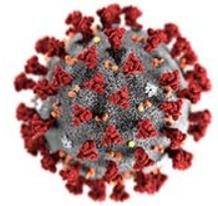




COVID-19 Statewide Hospital Huddle Summary Tuesday, April 28, 2020



Tom Bell welcomed participants and thanked them for caring for their communities during this time. He noted that the Governor is expected to make an announcement on Thursday regarding her plan to reopen the state. It is anticipated to be a phased-in approach. Across the country, the federal government has allowed flexibility to state and local governments on reopening. Tom expects state guidance to have some continuing limits regarding social distancing and crowd size, and of course local restrictions will be important to understand as well, so he encouraged hospitals to begin conversations with local health departments in they have not already. Hospitals have always been considered essential businesses under the executive orders, and they will continue to be treated that way. There may be some visitor limitations, but no limitations on elective procedures. Hospitals may limit elective procedures to ensure adequate supplies of PPE in needed. KHA will have an additional call on Friday morning at 10am to review the governor's guidance.

COVID-19 Preparedness and Response Update - Ron Marshall

Statistics and New KHA Daily Dashboard

As of 4-28-20, the number of confirmed cases is 3,491, 504 hospitalizations, 124 deaths - see the [KDHE Daily Update](#) for more information. The projected peak of cases will be on May 3. Eight deaths per day are expected with a total projected deaths of 366. Ron reviewed the number of confirmed cases by region. Fifty-five outbreaks have been identified across Kansas. KHA will beginning emailing members a COVID-19 Daily Dashboard with the Daily Update. It contains data from multiple sources and highlights some hospital data from our members in graphs and table. [Sally Othmer](#) is the point person on this dashboard; let her know if you have questions or what else you might like to see in this dashboard.

Population Health Screening

Six CDC staff members have been deployed to Kansas. Two individuals to southwest Kansas to help meat-packing plants develop procedures and environmental controls. Four CDC members are in Topeka assisting on Kansas population screening strategy. Population screening is being done in 10 counties and growing. KDHE's goal would be to screen five out of every 1,000 people. Part of the reason for increasing numbers of confirmed cases are due to increased population screening and the other reason is that KDHE has relaxed the guidelines on who is screened. Walmart is working with KDEM for population screening it will be rolled out in three counties to start. Sites will be on state property, not Walmart parking lots. More information will be coming. KDHE is looking for 400 volunteers or staff to do contact tracing in the state of Kansas. [COVID.ks.gov](#) is the new site for public use. The current KDHE site will still be up for our member's use.

EMResource and NHSN - KHA is still encouraging hospitals to use EMResource and NHSN for now. KHA strongly suggests that hospitals use NHSN for COVID data reporting. There will be a [NHSN Quality Reporting webinar](#) on Monday, May 6. EMResource will still be the site for situational awareness reporting. There has been some confusion about Teletracking software. That software was a one-time use platform for the CARES Act.

State Lab Update - If you are planning to do or add COVID testing to your laboratory like PCR testing, please notify KDHE CLIA staff, you do not need to have a survey to add that testing, you just have to notify the state

lab that you are adding it to the test menu. If you are not already CLIA certified, you will need an onsite survey and the inspectors will have required you to do 5 positive samples and 5 negative COVID samples to prove you are efficient in doing the testing. Antibody screening – on the FDA website there are 138 companies listed as selling the tests and only 4 companies are FDA approved. Ron urged caution on antibody screening.

Decontamination Process

Seth Konkel of the Kansas Department of Emergency Management discussed the N-95 decontamination process. The Battelle System is currently being installed and is hoped to be operational 24/7 next week. KDEM has shared this information with emergency managers as well. The three documents below are attached to today's daily update and on the [KHA website](#).

- [N-95 operations document](#) with step-by-step instructions to get organization in Battelle System. Hospitals can sign up starting today. LTC will start tomorrow, and other organizations will wait until later in the week to sign up. Part of the registration process is a manual process, but Battelle hopes to have an automated process soon.
- [Frequently Asked Questions](#) that they anticipate organizations to ask. List of approved and not approved N-95 masks and model numbers. Encouraged hospitals to look at supplies to make sure they can be decontaminated through Battelle.
- [Service Agreement sample](#) to be signed with Battelle. Hospitals will not register with state of Kansas or emergency manager, but directly with Battelle. Do not sign the sample agreement provided this is just an FYI. Wait for Battelle to send your hospital the specific agreement.

Encouraged hospitals to continue to work with the emergency management staff in their counties. Local emergency managers are begin trained to be the subject matter experts on the decontamination. In counties where there are large outbreaks, there will be a site where masks can be dropped off and then the State of Kansas will provide a courier service to pick up and return them on a 24 hour basis. For other counties, commercial services will be used - through FedEx or Cardinal Medical Distribution. Battelle, as part of the federal contract, will cover the courier costs. KDEM will send further information through KHA in the next few days.

Seth provided background information on the decontamination process. It uses vapor-phase hydrogen peroxide cleaning. It sprays the hydrogen peroxide in a vapor on the masks. The masks are dried and will come back to hospitals via the tracking mechanism. The mask will be able to reach the correct floor and correct unit, and actually back to individual who wore the mask. Battelle will put a permanent mark on the mask, so masks can be used for 20 cleansings. After the masks has been decontaminated for the 20th time, it can be disposed of the hospitals.

State/Governor Updates - Chad Austin

Earlier this month, the CARES Act (which was the third COVID-19 package) included \$100B in funds to assist hospitals and health care providers. The first allotment of funds were distributed a few weeks ago when the US Department of Health and Human Services allocated \$30B based upon Medicare Fee for Service. Last week, HHS unveiled the next round of funding. The Department earmarked an additional \$20B to be divvyed up based upon the providers' 2018 net patient revenue. In addition, HHS allocated \$10B to COVID-19 "high impact" areas that have seen a disproportionate share of COVID cases. The Department also assigned \$10B to rural providers. KHA is working with AHA and NRHA to determine how the rural funds will be distributed.

In addition, Congress last week approved the COVID-3.5 package. In essence, this funding is an extension to the CARES Act where it will provide an additional \$484B. As part of this, it will provide an additional \$321B into

the paycheck protection program as well as \$75B in emergency relief to health care providers and \$25B for COVID-19 testing. At this point in time, we are also researching how the \$75B is anticipated to be distributed.

As it relates to the Paycheck Protection Program, there were some additional guidance released last week from the Small Business Administration as it relates to the eligibility for governmental hospitals. Steve Poage reported that the Small Business Administration issued an update on Friday, April 24 that stated that “a hospital that is otherwise eligible to receive a Paycheck Protection Program loan as a business concern or nonprofit organization (501(c)(3)) shall not be rendered ineligible for a PPP loan due to ownership by a state or local government...” This was very helpful in clarifying eligibility for the PPP for dual status (governmental and 501(c)(3)) hospitals. However, there is still some grey area for how this applies for other governmental hospitals that do not have their 501(c)(3) status and are not organized as a business with the Secretary of State. We are working with federal legislative leadership to help in clarifying this issue. The guidance we have received is that hospitals that might be in this grey area should go ahead and apply for the PPP loan. If the application is approved and funding received, then hospitals should proceed cautiously in spending those funds in case the SBA later determines that these loans should not be paid.

An additional issue that arose with the Paycheck Protection Program is whether accepting this funding would violate Kansas cash-basis and borrowing laws as they pertain to governmental hospitals. Over the weekend, the Attorney General issued an opinion (see KHA website) that accepting funds from the PPP will not be in violation of Kansas statutes.

On the state level, we continue to work on several items. First, the Governor and legislative leadership agreed earlier this week to allocate state funding to hospitals. It is our understanding that payments to hospitals were distributed on Friday. In total, \$17.3M was allocated to hospitals: \$100K to Critical Access Hospitals; \$150K for rural PPS hospitals; and \$250K for urban PPS hospitals. If you did not receive your funding or have any questions related to this program, please contact [Tish Hollingsworth](#) or [Chad Austin](#).

The statewide “stay at home” order is scheduled to expire on Sunday, May 3. In preparation of this, Governor Kelly has been working with several groups to obtain feedback regarding what guidelines should be recommended for the public and various industries, such as health care and the business community. KHA has communicated several messages to the governor’s staff as they are developing their plan. Part of our recommendations include allowing decisions to be made on the local level and assist in the messaging campaign to encourage individuals to seek non-COVID-19 related care. It is anticipated that the governor’s office will unveil their plan on Thursday afternoon. KHA is working on some additional resources to assist with the membership.

Lastly, Governor Kelly released her latest executive order last week. Executive Order 20-26 attempts to address liability protection for individuals assisting in the COVID-19 response as directed by the Kansas Division of Emergency Management. The EO also relaxes several licensure requirements as it relates to COVID-19 response. It also allows out-of-state providers to practice in Kansas as long as they are in good standing in the home state. Deborah Stern walked members through Governor Kelly’s Executive Order 20-26 which addresses Kansas statutes that have been suspended in whole or in part related to supervision, delegation and related issues to allow health professionals who are licensed, registered, or certified to provide necessary medical services to COVID-10 patients. To view this document go to:

<https://governor.kansas.gov/newsroom/executive-orders/> and click on April 22, E.O. 20-26.

Federal Emergency Management Association Update

Christina J. Flyntz of the Kansas Division of Emergency Management also works with FEMA. The public assistance program is generally responsible for the repair of public property following disasters, so working on a project like COVID-19 is new territory. Governmental entities and private non-profits are part of their

general applicants, but most hospitals will be new applicants, because KDEM doesn't normally work with the medical field unless a hospital is damaged in a disaster. FEMA grant is a reimbursement grant with a 75% cost share, so for any cost you want reimbursed you will need to provide invoices or other documentation to support your claim. FEMA will not duplicate fund anything that has been covered by insurance or any other government agency. Whatever you submit through FEMA needs to be something that was not covered through a different agency. Also, keep in mind what is and is not eligible under public assistance.

FEMA's portal does not apply to private, non-profits it only applies to governmental entities. If a hospital is public, non-profit, there is another avenue for projects through KDEM's PA section. There is a \$3,300 minimum project, so you can't apply until you have at least \$3,300 in expenses. FEMA is aware this will be a continuing issue, and a project application can be amended as costs continue. Christina encouraged hospitals to make purchasing decisions based on whether it is the right thing to purchase, whether FEMA is available or not. There is a [fact sheet on the KHA website](#) regarding what things are eligible for reimbursement. The specifics are not finished yet, but the question to be asked is, "What is it that I'm doing in response to COVID-19?" That is they are determining eligibility at this time. Recommended getting the request into the FEMA system sooner rather than later. She noted that FEMA will not reimburse for lost revenue.

Finance and Reimbursement Updates - Tish Hollingsworth

State of Kansas COVID-19 Grant (Update on Payments)

On April 16, Governor Laura Kelly announced a special emergency grant funding program for Kansas hospitals. This emergency funding was requested by KHA on behalf of the community hospitals and is being distributed to help offset the financial strains caused by the COVID-19 pandemic. Hospitals are not required to complete an application, and there are no specific requirements tied to the utilization of the funds. The grant funds are being distributed in the following manner: Critical Access Hospitals will receive \$100,000; Rural PPS hospitals will receive \$150,000; and Semi-Urban (as noted by [KDHE's Map of Peer County Groups](#)) and Urban PPS hospitals will receive \$250,000. **Hospitals set up for electronic funds transfer payments with the Kansas Medical Assistance Program should have received funds on April 24, and those hospitals that are not set up with EFT were mailed a paper check on April 24.** If you have not yet received your payment, please contact [Tish Hollingsworth](#).

CARES Act for Treatment of the Uninsured

Last week, KHA sent out a [letter](#) to the membership regarding the additional funds being distributed from the Public Health and Social Services Emergency Fund (PHSSEF) under the CARES Act. One of the tranches of the \$100 billion payment from the PHSSEF includes Medicare reimbursement rates to providers that have treated uninsured patients with COVID-19 for dates of service on or after February 4, 2020. Additional information regarding this reimbursement for the uninsured as well as information to register for this program is available on the [HRSA](#) website. Providers can begin submitting claims in early May 2020. Additional details are also included in the [AHA Special Bulletin](#).

Kansas Medical Assistance Program

KDHE published [KMAP Bulletin 20088](#) describing the process to receive reimbursement at Medicare rates for testing uninsured patients for COVID-10 and for the treatment of patients diagnosed with COVID-19. Additional KMAP Bulletins, resources and contacts related to COVID-19 have been organized in a single location on the [KMAP website](#).

Medicare Accelerated/Advance Payment Program Update

On April 26, the Centers for Medicare & Medicaid Services [announced](#) it is reevaluating all new and pending applications for the Accelerated Payment Program to Part A providers including inpatient prospective payment system hospitals, children's hospitals, cancer hospitals, and critical access hospitals. In addition, the Agency is suspending the Advance Payment Program to Part B suppliers such as doctors, non-physician practitioners and durable medical equipment suppliers, effective immediately. Since March 28, 2020, CMS approved over 21,000 applications totaling \$59.6 billion in payments to Part A providers, and CMS approved almost 24,000 applications advancing \$40.4 billion in payments to Part B suppliers. Part A providers that have not already requested an Accelerated Medicare payment, should give consideration to the program in the event that CMS determines that the program will be suspended in the future. Additional information is included in an updated [fact sheet](#) on the Accelerated/Advance Payment Program.

COVID-19 Funding Resources for Hospitals

There is a page on KHA's website dedicated to [COVID-19 Funding Resources](#) for hospitals with links to resources and documents to assist your hospital staff in understanding the various payment sources available for COVID-19.

ASPR Grant Deadline and Update

Ron Marshall announced that ASPR grant checks will be sent this week to approximately 100 hospitals who are participating in the program.

Questions and Answers

Q1: Does the state report COVID info to the federal government on behalf of our members through NHSN or EMResource?

A1: The state has not requested a waiver from FEMA and HHS to do that. KHA is encouraging hospitals to move toward reporting COVID information in NHSN because it is compatible with HHS. Therefore, if you use the NHSN portal it will meet the HHS federal requirement.

Q2: What are the three counties targeted for population testing?

A2: Rook, Salina and Ellsworth

Q3: When will we receive information on the May 6 webinar?

A3: It has been sent out and in on the [KHA website](#). Individuals need to register for the event on May 6 per normal KHA registration processes.

Q4: Are there any studies available on the Battelle System and verification of how safe it is to reuse N-95 masks up to 20 times.

A4: Information attached to the April 28 daily update includes where to get details on the studies. It can also be found online at: and contains documents from the FDA that addresses those concerns.

Q5: Can Battelle System handle anything other than N-95 masks, such as aprons, face shields, etc.?

A5: Right now, N-95s are the only things for this project. Battelle is working on other items for the future.

Q6: When Battelle talks about double bagging, what type of bags are required?

A6: They are requesting it is biohazard bags. The red bags with biohazard markings. Want to take care of the respirator. This will be confirmed and added the FAQs.

Q7: We are ending the normal SHIP grant period. Is there any information on the additional COVID-19 SHIP grant coming out? Are there additional funds?

A7: We knows there will be additional funds coming to the state and have just started the process of discussions with KDHE. She is hoping to distribute additional information in the next few weeks. They are going to cover some of the same expenses as covered in the FEMA grant. She encouraged hospitals to keep track of what expenses are being used from which funding source. There can't be any double dipping. The current SHIP grant year-end report has been sent to the hospitals, and the sooner hospitals return those reports, the sooner they will receive those funds.

Q8: Children's Mercy asked about patient referrals that are coming to them. Does KDHE have a requirement for a 14-day quarantine for anyone who has been in the Kansas City metro area?

A8: KDHE does NOT have a requirement for a 14-day quarantine. We will encourage KDHE epidemiology to address this on Thursday's KDHE call.