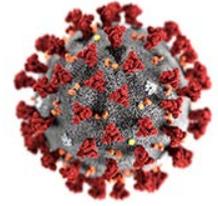




COVID-19 Statewide Hospital Huddle Summary Tuesday, May 12, 2020



Tom Bell welcomed the participants to the call and highlighted the agenda. He stated that there has probably never been a more appropriate time to celebrate Hospital Week and recognize the work going on through all health care professionals.

COVID-19 Preparedness and Response Update - Ron Marshall

Although KDHE is continuing to track data daily, they are now only making online updates on Mondays, Wednesdays and Fridays. As of May 11, 2020, Kansas has 7,116 confirmed COVID-19 cases, including 660 hospitalizations and 158 deaths in 83 counties - see the [KDHE Daily Update](#) for more information. The confirmed case number is going up, but Kansas is still one of the lowest in terms of number tested, at 1% of the population. KDHE is working at increasing the amount of testing to 2% of the population. KDHE is watching the number of hospitalization and death statistics very closely as an indicator of how Kansas is handling the COVID-19 outbreak. There are 78 clusters across Kansas. According to the University of Washington's model, Kansas is anticipated to have 411 deaths by August 4.

Battelle: N-95 respirator decontamination is at Forbes Field in Topeka. An [updated document from KDEM](#) will be placed on the KHA website (and attached the 5/12/20 daily update) regarding how to package, bagging and labeling of N-95 respirators for decontamination. The preferred method is to bag them in biohazard bags or other bags with biohazard stickers. Grocery sacks do not provide enough protection for those who are unpacking the N-95. There is a streamlined process for signing up for decontamination - 145 organizations in Kansas have signed up.

Lab Reporting: CDC has confirmed that if you are doing in-house COVID testing, you do not have to report it to the HHS Portal Protect System if you are reporting it to the state lab or KDHE. The state will report it and eliminate a step in duplicate reporting for in house reporting of COVID samples.

Fire Marshall: The Office of State Fire Marshal released a memo regarding a CMS inspection testing and maintenance (page 25 of testing and maintenance) is not waived due to COVID. Sprinkler systems, motor-driven or diesel-driven pump, fire extinguishers, emergency generators, and means of egress from construction still need to be inspected on the established time line. Those are outlined in the May 7 Daily Update from KHA.

Teletesting: Members and KHA are frustrated about duplicate reporting in multiple reporting systems. We are still working on a solution to minimize reporting systems. KHA encourages everyone to continue reporting in EMResource and NHSN for the time being, even though we realized that can be frustrating and difficult.

PPE updates: Sen. Moran has obtained 100,000 masks for Kansas from Taiwan. KDHE is doing testing on the masks to make sure they meet the specifications of the N-95 respirators.

Federal Data Requests - Catherine L. Satterwhite, PhD, MSPH, MPH

Dr. Satterwhite, Regional Health Administrator, Region VII U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health expressed appreciation for hospitals continuing to enter data. All are working on the same goal, but it is going to take some time to achieve that goal.

Direct communications about COVID-19 requests. The request from May 11, 2020, asked for the currently hospitalized COVID positive patients and number of those patients who are in ICU as of May 10, 2020. The only way to fill that request is in the Teletracking system. The reason for that request is for future remdesivir allocations. This request does not necessarily apply to the current resources going through the states to hospitals, but is laying groundwork for how future availability will be distributed. She noted that this is not a one-time request, but will need to be submitted on a weekly basis. Both HHS and FEMA are continuing to advocate for states and hospitals to prevent these kinds of requests in the future. This data request is from the White House Task Force. They are working on streamlining data requests and using the data already being collected to meet the needs for reporting.

Another main data request for hospitals is daily hospital patient impact and capacity data. Three COVID-19 modules have been added to the NHSN. She expressed her appreciation for Kansas hospitals' efforts, and realized that they are having to do data entry into NHSN and EMResource. Kansas ranks towards the top in terms of states participating in NHSN. She thanked smaller hospitals who had to attend training and are now entering data into NHSN. Dr. Satterwhite announced that there will be revisions to NHSN in the next few days to improve the definition of some elements. Also, an additional three fields will be looking at the number of daily admissions of confirmed COVID-19 patients and suspected COVID-19 patients. The HHS reporting mechanism is Teletracking. It is another method to collect data, and can be used to enter data. Teletracking is an option, and if you are entering data into NHSN, you do not need to use Teletracking for the same data elements. Lab testing duplication efforts should be relieved by only needing to report it to the state through CDC.

They are working on quality assurance across systems. The goal is to help reduce duplication by identifying when it is occurring and understanding if discrepancies across the two systems are happening, which person is the best source for that information. Regarding certification and what that means, there is a mechanism for the state to report on behalf of the hospitals if NHSN and the direct reporting wasn't a good option. Kansas doesn't need it right now, because the statewide efforts are working. She stated that they will continue to advocate for making the process better for hospitals.

Federal and State Items - Chad Austin
Happy Hospital Week!

COVID-4 package: This week, KHA anticipates that Congress will begin developing their next COVID package. At this point, there appears to be two competing packages...one package being considered by the US House and the other by the US Senate. It doesn't appear that anything will be agreed upon this week and will likely take a few weeks to develop. KHA continues to work with AHA and the NRHA on possible policies to include in the package. These target areas include providing additional funding to the Public Health and Social Services Emergency Fund; providing additional support through loan forgiveness for the Medicare Accelerated Payments; and ensuring proper liability protections to medical providers and facilities.

Federal Advocacy Items: A few additional items that we continue to work on include the CMS approval of the changes to the hospital provider assessment program and legislation that would reallocate visas previously authorized by Congress that have not currently been used. This legislation is the Health Care Workforce Resilience Act. As always, KHA will continue to work with our congressional delegation members to move forward our advocacy agenda.

Legislative Schedule and Topics – Coming Back: First, the Legislative Coordinating Council met last week to determine when, and how long, the Kansas legislature would return for the 2020 legislative session. The LCC agreed to have the legislature return for one day on May 21, which also coincides with Sine Die.

There still remains several outstanding issues for the legislature to consider. Legislative leadership is attempting to prioritize these issues and are giving additional consideration to COVID-related policies. Among the items that are likely to be considered include:

- Provider liability protections for COVID and Non-COVID related services;
- Clarification for the hospital provider assessment program; and
- Placing in statute certain Executive Orders...including telemedicine.

Legislative committees will begin meeting virtually this week. The House Judiciary Committee will host a meeting on Wednesday to discuss COVID-19 liability protections. KHA is collaborating with the Kansas Medical Society to offer joint testimony between the two organizations.

Additional State Funding: As a follow up to last week's huddle, we mentioned that we have been tracking the additional \$1.25B funding that has been provided to the State of Kansas for COVID related expenses. The governor's office announced they would be appointing participants to her COVID-19 economic recovery task force. The task force will not only include business, industry and community leaders, but will also consist of legislators. The Governor did select Cheryl Harrison-Lee as the recovery office executive director and Lyle Butler as the chair of the team. KHA will track the work of this task force once the participants are announced and the meetings begin.

Finance and Reimbursement Updates - Tish Hollingsworth

Upcoming KHA Finance Webinar Series: We will be sending out registration information for the two-part webinar series that KHA is hosting for our members on the CARES Act Funding for COVID-19. Below are some preliminary details:

- Series One: May 20 from noon to 1:00 p.m. entitled "CARE Act Funding for COVID-19: Compliance Issues Related to the Terms and Conditions and the Attestation." King and Spalding, a national law firm based out of Washington, D.C. The focus of this first webinar is to provide insight on the importance of providers involving their compliance departments in the use and tracking of the CARES Act Relief Funds, an overview of HHS Terms and Conditions for receipt of funding, as well as other statutory considerations.
- Series Two: May 28 from noon to 1:00 p.m. will focus on "CARES Act Funding for COVID-19: Potential Medicare Cost Report Implications and the Importance of Tracking Costs." Staff from Wisconsin Physician Services (WPS), the Medicare Administrative Contractor for Kansas, will discuss the potential implications of the CARES Act Funding on the Medicare Cost Report during the first half of the webinar. During the second half of the webinar, staff from Eide Bailly, a CPA firm and business advisory group, will provide information on the importance and tools and tricks for accurately tracking costs for reporting purposes.

HHS Extends Deadline for Attestation, Acceptance of Terms and Conditions for Provider Relief Fund Payments to 45 Days: The Department of Health and Human Services has extended the deadline for health care providers to attest to receipt of payments from the Provider Relief Fund and accept the [Terms and Conditions](#). Providers will now have 45 days, increased from 30 days, from the date they receive a payment to attest and accept the Terms and Conditions or return the funds. As an example, the initial 30-day deadline for providers who received payment on April 10, 2020, is extended to May 24 from May 9, 2020. Failure to attest receipt of the funding within 45 days of receipt of payment will be viewed as acceptance of the Terms and Conditions. Visit hhs.gov/providerrelief for more information on the allocations of funding. Recipients of payments from

any of the allocations from the General or Targeted funding as listed on the website must attest and accept the Terms and Conditions within 45 days.

Funding Survey Results and Updated Data Request: Yesterday, we released the results of the funding survey that was distributed to our members on April 13. We a 58% response rate on that survey and the information has been used in communication with the news media, the state, our Congressional delegation and others to explain the impact of COVID-19 on our Kansas hospitals. In the email, we included a link to another brief survey, requesting our members provide some additional information to help us understand the true impact on net patient revenue for the month of April during the “stay at home” orders, as well as how you are implementing re-opening of elective services and procedures. We would appreciate your assistance in completing this very simple survey. Note: your hospital specific information will not be shared without your permission. Please complete the survey by Wednesday, May 20, 2020, by clicking on this [link](#). If you should have any questions, please contact [Tish Hollingsworth](#).

Medicare Accelerated/Advance Payment Program: During last week’s Hospital Huddle, we discussed that the Centers for Medicare & Medicaid Services [announced](#) it was 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. According to Shelly Foxworthy, Vice President of Audit and Reimbursement of WPS, CMS has still not provided additional instruction to the Medicare Contractors on the status of applications that were not processed by the April 26 cutoff.

KanCare All MCO Telemedicine Webinars: The three KanCare managed care health plans will be providing an educational webinar this week with updated training on COVID-19 policies for telemedicine. The webinars will be held from 12:00 p.m. to 1:00 p.m. on May 21, 13, and 14. All three sessions will cover the same information. Registration is not required. [Click here](#) for the training presentation that will be reviewed during the webinar.

CMS Issues Hospital IPPS Proposed Rule for FFY 2021: The Centers for Medicare & Medicaid Services issued a proposed rule late yesterday that would increase Medicare inpatient prospective payment system rates by a net 3.1% in fiscal year 2021, compared to fiscal year 2020 for hospitals that meet the meaningful use criteria for electronic health records and also submit quality measure data. CMS also proposes to require hospitals to report on the Medicare cost report the median payer-specific negotiated rates for inpatient services, by Medicare Severity-Diagnosis Group, for Medicare Advantage organizations and third party payers. This would be in effect for cost reporting periods ending January 1, 2021 or after. CMS is also proposing some changes to the inpatient quality reporting program in the area of electronic clinical quality measures. CMS will accept comments on the proposed rule until July 10. KHA will provide additional information on the proposed rule as well as a hospital-specific impact analysis of the changes when available.

Rural Distribution of Money: Audrey Dunkel announced that last Tuesday, it was reported information on how much money each hospital was receiving was incorrect. [Additional information is on the KHA website](#) and was included in the May 11, 2020, Daily Update. AHA provided information on how the distribution methodology was set up. While the amounts of money are larger than anticipated, there are terms and conditions that need to be reviewed. Comparison of terms and conditions from the original two general distributions of funding versus what has been distributed to rural providers. The requirement that the recipient billed Medicare in 2019 does not apply to the rural funding. Requirement that the recipient must submit general revenue data for calendar 2018 to the secretary does not apply to rural funds. KHA will continue to keep hospitals updated on any changes.

Questions

Q1: If reporting is being done daily in Teletracking, does the hospital need to report in NHSN? If they are doing reporting in Teletracking, does the hospital need to respond to the special request being sent?

A1: Dr. Satterwhite – If your reporting the NHSN field in Teletracking, you do not also need to report into NHSN. There are slight differences in the way that data elements are being framed for the recent request. If they are different in any way, then you need to answer the separate requests in NHSN and Teletracking.

Q2: Can you repeat the information on the Battelle packaging requirements?

A2: [Packaging instructions](#) are linked and attached to the 5-12-20 Daily Update.

Q3: How are hospitals getting the COVID tests that are being done for screening paid? Are insurances paying for those?

A3: Keep track of everything related to COVID. Each insurer /payer may handle it differently.

Q4: What turnaround times are you seeing for tests sent to each lab?

A4: We are hearing the state lab is averaging 1.1 day. Reference labs and LabCorp are averaging 3-4 days after they receive the specimen. Some reference labs in the Kansas City area have a 12-hour turnaround time.

Q5: How do hospitals verify that the information entered into NHSN is being received?

A5: Dr. Satterwhite – The hospital should receive a confirmation when it is submitted. If you receive a confirmation and do not see the data in other reports, that is a cause of concern. Hospitals should directly contact [Dr. Satterwhite](#) if that is occurring.

A6: When is Battelle going to return signed agreements?

A6: Should be within 48 hours. Contact Battelle if you have not received an agreement.

Q7: On the May 11 data request, do you only have to answer the two questions?

A7: Dr. Satterwhite – Yes

Q8: Will NHSN tie Teletracking funding requirements with HHS funding sent to hospitals?

A8: Dr. Satterwhite – There was a specific request that related the CARES Act funding. There is a collaborative effort to use data that is already being collected to meet funding requirement needs.

Q9: When they went into the portal, they did not see a location to document anything about the medication.

A9: Dr. Satterwhite – The data request is not about number of doses or the amount of medication on hand. Only two fields – currently hospitalized COVID-19 patients in your hospital and how many of those patients are in the ICU. This information will be used to building a data set that will be leveraged for future remdesivir distribution. In the set of data elements in daily reporting, suspected and confirmed are combined; in the special request, it is only confirmed cases.

Q10: GPHA had a meeting last week. There was only one facility in the network that received emails to attest to the rural provider relief funding. There is concern that some places are getting emails why others are not.

A10: We do not know why it is happening, but are working on it right now. KHA will send information when they find out why it is happening. Notify [Audrey Dunkel](#) with questions.

Q11: On NHSN, there is a CMS phone number to use for assistance. When a member tried to use it, they were told to contact NHSN.

A11: Dr. Satterwhite – If it is specific to any NHSN data, send an email to NHSN. The NHSN site recommends users email NHSN@cdc.gov for assistance.

Q12: Will HHS consider utilizing existing data sources that Kansas hospitals are using?

A12: Dr. Satterwhite – HHS is actively utilizing those data to build the federal data warehouse that will be used for current and future COVID-19 responses. For people who are not reporting in NHSN, other parallel, acceptable tracking systems like Teletracking are the best option. They are aggregating the data across sources. Trying to minimize the data requests as possible to utilize current systems. Thanked the hospitals for their patience and support, as it is duplicative and burdensome right now.

Q13: Is the state approved or certified by HHS if hospitals enter data into EMResource and then push it up and out to the Teletracking system?

A13: State has two parallel systems, both of which are accessible from the federal perspective. Data entry in NHSN and EMResource has the capability to meet the federal data needs. Working to figure out which system will meet the needs most efficiently. The state is meeting its needs, and the reason it does not have a certification letter yet, is because there are some moving pieces around what the consolidated state approach is. The challenge is that while hospitals are reporting to meet federal data needs, there are some additional data elements that are requested of the state.

A14: How can a hospital validate they met the tracking Teletracking requirements of April 10, April 22 and May 11?

A14: Dr. Satterwhite has sent this question to the national task force to get an answer; she will send an answer to KHA to share in a future Daily Update email.

Daily Updates and Next Call

Cindy Samuelson announced that this week the State of Kansas began only updating public COVID-19 data on Mondays, Wednesdays and Fridays. Daily data will be captured and available online.

KHA will continue to do a dashboard on Mondays, Wednesdays and Fridays ... and we will email our daily update to members each weekday Monday through Friday, but no longer on Saturday and Sunday.

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