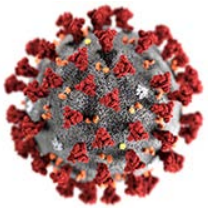
COVID-19 Statewide Hospital Huddle Summary Tuesday, May 5, 2020



Tom Bell welcomed everyone to the call. He expressed his appreciation for participants' continued care for those in their communities.

COVID-19 Preparedness and Response Update - Ron Marshall

As of May 5, Kansas had 5,458 confirmed cases in 82 counties, including 566 hospitals and 137 deaths - see the KDHE Daily Update for more information. There have been 60 outbreaks in the state, accounting for 1438 cases, 133 hospitals and 88 deaths. National modeling projects 134,475 deaths by August 4. It is anticipated that 264 COVID-19 deaths will occur in Kansas. We are in the middle of the peak of cases in Kansas, which should begin to decline on May 7.

Battelle

Battelle logistics and transportation plans will be released by KDEM on how to get masks to and from Topeka for decontamination. Emergency decontaminations are being conducted. An online agreement with Battelle must be completed before masks can be sent for decontaminated.

Kansas Personal Protective Equipment Cache

Kansas PPE cache has surgical masks and gloves, but no gowns or shoe covers. If you receive supplies from the state or federal cache, they cannot be used for elective procedures, but only for COVID-19 activities. Hospitals are encouraged to keep accounting separate when listing which supplies are received from each source.

ASPR Grant Update

ASPR checks went out to all participating hospitals last week. Anyone who does not receive the check by the end of the week notify aspr@kha-net.org.

KHA Daily Dashboard Report - Sally Othmer

There is a KHA daily dashboard attached to the KHA Daily Update email. It displays state, regional and county level COVID-19 statistics, built from multiple data sources. A new graphic, added yesterday, displays trends of hospitalizations due to COVID cases. KHA added an additional trend line to track the number of COVID-19 deaths, based on feedback from members. Data that hospitals enter in NHSN is used for these graphs. She encouraged hospitals to join the Kansas hospital reporting group in NHSN and confer the rights to the COVID-19 module. If anyone has any questions about quality report, KHA is hosting a Quality Reporting webinar tomorrow, Wednesday, May 6 at noon. The webinar will provide an overview of quality reporting requirement changes from CMS, COVID-19 reporting requests from CDC and a review of the COVID reporting module in NHSN.

Kansas Health and Environment Laboratories - Myron Gunsalus, KHEL

Myron Gunsalus, Lab Director, Kansas Health and Environment Laboratories expressed his appreciation for Ron Marshall, KHA staff and KHA members across the state. The current pandemic has demonstrated the positive relationships between public and private sectors.

The Kansas State Lab did the initial testing for COVID-19, following the CDC guidelines. Kansas was one of the only states that initially validated the CDC method. The lab has expanded testing capability from 150 in the

first weeks to automated multiplex protocol, which has a capacity of 1,000 samples per day in the state lab. Mr. Gunsalus originally extended efforts to obtain testing supplies, not just for the state lab, but other labs, and now has switched to logistics. Both the President's Task Force on Corona Virus and state groups are working on statewide testing capacity. A CDC lab specialist has been onsite and helping to develop a statewide testing strategy. Kansas may be one of the first states to do statewide testing. He expressed his appreciation that Kansas is a leader in many respects. Creating a map for testing, and goal is 60,000 diagnostic tests in month of May, which is approximately 2% of the population in the state. Testing supply and instrumentation capacity indicates that Kansas can accomplish the 60,000 in May. Having surveyed the testing capacity, Kansas has the ability to conduct 2,500 tests per day, even without considering larger commercial laboratories. At the beginning of the pandemic, delays in receiving results were excessive. Need to get back to the expectation that local testing is possible. Collection supplies and testing supplies are becoming more available.

Symptomatic patients need to be tested. Population testing is a phrase that has different meaning. From a state perspective, both symptomatic and asymptomatic individuals PCR molecular tests are being conducted in locations where populations are in close quarters. Trying to locate asymptomatic individuals who may be infecting others. CDC and other states are using serological testing for surveillance purposes. SEPHID and AVID are point of care testing that are being used. Preferred mechanisms, but those vendors have limited manufacturing capacity, and we may not get much more from them in May. Encouraged hospitals if they are using commercial labs to ask them if they have enough collection supplies. If they do not, contact the local health department. If no other supplies are available, the state has a few supplies. He reminded participants that any time a new test is added, you have to notify the CLIA office at KHEL.

Serological testing is looking for antibodies from an infection. The general feeling is if you have antibodies, you are immune from the disease. That is not necessarily true. Some of the manufacturers and literature have had to be corrected related to the results of serological tests. Kansas will be doing serological testing, but it is not a diagnostic test. It can be used in conjunction with other testing to diagnose, but it cannot accurately be used alone for diagnosis. Need to make sure we are messaging to the public what the serological test can and cannot tell you. From a population standpoint, these tests will tell us about what the extent of infection throughout our state is. Need to notify state lab if you begin serological testing, and do both IGG and IGM testing, you would indicate two data points for both positive and negative. Packaging and shipping training is available to those who need it in Kansas.

Federal Items - Chad Austin

Over the past several weeks, the US Congress has passed several funding packages to address the COVID related challenges. As the US Senate returns this week and the US House is scheduled to return to DC next week, the focus will be on the contents of a fourth COVID package. While we are possibly weeks away from that potential occurring, some of the target areas include:

1) providing additional funding to the Public Health and Social Services Emergency Fund, which is the current $100B funding provided for health care providers;

2) providing additional support to providers through loan forgiveness for the Medicare accelerated payments and providing appropriate liability protections to front line medical providers and facilities;

3) providing additional protections to rural providers through new Medicare designations to sustain rural communities (such as the Primary Health Center Model) and increasing broadband access; and

4) focusing on supporting the uninsured.

KHA will continue to work with the Kansas Congressional delegation on many of these areas as Congress continues to develop the next COVID package.

KHA learned on Friday the "targeted funding" amount that will be distributed to each state. As it pertains to the COVID-19 "high Impact" areas, Kansas will receive roughly $18M. Kansas will receive significantly more funding under the $10B that will be provided to rural providers, which include hospitals, rural health centers and community health centers. In total, there are approximately 200 eligible entities in Kansas that will split $382M. At a minimum, each hospital will receive $1M. This funding is expected to be deposited into bank accounts later this week.

Steve Poage mentioned that updated FAQs were provided over the weekend from the Small Business Administration related to the Paycheck Protection Program. Prior FAQs provided guidance that allowed dual-status (non-profit 501(c)(3)/governmental) hospitals to have access to the PPP. The new guidance states that SBA will treat governmental hospitals as also be able to access loans from the SBA through the PPP. KHA will continue to monitor guidance related to the requirements for hospitals to meet in order to have these loans forgiven. Chad expressed his appreciation for Sens. Moran and Roberts' efforts on the PPP program and getting hospitals to be able to participate.

State Items - Chad Austin

On the state level, our work continues. First, as was reported last week by the Governor and included in our special membership call with the Governor's chief of staff, the governor allowed her "stay at home" order to expire and unveiled a four phase plan to resume activities in the state. The first phase, which will continue for at least 14 days, will allow certain businesses to resume activities. Each phase will be monitored and certain metrics have been established to track:

- the disease spread (looking at the rate of COVID-19 cases per 100K population);
- number of hospital admissions; and
- tracking the number of deaths related to COVID-19.

Based upon these metrics, the governor may allow the state to move into the next phase. In addition, KDHE will be monitoring these metrics on a county-by-county basis. You can also track these statistics on the KDHE COVID website.

In regards to the governor's plan and its impact on hospitals, KHA is pleased that the governor followed the recommendations provided by KHA and our members to allow decisions to be made on the local level. The governor's plan provides flexibility to the local health care providers to make decisions on issues such resuming non-COVID related care.

We also wanted to share with you that we are tracking the additional $1.25B funding that has been provided to the State of Kansas for COVID related expenses. It is our understanding that the Governor will be appointing a staff person to take the lead on how those funds will be distributed across the state. We have been in contact with the Governor's office and will continue to touch base with them as the allocation of these funds are being determined.

Lastly, the Legislative Coordinating Council will be meeting tomorrow at 3:00 pm to discuss whether they plan to have the Legislature return to Topeka. If they do, KHA has already started discussions with legislative leadership and other key legislators on issues that remain unresolved, including the need for provider

immunity related to COVID. KHA will be monitoring this closely and will keep you informed as to whether the legislature will be returning.

Finance and Reimbursement Updates - Tish Hollingsworth

Medicare Accelerated/Advance Payment Program

On April 26, the Centers for Medicare & Medicaid Services announced it is reevaluating all new and pending applications for the Accelerated Payment Program to Medicare 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. Additional information is included in an updated fact sheet on the Accelerated/Advance Payment Program. According to Shelly Foxworthy, Vice President of Audit and Reimbursement of WPS, no further Accelerated payments will be released until additional instruction is received from the Centers for Medicare & Medicaid Services.

CARES Act Provider Relief Fund Round 2

The Department of Health and Human Services began distributing the remaining $20 billion of the Provider Relief Funds to Medicare providers on April 24. This $20 billion tranche of funds is to augment the earlier $30 billion of general distribution funding as part of the CARES Act. The total $50 billion of general distribution funding of the Provider Relief Funds is allocated proportional to the provider's share of their net patient revenue in 2018. Medicare providers who did not receive a payment on April 24 must submit their revenue information to the General Distribution Portal to be able to be considered for this funding. Additional information is in the May 1 update to members (attached to COVID-19 Daily Update email on May 5.)

BCBS of Kansas Offering Advance Payments

On April 29, Blue Cross and Blue Shield of Kansas distributed a notice announcing their plan to offer a $35 million Advanced Payment Program to contracting health care providers in their service area. The deadline to apply is May 8, 2020. Click here to learn more about the program.

BKD Offers Webinar on Telehealth Changes for RHCs and FQHCs

On May 7 at 11:30, BKD will host a webinar on the most recently issued guidance on the use of telehealth and virtual communication and associated billing instructions for RHCs and FQHCs. Information is attached to the COVID-19 Daily Update email on May 5.

High Impact Funding and Targeted Rural Money

Audrey Dunkel reported that money coming out this week, rural payments are expected this week as well for rural acute care hospitals, CAH, rural health clinics and community health centers located in rural areas. Hospitals will receive a base payment of not less than $1M. Added to that will be 4% of your annual expenses based on your Medicare Cost Report for 2018. It includes inpatient and outpatient dollars, but we do not know if it is calculated on the net or total on cost report. Clinics will receive no less than $100,000, with 4% of operating expenses on top of that. $383M for Kansas. The money will come to facilities via direct deposit, based on the facility's physical address. For the purposes of this funding, rural facilities must be outside a metro county, based on the rural census track. Urbanized areas have 50,000 people or more, and urban clusters are those with 2,500-50,000 people in the area. Those who are part of systems who have hospitals in urban areas will not be affected, as the physical address of the facility determines eligibility. Uses for the

money includes covering lost revenue and expenses not otherwise reimbursed. Facilities will be required to report use of the money, although the forms are not available yet. There is no time frame to spend the money, and there is no payback requirement. Please let KHA know if you don't receive any money that you believe you should.

COVID-19 Communications - Cindy Samuelson
KHA shared guidance, talking points and information on images and messaging on the topic of reopening Kansas, they are on the KHA COVID-19 website. A few members have asked questions about how different hospitals across the state were addressing phasing in as Kansas reopens. Hospitals that have plans and strategies for reopening and are willing to share those are asked to send them to Cindy Samuelson.

Questions
Q1: Regarding the goal of population testing, how are those test kits going to be distributed across the state?
A1: Myron from KHEL shared the 60,000 tests will probably not be used for solely population based testing. They will be used in specific outbreak populations, such as prisons or long-term care facilities. The broader population strategy will follow after the 60,000. It will be a combination of serological and molecular testing. It will be broader, and desired to get at least 2% of county populations. More details will follow.

Q2: If a COVID test is performed at a population screening site, how do the results get to the provider as part of the person's medical record?
A2: Myron from KHEL did not know how population sites will occur. If a positive test is found in a LTC facility, everyone might be tested. Resident files would have the results, as would EPI-Track surveillance system.

Q3: Regarding the increased death projections nationwide, why are more deaths expected?
A3: This is primarily due to relaxation of social distancing. Secondarily, increased outbreaks in south and Midwest. Other variables, including the warming weather, which will encourage individuals to go outside, testing capacity of state, and population density.

Q4: Since Kansas is ramping up testing, are we testing asymptomatic patients, and will insurance cover the costs?
A4: KHEL will have to research this. KHA mentioned that there are varying policies from various payer types. Our advice is to conduct the needed testing. Bill it as you normally would bill. Keep track, because many payment streams are available to cover COVID expenses.

Q5: Medicare advanced payment forgiveness status?
A5: KHA is working with our Congressional delegation, NRHA and the American Hospital Association. It is on their agenda. First priority is to get advanced payments forgiven. If that isn't permitted by Congress, they will try to extend the payback period and make sure there are little or no interest to pay.

Q6: Are you still reaching out to all hospitals to identify testing capacity?
A6: KHEL first contacted all sentinel hospitals, but haven't reached out to every hospital to date. Hospitals can reach out to KHEL, but they do have a list from Abbott and other vendors with locations. At this time, KHEL may not receive enough kits to send out, but they are still working on it.

Q7: Is sterile saline an acceptable transport media as it is easier to source?
A7: KHEL said yes it is.

Q8: Is there a separate process to receive both swabs and the sterile transport media?
A8: KHEL said hospitals must ask for both separately, as not everyone needs both.

Q9: What type of viral media are you sending?
A9: KHEL said they are sending hank salt solution, which is a buffer solution. We also have created the CDC recipe that is online, but also using another media that has been accepted - a sterile phosphate buffer solution, which is much easier and quicker to make.

Q10: Regarding the testing criteria expanding to symptomatic and asymptomatic. On symptomatic patients, they have been using the PUI definition by KDHE that has an epidemiological risk and clinical features. Are you recommending we test all patients regardless of travel history, source of exposure, etc.?
A10: KHEL said that KDHE has greatly expanded the list of symptoms, especially in counties where there are significant transmissions. The new list of symptoms is very long, and there is a broad definition of who can be tested right now, testing criteria is online.

Q11: Where should we send the Battelle agreements?
A11: Hospitals should submit them online or submit them through their county emergency manager.

Q12: What is the false negative and positive rates for the test?
A12: KHEL didn't have any clear statistics on it. PCR generally 74% accurate. Sample collection is the biggest variable in results.

Q13: Historical data available from KDHE?
A13: Historical data is available on the KDHE website, and link to the historical data are included on the KHA Daily Updates.

Next Call
Please continue to share your COVID-19 questions with us by emailing Cindy Samuelson. Our next call will be Tuesday, May 12 at 10:00 a.m.