physician. This allows a hospital to use other practitioners such as physician's assistants and nurse practitioners to the fullest extent possible to provide care as we see in certain areas of the country that there just aren't enough healthcare workers to provide the needy care and in fact being – request for volunteers to move to other areas of the country.

In – in the area of nursing services, we are waiving some of the provisions as it relates to completing a very – formal nursing care plan for each patient. You can imagine in some of these – as you look at an alternative site, at their care – care given in the – given in the Javits Center or Central Park, you may not be able to do all of the parts in the nursing process that you would normally want to do, although obviously as nurses, we still want to make sure that we'll be giving the most practical evidence based care that we can so – but this is more about the paperwork part of that.

The provision also allows that we have, for example, this is just one example, we have policies and procedures in place in which our patient departments are – have to specify what – who can't work in those departments as a registered nurse or where it's not required to have a registered nurse. But we expect that hospitals will need relief from these kinds of provisions as the requirements to go and write a policy about a particular area might not be a feasible thing to do right now. And anesthesia services and I know we've had lots of conversations about this over the course of – of probably several years, I guess, but certainly during this pandemic, we are waiving the requirements that are a certified registered nurse/anesthetist be under the supervision of a physician.

CRNA supervision will be at the discretion of the hospital, our ambulatory surgery center and obviously again, State law, and these waivers will allow CRNA defluxion at the fullest extent of their licensure and – and so that waiver as had been granted. As it related to CAH (critical access hospital) personnel, we're waiving the minimum personnel qualifications for clinical nurse specialists, nurse practitioners, physician assistants and – so they – you still have to meet State requirements again but the additional Federal requirements, you can provide care in that setting, in particular.

We've – we did look at some of the training and really as it pertains, for example, to nurse aides. We're waiving the requirement that a long term care facility may not employ anyone for longer than four months unless they training and certification requirements. So what we're saying is that you can continue – the person can continue to work. They still have to be competent and their competency still has to be assessed by the nurse or the facility that they can continue to work but they may not have been able to complete all their training or do their testing but they can continue to work.

And for the home health plan for care and certifying or recertifying patient eligibility, we are using – using enforcement discretion with regards to this requirement to allow patients to be under the care of a nurse practitioner, a clinical nurse or a – a physician assistant, so that they can order home health services, establish and periodically review the plan of care for the home

services and certify and recertify if a patient is eligible for Medicare home services.

So this provides more flexibility during this time, where I believe that home services are going to be required in much greater numbers and along that line, of course, the home nurse can do the testing as a part of a covered visit for the COVID-19 diagnostic testing and we've waived some of the supervision requirement for home health aid, the supervision – the requirement that a nurse conduct an onsite survey every two weeks. This would include waiving the requirement for a nurse or other professionals to evaluate an aid to providing care consistent with the care plan.

It may not be physically possible to do that and – so we're waiving that, however, we are encouraging that there still be some supervision albeit it might be virtual. And for – the same thing for the hospice aid supervision. A nurse usually has to conduct an onsite visit every two weeks but we would – waiving this and – and where possible, we are encouraging that there be virtual supervision and that the plan – and that the care still be in line with the plan of care.

And the – I think I just wanted to note as well, that we're modifying – some of you might be working in dialysis facilities and so we are modifying that to ensure that our dialysis patients are – the – the requirement that they're seen by a physician. A nurse practitioner, clinical nurse specialist, a physician, if they're providing ESRD cares, a requirement for at least monthly and periodically while the hemodialysis patient is receiving in the center dialysis – and so we're waiving that requirement for the monthly in person visit if the patient is considered stable and also again, recommending that the Telehealth flexibilities be exercised in that regard.

The last one I – I think I'll highlight is the transferability of the credentialing. We're modifying the requirements so that medical staff appointments and credentialing are in accordance with the staff's State laws including the attending physicians, physician's assistants, nurse practitioners, clinical nurse specialists, CMS will allow clinicians that are appropriately credentialed at a certified dialysis facility to provide care and designate isolation locations as

well. What the – many of the dialysis facilities are doing is that they are designating a facility to be a dialysis isolation facility and many of the COVID – patients that are COVID positive are going to those facilities and so – but it – it comes under the – still – supervision of the parent facility and so that the clinician can go to that other facility and still practice without having to get re-credentialed.

So that I think is a broad overview of – you can see the thinking there and the kinds of waivers that have been allowed really with the thought of having you be able to practice at the top of your license and recognizing that there's still probably a few other areas we may not have addressed and we continue to look at that. So as I opened up and operator, I'd going to answer the questions in just a minute so we can – you can start queuing yourself up because it takes about a minute or so to get you into the queue but as you come forth with any questions you may have for us, we do have some subject matter experts on the line – can help with that but also other – other areas or areas that you think weren't a little more reviewed that we should be thinking through. This is a – really a timely call for that discussion as well. So with that, I will stop and – I know I've been talking pretty fast, threw out a lot of information. Let's see if there are any questions you may have.

Operator: All right, ladies and gentlemen, to ask a question, please press "star", "1" on your telephone keypad. To withdraw your question, press the pound key. Again, to ask a question, please press "star", "1" on your telephone keypad. We will pause for just a moment to compile the queue in a roster. We have a question from an anonymous line. Please state your first and last name. Your line is now open.

Jessica Ford: Hi, this is Jessica Ford. I was wanting to hear a repeat – the information on the waiving provisions on the care plan.

Jean Moody Williams: Sure, I – yeah ...

Jessica Ford: ... is that just ...

Jean Moody Williams: I'm sorry, go ahead and finish the question.

Jessica Ford: No, I was wondering where – how does that pertain to long term care?

Jean Moody Williams: So – yes, I didn't know if somebody else is about to jump in and answer but it – it applies to – specifically to hospitals and CAHs and others. In the long term care, the nursing care plan is in fact an important part because it is a nursing home, so nursing facility, so there will be some expectation for the nursing care plan but can use enforcement discretion as far as – as we do the evaluation of what happens in that facility so – and again, we're trying to be as flexible as we can, given the new visitations and ...

Jessica Ford: Yes.

Jean Moody Williams: ... so that, yes.

Jessica Ford: Okay, and I want to just ask one more about the nursing aid – you said they can continue to work if they were not able to complete their training or testing?

Jean Moody Williams: Yes. Now, again, they still – you – that's a requirement that they, after four months, if they haven't completed it, you normally would not be able to allow them to continue to work. We're saying they can continue to work because they may not have been able to complete everything in that four-month period given what's going on but they still have – still have to do some assessment to make sure that they obviously are doing things correctly.

Jessica Ford: Right, okay, thank you.

Operator: And your next question is – please state your first and last name, your line is now open. Those wanting to ask a question, press "star", "1" ...

Kay Lindsay: Hello, can ...

Operator: Your line is now open.

Kay Lindsay: Hello, this is Kay Lindsay, can you hear me?

Jean Moody Williams: Yes, hi, how are you?

Kay Lindsay: Okay – I'm fine, thank you. I am – have a question about the virtual visits with Telehealth changes.

Jean Moody Williams: Yes?

Kay Lindsay: Because what we're seeing is a lot of primary care practices, I work a lot with federally qualified health centers, have nurses doing home monitoring for people that have presented and seen a provider with respiratory symptoms and they're being asked to stay home for home monitoring. Can that be done by registered nurses in the home monitoring call (and the) check in? Can that be billed by and done by a nurse?

Jean Moody Williams: And – and you're speaking – not a – is it a nurse practitioner or certified nurse ...

Kay Lindsay: No, as a registered nurse, a registered nurse.

Jean Moody Williams: Okay.

Kay Lindsay: So what – what I'm seeing in the primary care world is they've gone from having – I'm in western North Carolina and most of – most of our primary care practices in this area have no registered nurses on staff and the guidance from the State and the CDC about out patients is to ramp up your triage line. Well, these people don't have the kind of people that can be triaged on their staff. But they're also going to this sort of Telehealth visit with home monitoring and – and in the places where they do have nurses embedded in the practice, you know, the nurses are making phone calls to check in the patients. My question is can that be billable if conducted by a registered nurse?

Jean Moody Williams: Okay, so I think you ...

Kay Lindsay: (On) check in.

Jean Moody Williams: Yes, I understand. We have someone on the line from CM. They can talk about the billing in that situation. Okay, I – I don't think – we must not but we will take the question back – I suspect if you're not currently able to

bill Medicare part B, that you – the billing would have to come through the physician, the person that taxes – the person with TENS that is directing that activity and if it's at a FQHC under that, we're work – work with separate billing but we will look into that further.

Kay Lindsay: Well, and I – I guess the big question is even if it's the provider that drops the billing code, you know, much like you have with sort of chronic care management billing and all the other things that can happened and be done by clinician staff and I'm talking about registered nurses – can it – you know, can they get credit for that service being provided by a registered nurse, is the big question, even if the bill is actually dropped under the provider's billing?

Jean Moody Williams: Right, yes, I – I understand.

Kay Lindsay: Could ...

Jean Moody Williams: Yes, yes.

Alina Czekai: And we can take that as a – as a follow up item. Right. We'll move to the next question, please.

Operator: Okay, ladies and gentlemen. If you have a question, please press "star", "1" on your telephone keypad. Your next question – can I take your first and last name. Your line is now open.

Elizabeth Petrub: Elizabeth Petrub.

Jean Moody Williams: Yes?

Elizabeth Petrub: Yes, I have a question about video monitoring, tele-visiting. A lot of hospitals are now monitoring patients instead of in a centralized location right at the nurses' station for patients who are in isolation and so the privacy issues are a little different. So for traditional tele-visiting, the monitoring station is not visible at all, it's usually behind a key code, you know, closed location but in – during this crisis, the monitoring is done right at nurses' stations and so as – are there different consent issues for that and it – just allowing doctors and

nurses to communicate with patients without having to put on PPE or – or go into the room as often?

Jean Moody Williams: Yes, no, absolutely, and I think many of the provisions that we have put out are for that very reason that you said, to be able to preserve PPE, still give the patient care and – and keep healthcare workers safe. We have been – we do have some enforcement discretion when it comes to some – some of the privacy rules as it comes to Telehealth during this time of emergency. I don't know if Jason or others are on the line that can address it specifically but I think that – the way that we have put out – for the support of that kind of activity but are there others? Yes, okay. So yes, I – I believe that that would be one of the things that we would exercise enforcement discretion on and obviously we – we want to protect the patient's privacy to the best that – that we can.

Elizabeth Pertruba: Okay, thank you.

Jean Moody Williams: Okay, well ...

Operator: Thank you. Ladies and ...

Jean Moody Williams: Operator, I think as we're about to come to the close of this call, I want to save a few minutes so we can give out the e-mail address so that those who still might have questions could e-mail us – or ideas or things that you think that we haven't thought of as well. As I mentioned, we're – we're happy to get that.

Alina Czekai: Great, thanks, Jean. And that e-mail address is COVID-19@cms.hhs.gov. Again, the e-mail is COVID-one-nine atcms dothhs dotgov. I really appreciate everyone joining our call this afternoon and all the work that you're doing, many of you on the frontlines and caring for patients and their families, and it's COVID-19. So I hope you have a good rest of your afternoon and we look forward to being in touch on our next call. Thanks again.

Operator: Ladies and gentlemen, this concludes today's conference call. Thank you for participating, you may disconnect.

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