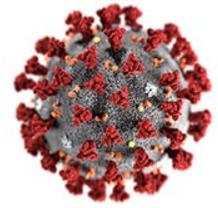




## COVID-19 Statewide Hospital Huddle Summary Tuesday, June 23, 2020



Tom Bell welcomed everyone to the weekly hospital call and highlighted the information to be presented. He expressed his appreciation for their attendance and for their work to support their communities.

**KDADS Guidance** – Scott Brunner, Deputy Secretary of the Kansas Department of Aging and Disability Services Due to a conflict with the Bethell Home and Community-Based Services and KanCare Oversight Committee, Scott Brunner was unable to join the Hospital Huddle today. He will join the call next week.

### **Statistics Relative to COVID** – Sally Othmer

Since our COVID-19 Hospital Huddle last week and per counts reported by KDHE yesterday, confirmed COVID cases have risen from 11,419 to 12,465, which is an increase of 1,046 or 9 percent. The state reported 259 deaths as of yesterday, an increase of 14 since last week. The 14-day trend of hospitalizations per infection has remained steady at 8.8 percent. At a regional level, all KHA districts again indicated an increase in cases since last Monday and all but the Southwest district demonstrate an increase in new cases as a percent of the region's population. Most notably, the Southeast at 313 up from 199, a 57 percent increase. Due primarily to the Crawford County cases, up to 192 from 96 last Monday. See the [KDHE Latest Public Update](#) for additional information.

**COVID Data Collection – National Healthcare Safety Network (NHSN)** – As a reminder, the Kansas Department of Health and Environment notified KHA last week that they will rely on data reported through NHSN for COVID reporting. KDHE uses the data to determine Remdesivir and PPE distribution so consistent daily submission is critical. KDHE has asked for KHAs assistance to encourage our hospitals to report this data to NHSN through the COVID-19 Patient Impact and Hospital Capacity Pathway module and to report on a consistent daily basis.

We also encourage our hospitals to join the KHA Reporting Group under the Patient Safety component in NHSN. So far, 105 Kansas facilities have joined the group. The group ID is 60538 and the password is Kansas\*2020. This will give us daily hospitalization counts, an important indicator that we can include at the regional level on our KHA COVID Dashboard.

### **COVID-19 Preparedness and Response Update** – Ron Marshall

Gov. Kelly recommended no counties move out of Ad Astra phase 3 for at least two more weeks. Kansas has seen an upward trend of cases since May 27. Nationally, death rates are dropping due to the improvements in the understanding of the disease and discovery of better treatment options early in the disease process. Additionally, there is a shift in the demographics with the virus affecting younger individuals, who are typically healthier. KDADS convened a task force to look at hospital discharges to long-term care and nursing facilities last Thursday. Fourteen agencies and associations were involved in the call. The goal is to have a defined process and policies in place for the discharge of patients into nursing facilities by the fall, when the second wave of COVID is expected in Kansas. There is some concern that COVID and influenza could both be hitting at the same time. Surge capacity needs to be upgraded from where it was this summer.

**ASPR Grant and SHIP Grant** – The first quarterly expenditure report form is due by July 10, 2020. If you have expended any ASPR funds, you are asked to report in which of the seven focus areas on the form the funds were expended and attach any receipts or invoices to track how the money was spent. We are hopeful that

once the money is expended and documented, that will end the reporting requirements for this first round of funding. There are two final questions that each hospital needs to answer so KHA can effectively report to ASPR. The last question on the form asks that if additional funding were available, would you want to accept that funding and how you would spend that additional funding in the seven focus areas.

Long Term Care – LTC facilities are mandated to perform weekly reporting in NHSN, and at least one facility has received a letter from HHS talking about fines for not reporting.

HHS and data reporting submissions – HHS is monitoring compliance with hospitals and long-term care facilities reporting COVID data. Region 7 shared an email that those hospitals who are not reporting COVID data on a regular basis may be contacted by HHS Protect to ask why the data is not being submitted. Hospitals are not required to report, but HHS is reviewing which hospitals are and are not reporting.

Next week's Hospital Huddle guest speaker – Myron Gunsalus, Lab Director, Kansas Health and Environment Laboratories will be on the call on June 30 to discuss the various advantages and disadvantages of each of the various tests for COVID. He will be available to answer any questions on the state lab.

Finance and Reimbursement Updates – Cindy Samuelson for Tish Hollingsworth

Updated FAQ on CARES Act Reporting Requirements – On June 13, HHS published an updated [FAQ](#) on the CARES Act Provider Relief Fund web page regarding the reporting requirements for receipt of funding from the Provider Relief Fund. Below is the FAQ listed under the category of “Reporting Requirements.” This FAQ indicates that for the first quarterly report (due by July 10), the statutory requirement for reporting related to these funds is being met by HHS’ public release of the data on the [Tracking and Accountability in Government Grants System website](#) on each payment received and attested. However, HHS further indicates the Agency will require recipients of the Provider Relief Fund payments to submit future reports, and will provide information on the content and due date(s) of these reports in upcoming weeks.

WPS Releases Pending Medicare Part B Advanced Payment Requests – This week, Wisconsin Physician Services, the Part A and B Medicare Administrative Contractor for Kansas, reported that the Centers for Medicare & Medicaid Services provided direction to pay the pending Part B Advance Payment applications that were halted on [April 26](#). However, CMS is still evaluating the pending Part A Accelerated Payment applications until a final decision is made regarding the release of the funding.

RHC Productivity Requirement – A number of concerns have been raised whether CMS will relax or waive the RHC Productivity Requirements during the COVID-19 crisis. To date, CMS has not published a waiver to exempt the RHC Productivity Requirements, and it is uncertain whether CMS will consider a waiver. Hospitals with upcoming fiscal year ending dates should reach out to their Accounting Firm/Medicare Cost Report preparer to discuss whether an exception should be submitted. Information regarding the RHC Productivity Standards Exception can be found on the Wisconsin Physician Services (WPS) [website](#).

CMS Updates Medicare Fee-For-Service Response for Public Health Emergency – On June 19, CMS updated [MLN Matters SE20011](#) to add a section on Medicare coverage of COVID-19 testing for nursing home residents and patients. The publication also includes information on Section 1135 and Section 1812(f) waivers as well as links to other documents such as the 128-page [COVID-19 FAQs](#).

#### **UPDATED SINCE THE 10:00 am CALL**

COVID-19 Claims Reimbursement for Testing and Treatment of the Uninsured – Health care providers, who have conducted COVID-19 testing or provided treatment for uninsured individuals with a COVID-19 diagnosis on or after February 4, 2020, can request claims reimbursement through the **COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured** program.

More than \$110 million in claims have been paid for COVID-19 testing and treatment of uninsured individuals. Get started today and you can receive reimbursement within 30 working days. [Learn more and apply for claims reimbursement.](#)

### **Ian Morrison APS KHA Virtual Leadership Forum** – Dennis George

Dennis George highlighted the Ian Morrison presentation on Kansas strategies for the financial stability and sustainability of Kansas hospitals post-COVID. The event will be at noon on Wednesday, June 24. Questions can be sent to [hfinch@kha-net.org](mailto:hfinch@kha-net.org). A donation to charity will be given for all registration fees as APS is sponsoring the cost of the event.

### **Member Questions** – All Topics

*Q1: How did hospitals receive information regarding the ASPR grant?*

A1: The email would have been sent from Melissa Willey at KHA. If a hospital did not receive information, they should email [Ron Marshall](#), and he will make sure the email is sent again.

*Q2: Will there be separate guidance on how to manage residents who have already had COVID-19 and are considered recovered? All guidance that has been issued addresses symptomatic, asymptomatic, and negative.*

A2: We will bring this up next week as well. KHA staff was informed by Farah Ahmed, PhD, KDHE State Epidemiologist that for recovered COVID-19 patients (patient has been released by the local health department - met 10 days from symptoms and 72 hours fever-free ... hence that patient is no longer and active case), the long-term care facility needs to work with the local health officer on reopening and/or readmitting patients. There should be no problem reopening as long as the resident is not an active case.

*Q3: Would it be possible for KHA to send out information about the SPARK teleconference scheduled for Friday about the money that is being disbursed to the counties?*

A3: Yes. The Association of Counties is putting together the teleconference. KHA will obtain the link and will share it with our members. The timelines have been pushed back, and the first set of monies will be sent to the counties on or around July 15.

### **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 30 at 10:00 a.m. Joining us will be Scott Brunner, Deputy Secretary of the Kansas Department of Aging and Disability Services and Myron Gunsalus, Lab Director, Kansas Health and Environment Laboratories.