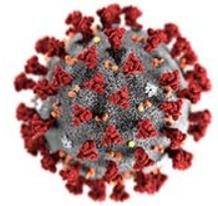




COVID-19 Statewide Hospital Huddle Summary Tuesday, April 21, 2020



Tom Bell thanked KHA members for tuning in for the call and for the continued work they are doing to keep everyone safe and healthy across the state. Today's call will cover updates on the statistics and advocacy efforts. In addition, we will discuss how to "reopen" and begin doing elective procedures, finance and reimbursement and the ASPR grant.

COVID-19 Preparedness and Response Update - Ron Marshall

Statistics

The number of confirmed cases as of 4-21-20 is 2025, 419 hospitalizations, 107 deaths - see [KDHE Daily Update](#) for more information. Modeling projections as of April 17 changed to the better. The Kansas peak was April 20, and the state is now on the plateau. Should see a gradual decline of the number of cases in the state of Kansas. The projected number of deaths in Kansas (by August 4) is down to 187. Last week we had 26 clusters, now Kansas has 39 clusters. Private company clusters grew the largest this week with 15 clusters primarily in Lyon, Ford and Finney Counties in the meat packing plants.

Kansas State Lab

The State Lab received 5000 additional swabs from FEMA and 2000 at-the-point-of-care testing, which have been deployed to Lyon, Ford and Finney Counties. Population screenings are also being done in Johnson, Wyandotte, Leavenworth, Shawnee, Sedgwick, Thomas, Ford and Finney Counties. LabCore received emergency use authorization for home COVID test kit, which is a nasal paragenal swabs. Those swabs are mailed overnighted to a laboratory in North Carolina. There is some concern that the quality of the swab determines the accuracy of the results. There is also concern about antibody screening immunity and getting people back to work. Ron has received a [letter from the American Association of Bioanalysts and the National Laboratory Association](#) urging the FDA and CMS to make sure that they vet these tests more appropriately. Four manufacturers are approved by the FDA, but 90 companies are selling non-approved kits. Some test kits are not picking up COVID-19 antibodies, but other Corona Virus antibodies in general. There is debate on whether a person has immunity to COVID-19.

Data Reporting

There are still a lot of issues with COVID-19 data reporting. At this time, we encourage individuals to use both EMResource and NHSN. NHSN appears to be the preferred system by HHS and CDC. On April 12, HHS sent a letter to hospitals about reporting in a system called Teletracking, which is a duplication of EMResource and NHSN. Apparently, another letter went out on April 20 encouraging using Teletracking. KHA does not recommend entering data on Teletracking. The goal is to use one system, probably NHSN and find a way to enter the data through a portal into EMResource ... but for now use these two systems.

Federal and State Update - Chad Austin

Federal Updates

On the federal level, we continue to work closely with the Kansas congressional delegation as the COVID-3.5 package is being developed. It appears congressional leaders are still negotiating on a package that could

potentially provide \$300 billion in extra loan relief through the SBA program, \$75 billion for hospitals and \$25 billion for testing. KHA is also working closely with our delegation and national partners to determining how the remaining funds from the CARES Act will be distributed.

One of the priorities that KHA continues to work closely with our congressional delegation addresses expanding the eligibility of the SBA loan program to public hospitals. It appears this solution is still being considered. We will continue to track the COVID-3.5 package closely and will report on any new developments.

Another item that KHA continues to discuss with our congressional delegation deals with the advance Medicare payments. There has been growing interest to either partially, or fully, forgive those advance payments. This movement was confirmed in conversations that we have been having with our delegation. KHA knows that the decision to request the advance Medicare payments will be determined by each hospital, but wanted to share with the membership the latest discussions regarding this topic.

KHA also continues to work with the Kansas congressional delegation on the approval of the hospital provider assessment increase. We have engaged the delegation to reach out to CMS and continue to urge approval.

State Advocacy

On the state level, there has been several items that we continue to focus on. First, as we mentioned last week, we have been working with the Governor and legislative leadership to allocate state funding to hospitals. Last week, the state approved to allocate approximately \$17.5M in funding. This would result in \$100,000 to critical access hospitals; \$150,000 to rural PPS hospitals; and \$250,000 to urban PPS hospitals. This funding is expected to be delivered to hospitals on Friday. From our conversations with the governor's office and KDHE, we do not believe there will be any application or reporting necessary to receive the funding. We will be tracking this very closely so please let us know if you have any questions on this funding.

KHA also continues to track the various 1135 waivers that have been granted. We have developed [a grid](#) that is on the KHA website [COVID-19 1135 waivers page](#) that allows members to easily track the approved waivers.

Long Term Care Facilities Update - Deborah Stern

KHA continues to have conversations with the two long-term care associations, LeadingAge and the Kansas Health Care Association. As requested by KHA, Leading Age sent a survey to its members and asked for information on a variety of topics including the availability of PPE, how nursing homes are handling COVID-19 or suspected COVID-19 residents, if they taking back residents who have been hospitalized and if they are accepting new admissions.

Survey results were received from over 100 individuals. Here is a summary of the results that were shared.

- Most LTC facilities plan to create separate wings, or separate rooms to take back residents who have been hospitalized;
- Others are setting up separate sites outside of the nursing home, either on the same campus or in another area of town;
- PPE availability is problematic for many LTC facilities.

The two long-term associations are working with KDADS on alternative care sites. The plan is to create a list, or a map that shows the location of these alternate care sites. These sites may vary according to location. Some may be located on the LTC facility's campus while others could be in a separate location away from the facility. The goal is for LTC facilities to take back their current residents who are being discharged from hospitals and accept new admissions as well.

On April 20, 2020 CMS issued a new guidance that requires LTC facilities to report COVID-19 data to both their local health department and the CDC through the use of NHSN which is the National Healthcare Safety Network.

COVID-19 Resources on Re-Opening and Communicating about COVID-19 - Cindy Samuelson

Resources Available on the KHA Website

KHA is regularly adding to and updating the KHA Website with COVID-19 Resources. In addition to our [main COVID-19 page](#), our website now includes pages dedicated to: [Hospital-Specific COVID-19 Resources](#); [Clinical and PPE Guidance](#); [COVID-19 Funding Resources](#); and [1135 Waivers](#). In addition to the website, KHA hosts weekly calls with our members and emails out a daily update to about 1,000 individuals who work in our member facilities.

CMS Issues Recommendations to Re-Open Health Care Systems in Areas with Low Incidence of COVID-19

On Sunday evening, CMS issued new recommendations specifically targeted to communities with low incidence or relatively low and stable incidence of COVID-19 cases. The recommendations update earlier guidance provided by CMS on limiting non-essential surgeries and medical procedures.

The new CMS guidelines recommend a gradual transition and encourage health care providers to coordinate with local and state public health officials, and to review the availability of PPE and other supplies, workforce availability, facility readiness, and testing capacity when making the decision to re-start or increase in-person care.

KHA has linked these [CMS recommendations](#) in addition to the [Guidelines for Opening Up America Again](#) and the [American Hospital Association Special Bulletin](#) highlighting the guidance on our website in the COVID-19 Hospital Resources section ... also included in that section on re-opening is the [American College of Surgeons guidance](#) on resuming elective surgeries.

We encourage our members to review this guidance and work in conjunction with your local health departments. We imagine more specifics may follow, but in the meantime, hospitals should take the guidance provided and start planning based on the guidance we have...again these four resources are on the [KHA COVID-19 Hospital Resources section](#) and are linked above.

Announcing COVID-19 Positive Tests

The Kansas Hospital Association, in corporation with the Kansas Department of Health and Environment, wants hospitals to communicate effectively when you have a confirmed positive COVID-19 case. For those of you who have not had a positive case yet, the local health department will notify a hospital if they have a confirmed positive COVID-19 case. Hospitals that have not yet had a positive case, should proactively reach out to their local health department to discuss this process. It is the decision of each hospital as to how they notify staff and the public about a confirmed positive COVID-19 case. KDHE recommends that hospitals establish protocol and set clear guidelines for communication of a confirmed positive case among staff members and the public, if they have not already. KDHE also follows "clusters" closely. If a hospital suspects

they might have two or more positive cases resulting from one known exposure, please notify your local health department or KDHE Epi staff immediately for investigation at (877) 427-7317.

KHA has drafted [a guidance resource document](#) that includes the guidance and resources on establishing internal and external communication plans and goals. It also includes sample talking points.

Finance and Reimbursement Update - Tish Hollingsworth

KHA Survey on CARES Act Provider Relief Funds

On April 13, an email (attached to today's daily update) was sent to the CFOs of member hospitals requesting their assistance in completing a brief survey concerning the money they received on April 10 as a result of the CARES Act Provider Relief Funds. The purpose of the survey is to help us identify hospitals that may not have received funds, but to also request some basic information to assist KHA in our on-going efforts to provide information to our Kansas delegation, the State and others to communicate the impact of COVID-19 on our membership. To date, we have had over 60 hospitals complete the survey. We have extended the survey completion date to Wednesday, April 22, to allow additional hospitals to complete the information. If your hospital has not yet completed the survey, we would encourage your participation.

CMS Clarification on Waiver for Three-Day Acute Stay for Swing Bed Hospitals

Late last week, the Centers for Medicare & Medicaid Services (CMS) finally distributed a long-awaited clarification that the Agency's waiver of the Medicare coverage requirement for a three-day acute stay prior to admission to a skilled nursing facility (SNF) stay, also includes swing bed services furnished by critical access hospitals and rural swing bed hospitals. This clarification, as well as many others, are outlined in a new [COVID-19 FAQs on Medicare FFS billing](#). See question 4 on page 35 for the clarification on the three-day waiver for swing bed.

Tracking Costs for COVID-19

Now that hospital funding sources are available and being paid to hospitals, it is important that hospital costs associated with COVID-19 are appropriately tracked to ensure compliance and accuracy in reporting of costs to the various funding programs. KHA has posted a document called "Tracking Cost for COVID-19" on our KHA COVID-19 [Funding Resources](#) page under the header of "Other Funding Options/Resources" on the KHA Website. This document provides some recommendations for tracking costs and expenses related to COVID-19. We recommend that you work with your Medicare Cost Report preparer/Hospital accounting firm to discuss other considerations that should be given to ensure proper tracking of costs.

State Funds – The Governor has authorized payments from the State to community hospitals in Kansas to help offset the financial strains that hospitals are experiencing. The funds will not require an application form or any reporting of how the funds will be used. The funds will be disbursed in the following manner: CAHs = \$100,000; Rural PPS = \$150,000; Urban PPS = \$250,000. The funds will show up on a Medicaid remittance advice this week and should be directly deposited on Friday, April 24.

Miscellaneous

Within 30 days of receiving the CARES Act Provider Relief Funds, hospitals must review the terms and conditions and sign an attestation acknowledging receipt of the funds. The terms and conditions as well as the attestation can be found on the [HHS](#) website.

Section 3710 of the CARES Act directs the Secretary to increase the weighting factor of the assigned Diagnosis-Related Group (DRG) by 20 percent for an individual diagnosed with COVID-19 during the Public Health

Emergency. Last week, CMS released [MLN Matters Special Edition Article SE20015](#) which contains updates on reprocessing claims with the 20% increased payment rate for COVID-19 patients for PPS Hospitals.

ASPR Grant Deadline and Update

Ron Marshall gave an update that on April 13, KHA was awarded a notice of funding from the Assistant Secretary for Preparedness and Response. Today is the deadline for the grant application to be signed by hospitals. Every hospital needs to either accept or decline the funding. The money will be sent out in the next two weeks.

Kansas Hero Relief Program

Governor Kelly and Kansas Department for Children and Families (DCF) Secretary Laura Howard announced a new program, which began April 20, 2020 and is called the Hero Relief Program. This program provides childcare assistance subsidies for families with children. It provides financial support directly to childcare providers. The program was created to assist health care workers, first responders, and other essential workers. To qualify, families must have a countable gross income at or below 250 percent of the federal poverty level. For an average family of four that equals a monthly income of \$5,458. For more information, go to www.KSHeroRelief.com.

Questions and Answers

Q1: In anticipation that the governmental hospitals may become eligible for PPP, would you please clarify whether only portion of the funds spent on payroll costs is forgivable. Are any funds spent on non-payroll related expenses not forgivable? Could you clarify this?

A1: Must use at least 75% of the funds for payroll, including payroll expenses and benefits. The entire loan is forgivable as long as you are using it for the correct things, which includes rent, utilities and a few other items listed.

Q2: If governmental hospitals become eligible for PPP, do they still have to use cash basis laws?

A2: Have seen 501(c)3 governmental hospitals that have applied for PPP have not had any issues with the cash basis laws, because it is more a grant than a loan. KHA will do some more checking on this.

Q3: Concerning the state hospital funding possibility, when can hospitals expect to receive that?

A3: Funding, available to hospitals, is anticipated on Friday of this week. This is \$100,000 to critical access hospitals; \$150,000 to rural PPS hospitals; and \$250,000 to urban PPS hospitals.

Q4: How do they participate in the ASPR grant?

A4: KHA has their letter of agreement on file, and they will participate.

Q5: Do you know how the state funds are going to be distributed?

A5: The state will send a letter to hospitals to explain funding and how payments are set out. Payments should show up on a remittance advice this week and will be directly deposited by EFT to your banks by Friday.

Q6: Confused about reporting mechanisms - reporting to EMResource, NHSN and the HHS portal as well. Does state have to ask for a waiver to have just one mechanism?

A7: Secretary Azar said the state had to request a waiver. KHA is working with KDHE, and that is why hospitals have to duplicate their data reporting efforts right now. KHA recommends continuing reporting on EMResource and NHSN.

Q7: Can governmental entities apply for SBA PPP now?

A7: It may be part of the next COVID package. KHA is working with the Congressional delegation and other national partners. Eligibility might be outlined in the upcoming in COVID 3.5 package.

Q8: Question about steps we are taking for reopening. Are we encouraging hospitals to work with local health departments and then the health departments would work with regional preparedness coalition counties?

A8: Regional lines are different for every area. Should start with local health departments to determine local and regional partners.

Q9: Will KHA be recommending any guidance or it will it be completely left up to individual hospitals at the local level.

A9: National guidance recommends hospitals currently work at the regional and local level when making these decisions.

Q10: Is there guidance about therapies and other types of visits?

A10: The guidance [Opening Up America Again](#) has specific details. There are plenty of guidelines out from the [CMS recommendations](#) in addition to the [Guidelines for Opening Up America Again](#) and the [American Hospital Association Special Bulletin](#) as well as the [American College of Surgeons guidance](#) on resuming elective surgeries. Clinical decisions need to be made with clinicians and stakeholders in your community.

Q11: They understand testing is limited, but they have not had any positive COVID patients. Can they gear up before the stay-at-home order is rescinded? Do you have to have a statement from the governor's office if you proceed prior to the order is rescinded?

A11: The CMS guidelines and AHA summary mention when hospitals are considering resuming services, they should review the availability of personal protective equipment (PPE) and other supplies, along with workforce availability, facility readiness, testing capacity and post-acute care capacity in the area. In planning to reopen services, facilities also must recognize the need to be able to rapidly expand care for COVID-19 patients if another surge should come to their community. CMS mentions there is a lot of flexibility in decision-making. Hospitals that have not had a case ... could make an argument that they have met the guidelines. Work with your clinicians to ask: Do you have the testing capability? What testing do you want to do? Develop a plan that is right for each local community. Be very mindful of what the governor has said. However, at the same time, we have heard there are places around the state that are gearing up prior to May 3. We don't think you will need anything from a state official to move forward.

Q12: Our hospital does not qualify for PPP, SBA loan, because we are a CAH, county owned, not 501(c)3. Can we use funds from HHS and state for the payroll? HHS mentioned we were not able to use funds for executive 2 salary, what does that mean, and can we use for the rest of the staff?

A12: KHA reviewing terms and conditions on HHS website for CARES Act funding. It is important to know what funds can be used ... there are stipulations. Important to know what money can be used to cover what costs. We are hopeful that KHA can host a webinar with accounting firms to explain various funding and reporting. Our understanding on the state funding coming out on Friday, they have indicated there are no restrictions on how that is used. The main thing is you cannot double dip with various funding. In regard to the Level II Executive Salary referenced in the terms and conditions of the CARES Act Provider Relief Funds ... according to the [US Office of Personnel Management website](#), effective January of 2020, the Level II salary is \$197,300.

Q13: With regard to reporting with NHSN and EMResources. Should hospitals use HHS and Teletracking?

A13: HHS and Teletracking is not mandatory. It is just a third system. If a hospitals wants to enter in it they can, but they do not need to. We encourage our members to use NHSN and enter data as soon as possible.

Next Call

Please continue to share your COVID-19 questions with us by emailing Cindy Samuelson. Our next call will be Tuesday, April 28 at 10:00 a.m.