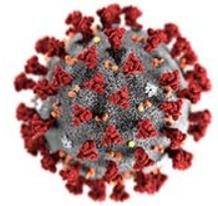




COVID-19 Statewide Hospital Huddle SUMMARY Tuesday, April 7, 2020



Tom Bell welcomed everyone to the call and expressed his appreciation. It is nice to see the admiration now being seen for our healthcare workers. He realizes our members are seeing increased expenses and lost revenues with this trend continuing until we can get the COVID situation under control. It appears there are slight signs that things are beginning to turn around.

COVID -19 Daily Status, Future Predictions

Kansas has 845 confirmed cases of COVID-19 as of April 6. This is not a real time number, because testing results from commercial reference labs are coming in with a delay. Twenty-five deaths have been reported in Kansas. Fifty-three counties have reported confirmed COVID-19 patients. The [KDHE Public Update](#) is available online.

The state is using the Washington model for predicting the COVID-19 curve in Kansas. The current modeling now shows an April 19 peak, earlier than the April 30 originally predicted. Original modeling predicted 679 deaths in Kansas, now down to 265. If current trends continues, Kansas may not see a shortage of hospital and ICU beds. Dr. Lee Norman recently presented modeling of Kansas' stay-at-home order. Our current score is at a "B" up from a "C-" which could account for the improved curve. KDHE is looking at 11 COVID clusters within 7 counties. Three are related to church gatherings that did not practice safe distancing.

Kansas has received 3 shipments of supplies from the federal government thru HHS. Ninety percent of the Kansas allocation was sent to the state with 10% being redirected to "hotspots" in the US. The 2010 US census was used to determine state allotments. Seven requests were made through FEMA with no allocation. No further federal shipments are expected. Governor Kelly has allotted \$15 million toward the purchase of PPE – 3.9 million for N95 masks; 1.8 million for surgical gowns; 4 million for gloves; 2 million for face shields and 2 million for shoe covers.

As of yesterday, the state lab had a 1900 testing kits but fighting a shortage of appropriate swabs. They are expecting to receive 15 new analyzers. It is unsure at this time where they will be distributed. Staff will need to be trained at facilities receiving the analyzers and dual testing will need to be done for a period to make sure the analyzer testing is accurate. There is no current word on when population testing might begin. Johnson County is planning to start random testing. KHA will continue to ask about this and provide information as soon as we learn more.

Data Collection in 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 tool available to all Kansas hospitals is EMResource. KHA would like everyone use EMResource for central data submission

and reports for COVID-19. Traditionally this tool has been populated by emergency room staff and is updated twice daily. KHA is asking CEOs to ensure individuals from each facility are up-to-speed and submitting daily information on COVID-19 through EMResource by April 10th. There is a generic login for each hospital. If you are having trouble logging in to the system, or need training on how to update your data in EMResource, please reach out to [Ron Marshall](#), [Cindy Samuelson](#) or [Sally Othmer](#) for assistance. The KDHE contact for EMResource is Jonathan.Wood@ks.gov.

Federal, State Updates

On the federal level, KHA continues to work closely with the Kansas congressional delegation on several fronts. We are in daily communications with our congressional contacts regarding the latest status of the CARES Act. There continues to be uncertainty on the mechanisms of the \$100B emergency fund for hospitals and health systems. AHA submitted a letter to HHS requesting expedited funding to hospitals. As part of the request, AHA recommended that CMS provides immediate relief to hospitals in the amount of \$25K per bed and \$30K per bed in “hot spots”. AHA has communicated that they are expecting a decision soon. There continues to be dialogue about a COVID-4 package. KHA has raised the need to include fixes for the governmental hospitals and the SBA loan as well as the inclusion of the provider assessment approval. We will continue to stay in close contact with the American Hospital Association as this package gets developed.

Congressman Marshall will do a federal update by his team on a call scheduled for tomorrow, Wednesday, April 8th at 11 am. Information was shared by KHA announcing that call. We anticipate the Congressman will discuss the CARES Act and other pertinent issues on the federal level.

On the state level, there continues to be conversations on ways that the state may be able to offer some financial support to Kansas hospitals and physicians. We hope to have some information to share in the next week.

There have been conversations with the state pertaining to surge capacity and how they plan to manage any surge in bed capacity. The KDHE secretary is working in collaboration with the Adjutant General’s office to maximize the bed capacity at our existing hospitals. If additional beds are needed, they are also exploring any of the closed hospitals and long term care facilities as well as the utilization of dormitories.

Lastly, we have shared with our state and federal agencies several 1135 waivers and request. We have heard back on several of these items (such as the blanket waiver that was provided to 15 states last week). We hope to see some additional announcements in the near future from KDHE and CMS on our waiver requests.

Finance and Reimbursement Updates

Medicaid: The KanCare MCOs will be joining together to provide 3 webinars on the recent changes in the coverage and billing of telehealth for the Medicaid program as a result of the State’s temporary expansion of telehealth coverage during the COVID-19 crisis. The webinars are April 7, 8 and 9 beginning at 12:15. The webinars are identical in content and registration is not required for participation. Instructions for the webinar were included in an email that was sent to the CFOs on Friday, April 3. They were also attached to the Daily COVID-19 Update on April 4 and April 7. The [presentation materials](#) are available on our website.

Medicare: We are still waiting on clarification from CMS regarding the waiver for the 3-day qualifying stay for Medicare swingbed. In a CMS call that was held on April 4, the Agency indicated they would have to do further research to ensure that swingbeds are part of the CMS waiver for SNFs. The AHA sent a letter to CMS on April 6 again requesting that CMS

provide clarification. The AHA also sent a letter to CMS on April 6 requesting a number of considerations to the Medicare Accelerated Payment Program, including a request that the Agency forgo the 10.25% interest rate that would be assessed on outstanding balances at the end of the recoupment period, as well as refraining from sending a demand letter on the remaining balances. We will keep you posted as further information becomes available.

KHA Letter to Health Plans: On March 31, KHA and KMS sent a letter to the major health plans in Kansas requesting immediate suspension and waiver of a variety of administrative requirements, including the relaxation of prior authorization requirements, no out-of-network penalties, expansion of telehealth coverage, as well as suspension of audits activities. We also asked the health plans to apply these suspensions across all of their product lines including the Medicare Advantage program to the extent possible. [A copy of the KHA KMS letter to the health plans is online.](#)

Funding Options for Hospitals: KHA hosted a webinar on April 2 to review funding sources for hospitals. A recording of the webinar along with a copy of the recording are available on KHA's website on the COVID-19 page in the [new section for funding sources.](#)

Other: BKD will be hosting a webinar on April 10 for RHC/FQHC Telehealth.

Funding Opportunities for Hospitals

A specific [Funding Resources webpage](#) has been created in the COVID-19 section of the KHA website with details on how hospitals can connect to funding.

ASPR Grant

ASPR (Assistant Secretary for Preparedness and Response) commonly known as office of hospital preparedness program announced \$100 million in grants to awarded—\$50 million to HCC, Regional Ebola Centers, and NETC along with \$50 million to state hospital associations to distribute to member hospitals. The Kansas share is \$784,500. KHA submitted the application on April 3 with awards to be announced on April 10. Each state hospital association would then have 30 days to distribute funds to sub-recipients and 60 days to submit additional documentation including project narratives, performance metrics and work plans for the five year budget period. While waiting for award announcement, KHA is working on participation agreements and a funding mechanism. Funded projects could include: updating preparedness plans to include COVID-19; purchase PPE; staff training specifically focused on HCW safety when working with COVID patients; examine physical infrastructure with minor retrofitting to improve infection prevention; create alternate location planning for surge; plan/implement expanded telehealth; partner/collaborate with local agencies like LTC, EMS and home health agencies who work with high morbidity groups.

SHIP Funds

KHA was notified late last week that \$150 million allocated to the office of Rural Health for distribution. Rural Health will use the SHIP Program currently in place to distribute funds. SHIP funds go through KDHE who works with KHERF to distribute the funds. Final details have not been sent out but amounts should be significantly more than the annual SHIP amounts. Funds will need to be used for COVID-19 issues and quarterly reports will need to be made. Funding will be at least 4-8 weeks out. KHA will contact the SHIP facilities as soon as we have more information.

SBA Loans

The CARES Act has allocated funds for small business and 501(c)3 non-profits to be distributed through the Small Business Administration as part of the Payroll Protection Program (PPP) or 7A Loan Program. Loans to cover rent or utilities. Loans can be forgivable under certain circumstances with employee retention and maintaining salaries. Hospitals with 501(c)3 designation should begin by reaching out to their local bank. If

local bank is not participating, there is a list of preferred banks provided by the Kansas Small Business Association on the COVID funding page on the KHA website. An issue of contention is that it only included 501 (c)3 hospitals. These loans aren't typically given to government entities. KHA is working to see if this still applies and would suggest going ahead and working with local banks while the issue is worked through.

A second issue is looking at the state statutes which could prohibit these funds going to governmental entities. KHA is having a legal review done on this issue.

Questions

Q1: It will be vitally important for county, city and district hospitals to get access to SBA funds. What's being done and how do we apply.

A1: KHA is pushing our congressional delegation and AHA to get clarification for the public hospitals on this issue, and will continue to do so. Might be something in the COVID 4 package, or SBA may put some guidance out on their own or might be options in a 501(c)3 has a hospitals foundation they can use, we will keep working on this. Trump administration may be asking for additional funding in this area too. The Kansas Bankers Association is willing to help match unqualified hospitals with banks that are willing to make loans, contact [Steve Poage](#).

Q2: Have we heard anything about the money in the CARES Act coming to hospitals through HHS?

A2: We are awaiting guidance on this as well; AHA has submitted a letter to HHS on this. One recommendation AHA submitted was for each hospital to get \$25,000 per bed or \$30,000 per bed for hotspots. There is also a directive that came down from HHS that they wanted to pay for the cost of care for all uninsured individuals out of the original \$100 billion in funding to hospitals. We are optimistic we will hear something soon on how these funds will be coming to hospital ... please stay tuned.

Q3: Can you explain affiliated entities ... for a county hospital; are county hospital employees and other county employees aggregated?

A3: We believe that is how they are counting it ... they have to count the employment total of both entities. Some KHA members made suggestions about how we might do this differently and what the challenges are and might be. In addition to addressing time is of the essence for our members. AHA sent a letter to the SBA asking that hospitals not be subject to the affiliation requirement. More to come on these issues.

Q4: Concerning the SBA loans, once the PPP application is approved; what would be the timeline for funds becoming available?

A4: They are trying to get them out in 2 weeks but the system is overloaded. Once you have a loan approval number you should be able to go to local bank to get funds. There will be specific verbiage the banks will need in the loan documentation.

Q5: Concerning the SBA loans, contract staff are NOT included in the model, since their employer could apply for the program correct?

A5: That is correct.

Comment: Once you get the number assigned by the SBA and treasury assigns a number ... the funding source is the bank ... the bank can issue the funds pretty quickly... it should be real simple.

Comment: One member filed an application with local lender, got approval - was told SBA is developing a form to serve as a note, so there is still some processes being worked through. KHA will continue to work on this and circle back with our members.

Comment: One hospital suggested KHA members join the CMS calls when you can to let them know what is going on at the local level.

Q6: What is the status of the accelerated payment requests with WPS?

A6: Those payments should be made within a seven (7) work day period. If you are having issues reach out to [Tish Hollingsworth](#). We have not yet heard of any delays.

Q7: Are there vetted vendors for PPE or suppliers for materials that we could all use?

A7: APS has vetted quite a few vendors. Those hospitals with Vizient should check the Vizient website for a list of vetted vendors. APS is working with the Adjutant Generals office to get additional supplies from the state program. If you get emails from vendors with a gmail or generic address, please don't use them. If they say they have items in stock, they probably don't. We recommend you work with your GPO ... products are slowing coming in. More information is included in the COVID-19 Daily Update for April 7, 2020.

Next Call

Please continue to share your COVID-19 questions with us by emailing [Cindy Samuelson](#). Our next call will be Tuesday, April 14 at 10:00 a.m.