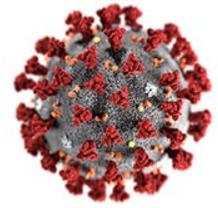




COVID-19 Statewide Hospital Huddle Notes Tuesday, June 2, 2020



Tom Bell thanked everyone for calling into the call. He expressed his admiration for the hospitals who constantly listen to their communities and strive each day to meet those needs. It is a challenging week in our country, it has reminded us how lucky we are to be able to represent institutions and organizations who make it a point to listen to their communities. You are such a good example for the rest of us.

COVID-19 Preparedness and Response Update – Ron Marshall

Daily Status, Future Predictions – As of June 1, 2020, Kansas had 10,011 confirmed COVID-19 cases (an increase of 793 over last week at this time); 862 hospitalizations (an increase of 62 over last week at this time); 217 individuals have died due to COVID-19 (an increase of 29 over last week at this time); and 89 counties (an increase of 1 county). See the [KDHE Latest Public Update](#) for additional information. Regional confirmed cases: NW - 37 cases; NC - 64 cases; NE - 1,051 cases; KC Metro - 3,584 cases; SW - 4,388 cases; SC - 799 cases; and SE - 88 cases. States around Kansas report: MO - 12,962 cases, 771 deaths; CO - 26,098 cases, 1,443 deaths; NE - 13,905 cases, 170 deaths; and OK - 6,418 cases, 334 deaths.

County Status on Reopening – 104 of 105 Kansas counties have declared a state of emergency. This is important, because the Kansas National Guard is available to help in a county after a state of emergency has been declared. Now that each county is doing their own reopening plan, KDEM is doing survey of county emergency managers each Friday to determine the status of each county. The information from the survey will be particularly useful to schools, businesses and hospitals who have who serve more than one county. Data will be available to the public soon. Here is some preliminary data: 32 of the counties have phased or modified the Kansas Ad Astra plan; 23 counties have a specific county plan; 17 counties have reported they have no reopening plan; and 33 counties have not responded to the initial survey.

Data Meeting Update – Data Collection Workgroup had its first team meeting last week. Another meeting is scheduled for this week to review EMResource, NHSN and Teletracking. Members include - two large hospitals (KC and Wichita), a SW Kansas CAH, KDHE Epi staff, KDHE preparedness staff, University of Kansas Medical Center population health staff, Kansas National Guard and KHA data staff. We will keep members informed as this work progresses.

Nursing Home Testing – KHA received several calls regarding not-yet-mandatory testing of staff and residents of nursing homes. KDADS is creating a state-specific plan for testing in nursing homes. CMS' plan is to test all staff on a weekly basis. Residents would be tested as a baseline. If any staff or residents test positive, then weekly testing would occur after that. This could put a strain on the system, because there are approximately 24,000 nursing home staff and another 24,000 residents. The state lab believes it has enough swabs to support that testing and the testing capacity to support that. [Ron Marshall](#) can answer additional questions.

State Update – Chad Austin

Kansas Legislative Session - In late May, the Kansas legislature reconvened for the one-day Sine Die session. During the 24-hour marathon session, the legislature passed several bills, including legislation dealing with COVID activities (conference committee report on HB 2054) that included language on provider immunity

and telemedicine. Ultimately, the governor vetoed this legislation and has subsequently called for a special session to begin on Wednesday, June 3, to address the governor's emergency powers.

The other piece of legislation that was approved by the legislature was the conference committee report on HB 2246. This legislation included the hospital provider assessment language that would provide flexibility to determine the assessment amount. Therefore, the assessment would be no less than 1.83 percent and no more than 3 percent. The governor did sign this legislation yesterday.

As the legislature convenes for the special session on June 3, it is uncertain how long the session will last. It is anticipated the emergency powers will be the focus of the session, but other issues may be considered. KHA will continue to monitor the activities and will continue to make sure that provider immunity and telemedicine flexibilities will be considered.

The other state activity that is expected to take place is the first meeting of the Governor's SPARK taskforce (Strengthening People and Revitalizing Kansas) to lead the state's economic recovery. As part of their responsibility, the taskforce will make recommendations on the \$1.25B federal funding that was provided to Kansas.

Federal Update – Chad Austin

The US Senate and House are still in session. While the US House has recently passed legislation regarding the next COVID package, it is not expected that the US Senate will consider any language until later this month or next. KHA will continue to visit with our congressional delegation regarding COVID related issues as well as non-COVID related advocacy needs.

Finance and Reimbursement Updates – Tish Hollingsworth

HHS Extends Deadline for Attestation for CARES Act Funding – The Department of Health and Human Services has [extended the deadline](#) for health care providers to attest to receipt of payments from the Public Health and Social Services Emergency Fund and accept the [terms and conditions](#). Providers now will have 90 days, increased from 45 days, from the date they receive a payment to attest and accept the terms and conditions or return the funds. For example, the deadline for providers who received payment on April 10 is extended to July 9 from May 24. With the extension, not returning the payment within 90 days of receipt of payment will be viewed as acceptance of the terms and conditions.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act and Paycheck Protection Program and Health Care Enhancement Act (PPPHEA) included \$175 billion in the Public Health and Social Services Emergency Fund to reimburse health care providers for health care-related expenses or lost revenues not otherwise reimbursed that are attributable to COVID-19.

CMS Updates COVID-19 FAQs on Medicare Fee-for-Service Billing and Instructions for "CR" Modifier and "DR" Condition Code - The Centers for Medicare & Medicaid Services (CMS) released additional [Frequently Asked Questions \(FAQs\)](#) on recent COVID-19-related waivers to help providers, including physicians, hospitals, and rural health clinics. The updated FAQs include more answers to questions on outpatient therapy, telehealth, appropriate coding, and Federally Qualified Health Centers (FQHCs). In addition, CMS updated MLN Matters Special Edition SE20011 to provide clarification for the use of "CR" Modifier and "DR" Condition Code.

Recordings for Finance and Reimbursement Webinar Series Available - The recordings for the two recent Finance and Reimbursement Webinars are now posted on KHA's COVID-19 Funding Sources [web page](#). The May 20 webinar was provided by King & Spalding on Compliance Issues related to the COVID-19 Funding. The

May 28 webinar also focused on the receipt of COVID-19 funding, and included an overview of the potential Medicare Cost Report implications (provided by WPS Audit and Reimbursement) and information on the importance of tracking costs (provided by Eide Bailly).

Staffing Changes at Kansas Department of Health and Environment (KDHE) - Kansas Medicaid Director Adam Proffitt announced his resignation about three weeks ago, and his last day with KDHE is June 5. In addition, Medicaid Medical Director Dr. John Esslinger, has announced his retirement, effective on June 12. KHA staff met with Adam Proffitt on June 1 to discuss open Medicaid/KanCare issues surrounding the KanCare program, Medicaid Disproportionate Share Hospital (DSH), and the Medicaid Provider Assessment Program to ensure that these issues are included on a transition document for Adam's successor. To date, no interim or replacement for the Medicaid Director position has been named.

COVID-19 SHIP and Education Update – Jennifer Findley

SHIP COVID-19 Informational Webinar – KHERF has been given the authority to distribute contracts for the COVID-19 SHIP grant. Hospitals who are small, rural hospitals with less than 50 beds are eligible for this funding. 91 hospitals are eligible for the funding. Each hospital will receive \$83,612.88, and the expenses associated with treating, responding and preparing for COVID-19 are the kinds of expenses you can use for these funds. There will be a webinar on Thursday at noon to provide more information. She encouraged hospitals to listen to the webinar as the parameters of this grant are different from other grants.

Educational Offerings

- Clinical calls resume today. They will be every other week from now on.
- Tomorrow at noon, a financial wellness webinar in partnership with the Healthcare Associates Credit Union will present information entitled the "Psychology of Spending." The webinar will provide additional resources to share with employees who have struggled during the COVID-19 crisis. [Information is available on the KHA website.](#)
- On June 24, a virtual leadership forum featuring Ian Morrison, a health care futurist and strategist. He will talk about the impact of COVID-19 and the outlook for the future. This webinar is being underwritten by APS. [Information is available on the KHA website.](#)
- More details will be coming about a six-part series KHA is hosting in conjunction with other hospital associations this summer. The webinars will take place June to September and discuss leadership and resiliency through COVID-19 and beyond.
- Beginning in July, there will be small in-person group gatherings. We will be watching state and local guidance, and changes may be needed at the last minute.
- The KHA Convention was discussed at the KHA Board meeting last Friday. We want to move forward, but not sure what that looks like or what guidelines will be in place in September. The KHA Convention Planning committee, along with some KHA board members, will meet in June and look at options. A recommendation will be taken to the KHA board in July. As always, the safety of members, vendors and staff is the top priority. Members should keep September 10-11 on your calendar as we work to figure out a plan for the KHA Convention.

Questions and Strategies to Share – Members

Q1: Regarding testing of nursing home staff and patients. Does that also apply to intermediate swing beds that are in a separate wing, with separate staffing?

A1: Intermediate swing beds in an acute care setting are considered acute beds and not nursing home residents under KDADS. Intermediate swing beds are under the purview of KDHE and would not fall under the requirements to test nursing home residents, unless KDADS changes their information.

Q2: Do you know what is expected for the amount that will be received from additional payments after hospitals have submitted their revenue data?

A2: This question relates to the CARES Act Round 2 funding that was announced after they did the initial funding that was done. Round 1 was based on the hospital's 2019 fee for service Medicare revenue. Round 2 was the part where hospitals had to supply revenue information. HHS was going to provide additional payments to facilities and physicians so that the payment each provider received in total from Round 1 and Round 2 is their proportional share of the total 2018 net patient revenue. Round 2 utilized a different reconciliation. HHS is still sending out periodic payments as they are doing settlements. The ending date for that funding has not been declared. For more information, please refer to the [HHS CARES Act Provider Relief Fund General Information](#).

Q3: Can you expand on the recent CFO Memo?

A3: KHA sent out a memo to CFOs, HFMA and KAHPAM members regarding several finance issues. The information sent from the VA office talking about the centralized authorized emergency care notification process. Marian Paulsen is the person to contact if individuals have specific questions. The VA is trying to push information out, since the in-person meeting about the rollout of the community care program in Kansas was cancelled due to COVID-19. Also, 2021 Medicaid DSH process will be kicked off. There will be a webinar in June, and registration information is included in the memo. A follow-up funding survey was sent about the net patient revenue in April. A brief survey was sent the first part of April regarding expected funding and anticipated net patient revenue losses. Now KHA is trying to get actual net patient revenue for April to assist in advocacy efforts.

Q4: Attestation is being pushed back to 90 days. Is the first reporting period also be pushed back? The terms and conditions state that reports are due 10 days after the first quarter.

A4: We do not know that answer yet. KHA has reached out to individuals at HHS, but has received no information about the actual reporting timeline. The terms and conditions are very specific and indicate a timeline and when reporting is due, but we have no direction on when that may be. For more information, please refer to the [HHS CARES Act Provider Relief Fund FAQs](#).

Q5: Are members experiencing any issues with supplies or testing from the KHEL?

A5: One hospital reporting having difficulties obtaining swabs, but is not sure if that is from KHEL or another lab. Getting swabs from vendor, but there were some issues from the state lab. She will email KHA more information.

Q6: Hospital has received two HHS stimulus amounts for the hospital and one for the rural health clinic. Do they need to attest for each payment or just the first time?

A6: You must attest each time you receive funding. For more information, please refer to the [HHS CARES Act Provider Relief Fund FAQs](#).

Next Hospital Huddle Call

Please continue to share your COVID-19 questions with us by emailing [Cindy Samuelson](#). Our next call will be Tuesday, June 9 at 10:00 a.m.