

**FORUM OF ESRD NETWORKS**  
**CMS / EDAC / FORUM LEADERSHIP CALL**  
**CALL NOTES**

WEDNESDAY, JUNE 3, 2020  
4:00 PM ET

**FORUM EXECUTIVE COMMITTEE & NETWORK DIRECTOR ATTENDEES:** *(those highlighted are confirmed as attending)*

**Ralph** Atkinson, MD – President  
**Don** Molony, MD – Past-President  
**David** Henner, DO – President-Elect & MAC Chair  
**Derek** Forfang - KPAC Co-Chair  
**Andrew** Howard, MD, FACP – Board Member  
John Wagner, MD – Board Member  
**Danielle** Daley, Network 1  
**Sue** Caponi, Network 2  
**Chris** Brown, Network 3/4  
**Brandy** Vinson, Network 5  
Shannon Wright, Network 6  
Helen Rose, Network 7 / 15 / 17  
**Kelly** Mayo, Network 7  
**Natasha** Avery, Network 8  
**Vicky** Cash, Network 9  
**Audrey** Broaddus, Network 10  
**Diane** Carlson, Network 11  
**Stephanie** Smith, Network 12  
**Linda** Duval, Network 13  
**Mary** Albin, Network 14  
Stephanie Hutchinson, Network 16 / 18  
**Dee** LeDuc - Forum Staff

**CMS ATTENDEES:** *(those highlighted are confirmed as attending)*

Anita Monteiro – Acting Group Director, iQIIG  
Paul McGann - Chief Medical Officer for QI, iQIIG  
**Shalon** Quinn – Acting Director, Div of Kidney Health, iQIIG  
**Melissa** Dorsey – Acting Dep Dir, Div of Kidney Health, iQIIG  
Jesse Roach, MD – Medical Officer, CMS  
**Ekta** Brahmbhatt – QSOG, CMS  
**Todd** Johnson – Acting Regional Program Mgr, Div of Kidney Health, iQIIG  
Renee Dupee – Director, Div of Strategic Innovation, Evaluation & Communication, iQIIG  
**Ed** Huff  
**Steven** Preston  
**Lisa** Rees  
Johannes Hutaaruk  
**Jennifer** Milby  
**Filita** Long

The call convened at 4:00 pm ET.

In the spirit of Jean Moody-Williams and the sharing of fun, family news, Dr. Atkinson asked Dr. Molony to share an announcement. Dr. Molony shared that as of this morning, he became first time grandfather to a healthy grandson.

Dr. Atkinson asked Ms. Quinn to pass along acknowledgements and appreciation to CMMI colleagues for the updates and changes outlined in the 06/03/2020 press release “CMS Innovation Center Models COVID-19 Related Adjustments.”

- 1) **COVID Testing Priority for In-Center Dialysis Patients:** Incenter dialysis is a congregate care situation similar to prisons and nursing homes and could benefit greatly from the use of more frequent, rapid testing.

**#1 Discussion:**

Referencing the summary report shared prior to the call, Dr. Molony provided a brief overview of the 61 responses received from Forum and Network members, noting that additional responses have been received and an updated report will be shared next week. Below are highlights of the verbal summary by Dr. Molony:

- Of the 61 responses, at least 17 (27.8%) were from kidney patients
- The majority of respondents thought the nasal swab should be the test relied upon at the current time. Some commented that the antibody testing might be useful to assess impact of COVID in their community but qualified it by recognizing that it may not be as reliable.
- The majority supported ALL patients and caregivers being tested at least once. A fair number thought testing should be more frequent, in particular, in the high-risk cohorts
- Most respondents felt patient testing should be conducted near the dialysis facility for convenience to the patient, but in a designated area away from patients and with proper PPE.
- Many acknowledged the burden increased testing would place on the dialysis facility.
- Comments from both patients and caregivers recognize the concerns to patients with increased testing but noted that if patients are properly educated and how results would be used to protect them there would be general support for increased testing.
- Most respondents felt test results should be reported to the CDC and Networks.

Ms. Quinn thanked Forum/Network members for collecting and sharing the responses, noting CMS has had the desire to quantify this information and receive feedback from the community about how to test and who to test. They also recognized the need to address patient concerns if increased testing is recommended. Dr. Roach also thanked members for the information and inquired about whether respondents suggested specific intervals for testing. Dr. Molony shared that some commented on this specifically and the suggested frequency varied from one-time, to every two weeks, sometimes more if high-risk groups and quarterly.

**ACTION:** Dr. Molony will review the additional responses received and prepare a written summary.

Dr. Atkinson inquired about whether CMS is considering reimbursement for antibody testing.

**ACTION:** Ms. Shalon will look into the reimbursement question and report back when more information is available.

After the call, the following link was shared by a Network representative.

CMS coverage with regards to antigen/antibody testing:

<https://www.medicare.gov/coverage/coronavirus-disease-2019-covid-19-tests>

- 2) **Telehealth Clarification:** Regarding recent announcement below, although this allows audio for 99212, 99213, 99214 office visits; clarification on home dialysis and MCP visits.
- (5/6/20) Dr. Roach reported he is working on this issue and will provide an update on subsequent calls as updates are available.
  - Dr. Roach shared that after much review, there does not appear to be a mechanism to bill for telephone-only audio visits under the current rules; a new rule would need to be written to address this issue. He also shared that there is a potential to bill separately for an E&M visit if it is conducted by telephone-only but does not address the monthly MCP visit. Dr. Roach asked members to gather data to determine how widespread an issue this is; whether it would be beneficial to pursue new rule-making to accommodate the

request. Dr. Henner will survey Forum MAC members to begin to determine the scope of the issue nationally

### #2 Discussion:

Dr. Henner provided a brief summary of the responses received from Forum MAC and Network MRB members. Answers varied by region but most are doing some audio-only calls for home patients and more so in areas more hard hit by COVID. Survey results showed that not many were using audio-only for incenter patients; there doesn't appear to be a large need for this group.

Ms. Quinn thanked Networks and Forum for the information and will share with CM colleagues noting that "Why" patients can't use video-conferencing is helpful.

- 3) **NHSN Reporting:** The Networks are advocates for the transparency and reporting requirements of bloodstream infections in NHSN. Similar to what is required by the nursing homes for mandatory reporting of COVID-19 cases in NHSN, is this being considered for dialysis facilities? We feel utilizing NHSN will be the most efficient for facilities as we have provided resources to effectively use NHSN in the past. If so, is there a timeline that can be shared with us?

### #3 Discussion:

On behalf of the ESRD Networks, Ms. Vinson inquired about whether CMS is considering reporting requirements of dialysis facilities to NHSN similar to nursing homes.

Ms. Quinn shared that this suggestion has been discussed within CMS and they understand the similarities between dialysis facility and nursing home populations, and see the benefits of reporting. However, she shared that there are some significant barriers that need to be considered and resolved. There is no timeline or specific plan to move forward with this suggestion at this time.

### 4) Transparency of sharing COVID test results between dialysis facilities/healthcare providers and nursing homes

- [05/14/2020] In regards to the issue of nursing homes not informing dialysis facilities or transportation providers of a COVID positive resident, CMS provided the memo: [QSO Memo 20-28-NH](#) which addresses this issue. Please see FAQ #9 for the specific language that you can refer to. I hope this helps.
- Above resource speaks to an individual patient that has tested positive. Physicians/dialysis centers would find it helpful to know if anyone in a nursing home has tested positive if that dialysis facility is receiving a dialysis patient from that nursing home into their facility for treatment.

#### **CMS Bulletin 5/15/2020:**

*On April 19, CMS announced we'll be requiring facilities to report COVID-19 information to the CDC and to families. Within three weeks of that announcement, we published an Interim Final Rule With Comment on April 30. For the first time, all 15,000 nursing homes will be reporting this data directly to the CDC through its reporting tool. With the new regulatory requirements, nursing homes are **required to report the first week of data to the CDC beginning May 8 but no later than May 17**. Additionally, in order to report, facilities must enroll in the CDC's National Healthcare Safety Network (NHSN). Information on how to enroll is available [here](#). As nursing homes report this data to the CDC, we will be taking swift action and publicly posting this information so all Americans have access to accurate and timely information on COVID-19 in nursing homes. More information on the COVID-19 NHSN module can be found [here](#).*

**Forum Suggestion:** Develop a standardized reporting form that includes both patient status and facility status that would accompany the patient to dialysis. Form could also be available to the transporting company to avoid exposures if a patient is traveling via a shared van.

### #4 Discussion:

As follow up to the previous call, three reporting forms were shared prior to the call. These forms were developed by Dr. Palevsky and some of his colleagues in Pennsylvania. Each form provides for specific reporting of patient

status regarding COVID-19 testing, symptoms, and results. One of the forms also allows for reporting of the status of the broader patient population of the nursing home or skilled facility from which the dialysis patients resides. Dr. Henner noted that these forms have been submitted to the Forum's Best Practices initiative to be reviewed by members and will most likely be approved as Best Practice and made available on the Forum website for community use in the near future.

**ACTION:** Ms. Quinn will review each form in more detail with her team and bring back comments on the next call.

- 5) **Baxter Response to Delivery of Dialysis Supplies:** Update of Forum correspondence with Baxter representatives
- Ms. Quinn has been corresponding with CDC to determine if this will be an area where CDC could develop additional guidelines and recommendations. She will provide updates on future calls.

**#5 Discussion:**

Neither Mr. Forfang nor Ms. Quinn has received any additional information from CDC regarding additional guidelines. **ACTION:** Mr. Forfang offered to follow-up with his CDC contacts and report back on the next call.

- 6) **Transplant Patient Concerns about Symptoms & Relieving Anxiety:** Would CMS consider waivers to facilities to provider to offer Pulse Oximeters to their transplant patients?
- Ms. Shalon will inquire with the Medicare Division about this request and report back to the group.
  - Ms. Quinn reported that after an additional discussion with the Medicare division, they are advising this is an issue to be addressed between the patient and his/her physician and that a physician could write a prescription for a Pulse Oximeter if needed.

**#6 Discussion:**

Dr. Henner shared a 06/01/2020 Press Release from the Vermont Department of Health regarding the "Use of Pulse Oximeters to Monitor Novel Coronavirus 2019 Among Individuals with Laboratory-Confirmed SARS-CoV-2 Infection." Through a new community initiative, they are providing pulse oximeters to patients and have provided guidance on when to seek further medical evaluations based on the recordings.

- 7) **Triage Documents** that put dialysis patients at a real disadvantage especially when the main determinant is a SOFA score that is heavily weighted against those with high Cr. Triage documents are prepared by states and health systems to help guide which patients receive ICU care during an emergency situation like a pandemic where critical care resources are compromised. Many of these documents specifically exclude ESRD patients and even the presence of acute kidney injury may count against a patient (SOFA score). The NKF recently released a statement about this as well: <https://www.kidney.org/news/national-kidney-foundation-urges-america-s-hospitals-and-health-systems-to-not-implement>
- (5/6/20) Ms. Quinn offered to bring this issue to OCR to determine if CMS has policies or guidance around this issue.

**#7 Discussion:**

No updates at this time.

- 8) **Monitoring COVID-19 recovering and treating ESRD patients:** There is some confusion about how to assess ESRD patients and their status following a positive COVID-19 diagnosis. Once recovered, many patients are still testing positive using the nasal swab. Where should these patients be dialyzed (i.e. with the COVID positive or PUI population)? What is the appropriate assessment to clear patients to return to the general population? <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

- Guidelines specific to the dialysis would be helpful to providers as many continue to struggle with this issue. Consistent recommendations for all regarding the best approach would be appreciated (test-based versus symptom-based).
- Ms. Quinn will bring these comments back to CDC and ask if they are planning additional guidance specific to ESRD.

**#8 Discussion:**

**ACTION:** Ms. Shalon recently received an email from CDC regarding this topic and will forward the message to attendees.

- 9) **Tracking Nursing Home residents in EQRS:** CMS is working on this, any updates to share?  
Lisa Rees reported CMS continues to work on this request.

**#9 Discussion:**

Ms. Rees shared that she continues to work with ISG on this issue. Although the updates will not be part of the Fall 2020 EQRS roll-out, she expects the updates to follow soon after.

- 10) **Transplant Metrics:** monitoring transplant performed and waitlist activity

**#10 Discussion:**

Dr. Howard shared that the weekly reports showed a continuing rebound of kidney transplants nationally approaching the lower bounds of where they were prior to the COVID PHE. Wait lists additions are also showing an increase. He will share the 05/30/2020 slides with attendees following the call.

- 11) **Transportation:**

CMS referred attendees to HSS Federal Register (link below) page 166 section ***AA.Origin and Destination Requirements Under the Ambulance Fee Schedule***, which includes specific language regarding the transportation of beneficiaries receiving dialysis treatment.

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2020-06990.pdf>

- 12) **Tracking Lessons Learned and Preparing for Future Surges:** What can the Forum and Networks do to support CMS in preparing for future COVID surges?

- 13) **Nurses and PCTs Shortages in Hot Spots**

- Representatives from ANNA offered to share information about their COVID Staff Support webpage. CMS supports this offer and would be interested in learning about their successes and lessons learned. The Forum will follow-up with ANNA to identify an appropriate date for them to present on a future CMS call (i.e. when more data is available and finalized from the use of the webpage).

**#13 Discussion:**

Dr. Atkinson offered to invite representatives from ANNA to present a summary of their Staff Support webpage. Ms. Quinn agrees and supports this suggestion.

The call adjourned at 4:45 pm ET