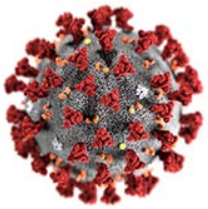
COVID-19 Statewide Hospital Huddle SUMMARY Tuesday, March 31, 2020



Tom Bell welcomed everyone to the call and expressed his appreciation. He admires and respects what health care workers are doing right now and the amount of gratification being expressed across the state and nation.

COVID -19 Daily Status, Future Predictions

Kansas has 428 confirmed cases of COVID-19 as of March 31. This is not a real time number, because testing results from commercial reference labs are coming in with a delay. Nine deaths have been reported in Kansas. Thirty-nine counties have reported confirmed COVID-19 patients. The KDHE Public Update is available online.

When we first received information from China, the R_0 value was approximately 2.5 (a person would infect approximately 2.5 people). Now the world is seeing an R_0 value of 4.64, so one person will infect approximately five others. The China data showed a doubling every 7-10 days; we are seeing a doubling every 3 days. Dr. Lee Norman recently presented modeling of Kansas' stay-at-home order. If Kansas reduced travel by 30 percent, the number of cases would double every 6 days; reducing travel by 45-55 percent would extend that number to a doubling in 9.3 days and would reduce the number of cases in Kansas. April will be a tough month. Kansas is expected to be at our peak by April 24. Hospital stays for patients with COVID are an average of 10 days. If the patient requires ICU, the length of stay is 14 days on average.

KDHE received 15 pallets of the strategic national stockpile at Forbes field yesterday with PPE, masks, gloves and gowns. There is a concern that nitrile gloves and N-95 masks will remain in short supply. KDHE is looking at new distribution channels to get the supplies of SNS to the users that need it as quickly as possible.

As of yesterday, the state lab had a 2-week supply of testing kits. Thirty percent of the testing is done in the state lab; 70 percent at commercial labs. KDHE has installed one new analyzer, which will double the turnaround time of results. They are expecting to receive two new analyzers and 65,000 new test kits. This will allow them to move to 700-1,000 tests daily. COVID diagnostic testing is the focus now, and population testing, once the new testing is online, they will be better able to locate and help isolate patients earlier.

The ASPR grant Notice of Funding Opportunity was posted last night. It is a competitive grant that will go to all 50 hospital associations, the District of Columbia, New York City and Puerto Rico. There is a very short timeline on this grant, as applications are due by midnight eastern time on Friday, April 3. KHA is going to apply, and according to the notice, Kansas will receive $784,500 to be distributed within 30 days to hospitals.

Daily COVID-19 Updates from Ron Marshall will begin coming from Cindy Samuelson later this week.

Federal, State Updates

Since the Statewide Hospital Huddle on Friday, KHA has submitted three 1135 waivers. The multi-state waiver has been approved that included Kansas. KHA also submitted a waiver in collaboration with LeadingAge Kansas and the Kansas Health Care Association. KHA submitted another waiver specifically for hospitals only.

The second and third waivers are being reviewed by CMS. KHA continues to evaluate additional waiver provisions that may need to be submitted and potential executive orders that may need to be pursued with the governor's office.

Highlights from the CARES Act that was passed last week included $100B for emergency funds for hospitals and health systems. KHA is still awaiting additional guidance on how the funding will flow to the states and providers. Additional policies included in the CARES Act delays the Medicaid DSH cut, eliminates sequestration from May-Dec 2020, expedites Medicare payments for CAHs and PPS hospitals, and increases Medicare DRG payments by 20 percent for rural and urban inpatient COVID-19 patients. KHA continues to work with the Kansas Congressional Delegation on any areas that the first three COVID bills did not address. KHA expects a COVID Phase 4 bill to be developed in the near future and will continue to work with the Kansas Congressional Delegation, AHA and NRHA on the contents. One policy that may be considered is a public hospital provision regarding FMLA and sick leave.

CMS released some regulatory relief that would allow non-acute care hospital settings to take care of patients, including ASCs and hotels. The CMS regulatory relief package also allows providers to practice at the full scope of practice within state laws. Another provision would expand telehealth under Medicare. In the past, it was not acceptable to receive reimbursement for audio-only telehealth. CMS is now changing that policy so audio-only telehealth could be reimbursed. KHA is seeking clarification from the governor's office and KDHE to see if Kansas will mimic the CMS guidelines in this area.

KHA is working with the governor's office regarding state-only funding. The governor has indicated a willingness to consider targeted payments to hospitals that are struggling as well as other health care provider settings. KHA hopes to be able to have more information on that in the near future. KHA also is working closely with the Kansas Medical Society and nursing home associations to provide the best possible support for our members across the state.

Finance and Reimbursement Updates

KHA is hosting a webinar on Thursday, April 2 at 10:00 to review a number of funding options available to hospitals during the COVID crisis. In addition, KHA will host another webinar on April 2 at 1:00 on FEMA funding. If you need call-in instructions, reach out to Tish Hollingsworth.

Wisconsin Physicians Service, our Medicare Administrative Contractor published a newsletter yesterday announcing two webinars to review the expansion of Telehealth benefits for the Medicare program. *Note: Due to the high volume of registrations for these webinars, WPS posted a notice on their website that the April 2 webinar is full.*

KHA has been working with Heartland Telehealth Resource Center to partner with us to address the influx of questions surrounding the recent expansion of Telehealth benefits. We have linked resources available from HTRC on the COVID-19 resources page on the KHA website. HTRC has agreed to help field specific questions regarding Telehealth.

On March 28, the Centers for Medicare & Medicaid Services released information regarding the expansion of the Medicare Accelerated Payment Program, as part of the CARES Act. This program is intended to provide necessary funds to Medicare providers and suppliers who submit a request to their MAC and who meet certain required qualifications. CMS states that all Medicare providers and suppliers, including acute care hospitals, critical access hospitals, children's hospitals, cancer hospitals, long-term care hospitals, inpatient

rehabilitation hospitals, skilled nursing facilities, physicians and other Part B suppliers, are eligible to request accelerated payments. Qualified providers/suppliers must request a specific amount to be paid using an "Accelerated or Advance Payment Request" form provided on each MAC's website. Inpatient acute care hospitals, children's hospitals and cancer hospitals can request up to 100 percent and CAHs can request up to 125% of their historical Medicare payment amount for a six-month period. Most other provider and suppliers will be able to request up to 100 percent of their historical Medicare payment amount for a three-month period. According to CMS, the MACs will work to review and issue payments within seven calendar days of receiving the request. Repayment of the accelerated/advance payment begins 120 days after the date of issuance of payment. Additional information is included in the AHA notice. KHA is working with WPS to see if they can host a call for hospitals in Jurisdiction 5.

KHA is working with the Kansas Medical Society to distribute a letter to the major health care payers in Kansas to request some relief of administrative burdens during the COVID-19 crisis. Things included in the letter will be relaxation of prior authorization requirements for new services and treatment as well as a request to honor previously approved prior authorizations once the crisis ends. We are also requesting some relief from other administrative burdens that could impede payments to health care providers such as timely filing requirements, claims appeals timelines as well as those related to audit or recoupment. We are requesting this relief across all lines of their products in Kansas. A copy of that letter will be shared once it is finalized this week.

KHA reached out to KDHE earlier this month to request the Agency advance some Medicaid payments for our hospitals. KDHE announced that on April 2, the 3rd quarter Medicaid Disproportionate Share Hospital (DSH) payment will be paid to eligible hospitals. In addition, KDHE will advance the 1st and 2nd quarter UCC Pool Payments to the PPS hospitals that are part of the Medicaid Provider Assessment program.

Data Collection - EMResource

Kansas hospitals have received many requests from state, federal and some local partners in relation to COVID-19, such as testing results, available beds, ICU beds, total ventilators available and in use. This is important data to capture to model the COVID and track capacities, we need to do this in a most efficient manner. KHA is working to eliminate any duplicative reporting for hospitals when possible. One of the tools available to all Kansas hospitals is EMResource. Traditionally this tool has been populated by emergency room staff and is updated twice daily. Challenges include keeping it updated and making sure the person/persons updating EMResource is aware of the number of ventilators and ICU patients you have and other reporting criteria. EMResource is one of the tools being considered to capture COVID-19 data.

NHSN Data Collection

KHA was notified, that two days ago, Vice President Pence sent a communication to some hospital administrators with two data-related requests. One request is for hospitals conducting COVID-19 testing in-house (not using commercial labs that are reporting to FEMA) to report their test data directly to the federal administration. For those who are testing in-house, FEMA and HHS have asked that data be submitted daily directly to them. The administration provided a spreadsheet with the data elements they would like to have submitted to them.

The second request is about tracking COVID-19 patients and hospital capacity, including hospital beds, ICU bed capacity and ventilator capacity. All hospitals are being asked to submit information via the CDC's National Healthcare Safety Network (NHSN) website. We hope that quality and infection prevention staff can access the website, as we are fortunate that all hospitals in Kansas have reported quality data through NHSN. KHA's

daily update from March 30, included information regarding a CDC webinar today with instructions on how to report in the COVID-19 NHSN module. KHA is working with all levels to urge these efforts to be streamlined so hospitals can focus on caring for patients. Please let KHA know what data collection tool(s) work best for your facility.

District Meetings and Clinic Calls

The KHA Spring District Meetings, originally changed from meetings to webinars, have now been cancelled. KHA did two calls to assist those with clinical roles, both CMOs and other primary care and clinic staff. There will be a call today at noon to combine lead physician, infection prevention and key primary care staff. A new section on KHA's COVID-19 website focuses on primary care. Information to sign up to be on a distribution list to receive updates is at the bottom of that web page.

Questions

Q1: One concern in the Kansas City market (about licensure) is those employees on one side of the state border or the other. The human resources and payroll systems can move employees across the state line as needed for surge capacity. State income taxes relief. Are other systems facing that?

A1: We have not heard that question from other systems, but would be willing to discuss this topic further.

Q2: Has KHA had any discussions or know anything concerning KDHE paying the Medicaid encounter rate for telehealth visits to our rural health clinics?

A2: For the Medicaid program, fee for service and KanCare MCOs, Bulletin 20046 stresses that applicable FQHC, RHC or Indian Health Care Clinic will receive an encounter rate for serving as a distant site. Originating site would be paid at encounter rate. So much information is coming out; you really have to think about who the payer is and refer to the most recent information from that payer on telehealth. The information is changing rapidly, and KHA is working on a grid that may help guide hospitals on telemedicine. Heartland Resource Center may be able to help as well.

Q3: Some of the guidelines state that the medical field is exempt from the FMLA/FLSA requirements. Can you clarify?

A3: It appears that qualified employers (fewer than 500 employees) **can choose** to exempt as many health care providers, defined as individual employees of organizations that provide health care services, as they want. On the flip side, it appears that they can choose not to exempt individual employees (i.e. individual health care providers). Remember, if they choose not to exempt certain employees, they will be following the FFCRA definitions as concerns FLSA and FMLA leave, not their own policy handbook. They would then be required to pay the non-exempt employees according to the provisions of the FFCRA while seeking reimbursement through the refundable payroll tax credit applied to their tax filing (this money would only be available to them once they've filed their taxes, so it may take a while for them to see their costs paid for on a cash basis regardless of any actuarial consideration). IMPORTANT: Government entities or subdivisions, including public or county hospitals, cannot receive this tax credit to reimburse these expenses. While we tried to get this changed, the Senate decided to go in a different direction (SBA 7a loans which, consequently, are also unavailable to government entities; we're also looking to address this in the COVID-4 bill). However, the end of Sec. 56 of the new FFCRA regulations says quite clearly that: "To minimize the spread of the virus associated with COVID-19, the Department encourages employers to be judicious when using this definition to exempt health care providers from the provisions of the FFCRA." I interpret this to mean that the Department expects health care employers to allow some employees to be non-exempt.

Q4: What role the state is planning to play in disaster planning as other states has done. Has the state looked at ventilators and other equipment? What is the capacity to care for patients?
A4: Conversations are ongoing. Major General Lee Tafanelli is organizing a statewide plan on surge capacity in Kansas. He will be working with the state and providers regarding having the information available regarding capacity. In addition, he is interested in tracking the burn rate of PPE supplies to ensure we have sufficient quantities. He is also seeking to organize a group of hospital leaders from the administrative and clinical sides to coordinate as best as possible. Ron said the state is asking everyone to make sure their local emergency plan is updated in hospitals. Look at the modified health care protocols in acute care hospitals for public health emergencies. That was updated in Sept. 2013, but is still in effect, but requires local input. Make sure it is incorporated into your emergency operation plan.

Q5: Crisis protocols – are there representative examples of how other local hospitals are looking at the triage to treatment with surge and scarce resources?
A5: KHA has not collected that information. If our members would send examples, we can compile and share. We will also reach out to other states.

Q6: Are telehealth and telephonic visits covered for HHA therapeutic visits? Predominantly Medicare. Provides contract therapy services for home health agencies. Trying to provide safety for patients and providers and looking at other ways to treat patients in the home.
A6: We will do some research and follow up on home health therapy. A waiver was approved for initial assessments to be allowed by home health agencies to perform remotely or by record view. KHA will research if it is allowed for physical therapy assessments and ongoing treatment.

Q7: Is the Kansas Board of Nursing working to allow ARPNs to provide services to patients who are twelve years of age and under?
A7: KHA received an email from Carol Moreland, Kansas Board of Nursing Executive Director, asking for a waiver for APRNs to treat patients across all age groups. KHA will keep you posted. We also reached out to the governor's office, and they are looking into this as well.

Q8: Will new NHSN reporting be mandatory for all COVID reporting?
A8: At this time, the request has been worded as just a request. Not heard of any plans to make it mandatory, but the vice president's communication indicated the data is needed at the federal level to support FEMA and CDC's response. We have seen results that having accurate data helps to inform supply distribution. We want to make sure we are helping to facilitate that. If there is any change to the language, KHA will keep you posted. In the first review of ASPR grant, there may be reporting requirements as well. KHA will look at that as we go forward.

Q9: Do you have any information regarding whether CMS or WPS announced an extension for due date for cost reports or any delay in settlement payments?
A9: WPS and CMS posted information regarding delaying timelines for the cost reports.

Q10: We have ventilators, but do not have the medical supplies of paralytic and sedation medications to maintain a patient for more than a few days. Is the shortage of these drugs being addressed?
A10: This was addressed on AHA call. AHA is tracking and working with state hospital associations on this, knowing it is not just the ventilators. Will provide updates as more information is obtained.

Q11: Is anyone tracking oxygen? They are looking at RSIs, sedation, IV fluids, oxygen supply, portable oxygen, blood supply, PPE and ventilators. Would be nice if there was one repository in the state.
A11: As more patients are supported on ventilators, the list increases of supplies that are needed. APS was contacted this morning by ARGAS vendor. APS will send out information on this soon. ARGAS has set up the system into A shift and B shift. All canisters are filled at this time. Will ask the same question of Matheson.

Q12: New Orleans is discharging patients they wouldn't normally discharge, sending patients home on portable oxygen. New Orleans is using EMS for home health after patients get better. If we need beds, can we discharge patients to a lower level of acuity care?
A12: APS is going to reach out to home oxygen providers. KHA will follow upon this.

Q13: More test kits and equipment are being received at KDHE, which will help with turnaround times. Are they still encouraging hospitals to use commercial labs?
A13: Ron – right now, commercial labs until they can ramp up. He believes the state lab is trying to transition to more population screening. Will research with state labs and report back. Update from the State Lab – once they are up and running with the new tests they hope to serve more of Kansas as well as population screening.

Q14: Brenda Olson – Any update on the swing bed issue not needing the 3-day stay? With CARE act and regulations giving flexibility, how does that correspond with Kansas laws, if Kansas laws are more strict?
A14: Deborah – in the waiver KHA submitted on Friday, included request to waiver the 3-day stay requirement. Waiting to hear back. If governmental waivers grant certain provisions, they do not trump state law. Will look at the provisions to see if same kind of waivers are needed from governor. Landon – the issue with 3-day stay for swing beds may be one of the issues we will ask the Congressional delegation to include in the COVID 4 bill.

Q15: Many hospitals have thanked KHA for their hard work.
A15: KHA is glad to be an extension of your staff. Let us know how we can help and work together. Please share successful strategies with KHA, and we will share those with hospitals statewide. KHA is also placing some public service announcements that we will share with our members for their use.

Next Call
Please continue to share your COVID-19 questions with us by emailing Cindy Samuelson. Our next call will be Tuesday, April 7 at 10:00 a.m.