Tom Bell thanked hospitals for all the extra work they are doing and for their constant care of communities in Kansas. KHA is fortunate to have two of our supportive, elected officials on the call today, Governor Laura Kelly and Senator Jerry Moran. He thanked both for the work each are doing and for joining today’s call.

**State Lab, Personal Protective Equipment and Data Collection**

Ron Marshall provided an overview of COVID-19 state impact. Daily information can be found on the KDHE COVID-19 webpage. Lee Norman, MD, KDHE Secretary has expressed his encouragement that the increase in the number of cases in Kansas is lower than the national average. Dr. Norman expects Kansas to have 300 confirmed cases by the end of March. The state of Kansas has received more test kits. Hospitals are encouraged hospital to use commercial labs whenever possible. The expected turnaround time for a COVID-19 test should be one day. Hospitals that are experiencing delays in obtaining results are encouraged to contact the state lab at KHEL_Help@ks.gov. If hospitals are still using a fax delivery method, consider switching to the email result delivery option. Additional PPE equipment has been received and KDEM is working on distributing those. CDC Guidance on Strategies for Optimizing the Supply of PPE.

**Governor Laura Kelly**

Governor Kelly thanked KHA members who are working so hard on the front lines during the COVID-19 situation. The state is welcoming input and doing what they can to flatten the curve on the number of new cases:

- Lowered mass meeting numbers from 50 to 10,
- Closed schools, and
- Placed state employees on paid leave for two weeks, those who are able to work from home are.

Other efforts of the governor’s office include:

- An executive order allowing physicians to prescribe medications through telemedicine,
- Authorized out-of-state licensed physicians to provide telemedicine in Kansas,
- Permitting temporary emergency licenses for health care professionals (anyone regulated by the Board of Health Arts), and
- Finding creative solutions to childcare challenges and have declared hospitals eligible to provide day care without a license during this time.

Q1: What is the administration doing to ensure that we have sufficient Personal Protective Equipment for our health care providers in Kansas?

A1: We are doing several things. Begging and pleading with the feds to increase the numbers in our shipments but also the speed in which they get that to us. We are working on other avenues to get supplies and equipment (in and outside the state) including the private sector. We did and executive order to allow motor carriers to bypass the weight limit in order to be able to move more supplies. We have been scouring for supplies/PPE from universities and colleges (many have this in their labs) to gather it and try to get it to hospitals. We will have more conversations with state and federals staff today on equipment and testing.
Q2: We appreciate your executive order regarding Telemedicine. We see this as an important tool for the delivery of health care services during this outbreak. At present, the executive order only refers to physicians. Do you anticipate extending the executive order to other health care professionals such as advanced practice nurses, pharmacist, and mental health providers?
A2: Currently, physicians are the only out-of-state provider allowed to practice telemedicine in Kansas. But this is a rapidly evolving process. We can consider expanding to other provider types if it gets worse.

Q3: Telemedicine will be the most effective when both hospitals and patients have access to reliable broadband. Is anything being done at the state level to expand access to broadband services?
A3: Yes, we are working with Internet service providers across the state to ensure bandwidth is expanded, so the system will not get overloaded. Governor Kelly recognizes that some areas of the state do not have robust enough service, and they are working to correct that.

Q4: We are seeing an increase in the number of communities issuing “stay-in-place” policies. Do you anticipate issuing a statewide policy? If so, how do we ensure that health care providers (clinicians and non-clinicians) are exempt from these policies?
A4: Governor Kelly stated that as of yesterday, there is no a plan to issue a statewide “stay-in-place” order at this time. She reserves the right to issues a statewide order if needed. For the time being, they will leave that decision for “stay-in-place” orders with the local officials. The state is working on a universal framework for counties to identify critical services - so there is consistency across the board.

Q5: As hospitals have decreased elective and other outpatient procedures, the cash flow coming in the doors has decreased significantly. Many of our members are worried about how long they will be able to survive. It is our understanding the FMAP was increased for states by 6.2% during this crisis. Do you anticipate any of that increase coming back to providers in the form of increased Medicaid provider rates?
A5: No. Revenue for the state is significantly decreasing as well, partially due to delaying the tax deadline until July. The Governor expects the state will use the increase in FMAP to replace the lost state general fund.

Q6: We know that the legislature allocated $50M in funding to combat COVID-19, how do you plan to utilize those funds?
A6: That Kansas Legislature authorized $50M to combat COVID-19, which will supply tests, PPE, and any other necessary equipment. At this time, Kansas does not need to have pop-up hospitals as New York, but we need to have the money available in case that is required.

Q7: As you might imagine, the COVID19 pandemic is absorbing a tremendous amount of our clinical and support functions. At the same time, revenue is declining significantly because we have lower volume with elimination of elective surgery, procedures and imaging. As we get a better handle on this, will you support advocating for hospitals with the payers across our state to provide relief from risk based contracting arrangements that have expectations and requirements that may not be feasible while we are in the midst of this surge?
A7: The Governor will look into this and follow up with more information. More to come.

Q8: Would it be an option for public schools to operate as day cares with teachers who are pre-screened with classes of 10 or less?
A8: Yes, that is a possibility, and schools have the guidelines to do so. There has to be 10 of fewer, social distancing and room needs to be self-contained (restrooms must be available). Her office has issued childcare guidelines.
Tom Bell thanked Senator Jerry Moran for his time on this call and noted that throughout his public career, Sen. Moran has always been very involved in health care. Tom also expressed his gratitude for the work of his staff. Sen. Moran thanked KHA and their staff for their close coordination. He has been talking to hospitals, public health departments, community health centers, physicians and others during this crisis. A main focus has been to get PPE and test kits to Kansas. Don King told him that Textron (the aviation manufacturer supplier in Wichita) is donating masks and equipment to hospitals. Other plant managers are releasing supplies from commercial facilities. Testing is most important and working to get test kits released. Working with Dr. Norman, KDHE and the Emergency Preparedness Director for Kansas to get necessary test kits released from stockpiles for Kansas. Also working on the speeding up the approval process so more tests can be produced. Clearly, there was inadequate supply, so it will take some time to catch up, but it is in the works. Hospitals have indicated that they are meeting CDC guidelines in regard to test, but he acknowledges those guidelines are based on a scarcity of supplies. He is going to be asking what are the CDC guidelines once we have more tests. Testing is still front and center for their office.

Health Care is a significant priority. Sen. Moran’s intent is to support all hospitals - large and small - who provide both economic and health care benefits to their communities. Our future wellbeing of our communities in Kansas rests on the success of our community’s hospitals.

The federal government has increased reimbursement on Medicaid, and Sen. Moran had hoped that FMAP money would flow to hospitals. The early bill provided significant money to states ... $6M has been allocated to be spread amongst county health departments in Kansas. The current legislation that is pending (for ongoing economic support for workers who are dislocated because of the crisis), discussions are ongoing; this is a bi-partisan product now being debated. They hope is the vote is today or tomorrow. Sen Moran shared that health care is most important, so we can get past this crisis. The economy will only thrive when people can go back to work, but we need to address the health care need of Kansans.

The current bipartisan legislation suspends Medicare sequestration for span of the COVID virus (so for next year is what is expected). It provides $180M in grants to rural hospitals, 20% reimbursement for patients effected with COVID-19, expands telehealth, and increases reimbursement for telehealth, and delays DSH payments again. The American Hospital Association has requested $100B in direct assistance to hospitals, and the current bill has $75B for that purpose. Details unknown at this time, but money is being set aside that will become available to hospitals. Breaking News: Senate to Vote on $2 Trillion COVID Package

Senator Moran understands how the current environment is affecting hospitals ability to do elective procedures and bring in any revenue. CMS has issues a number of waivers and finance provisions to help hospitals. Concerning maintaining staff levels, if a business has less than 50 employees, staffing is voluntary, 50-500 mandatory. There should be immediate relief to employers paying employees in the form of an immediate reimbursement to your contributions to the payroll tax. Senator Moran just discovered that there are exclusions to the provisions exist for states and political subdivisions, and city/county/district owned hospitals ... it appears they would be excluded from this benefits. Sen. Moran is introducing an amendment to that legislation so all hospitals can benefit. He and his staff are working with other senate committees and senators in an attempt to protect all hospitals, including city, county and district hospitals.

Regarding access to broadband services, $200M has been allocated to the FCC to help health care providers have better capabilities. As the chair of the Veterans Affairs Committee, Sen. Moran announced that the community care network is being rolled out this week in Kansas. He asked for input from care providers.
Q1: Does the COVID-3 package currently being considered include the ability for RHCS and FQHCs to be designated as a “distant site” under telemedicine? We believe this is key for effective use of telemedicine in Kansas.
A1: Language to include both FQHCs and RHCs as a “distant site” is included in the COVID 3 package being debated. It is likely that those provisions will only last during the COVID-19 crisis.

Q2: On the federal level, is anything being done to expand access to broadband to both providers and individuals?
A2: $200M was allocated to the FCC, which can be used for both hospitals/providers and homes. USDA has $25M for COVID-19 for distance learning services only. $100M is available from the USDA Reconnect pilot program, a hybrid program (grant, loans and grant loans) to serve underserved populations with more access to their providers.

Q3: As hospitals have decreased elective and other outpatient procedures, the cash flow coming in the doors has decreased significantly. Many of our members are worried about how long they will be able to survive. We are trying to look at all possible options to help. Would it be possible to open up the CAH designation to allow non-CAHs to obtain access to the designation?
A3: Sen. Moran indicated that this is the first time he has heard about the possibility. He believes such an action would be very hard to achieve, because of Washington’s bias against additional CAHs. While he can see why such a situation would be beneficial, it would only be during the COVID-19 situation. He will pursue the idea, and see if there is any chance now or in the future.

Q4: How soon do you think the funding from the hospital package will be able to reach providers? How will the funds be distributed to specific providers/hospitals?
A4: Sen. Moran noted that, while Washington has a real awareness of the crisis, payment may be delivered slowly. He is skeptical this can happened as fast as hospitals need it. Funding for existing grant programs will likely be sent quickly, but financial assistance based on intake of COVID-19 patients will take time. Right now, they are focused on the bill rather than the implementation. There is trust that HHS can do this and wants to do this, no timeline yet, but the urgency will likely push this out faster than other federal funding.

Q5: All Rural Hospitals are vulnerable simply because of our population density alone. The current negative economic impact on Rural Hospitals will not recover as quickly in rural areas as it will in more urban areas or more densely populated states. Looking to the future, it will be easier for us to plan our recovery if we have a reliable revenue source to plan on and depend upon. One particular revenue source we are dependent upon, is the 340B program. Can we lower the Disproportionate Share requirement for all DSH hospitals to 8% and all Sole-Community Hospitals to 0%? CAHs are currently at 0%?
A5: We can explore this, but, not everyone supports the 340B program in Washington. Many have been unwilling to expand programs on a temporary basis. Such an opening would be difficult to close after the crisis passes, and CMS doesn’t want to do the paperwork for something that will only be in place for a few months.

Q6: With Critical Access Hospitals, each year we have to file a cost report, which may result in a payable to Medicare. If there is a payable, can this be delayed without penalty during this time?
A6: Sen. Moran indicated that his office is willing to help in those situations, but that they would need to be done on a case-by-case basis. They would be happy to reach out to CMS on behalf of the hospitals when it gets to that point. Such a situation would not be included in the phase-3 package but would be in CMS action waiver.
Q7: What is the status of the proposed Medicaid fiscal accountability rule?
A7: Temporarily delayed. Everything has been put on hold until COVID-19 has been addressed. They will continue to work on this, but it is on hold for right now. We will plan to regroup on this in the future.

Federal and State Support
Chad Austin thanked Sen. Moran and his office for their work. KHA has been working closely with KDHE on CMS' 1135 Waivers. The agency submitted their 1135 Waiver request last week and is still awaiting a response. As part of the original 1135 Waiver, KDHE requested flexibility by waiving cost sharing requirements for testing, diagnostic and treatment for COVID-19. The agency also requested relaxing the prior authorization requirements, ability for out of state physicians and advance practice providers to treat Kansans, and waive the timely filing requirements. KHA is collaborating with several other health care organizations on developing an additional 1135 Waiver request. More information will be forthcoming regarding this. It was also mentioned that KDHE has updated their disaster emergency guidelines for childcare licensing. KHA will be distributing this update on the daily e-mail communication.

Over the weekend, the Governor released an executive order on telehealth. KHA has been reviewing the executive order and has several follow up questions for KDHE. KHA will be meeting with the Medicaid director this week to receive clarification. As part of the federal COVID-19 emergency response, CMS announced March 22 that they are granting exceptions from reporting requirements and extensions for clinicians and providers participating in Medicare quality reporting programs with respect to upcoming measure reporting and data submission. The link to the CMS announcement will be included in KHA’s daily update. Additionally, KHA staff are working with the Federal Office of Rural Health and KDHE to determine how we can change the requirements for MBQIP and SHIP participation.

Billing, Reimbursement, Revenue Cycle, Swing Beds
Tish Hollingsworth reported that KHA staff has been having daily communications with our partners at Governor Kelly’s office, the Kansas Congressional Delegation, the Kansas Department of Health and Environment, the American Hospital Association, and others to address options for financial resources for our members. We have stressed the importance of developing immediate ongoing revenue streams to provide a buffer for the potential of large incoming costs to manage surge capacity due to COVID-19, while at the same time experiencing cash flow concerns due to the cancellation of non-essential procedures and services.

One of the funding options that KHA is researching is for FEMA funding. Tish noted that it is important for hospitals to begin keeping track of expenses related to COVID, as this information may be needed at a later date for FEMA applications. Tish will be working with the hospital accounting firms in Kansas to begin discussions of what information is needed for FEMA and how best to track that information. A member call will be hosted in the next week or so to provide information and to hold a discussion regarding funding options.

KHA staff is accumulating information regarding questions and concerns raised regarding changes in coverage for telemedicine and is working to develop a grid by payer (Medicare, Medicaid, BCBS, etc.) with basic information on telemedicine. Until the federal legislation for COVID has been passed, the information for Medicare guidelines is very fluid.
KU Primary Care/Infection Prevention Calls - Dr. Robert Moser
Dr. Bob Moser thanked KHA and all hospitals for their work during the COVID-19 crisis. He announced that a collaborative webinar will be offered to everyone at noon today to address infection control and local care for patients. The intent is to augment the information from CDC and KDHE. They will put a practical, rural spin on how we manage COVID-19 in rural communities. Experienced providers who are currently dealing with COVID-19 will discuss infections disease and critical care and management. If interested in this information reach out to rmoser@kumc.edu.

Additional Member Questions
Q1: Can KHA staff clarify whether telehealth for insurance covered applies to physicians only or to all providers?
A1: Tish Hollingsworth stated that KHA has the same questions. Before the executive order, other providers (aside from physicians) could do telemedicine services for Medicaid. KHA is seeking clarification from the state as to whether the executive order only covers physicians or if it includes those other providers. KHA will clarify that information and share it on KHA’s daily update.

Q2: A question was asked about viral transport media (and the shortage) and BioFire virus panels.
A2: Due to the shortage of viral transport media, specimens sent to KHEL may be sent in sterile saline. We are not certain BioFire can use sterile saline and encouraged hospitals to check with the manufacturer.

Q3: A question about Broadband – as more people work from home, could efficiency of workers be discussed with governor’s office? Many employees do not have the Internet speed at home as they do in the hospital, because the internet is metered.
A3: Jennifer Findley responded that this is under the jurisdiction of the FCC, and we hope that is being included in the COVID-3. We have not seen an order yet, but will continue to monitor this and follow up as we learn how this is being addressed.

Q4: How is Kansas allocating PPE resources?
A4: Danielle Marten, Northeast HealthCare Coalition Coordinator stated that, from a health care coalition standpoint, facilities are out of PPE supplies that are in individual caches. A flowchart has been created to show how healthcare facilities may obtain PPE. The county health care emergency manager ultimately is responsible for the cache in each county, but there are no consistent eligibility guidelines as to who are eligible to request and receive resources. A statewide set of guidelines are being developed. Also, we have been asked what type of PPE is available to request. KDEM is working to put information out as to what is coming in from the strategic national stockpile (received two shipments in Kansas so far) they are working to put this information on an order form so we are not wasting time ordering equipment that is not available.

Q5: If hospitals are to start collecting COVID-19 expenses, how should those expenses be reflected?
A5: Tish Hollingsworth announced that the request for maintaining those records was just received today, and she is setting up calls with the Missouri Hospital Association and with accounting firms to get guidance. KHA will provide information as soon as possible.

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.