Thank you for all you and your staffs are doing – we appreciate you! The purpose of these regular calls is to make sure our members have the most up-to-date information and resources available. Please know that KHA staff are working with many partners to collect this information and share it in brief emails, phone calls and on our website. These COVID-19 Hospital Huddle calls will provide an opportunity for our members to ask questions, share information and collaborate. Below is a summary of the call for March 17, 2020.

**Hospital Resources-Personal Protective Equipment**
If you need resources, please follow the [Kansas Healthcare Facility PPE Request Process](#). Once your hospital’s supply of resources have been exhausted and additional vendor and local/regional supplies are not available, hospitals should work with their local health department. If no resources are available, hospitals can work with your County Emergency Manager to complete a request to the Kansas Department of Emergency Management for a release supplies from the strategic national stockpile or the state cache if one exists. Sixteen states have already started to receive resources from the strategic national stockpile.

**State Lab Update**
The State Lab is running out of collection swabs and viral transport media. They are encouraging hospitals to look at other sources to supply swabs to do the COVID-19 testing. The State Lab is one source for testing but there also are commercial laboratories - LabCorp, Quest and in the KC Region, Virocore. There are a few less hoops in using these commercial labs. We have heard, the State Lab may have delays in turn around testing, KHA is following up on this, they say they are running two batches a day and sending results out at 9 a.m. and 5 p.m. daily. Test results are being reported to the local health department, with the health department being responsible for notifying the hospital. This may be contributing to the delay in hospitals receiving test results. Some hospitals also are running Biofire testing and other Nucleic Acid testing to rule out other viruses – see note below on reimbursement.

**Federal and State Partners**
KHA has held multiple conversations with our elected officials regarding COVID-19 activities. Earlier this week, KHA convened a conference call with each of the Kansas congressional delegation offices to discuss the latest activities on the federal level and how they impact Kansas and the needs of Kansas hospitals.

KHA is keeping in close contact with KDHE regarding any waiver request, such as the 1135 waiver. CMS has released this [factsheet](#) about the waivers. At this point, KDHE believes that much of what they are trying to do can be done with policy changes and State Plan Amendments. KHA staff met with the Governor to discuss latest activities and to identify high priority areas for Kansas hospitals. She indicated they had blanket authority to have flexibility during this time. For example, we have been told that hospitals can move Med-Surg beds to ICU beds on your own. And if you are a CAH and need to go over the 25-bed limit or the 96-hour rule these limits would be waived at this time. Hospitals are asked to notify the regional CMS office to let them know that you went over these limits.

KHA has met with the Kansas Insurance Commissioner to discuss payer-related topics regarding COVID-19. KHA continues to meet with legislative leadership in the House and Senate to explore areas that may need to be addressed. The Kansas legislature is expecting to adjourn later this week. Their intent is to pass a budget as soon as possible and then return in late April to continue resolving its business.
Hospital Billing and Reimbursement
KHA has been working with the Centers for Medicare & Medicaid Services Regional Office and our partner states in CMS Region 7, (Missouri, Iowa and Nebraska) along with our Medicare Administrative Contractor, WPS, to combine resources regarding billing and reimbursement.

KHA staff urges members to be cautious in messaging to patients regarding coverage of all testing and treatment of COVID-19. While the actual COVID-19 testing should be covered without patient liability, other pre-assessment and the actual treatment of COVID-19 may not be. Hospitals should use their regular charging and billing guidelines and inform KHA of concerns and questions as they arise. KHA has reached out to some of the major payers in Kansas, and will assist your staff if needed.

In response to the recent COVID-19 outbreak, BlueCross BlueShield of Kansas published an updated medical policy, Identification of Microorganisms Using Nucleic Acid Testing. This revised medical policy relaxes the medical necessity requirements for coverage of certain respiratory virus panels that may be done prior to the COVID-19 testing. The policy indicates that coverage for viral panels will be effective March 1. On March 17, BlueCross BlueShield published a newsletter with FAQs COVID-19.

The Kansas Department of Health and Environment will be distributing a Kansas Medical Assistance Bulletin this week to review billing requirements for the Medicaid/KanCare program.

KHA Meetings
The KHA Board Meeting has been moved to a virtual meeting. The April 3 training on EDTC Measures and CART Abstraction is being moved to July. More details will be sent to members once available. KHA District Meetings will be moving to virtual meetings for each district. The dates will remain the same. Details online. At noon on Friday, March 20, we will host a noon briefing: Coronavirus Guidance for Employers, focusing on Human Resource issues and COVID-19. Registration is available on our website.

MEMBER QUESTIONS

1. Who should members contact at the CMS Regional Office?

KHA member inquiries to the CMS Regional Office will be coordinated by Tish Hollingsworth. Please email her your questions. Staff from the CMS Regional Office will accumulate questions from the four states in Region 7 (Kansas, Nebraska, Iowa and Missouri) to develop FAQs and other resources.

2. Who does the billing for the COVID-19 test, the hospital or the lab performing the testing?

If the COVID-19 testing is sent to the State Lab, the hospital will not bill for the COVID-19 test. However, as other outside labs, such as LabCorp, Quest or ViroCore, being testing, arrangements will need to be discussed with those labs on who will do the billing. The Medicare program, the Kansas Medicaid program, and private payers have billing guidelines when the hospital is acting as a “reference lab”, i.e. doing the specimen collection and sending the specimen to an outside lab for the actual testing. KHA is working to provide additional clarity from the payers.

3. Number of testing kits are a concern. Is there an idea of when we can get more tests locally?

The State is encouraging hospitals to reach out to their supply vendors because the State is also having difficulty. The swabs must be of synthetic fiber and plastic or aluminum shaft. Calcium alginate swabs and
wooden shafts are not acceptable and will be rejected. Hospitals should also explore sources for viral transport media. Hospitals on the call shared they are being told test kits are on back order. KHA encourages hospitals to follow the Kansas Healthcare Facility PPE Request Process.

4. Hospital reported that there is a delay in KDHE approval of testing. They also asked if hospitals need KDHE approval to sending a sample to LabCorp, Quest or ViroCore?

KHA staff will reach out to KDHE about our concerns with delays. No, you do not need KDHE approval to use an independent reference laboratory.

5. Can you provide clarification on reimbursement for pretesting ... like influenza screen and PCR panel that KDHE is requiring before we can get approval to test for COVID-19?

At this time, hospital should bill patients for this, BlueCross Blue Shield has indicated there will be coverage, but we have not heard from all payers on this. We will continue to discuss with the Insurance Commissioner.

6. We there be coverage for COVID-10 for uninsured patients?

KHA will follow up to see if funding covers those patients.

7. Any concerns for hospital staff who have traveled, outside of Kansas, but not in the identified risk areas?

There areas identified by KDHE in which staff need have a 14-day home quarantine:

- Traveled to a state with known widespread community transmission (currently California, New York and Washington state) on or after March 15.
- Visited Eagle, Summit, Pitkin and Gunnison counties in Colorado within the past week.
- Traveled on a cruise ship on or after March 15. - People who have previously been told by Public Health to quarantine because of their cruise ship travel should finish out their quarantine.
- Traveled internationally on or after March 15. - People who have previously been told by Public Health to quarantine because of their international travel should finish out their quarantine.
- Received notification from public health officials (state or local) that you are a close contact of a laboratory-confirmed case of COVID-19. You should quarantine at home for 14 days since your last contact with the case. (A close contact is defined as someone who has been closer than 6 feet for more than 10 minutes while the patient is symptomatic.)

8. Is there any discussion of testing providers that would be included in the 14-day quarantine so they can come back to work?

There has been discussions, but not decisions. You would likely need to go through the reference labs for testing... but there is a desire to conserve testing to the most vulnerable population. Telemedicine work might be an option for some providers.

9. Is there guidance on strategies to minimize aerosol while performing procedures on COVID-19 patients?

The CDC, in Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, provide precautions that should be taken when performing aerosol-generating procedures (AGPs). From the CDC guidance:
Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible.

If performed, the following should occur:
- HCP in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
- AGPs should ideally take place in an AIIR.
- Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

10. Can KDHE share more information on how COVID-19 is spreading in Kansas and how important it is to quarantine and not cross contaminate?

The KDHE website is rapidly being updated with ongoing guidance. The CDC website is also a great source of information. KHA staff will discuss the request to share more information about specific vehicles of transmission with the public.

11. In addition to your local health department, whom else should hospitals work with to make a decision on elective procedures, visitation, etc.? In addition, can we share best practices on limiting entrances, visitation, self-quarantining, etc.?

Resources or guidance regarding criteria or recommendations for management of elective surgical procedures:
- The American College of Surgeons published recommendations for the management of elective surgical procedures on March 13.
- KHA will reach out to the regional health care coalition on starting discussion on regional standards/best practices. More to come on this.
- CDC Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States recommends planning to take the following actions if COVID-19 is spreading in your community:

  **Inpatient facilities**
  - Reschedule elective surgeries as necessary.
  - Shift elective urgent inpatient diagnostic and surgical procedures to outpatient settings, when feasible.
  - Limit visitors to COVID-19 patients.
  - Plan for a surge of critically ill patients and identify additional space to care for these patients. Include options for:
    - Using alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients.
    - Separating known or suspected COVID-19 patients from other patients (“cohorting”).
    - Identifying dedicated staff to care for COVID-19 patients.

THANK YOU
Please continue to share your COVID-19 questions with us, email Cindy Samuelson. We also encourage our members to join the weekly KDHE calls for providers on Thursdays at 10:00 a.m. Click here for the links to the KDHE Provider Calls.