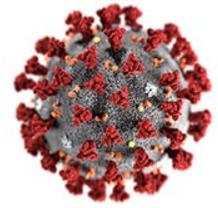




COVID-19 Statewide Hospital Huddle Summary Tuesday, July 14, 2020



Chad Austin welcomed the participants. He highlighted the email communication sent to all members regarding the decision to cancel the in-person convention in 2020. The decision was made after gathering input from public health officials, the KHA Convention Planning Committee and the KHA Board. The KHA staff is working on alternatives, which will be communicated to everyone.

Statistics Relative to COVID – Sally Othmer

COVID cases continue to trend upward, up 19 percent in Kansas or over 3,000 cases since our huddle last week. Last week showed a 16 percent rise, so trend continues upward with all but 4 counties in Kansas reporting cases. The state reported 288 deaths as of yesterday. Important to note that, despite increased testing, the 14-day trend of infections by population continues to climb from .02 to .03 percent. Hospitalizations per infection have dropped a bit but not substantially. These measures demonstrate the impact on our hospitals and our communities. At a regional level, most KHA districts again demonstrated an increase in new cases as a percent of the region's population. Most notably the Northeast, which includes the Kansas City, KS area, had an increase of almost 2,000 cases or 22 percent. See the [KDHE Latest Public Update](#) for additional information.

NHSN Update – Catherine Satterwhite, PhD, MSPH, MPH, Regional Health Administrator – Region 7 (IA, KS, MO, NE), Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services
Dr. Satterwhite reported that each hospital administrator received a letter on July 13 from HHS announcing that the NHSN COVID-19 reporting module for acute care hospitals is being retired as of Wednesday, July 15, hospitals are now to report daily to HHS TeleTracking portal until otherwise advised. Previously, there were three main ways to report COVID-19 hospitalization data: NHSN, TeleTracking, and if the state reported directly on behalf of the hospitals (like through EMResource). She commended Kansas hospitals, which had 100 percent reporting participation for COVID hospitalization data through NHSN and understands and shares our frustration with the disparate data requests. Teletracking is the HHS portal where CARES Act data and bi-weekly Remdesivir reporting was previously conducted. The data at the federal level are used for key allocation metrics, such as Remdesivir allocation. In the interim situation, it is critical that there is not a gap in the reporting of data. The state of Kansas, KHA and the federal government use the information to monitor key metrics, hospital capacity, trend and numbers of daily COVID-19 admissions. The federal government is asking for data in seven key fields that are urgently going to be needed beginning Wednesday, July 15. KHA staff will continue to work with HHS and KDHE to coordinate data requests and reduce confusion and provider reporting burden. If you have questions specific to TeleTracking - reach out to TeleTracking Technical Support at (877) 570-6903.

Q1: With all the changes in daily reporting, is there a chance that it could change again?

A1: Dr. Satterwhite cannot state that there will be no more changes, but consolidation in one system is a positive step, although the timeline and changes have been frustrating. Many hospitals were reporting into multiple systems, and removing one system will be a long-term benefit, despite the short-term issues.

Q2: Is there any way hospitals will be allowed to edit information in TeleTracking? Can we enter information on Monday rather than just on Wednesday?

A2: Dr. Satterwhite noted that Teletracking should have the same functionality as NHSN, but she will follow up on this and report to KHA for dissemination to KHA members. For now, reach out to TeleTracking Technical Support at (877) 570-6903.

Q3: Would you clarify if NHSN is being retired entirely or just the COVID-19 module?

A3: Only the COVID-19 module for acute care hospitals will be retired. The previous functionality of NHSN will continue, including the long-term care COVID-19 module. Long term care facilities will need to continue reporting in to the NHSN COVID-19 module for LTCFs.

Q4: KHA members have been responsive in reporting data, but we want to make sure the dashboard KHA provides to members continues to be of the highest integrity and accuracy. State hospital associations will need access to the TeleTracking data in order to support statewide and regional dashboard reporting to members. Can you speak to what efforts are being made at the federal level to ensure state hospital associations have access to the data?

A4: Dr. Satterwhite – TeleTracking data is available in HHS Protect. If there are issues with KHA getting access, let Dr. Satterwhite know.

Q5: Who will have access to Teletracking System, and how will it be shared? State? Regions? Individual hospitals?

A5: Dr. Satterwhite will research this and get back to KHA. The interim step is through HHS Protect.

Q6: In reading the seven areas that need to be reported by Wednesday, everything is listed for adult patients. Is the cutoff between adults and children age 18? The daily reporting module is broken between adult and pediatric. Will Remdesivir and PPE distribution be based solely on adult data?

A6: Dr. Satterwhite will check to see where pediatric data fits in, especially in relation to the Wednesday deadline.

Q7: If someone needs training on TeleTracking, where will they receive it?

A7: Dr. Satterwhite will send that information to KHA.

COVID-19 Preparedness and Response Update – Ron Marshall

ASPR Grant – This will be the last reminder that July 10 was the deadline for submission of the first quarter expenditures. It is not too late to submit expenditures, but they need to be received at KHA by July 17. If a hospital has not spent any funds, they only need to indicate where they anticipate spending them on page 3. Hospitals will be called if they have not sent in an expenditure report.

Finance and Reimbursement Updates – Tish Hollingsworth

Medicare FFS Article on COVID-19 Updated – On July 8, MLN Matters Article [SE20011](#), Medicare Fee-for-Service (FFS) Response to the Public Health Emergency on the Coronavirus (COVID-19), was revised. The Article adds information at the end of the Waiver/Flexibility table on page 7 to address services provided by the hospital in the patient's home as a provider-based outpatient department when the patient is registered as a hospital outpatient. It also adds the section on Teaching Physicians and Residents with the expansion of CPT codes that may be billed with the GE modifier.

HHS Announces \$4 Billion in Additional Targeted Provider Relief Funds – On July 10, HHS [announced](#) that an additional \$4 billion in funding will be distributed from the Provider Relief Funds to healthcare providers impacted by COVID-19. The distribution is to be made in the following manner:

- Additional \$3 billion to Safety Net Hospitals: On June 9, HHS announced plans to distribute \$10 billion in Provider Relief Fund payments to safety net hospitals. HHS is now expanding the criterion for payment qualification so that certain acute care hospitals that did not receive funding from the June 9 distribution, may now qualify. HHS indicates that a total of \$20 million will be distributed to 4 Kansas hospitals in this additional round of funding.
- Additional \$1 billion to Certain Rural Providers and Other Providers from Small Metropolitan Areas: In May, HHS announced \$10 billion in funding to almost 4,000 rural health care providers including hospitals, health clinics, and health centers. HHS is now expanding the existing payment formula to include certain special rural Medicare designation hospitals in urban areas as well as other who provide care in smaller non-rural communities. HHS estimates that 8 providers in Kansas and Nebraska will receive a total of around \$16 million.

CARES Act Targeted Funding for Medicaid and CHIP – On June 9, [HHS announced](#) there would be another \$15 billion available to Medicaid and CHIP providers who did not receive funding through the General Distributions of \$30 and \$20 billion for Coronavirus relief. Unlike previous funding, providers must apply for the additional funding. The deadline is July 20, 2020. A link to the instructions, as well as the terms and conditions, can be found on the [KHA website](#). In addition, detailed information and guidance are available on the CARES Act Provider Relief Fund [website](#) under “Medicaid/CHIP Provider Relief Fund Payment Forms and Guidance.”

Convention and Education Updates – Jennifer Findley

After thoughtful consideration, the KHA Board has made the difficult decision to not hold an in-person Convention and Trade Show in 2020. This decision was made after gathering input from the KHA Convention Planning Committee, the KHA staff and public health officials. The safety of members, vendors and staff is our priority. We made the decision that we thought best protected everyone.

We will make the most out of an unfortunate situation. We are excited about the options being considered as a replacement to some of the convention activities. We are still in planning stages, but can share that we are looking at virtual roundtable discussions to allow for networking with each other and a virtual trade show.

These replacement activities will not take place on September 10 and 11. We need a little more time to plan. Most likely, we will be doing something in October. If you had made a hotel reservation at the Sheraton, it will be automatically cancelled for you.

We wanted to share this change as soon as possible so our members can plan accordingly. As we work through alternative options, additional information will be shared. You are invited to contact the [KHA education department](#) know if you have any questions.

White House COVID-19 Supply Chain Task Force

Nick Taylor was not available for the call due to unfortunate circumstances. He shared this with KHA:

In an effort to ensure that the questions many of your hospitals may have regarding PPE are answered, I am requesting that they be compiled and sent to me at your convenience. I will ensure that they are routed to the proper individuals. In the meantime, the latest information and guidance regarding the response to COVID-19 can be found at <https://www.fema.gov/coronavirus/fact-sheets>. Your partnership is important to us and our mission, and we greatly appreciate everything that you and the hospitals in your area are doing to work with us! I want to thank you for your understanding and await your association's inquiries.

During the call, KHA asked Kansas hospitals about the challenges they are experiencing with the supply chain and how the White House COVID-19 Supply Chain Task Force can better assist members. Some members weighed in below, other sent their questions via email. KHA staff will communicate the questions and comments to Nick Taylor and will relay the information garnered to members.

Member Questions

Q8: Do we know when the funding payments will be coming through to the hospitals receiving them?

A8: Historically, HHS will make an announcement and the funding usually happens quickly after that. KHA expects it should be soon. Individual situations can be discussed by contacting [Tish Hollingsworth](#) directly.

Q9: What is the task force doing to repair and replenish disposable isolation gowns and additional PPE in a timely manner?

A9: Everyone should consider using reusable gowns and bonnets for surgery. A PPE manufacturer in Raleigh, Missouri, makes plastic PPE gowns. Many hospitals are going to the reusable products.

Q10: What time of day is the reporting due in TeleTracking on Wednesday?

A10: 10:00 p.m. ET / 9:00 p.m. CT.

Next Hospital Huddle Call

During the next KHA COVID-19 Hospital Huddle, Michelle Wineinger, CMS Kansas City Rural Health Coordinator, will provide an update on our Region 7 (Kansas, Missouri, Iowa and Nebraska) collaborations with the COVID-19. Michelle works with the COVID-19 funding sources from HHS as well as the policy side of CMS working with the COVID-19 waivers and telehealth changes. Please email your question for next week's huddle to [Cindy Samuelson](#). **Our next call will be Tuesday, July 14 at 10:00 a.m.**