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Five Star Updates, Nursing Home Staff Counts, and FAQs

On April 24, 2020, the Centers for Medicare & Medicaid Services (CMS) released a [memo \(QSO-20-28-NH\)](#) with updates on Nursing Home Compare (NHC), Five Star, public staffing information, and a list of frequently asked questions (FAQs).

Inspection Domain of Five Star Quality Rating System Will NOT be Updated Due to Prioritization of Surveys

CMS will temporarily hold constant the inspection domain of Five Star to prevent an unequal impact on the rating for those facilities who receive a survey during this time. This freeze will begin with the scheduled Nursing Home Compare update on April 29, 2020.

CMS will post the results of any health inspections conducted on or after March 4, 2020, on the landing page of Nursing Home Compare, but they will not be used to calculate a center's Five Star inspection rating.

The Quality Measure and Staffing domains of Five Star will be updated on April 29 as they are not impacted by the [CMS blanket waivers](#) because they rely on data from before March 1, 2020.

Release of Certain Staffing Information

CMS will use Payroll-Based Journal staffing data to publicly report the average number of staff onsite at each nursing home each day (both nursing staff and total staff) and will also post aggregated data at a state and national level. The publicly posted information will include all staff listed in section 2.3, Table 1 of the [PBJ Policy Manual](#).

This information will be based on data submitted for the fourth quarter of 2019. CMS states this information can be used to help local, state, and federal agencies' plan for how much personal protective equipment (PPE), testing and other resources providers may need. Providers can also use this information along with the [CDC PPE burn rate calculator](#).

CMS FAQs

The memo includes a FAQ document that addresses CMS guidance in the areas of visitation, surveys, waivers, and more. The FAQs provide information on topics including:

- Individuals entering and leaving the nursing center, including visits by health care personnel, visitation for compassionate care situations, and residents who want to leave the facility against medical advice;
- Surveys and infection control self-assessment, including the ongoing suspension of standard surveys and the recommended use of the infection control focused survey protocol for self-assessment on infection control practices and preparedness;
- Waivers of Federal requirements including those related to in-facility and inter-facility cohorting; and,
- Additional information on resident cohorting, separation and admission.

CMS reminds providers that a negative test for COVID-19 is not a prerequisite for discharging a resident to a nursing home from the hospital; however, consistent with current guidance, admissions decisions should be made based on the resident's clinical status and the ability of the accepting facility to meet their care needs and infection control requirements. Providers who can't meet the needs of the residents due to PPE, staffing or other issues should not accept the person.

CMS is allowing civil money penalty (CMP) funds to be used for purchasing devices such as tablets or web-cams as well as accessories, with a maximum of \$3,000 allowed per facility to help with communications between residents and their families or friends. To apply to receive CMP funds for this purpose, contact your [state agency's CMP contact](#).

Questions

For questions related to the Nursing Home Compare website and the Five Star Quality Rating System, please email bettercare@cms.hhs.gov.

For questions related to the FAQs, please email DNH_TriageTeam@cms.hhs.gov.

Continuing Restrictions on Visitors in LTC

Even as states are beginning to lift their stay at home orders, nursing homes must continue to maintain current restrictions on visitors. As a reminder, [CMS released guidance](#) on March 13 that required all nursing homes to significantly restrict visitors and nonessential personnel, as well as restrict communal activities. The guidance indicates that individuals other than essential health care staff and visits for end-of-life situations, should no longer enter nursing homes until further notice.

Even though certain states may be lifting their individual stay-at-home orders,

nursing homes must continue to follow this directive from CMS until new guidance is received. For help communicating these policies, please see our [sample letter to families on restricting visitors](#).

Assisted living communities must follow any applicable state guidance. If no state guidance is issued, we recommend they follow [AHCA/NCAL guidance](#) and continue restricting the number of people entering the facility.

For all long term care communities, these restrictions remain critical safeguards to help protect against the spread of COVID-19.

CMS Updates COVID-19 FAQs on Medicare FFS Billing

On April 23, CMS updated their 41-page [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing guidance](#). This guidance is directed at all providers of Medicare Part A and Part B services, including SNFs.

A general billing requirements FAQ related to using the “DR” condition code and “CR” modifier on claims to indicate that the Medicare payment is conditioned on the presence of a “formal waiver” has been updated and should be reviewed by billing staff.

The SNF-specific FAQs are on pages 34-35 and have not changed since last updated on April 10.

Please email COVID19@ahca.org for additional questions, or visit ahcancal.org/coronavirus for more information.

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