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NHSN COVID-19 Reporting: Accurately Reporting Staffing & PPE Shortages

NHSN COVID-19 mandated reporting for nursing homes has begun. AHCA recommends accurately reporting the staffing and PPE situation at nursing homes based on normal standards and guidance for PPE and staffing, not conservation guidance. **Federal and state governments will use this data to hold nursing homes accountable for care and services provided and to identify who needs additional resources.** It is important that the data reported to NHSN gives an accurate picture of staffing and PPE as well as the other areas collected in NHSN.

Given the instructions on NHSN, reporting that you have what you need, tells CMS that you have enough PPE and staff to follow conventional and normal practices, which will likely be used by surveyors when comparing what they find during their surveys. Please use the below guidelines.

Staffing

NHSN asks “Does your organization have a shortage of staff and/or personnel?” Answer YES if any of the following are occurring during the time period of reporting:

- Staffing **less than** your facility needs or internal policies for staffing ratios prior to COVID or based on increased needs since COVID
- Employing contingency or crisis [strategies](#) for staffing shortage
- Using more agency staff than you used before the pandemic
- Using volunteers for staffing needs more than what you may have used prior to the pandemic
- Using any temporary positions per waiver allowances (such as temporary nurse aide or temporary feeding assistant)

PPE

NHSN asks “Do you have enough for one week?” each for N95 masks, surgical masks, eye protection, gowns, gloves, alcohol-based hand sanitizer.

Answer NO if any of the following are occurring during the time period of reporting:

- **Employing any conservation [strategies](#)** for PPE use; if you are not able to use PPE per conventional transmission-based precautions in place before the pandemic you should answer NO
- **Using alternative PPE** such as cloth masks or other types of face coverings, clothing or other types of coverings instead of surgical gowns, or glasses for eye protection
- **Reusing any single use** supply item such as gown or masks
- If additional residents in the next week will need to be placed on precautions, it will compromise your PPE supply
- If additional staff in the next week will need to use PPE when returning to work, it will compromise your PPE supply
- If visitors or contractors in the next week need to visit, it will compromise your PPE supply

As a reminder, nursing homes should keep documentation of their efforts to secure more PPE as well as staffing. You should report to your local and state health departments that you are employing contingency and crisis strategies to conserve PPE and staffing.

CMS to Fix PDPM Variable Per Diem Glitch

SNF PPS Part A claims were not being paid day-1 variable per diem rates when a beneficiary switched from Medicare Advantage (MA) to fee-for-service Medicare Part A during a stay. AHCA reported to CMS that this was inconsistent with current policy.

CMS agreed with AHCA and on May 8 published a [change request](#) to the Medicare Administrative Contractors (MACs) to update the claims processing systems retroactive to October 1, 2019. A summary of the changes is posted in this [MLN Matters article](#). Although this is retroactive, the systems changes will not occur until October 5, 2020.

Providers should notify billing staff that the MACs will adjust any improperly adjusted SNF PPS claims related to a beneficiary switch from MA to fee-for-service during a stay ONLY IF BROUGHT TO THEIR ATTENTION, so that the prior days count is corrected to exclude the MA days.

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

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