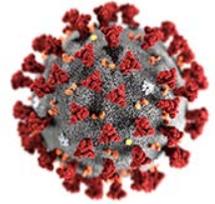




COVID-19 Statewide Hospital Huddle SUMMARY Tuesday, April 14, 2020



Tom Bell thanked everyone for their efforts during this crisis, especially the KHA staff for staying on top of ever-changing information. KHA staff realizes that the most important work is what hospitals are doing in their communities to keep our communities as safe and healthy as possible. We never want to fail to recognize that good work and just say thank you. We have special guests from KDHE on today's call and appreciate them taking their time to be with us.

COVID-19 Preparedness and Response Update

Ron Marshall thanked everyone for being on the call. Kansas had 1,376 confirmed cases as of yesterday. 62 deaths and the county count is still at 63. (*Today's number are now available in the KDHE [Daily Public Update](#).)* In looking at the virus modeling, the peak has moved back to April 29, and the number of projected deaths has increasing over the last week. The latest projection is by August 4, the number of deaths will be 555. These are every-changing projections, and we hope the numbers can be decreased with continued social distancing. There have been 23 community outbreaks: 12 long-term care, 12 group homes, 3 private companies, 1 Lansing correctional facility, 5 religious gatherings. Due to shortage of swabs, KDHE has only identified five counties so far for enhanced population screening: Shawnee, Johnson, Wyandotte, Leavenworth and Sedgwick. Finney County may also be added, but that has not been declared yet.

COVID-19 Data Reporting

Last week, KHA asked CEOs to look at the EMResource screens in every hospital and identify the best staff to complete the information daily in Kansas. Due to the response to that request, we are getting much better information into EMResource. We also learned this week, that it became more confusing as to where to report data, as hospitals are receiving multiple requests for information. HHS sent an email requesting data be inputted to them using either NHSN, your EHR or Teletracking. While they are trying to streamline the reporting requirements, we ask quality and infection prevention staff (who are familiar NHSN) input information in that reporting tool as well. To underscore the importance of reporting data, FEMA has rejected seven of the requests for PPE and other supplies, because Kansas cannot justify the request because of lack of consistent data. KHA heard from two sources that one of the reasons that Kansas has not received additional ventilators is we can't justify the need and show that we have reliable numbers in our facilities. KHA will continue to work to streamline data reporting. Please continue to use EMResource and NHSN.

ASPR Grant

In good news, ASPR is granting \$50 million to state hospital associations. Yesterday KHA received notice of our award on this competitive grant. In your email inbox is an email from Melissa Willey with information on the grant and a letter of agreement. Because of the short timeline, the letter of agreement is due by **April 16**. There is a special mailbox for this grant asprgrant@kha-net.org. If we don't receive an agreement, we will call hospitals to verify your decision on whether or not to participate in the grant. KHA encourages our members to look in their spam folders if they don't see the email in their inbox. KHA staff noted there was a typo in the letter of agreement. The end date should be April 9, 2025, rather than April 9, 2020. Hospitals may strike the incorrect date and write in the correct date, initial that change and return the agreement to KHA.

State Epi Report and Reference Labs

Lou Saadi, State Registrar for Vital Records and the Director of the Bureau of Epidemiology and Public Health Informatics stated that the COVID-19 patient information is very important, and important decisions are being made based on that data. Both KDHE Secretary Lee Norman and Governor Laura Kelly utilize the information for decision-making. Shannon Sandall, Director of Surveillance for KDHE is managing a system that tracks all kinds of diseases in Kansas. KDHE has implemented a program called “EpiTrac” that receives the testing results electronically, and the information is used to acquire additional information on patients, as well as do contact tracing and managing the kinds of treatments those patients are receiving. There have been some issues in information and data collection. KDHE is asking how to improve information gathering, streamline the process and respond to cases that are being recorded. Shannon thanked KHA for the opportunity to speak to the hospitals and expressed her appreciation for the relationship KDHE enjoys with providers in Kansas. She acknowledged the time constraints and pressures on hospitals at this time and thanked them for supplying timely information. In speaking with reference labs, she received a request asked that hospitals provide demographic information to the reference labs, particularly address information. To date, many samples have not included the address information, which hinders investigations. KDHE needs to know where residents live so they can begin contract tracing in order to find clusters and outbreaks. It is also important that hospitals send negative test results as well as positive ones. Positive results are important to see where people are spreading the disease, but the negative results help identify where the disease is not spreading. Kansas is a dual reporting state, meaning that the laboratories and the hospitals report cases to KDHE. Reporting from both sources, reference labs and hospitals, is very important and appreciated.

Federal Updates

On the federal level, late last week CMS started releasing a portion of the funds as part of the \$100B Public Health and Social Services Emergency Fund. From the data shared from CMS, Kansas received roughly \$325M out of the \$30 billion released. These funds were distributed to all Medicare FFS providers (including hospitals, physicians, DME, dentists, etc.). We understand that CMS is currently discussing the next phase of funding distribution. We will keep the membership updated with any new information. In addition, we continue to work with our congressional offices as Congress is developing the next COVID-19 package. A few of the items that we have been working on include additional funding for providers, the eligibility of public hospitals with the SBA program and the CMS approval of the changes to the hospital provider assessment program.

State Updates

On the state level, conversations continue to evolve on potential state funding to Kansas hospitals. We are working with the governor’s office as well as legislative leadership. We are hopeful that we may be able to report on something later this week. We are also continuing to work closely on a number of other topics that range from statewide surge planning with KDHE, provider immunity, discussions on elective procedures, and additional executive orders that may be forthcoming.

Long-Term Care Facilities

One additional item that we want to gather feedback from KHA members revolves around the ability to discharge patients to long-term care facilities. Specifically, whether there has been any issues and challenges. We are working closely with the two state nursing home associations and would welcome any feedback that our members have on this topic related to any challenges on this front. Feel free to share any thoughts and experiences with [Deborah Stern](#) or [Chad Austin](#).

CARES Act Provider Relief Funds

On March 27, the President signed the bipartisan CARES Act that provides \$100 billion in relief funds to hospitals and other health care providers. Recognizing the importance of delivering funds in a fast and transparent manner, \$30 billion was distributed on Friday, April 10, based the health care provider’s share of

the total Medicare fee-for-service reimbursements in 2019. For Kansas, the amount of funding equates to roughly \$325 million to 3,320 providers. KHA was notified late Thursday of last week that the Department of Health and Human Services (HHS) partnered with UnitedHealth Group to deliver the funds and that the automatic payments would come via Optum Bank with "HHSPAYMENT" as the payment description. A letter from KHA was sent to the CEOs and CFOs on Friday morning to explain the funding and to share a copy of the letter from HHS that was emailed to hospitals. According to the HHS letter, within 30 days of receiving the payment, healthcare providers must sign an attestation to confirm receipt of the funds, as well as agreeing to the terms and conditions of the payment. KHA heard from some of our members indicating they did not receive any funds on April 10. Hospitals that did not receive funding should reach out to [Tish Hollingsworth](#) at KHA. Additional information regarding the CARES Act Provider Relief Funds, along with other funding sources, on the COVID-19 page of KHA's website under [Funding Resources](#).

KHA Funding Survey

Yesterday, a brief survey was emailed to KHA member hospital CFOs, requesting information regarding the April 10 CARES Act Relief Funds, as well as some other financial data. We would appreciate your assistance in completing this survey to help us with our on-going efforts to share with the Governor's Office, our Kansas delegation and others to communicate the impact of COVID-19 on our member hospitals. If you have any questions regarding the survey, please contact [Tish Hollingsworth](#).

Waiver on the 3-day Qualifying Stay for Medicare Swingbeds

An ongoing issue that we have reported in our weekly calls, is the concern that the Centers for Medicare & Medicaid Services has not published clarification that one of their waivers issued to relax the 3-day qualifying acute stay prior to admission to a skilled stay also includes swingbeds. Following our member call last week, Sarah Gideon from Stormont Vail forwarded a letter she received from a CMS staffer on April 7, and we also have receipt of a letter issued to the National Rural Health Association from another CMS staffer on April 10. These letters seem to clarify that the waiver also applies to CAH and rural hospitals with swingbeds. A copy of the letter from NRHA is attached to today's KHA Daily Update. We are still requesting that CMS issue a national clarification that they share broadly.

SHIP Grant Funding

Jennifer Findley reported that, though KHA has heard that the SHIP grant information will be distributed soon, no grant information has been received yet. We will keep you posted as we learn more.

Telehealth Funding

Jennifer Findley shared about the FCC's new telehealth program. FCC received \$200M for multiple kinds of things, related to services or devices and equipment. The \$200M pot will be divided among hospitals, but it will not be on a strict first come, first served basis. The FCC will review applications as they come in via an established criterion. KHERF will be distributing all information on the telehealth funding to all hospitals today with a link to the application. The FCC opened the award portal yesterday afternoon. There are steps that need to be completed in the application process, and it was determined that it is faster for individual hospitals to apply independently, rather than waiting to submit a consortium-wide application.

Q1: Have KHA heard anything about the validity of using a CPAP mask-cleaning unit that uses ozone to use on N-95 masks to sanitize them.

A1: While ozone mist is approved for cleaning, he doesn't believe that CPAP ozone cleaning has been approved for cleaning the N-95 masks. They are working on a couple ozone systems. APS, KHA and MHA are working on the deployment of a Patel system, a very large system that will be deployed to multiple states and can clean up to 80,000 N-95 masks per day. It is approved by the FDA. Also working with HCC with KDHE on a

sterimist machines that use hydrogen peroxide mists. It is hopeful to be able to roll out those to the regions fairly soon. APS will research and follow up as more information becomes available.

Q2: During presentation, you mentioned statistics. Please repeat the number of cases and projections.

A2: Projections on total deaths by August 4 is 555. KHA is hopeful we can decrease that number with stay-at-home order and social distancing.

Q3: I am curious on whether other hospitals are experiencing problems with getting claims paid. We were told that WPS is holding claims with dates of service between 3/30/20 and 4/15/20 for a system update but they could not tell us when they will release these claims. At any time, it would be difficult for cash strapped hospitals to deal with this issue but at this particular time, it is devastating. What can be done to help? We are a county hospital that has not been able to access any of the funding available to 501(c)3 hospitals and have chosen not to get the accelerated payments because those just have to be paid back later and that would hurt us later on.

A3: According to WPS, there are no system claims hold other than the regular quarterly release hold which is explained on this page: <https://www.wpsgha.com/wps/portal/mac/site/claims/guides-and-resources/claim-holds/>

Q4: What will the ASPR reporting requirements for that grant?

A4: This is a 5-year grant that is being distributed quickly, and we have not received the reporting requirements yet. We anticipate that the reporting will probably include proof of purchases or remodeling expenses for infection prevention. More to come on this as KHA learns more.

Q5: As of yesterday, could not find the attestation form that needed to be signed. Has that been published?

A5: KHA has been told it will be available later this week, we will forward to our members.

Q6: There isn't a prohibition in Kansas on elective surgeries ... we have patients that need to have procedures that have been postponed already. Can you provide information on what is being planned for reopening elective procedures?

A6: KHA has had conversations with the governor's office. They have not considered anything at this point in time, but there is some dialog with the Kansas Board of Healing Arts which gave discretion to local communities. The American College of Surgeons is drafting a paper on the subject. It should be published later this week and gives guidance. AHA has been talking about their approach on the daily calls, so there will be more information to come on from AHA as well, possibly even later this week. KHA continues to work with KMS and The Board of Healing Arts. KHA would like to move forward with a coordinated approach in Kansas.

Q7: Are there Kansas statutes dealing with reporting requirements for COVID?

A7: Loui Saadi – Kansas has infectious disease statutes as well as reporting regulations. Additional guidance has been provided. Shannon Sandall – K.A.R. 28-1-2 lays out reporting requirements for all infectious or contagious diseases and conditions, which states specifically that all reporting must include demographics within four hours. There are no specific regulations for COVID-19 itself, but prior regulations cover all infectious diseases. Lou – sometimes there is confusion among reporters about what is sharable vis HIPAA, please remember, public health is exempt from HIPAA. It is okay to share information with reference laboratories, the health department and the state. The electronic systems have been very beneficial in being able to grasp the extent of the outbreak in Kansas. An example of the system improvements, the H1N1 reporting took a week to generate reporting that currently is given to the governor every day. Of course, the reports are only as strong and good as the reporting shared by hospitals.

Q8: Is the reference lab reporting negatives as well as positives?

A8: Yes, they are.

Q9: As COVID-19 progresses and there is light at the end of the tunnel, hospitals will be eager to return to elective surgeries and activities. Hospitals will need to have an orderly and consistent process to begin resuming their traditional operations including elective surgeries, endoscopy, imaging, etc. So that we do this in a uniform manner, is KHA working on or developing resources or guidance on a "return to normal operations" plan?

A9: Yes, KHA would like to move forward with a coordinated approach in Kansas. The State of Kansas is looking at that as well and how we can begin this process. KHA is in constant communication with our peers in other states. Some states are moving ahead in different timeframes. AHA is working with state and national associations on guiding principles and standards. KHA continues to work with KMS and The Board of Healing Arts on this issue. American College of Surgeons still recommending curtailing elective surgeries at this time. KHA will continue working on this and will put out more information, messaging and updates on this soon.

Q10: Comment - In regard of various services ... there is the need for some clinic doctors to do vital signs ... and physically see some non-COVID-19 patients. This is something we need to be pushing for too. Telehealth is not able to be the answer for all those needs. Doctors are still needing to do some home visits.

Q11: There is confusion about how the reporting process is to be working on positive and negative results. When using a reference lab, their hospital sends information as well as the questionnaire to KDHE within four hours. If positive, reference lab reports positives and negatives ... and so is the hospital. Seem s redundant. Is that the correct?

A11: Shannon Sandall – for those facilities who they have an electronic feed, they are receiving results both from facilities and reference lab. For those who are not on an electronic feed, they need to still report positive and negative results. Lou – While this may seem redundant and may change as reporting processes mature, some redundancy will need to continue. It will get better as we move forward.

Next Call

Please continue to share your COVID-19 questions with us by emailing [Cindy Samuelson](mailto:Cindy.Samuelson@kha.org). Our next call will be Tuesday, April 21 at 10:00 a.m.