Centers for Medicare & Medicaid Services
COVID-19 Call with Hospitals and Health Systems- Workforce Concerns
Moderator: Alina Czekai
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12:00 p.m. ET

OPERATOR: This is Conference # 8527456

(Alina): Good afternoon. Thank you for joining our call today to discuss COVID-19 with hospitals and health systems from around the country.

I'd like to introduce our speaker, CMS administrator Seema Verma. Administrator, over to you.

Seema Verma: Thank you, (Alina). And thank you, all, for joining us today at a – what – and I know – at a very busy time. I wanted to take a couple of minutes and just sort of set the agenda and maybe identify a few topics for today's call. Again, we appreciate the time that you're taking. We have our whole leadership team here from Medicare and from our Safety and Quality Division, so if there are questions, people can help answer some of the specific issues that you have.

What I was hoping to cover today is the area of workforce and understanding from you what are you seeing, what are your concerns. Obviously, we're hearing that many healthcare workers may or may not – are being quarantined. Are you facing issues on workforce, and trying to get a sense of what best practices are and what we can do to support you at the federal level.

Also, we put out as you all know a big, hopefully, regulatory relief package last Monday, Hospital Without Walls, along with changes across the entire healthcare system, changes to EMTALA and Stark. So also wanted to kind of get some feedback on your initial reaction to that, any concerns or anything else that you thought was missing.

We're going to be taking another round at rule-making to implement the CARES Act, so if there were things in there that you thought you were – or hoping to see. It could have been that we didn't have the legislative authority and we'll be putting something out shortly to implement the CARES Act.

Hopefully, you all have seen accelerated payments and have gotten information on that. I can tell you, in just less than a week, we've already put $6 billion out in payments and we're continuing to process those as fast as we can.

So I think it's probably best for me to do less talking and hear from all of you on the front lines. But I think we'll start, if everybody's comfortable with that – maybe let's start with the issue of workforce, and then we can switch over to maybe having a conversation about some of the new flexibilities that we've put out there.

And joining us today is Dr. Couch. She is a surgeon and recently joined CMS, but she was at Indiana University. And so I think she's the one that's been helping us connect on workforce, and she's also been working with FEMA as well. We may have some folks from FEMA on the line as well.

And Marion, do you want maybe tee up the issue on workforce?

Marion Couch: Thank you, Administrator. Yes, as we get going, I think it'd be very helpful for us to understand how, after you've redeployed your employed physicians in some of your systems to have different roles, how are you thinking about, if during your surge, you have to expand your capacity and you have a need to temporarily hire your physicians who were in – and clinicians in the community, many of whom have affiliations with your staff – privileges or on staff already. Want to explore that, about how you're approaching temporarily hiring these folks and what you're doing to think about that.

And with that, I'll stop and let the call proceed.

Alina Czekai: Thank you. Operator, would you please open up the lines for our guests to share their remarks? Thank you.

Operator: As a reminder, if you would like to ask your question, please press "star" then the number "1" on your telephone keypad. Again, to ask your question, please press "star" then the number "1" on your telephone keypad. Your first question comes from the line of (Dee Faircloth). The line is now open, you may now ask your question.

(Dee Faircloth): Thank you, Administrator Verma. Just from a workforce perspective on the rural side, if there is clarification for rural – the rural swing bed program, that the waiver, the 72-hour waiver which came out on March 14th is applicable to rural hospital transfers from larger, overcrowded tertiary hospitals. We've been trying to get that answered, and we still have no answer. Thank you very much.

Seema Verma: Demetrios, I don't know if that's something you can answer. Do you want to get back to them?

Demetrios Kouzoukas: I'm not sure the question quite came through. Can you repeat it?

(Dee Faircloth): Yes. The 72-hour waiver rule as it applies to SNPs. We've gotten clarification for internal transfers for rural hospitals that it applies for that, but we're still waiting on official approval from CMS from – that it applies for transfers from tertiary hospitals – the larger rural, urban hospitals to rural hospitals, that the 72-hour waiver approved is – applies.

Demetrios Kouzoukas: It's pretty broad, so I think we should double check. In order to get back to you, if you can email the address that will be provided at the end of the call. But it's pretty broad.

(Dee Faircloth): We got a – we got an email from them on March 20th stating that, but we have not received an official letter. We just need an official letter that the program applies for rural hospital transfers from larger hospitals.

Demetrios Kouzoukas: OK, we'll work on getting you the official letter if you get the contact information to the email address at the end of the call.

(Dee Faircloth): Thank you.

Operator: Once again, to ask or provide a question, please press "star" then the number "1" on your telephone keypad. For the participant who pressed "star" "1," please state your first and last name. Your line's now open. Excuse me, for the participant who pressed "star" "1," you may now state your first and last name and ask your question.

Mark Merrill: Yes, my name is Mark Merrill. I'm from the iHealth system in Winchester, Virginia. We have four critical access hospitals. (If that guidance of) the last gentleman's question could be sent out in an advisory to the American Hospital Association because we've had the same question as our tertiary center is anticipating an influx of patients, we would like to be able to transfer to these critical access hospitals.

The second related question I have was with regards to labor reimbursement as the CARES Act (inaudible). Obviously, we've had a significant decline in our volume due to the postponement of elective procedures, elective diagnostic studies, things of this sort. But we are not in a position to where we can deploy a large portion of our workforce home because we anticipate we'll be needing them in the next six to eight weeks. So as the CARES Act unfolds, do you anticipate some of the money will be allocated to hospitals to help them reimburse the cost to have this standby workforce? Thank you.

Operator: Once again, to ask your question, please press "star" then the number "1" on your telephone key pad. Your next question comes from the line of Dr. David Sperling. You may now ask your question.

David Sperling: Yes, hi. I am the CMO and DIO for a – multiple hospitals in southern California, and I was wondering if there was going to be a waiver to the (cap) building to allow my residents to be deployed at multiple other hospitals without affecting the other hospitals' ability to have residency programs in the future?

Seema Verma: Demetrios, do you want to take that?

Female: I think we're going to have to look into that. I don't think we've gotten that question before. So thank you, and we'll be back when we've had more time to think it through.

Operator: Your next question. (Inaudible) for the participant who pressed "star" "1. " Your line is now open. Please state your first and last name please.

Lois Richardson: Hi, this is Lois Richardson from the California Hospital Association. I note that section 1135 allows two different provisions of EMTALA to be waived,

and at this point, CMS has only waived one of them. The one that has not been waived yet is the ability to transfer an un-stabilized patient, and we need that ability here.

We get patients into the emergency room, and when it's determined whether they're COVID positive or not, if they're COVID positive they're transferred to one hospital whether they're stabilized or not, and if they're – anyway, so you can see what we're doing there. So is there any consideration being given to waiving that second provision of EMTALA that is allowed to be waived under section 1135?

David Wright: Yes, hi. This is David Wright with the Quality Safety and Oversight Group. And we – it is currently allowed if you're transferring patients. In other words, if your hospital is not a designated COVID facility and is there is one, you can make those transfers of those patients based on the increased capability or the state plan that's in place to move those residents. So we'll get some clarification out on that as well.

Lois Richardson: Thank you.

Operator: Your next question comes from the line of Kathryn Gibbons. You may now ask your question.

Kathryn Gibbons: Hi, thank you. This is Kathryn Gibbons from Hackensack Meridian Health. We started receiving the accelerated payments actually this morning, and it only appears for the acute care hospitals and we asked for the maximum, it only appears we've received three months' worth. I was wondering if there was any confusion regarding the processing of these accelerated payments, or there's some process issue that needs to be corrected?

Seema Verma: Well, I can't speak to your specific one but we'll have somebody follow up with you about your claim.

Kathryn Gibbons: Thank you. I did write to the email, but we also called them. It – their response back was we just gave you the maximum. But it's pretty clear they only gave us three months' worth. Thank you.

Operator: Your next question comes from the line of (Larry Tesail). You may now ask your question.

(Larry Tesail): Thank you. I have two quick questions. The first, I've been getting a lot of questions from our members of the association about cross-state licensure for respiratory therapists. It's pretty clear that nurses and physicians are covered under your waivers, but specifically we're getting questions on respiratory therapists that we could get from other states.

And the second question is about your EMTALA waiver. Secretary Azar's waiver makes a pretty direct reference to 1867(c), and your waiver only covers specifically 1867(a). Is 1867(c) waiver in place based on Secretary Azar's declaration on March 13th? Thank you.

David Wright: This is David again. With regard to EMTALA and I'm sorry, I don't have the regulations down specifically, which one is 1867(c) a reference to?

(Larry Tesail): It's about the transferring of non-stabilized patients.

David Wright: Right. Yes, we're going to provide more clarification on that. As we indicated, right now if there are designated COVID hospitals, it is appropriate to transfer patients from your facility to the other even without that flexibility. And, again, we're going to provide more clarification on that.

Alina Czekai: Thank you, we'll take our next question please.

Operator: Your next question comes from the line of Skip Skivington. You may now ask your question.

Skip Skivington: Yes, hi. It's Skip Skivington from Kaiser Permanente in response to the question at the opening of the conference call, what can we do for the workforce. And from my perspective it's PPE, PPE, PPE. We really need to get a whole-of-government approach to obtaining the supplies. We've been chasing rainbows with government agencies and complicated deal structures. We just need PPE. If we get the PPE, the workers will respond.

Alina Czekai: Thank you. We really appreciate you sharing that. I welcome any of my colleagues joining from FEMA on the line to respond to that otherwise we have heard your comment and are tracking that, and will share it with our federal colleagues. Thank you. We'll take our next question please.

Operator: Your next question comes from the line of Katy Tenoever. You may now ask your question.

Katie Tenoever: Hi there. Thank you. Yes. I'm with the Federation of American Hospitals, and we're just hearing from members, another situation here where, you know, this issue where hospitals want to discharge their acute care patients to an appropriate level of care, but they're running out of places to discharge them.

So they have patients there who could be discharged, and they're wondering about a consideration of a waiver that would allow the hospital to convert their existing acute care beds to swing beds without going through the accreditation process so that the hospitals can discharge the patient from the acute care, move them to another floor, and then be paid on a SNP rate or some other applicable rate.

Demetrios Kouzoukas: David, I think we've talked a little bit about that one. Do you want to speak to it some?

David Wright: Well, I think from a certification perspective we can issue more clarification on how that can be done. And then I think it gets back into the reimbursement issue for swing beds. But we can certainly take that and provide, again, more guidance on that as well. But I think that we have many flexibilities in place that can help accommodate that.

Katie Tenoever: OK. Thanks, David. We would really appreciate it, and we appreciate you having the call today, too. Thank you.

Alina Czekai: Thank you. We'll take our next question please.

Operator: Your next question comes from the line of Krista Stadler. You may now ask a question.

Krista Stadler: Good morning. Thank you for hosting this call. I'm Krista Stadler, senior director of telehealth services in Boise, Idaho for St. Luke's Health System. We appreciate the guidance on all the telehealth work. In order to expand our workforce we are using telehealth modalities in our acute care facilities to decrease PPE and decrease staff exposure.

We could benefit from some guidance on the following situations. When a provider is at the same location as the patient, what – how – but using telehealth to deliver care, how do we claim and drop codes for that so that we can reflect that the patient was on site with the patient – with the provider but using telehealth to decrease exposure and PPE use?

Demetrios Kouzoukas: Is the question about a situation where the service that's being provided is one that the provider would bill on their own anyway, or where it's essentially a hospital service and would be normally in the normal course billed as part of the hospital service?

Krista Stadler: It is where the provider would bill on their own anyway.

Demetrios Kouzoukas: OK. If they're billing on their own anyway, then I think we have some guidance about the modifier that would be used to append to a claim in the routine course. I know just to maybe get to your second or third question that there are some questions that have come up about how to deal with situations where the service that's being provided as part of the hospital service, say in the outpatient context, or particularly in behavior health, and we – we're aware of that question. We're definitely working on that and hope to provide some guidance on that soon.

Krista Stadler: So the clarification would be that to use the – even if the provider is on site using telehealth to go into that patient's room, we would still bill it as a telehealth service if it's a – if it's not under the hospital?

Demetrios Kouzoukas: Oh, they're on site billing – they're on site in real – in real person on site, not just telehealth into the ...

Krista Stadler: Correct.

Demetrios Kouzoukas: ... facility? (Inaudible).

Krista Stadler: Correct. I mean that's – yes.

Demetrios Kouzoukas: OK.

David Wright: Sorry, sorry to interrupt, Demetrios, if that's OK. I think what we've said is that in order to bill via telehealth, you'd want to be in a different location. So the telehealth rules only apply when they're in a different location. And if they're not in a different location, then the service would not need to be reported as a telehealth service.

Krista Stadler: Thank you.

Alina Czekai: Thank you. We'll take our next question.

Operator: Your next question comes from the line of (Louise Richardson). You may now ask your question.

Lois Richardson: Oh, thank you. My question's been answered.

Operator: Your next question comes from the line of (Jeff Logan). You may now ask a question.

(Jeff Logan): Yes, good morning. Thank you, guys, for all your support and hosting this call. I have a question from – regarding the 1135 waiver that was issued on March 23rd with a lot of stipulations. One of the questions we have is does that waiver cover the emergency preparedness standards relative to preventative maintenance on checking your fire suppression systems and all the life safety codes? We have a lot of vendors that come and do that consultation for us, and so we just wanted to know if we need to continue to try to advance that work, or if that is being waived at this point?

David Wright: Yes, this is David Wright. We've – part of this falls under the visitation restrictions and bans that we've been advocating for hospitals and nursing homes in terms of limiting visits to only those that are really essential. I don't know if we've explicitly come out with what you're speaking to, but we certainly can because our intent is that you only have those visits that are

really required and we can relax our enforcement of those – of those routine visits and timeframe requirements as well.

(Jeff Logan): That would be great. Thank you for clarifying that.

Operator: Your next question comes from the line of Siri Nelson. You may now ask your question.

Siri Nelson: Good morning. Thank you, guys, for taking this call. I just had a question I wanted to reiterate, the gentleman from Kaiser Permanente's request for PPE. And one of the things that would significantly help us is faster turnaround time for COVID-suspected patients. In Placerville, California we have only suspected cases, we had one in-patient and who came in from the community and we discharged this person home. But at any given time I've got a dozen or so patients waiting for testing results and it's burning through our PPE. So anything you guys can do to help on the testing side would be greatly appreciated.

Demetrios Kouzoukas: Noted. We – we're working with – obviously with our federal partners to insure that the maximum awareness of where the needs are. And I know that they're working closely with the state and local officials, providing, directing, increasing the supply of PPE where we can.

Alina Czekai: Thank you. We'll take our next question or comment. Thank you.

Operator: Your next question will be coming from the line of (Krista Barnes). You may now ask your question. (Krista Barnes)?

(Krista Barnes): Sorry ...

Operator: You may now ask your question.

(Krista Barnes): Sorry. Sorry I was on mute. My first question relates to all of the CMS forms that we have to have patients fill out like the (HAN), and the MOON, and ABNs, and the important message from Medicare. Has there been any thought to letting us deliver those through alternative means like by emailing it to a patient or sending it to their patient portal so that we can cut down on

the number of people who are going into the room like case managers for example?

And then my second question is about the Medicare inpatient-only list, and whether if there were a patient who had a procedure done on that list but we felt like they could be discharged and not kept as an inpatient. Has anyone given thought to allowing some flexibility with respect to still allowing patient for procedures that are on the Medicare inpatient-only list, but that we could theoretically do on an out-patient basis?

Demetrios Kouzoukas: So – this is Demetrios. On the – on the MOON and the ABN we – I'll lean forward a little bit because I'm not quite sure exactly if we're – if it's out yet. But we either have put out guidance or are about to that clarifies and provides flexibility to the delivery of the – of notices like that. And so if it's not – if it's not out already, you can expect it to be soon. And then with regards to the inpatient-only stay, there might be some – I imagine – are you asking if you'd get the sort of short stay payment? Is that the challenge or the question, or the full payment? Or is this sort of a ...

(Krista Barnes): No. It ...

Demetrios Kouzoukas: ... a different question?

(Krista Barnes): Well, typically, you know, if there is a procedure that's on the inpatient-only list and we were able to do it outpatient, could we do it outpatient and still get paid?

Demetrios Kouzoukas: That we have not changed. If that's something ...

(Krista Barnes): OK.

Demetrios Kouzoukas: ... that you feel is a need, then it would be really helpful to know a few examples of the kinds of things that you have in mind and we can definitely take that up and take a look at it.

(Krista Barnes): OK. And then with respect to the first question, yes, I did see some guidance. I think it only applies though to people were COVID positive, like people who

are in isolation. It, you know, I guess my question is can we cut down person to person contact with every patient so that, you know, if our case management staff comes in contact with someone who is COVID positive, they are not then going into the room of a patient who's not to hand them a form that we could be delivering through alternative means as well?

Demetrios Kouzoukas: Well, that's a good point. We'll take a look at that.

(Krista Barnes): OK. Thank you so much.

Demetrios Kouzoukas: Yes.

Operator: Your next question comes from the line of Jane. You may now ask a question. Jane, your line is now open and you can now ask your question.

Jean Cherry: Jean Cherry, Med Center Health. I wanted to go back to the question the gentleman asked about the provision in the CARES Act that would be allocated towards stand by workforce, and I don't believe that was answered.

Demetrios Kouzoukas: Can you – maybe you can refresh us with the question if you don't mind?

Jean Cherry: I think the gentleman asked that with the – in the CARES Act would there be money specifically allocated to support the standby workforce where we have healthcare workers that have been furloughed that we can't lay them off because we anticipate needing them in the surge?

Demetrios Kouzoukas: So there is $100 billion in the CARES Act, which goes to provide for healthcare expenses as well as lost revenues. And I think the announcement made yesterday by the secretary in the department at the press conference of the task force talked about how some of those monies would be distributed. So I think the answer to your question is, yes, there is a provision in the CARES Act and the implementation of that is underway. And it contemplate that – the CARES Act is broad enough to contemplate a wide variety of kinds of lost revenue or healthcare expenses.

Jean Cherry: Thank you.

Operator: Your next question comes from the line of Sara Wilson. You may now ask your question. Sara Wilson, you may now ask your question and your line's open.

Sara Wilson: Hi. This is Sara Wilson. Thank you for hosting the call this morning. I'm with Missouri Hospital Association. This question may have been asked/answered, I'm not sure what – we may be all talking in various ways or presenting it in various ways. But we asked for a waiver of the three day rule in order to transfer patients to critical access hospitals into a swing bed status.

I know that that has been waived for skilled nursing facilities. We're not clear that that has been waived for critical access hospitals as well. Is there – has – is it your understanding that it has been waived or is that something that is under consideration? Thank you.

Demetrios Kouzoukas: (Liz) or (Karen), would you have something to share on that?

(Karen): So this is (Karen). I would defer to (Liz) on any of the payment-related issues here. But the swing beds for skilled nursing facilities follow the same conditions of participation that nursing facilities do. And so there's no barrier from a condition of participation standpoint to also applying that waiver to the swing beds. But I would defer to (Liz) on any – if there are any payment-related implications or barriers here that she sees.

(Liz): I don't think that there are, but I want to double check with people before I give you a definitive answer to make sure that it's correct. So we'll have to double check that.

Operator: Your next question comes from the line of (Kate Ryan). You may now ask your question. (Kate Ryan), your line's now open. You may now ask your question. Your next question comes from the line of (Curtis Hawkenson). You may now ask your question.

(Curtis Hawkenson): OK. Thanks for taking my call. And thank you to all of CMS staff, I know the change and the things you've been doing have been helping immensely. So yesterday, you know, talking a little bit about workforce and keeping our workforce in place. The Small Business Administration opened

up their portal yesterday and, you know, busy with my local lender. You know, I guess the – there's going to be millions and millions of applications and I'm not sure that's going to come to our hospital fast enough.

It's a great program. I think it makes a lot of sense. I'm just concerned about the number of applications that we'll be needing to go in and getting money out to hospitals in a timely fashion. So I would just maybe echo or to say that the American Hospital Association recently requested that $25,000 per bed be issued immediately. And I do feel that that would definitely be of great help here in the local area for most hospitals and I would just echo – I just– I'm concerned about the Small Business Administration being able to handle literally millions of applications here in the short term. Thank you.

Demetrios Kouzoukas: Thank you for that. And of course, you know, as most all do about the accelerated payment program that we made available as well and that Congress reinforced it as well. But we understand that the cash flow situation has dramatically changed for a lot of very essential providers and we're working to accommodate that with the resources Congress has given us as well as the pre-existing authorities we may have.

(Alina Czekai): Thank you, sir.

(Curtis Hawkenson): Guys, thank you.

(Alina Czekai): Thank you. And I'd like to turn it over to my colleague David Wright. David is the director of Quality and Safety and Oversight Group at CMS, and then we'll turn it Dr. Marion Couch to close our call. David, over to you.

David Wright: Thanks, (Alina), just I wanted to circle back on the questions with regard to transfer in the March 30th and tele-guidance that we issued in the frequently asked questions and back on page 10 of 17. We do say to have specially designated COVID treatment facilities are implemented as part of the local, state or national pandemic plan. Then the transfer of patients under these plans would be in compliance with EMTALA. So as you're moving COVID patients to whatever designated facilities are in your community, that would be in compliance.

Recognize as well that there is a desire to transfer non-COVID patients out of (facilities) where there might be a large number of COVID patients receiving treatment, or to better isolate and cohort patients. That's not something that we had directly considered and certainly is a valid request. And so we'll be looking to get additional guidance out on that as well. But wanted to make sure that people understood the guidance that we already have out in that March 30th issuance we did on EMTALA.

Thanks, (Alina).

(Alina): Thank you, David.

Dr. Couch, would you like to offer some closing remarks to our audience? Thank you.

Marion Couch: Thanks, (Alina). I would. And I want to start by giving you the – a web – the email address rather that was alluded to in the beginning of the phone call. It's covid-19@cms.hhs.gov. Could someone put their phone on mute please? Again, covid-19@cms.hhs.gov.

And I want to thank you for these important questions. I want to assure you that we keep a list and we go down them and we answer them all. The administrator is incredibly diligent about making sure that we do this. It's not business as usual for us here, and I hope you understand the partnership that we're trying to enter into. We so appreciate all that you're doing and we'll continue to do. And we're working hard to give you all the support you need.

So we'll continue these phone calls. Continue to let us know the issues and questions as they come up. And I think together we will get through this. So I thank you. Have a good rest of your day.

Operator: Thank you, presenters. That concludes today's conference call. Thank you, all, for joining. You may now disconnect.

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