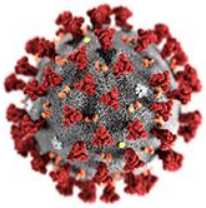
COVID-19 Statewide Hospital Huddle Summary
Tuesday, July 21, 2020



Tom Bell welcomed everyone to the call and highlighted the agenda.

Statistics Relative to COVID – Ron Marshall

Last week there were 20,058 positive COVID cases in Kansas. This week, there are 23,234 cases, which represents an increase of 16.3% in cases. The death rate has dropped from 1.6% to 1.4% per infection. The total death rate is 307. The hospitalization rate has also dropped from 7.4% to 6.8% per infection. 102 of 105 counties have reported positive cases. The largest percentage is in Northwest Kansas with an increase of 30.7% over last week. South Central had a 30.4% increase over last week. Southwest has had a 2.4% increase over last week. The largest number of positive cases is currently in the age group of 25-34 year olds. See the KDHE Latest Public Update for additional information.

Additional Data and/or Reporting – Ron Marshall

On July 13, it was announced that the three COVID reporting modules in NHSN were being retired effective July 15. Kansas was doing well with daily reporting and had been recognized at an HHS meeting as a best practice state because of the number of hospitals reporting and the data points. As of this morning, KHA does not have access to the TeleTracking data. KHA has been approved by Region 7 HHS for access to HHS Protect, the warehouse where TeleTracking data resides. KDHE has not approved KHA's access to that data. This has impacted the regional dashboard, and we are missing key data points. KHA staff are working with KDHE to gain access to the TeleTracking data. Good news is that 91 hospitals were reporting data in TeleTracking last week. As of yesterday, 115 hospitals were reporting data in TeleTracking. Ron thanked Kansas hospitals for switching to TeleTracking so quickly. Ron had a webinar with HHS yesterday, where HHS commented on their desire to be more transparent with the data. They shared a website protect-public.hhs.gov. This site has very high level, state data. Healthdata.gov is a companion site designed to have all the state and county COVID-related policies in one location. Researchers can look up what the COVID cases are doing on a county level and compare them with the mandates, social distancing, and business openings to see what the data is doing as compared to the policies to see how the policies can move the data.

Federal and State Update – Chad Austin

On the federal level, Congressional members are back in Washington finishing their work prior to the August primaries. The most important item happening right now is the upcoming release of the Senate GOP COVID-19 package. Senate Leadership plans to discuss details with the Republican Caucus later today. A few items that we may want to pay close attention to:

- The proposal is expected to include liability protections that would include not only hospitals, but also hotels, schools, and restaurants;
- The $134 billion that remains in the Paycheck Protection Program (PPP) is likely to be reappropriated with new guidelines.

On the state level, KHA continues to communicate with our elected officials and those candidates that are running for office. Our staff has fielded several questions related to hospital trends and our ability to respond to COVID 19 surges. In addition, there continues to be several questions related to the ability to access COVID 19 data and information. KHA is trying to gain access to HHS Protect so that we may continue sharing our COVID dashboard.

The August primary election are only two weeks away and will have significant implications on health care policy and leadership elections. As a reminder, KHA has distributed "we care, we vote" resources. If you need any additional items, please let us know. Further, we will be releasing a list of candidates that the KHA PAC is supporting. This list will also be posted on the KHA Website.

Finance and Reimbursement Updates – Tish Hollingsworth

Department of Health & Human Services continues to update the FAQs on the Provider Relief Funds. Since this appears to be the source for information regarding the various tranches of payments for the COVID-19 pandemic, we encourage hospitals to review this webpage frequently. Below are some of the more recent FAQs:

Trending Questions

- May a health care provider that receives a payment from the Provider Relief Fund exclude this payment from gross income as a qualified disaster relief payment under section 139 of the Internal Revenue Code (Code)? (Added 7/10/2020) No. A payment to a business, even if the business is a sole proprietorship, does not qualify as a qualified disaster relief payment under section 139. The payment from the Provider Relief Fund is includible in gross income under section 61 of the Code. For more information, visit the Internal Revenue Services' website.
- **Is a tax-exempt health care provider subject to tax on a payment it receives from the Provider Relief Fund? *(Added 7/10/2020)*** Generally, no. A health care provider that is described in section 501(c) of the Code generally is exempt from federal income taxation under section 501(a). Nonetheless, a payment received by a tax-exempt health care provider from the Provider Relief Fund may be subject to tax under section 511 if the payment reimburses the provider for expenses or lost revenue attributable to an unrelated trade or business as defined in section 513. For more information, visit the Internal Revenue Services' website.
- **I received an email from the Provider Relief Fund's DocuSign application web portal informing me that my CARES Act Provider Relief Fund Application DocuSign submission ("envelop") has expired. Does this mean I am not eligible to receive a General Distribution payment? (Modified 7/14/2020)** No. You received an automated email sent by DocuSign to providers who initiate one or more entries that were not completed or submitted. A number of providers opened duplicate entries in the DocuSign web portal, resulting in one or more of the entries (referred to as "envelopes" by DocuSign) becoming "orphaned" and incomplete. The expiration status of one DocuSign entry does not affect any other submissions by that provider. If an application was completed and submitted, no further action is required on the healthcare provider's part.

Targeted Distribution FAQs Rural Targeted Distribution

- **What was the formula used to make the Rural/Small Metropolitan Areas Targeted Distribution payments? (Added 7/10/2020)** The payment formula varied depending on hospital location and Medicare designation. For hospitals with a special Medicare payment designation of Sole Community Hospitals (SCH) or Medicare Dependent Hospitals (MDH), and for hospitals in small metro areas with a designation of Rural Referral Center (RRC), the payment amount was based on 1% of operating expenses (calculated based on their most recent Medicare Cost Report) with a minimum payment of $100,000, a supplement of $50 for each rural inpatient day, and a maximum payment of $4.5 million. HHS also provided a supplemental payment of $1,000,000 for 10 isolated urban hospitals that are 40 or more miles away from another hospital open to the public. HHS estimated the number of inpatient days provided by these hospitals to rural residents by calculating the proportion of patient days attributed to Medicare patients from rural zip codes 44 using the Hospital Service Area File, calendar year 2018 (the most recent data available), multiplied by the total number of patient days as reported in the hospital's Medicare cost report.

HHS Announces Second Round of CARES Act Payments for High-Impact Hospitals – The Department of Health and Human Services announced on July 17 that it would distribute an additional $10 billion from the PHSSEF to hospitals that have been highly impacted by COVID-19. The second round of funding is based on a formula for hospitals with over 161 COVID-19 admissions between Jan. 1 and June 10, 2020, or one admission per day, or that experienced a disproportionate intensity of COVID admissions (exceeding the average ratio of COVID admissions/bed). Hospitals will be paid $50,000 per eligible admission. The payments will go out to over 1,000 hospitals as early as July 20. According to HHS, there are 7 Kansas hospitals will receive approximately $22 million in additional funding.

KHA Summary of Funding Sources for Hospitals – KHA has developed a one-page resource document summarizing the various types of funding available during the COVID-19 pandemic. This resource is available on the KHA website.

CMS Revision to MLN SE20011 – On July 17, the Centers for Medicare & Medicaid Services (CMS) again revised MLN SE20011, a resource which summarizes authorized waivers and modifications under Section 1135 of the Social Security Act (the Act), retroactive to March 1, 2020. The revised SE20011 updates information on CDC guidance on nursing home patients/residents testing as well as to add clarifying language to the Skilled Nursing Facility (SNF) Benefit Period Waiver.

CMS Kansas City Rural Health Coordinator – Michelle Wineinger
Michelle Wineinger, CMS Kansas City Rural Health Coordinator, provided an update on the Region 7 (Kansas, Missouri, Iowa and Nebraska) collaborations with the state hospital associations. She has been with CMS for eighteen years and has worked with the hospital associations as the professional relationships lead for approximately 10 years. They meet with all the hospital associations on a quarterly basis, which has been invaluable in building the partnership with them. That partnership has led to the opportunity to visit with hospitals. CMS started to increase the preceptorship program that Kansas and Nebraska created. The preceptor program has transitioned to rural provider visits where Michelle Wineinger visits the hospitals to hear concerns from the communities. That information has been shared with leadership in Baltimore and Kansas City. When COVID first started, that partnership put them in a position to share information in a real-time format and for CMS to be able to assist providers with questions and concerns and understand what has been going on during the public health emergency. She also leads the weekly calls with all the hospital associations to facilitate communication. What member hospitals are sharing are going up to the administrator's office and making impact on policies. Michelle can be reached at michelle.wineinger@cms.hhs.gov.

Member Questions

Q1: How do hospitals know whom to reach out to within the Kansas City Regional Office with general questions regarding conditions of participation, survey and certification, quality, etc.?
A1: There is a listing on the CMS website that contains names, phone numbers and email addresses of CMS staff by area of responsibility. The link to the listing is: https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/Downloads/KansasCityRegionalOffice.pdf

Q2: Do you have an update on the new CMS initiative towards alternative delivery models for rural health care?
A2: CMS continues to work towards alternative delivery models for rural health care, but there are no recent updates.

Q3: We have been reporting probable COVID-19 cases by fax and KDHE Epi would link that with the lab results once received. The statement was made the fax system is bogged down and KDHE is having trouble matching

the probable case with the final test results. They were told about a portal hospitals should be using but were unaware that it existed. Can you please share the best way to report information to Epi using this portal?
A3: Suspected cases should be reported to KDHE via the Kansas Reportable Disease Portal https://diseasereporting.kdhe.ks.gov/ or by faxing a reportable disease form to 1-877-427-7318. Submitting via the portal does ensure that the information gets into the disease surveillance system faster because we received hundreds of faxes a day and our priority is to enter in lab results received via fax before entering in the reportable disease forms.

Q4: We were unaware that KDHE wanted all COVID-19 test results, including pre-op screening reported.
A4: KDHE has always required that all test results be reported to KDHE. The confusion for many hospitals is that they don't have to send a reportable disease form for everyone they are testing if they are not actually suspecting disease. Meaning, if they are doing pre-op testing and they don't actually suspect the person has the disease, then they don't have to send in a reportable disease form. They do, however, have to send in the actual test result.

Q5: We have a hospital that appears to qualify for the second Safety Net distribution. While this distribution was announced a few weeks ago, we have not received any funds at this time. What is the timing of that those payments are being distributed? If we should have received them, but did not, who do we follow up with?
A5: The second Safety Net distribution was announced on July 10 and expanded the eligibility criteria for payment qualification so that certain acute care hospitals that have (1) a profit margin threshold of less than or equal to 3% averaged consecutively over two or more of the last five cost reporting periods, and (2) an annualized uncompensated care cost (UCC) of at least $25,000 per bed in the most recent cost report, and (3) a Medicare Disproportionate Share Percentage of 20.25 or higher are now eligible. Additional information can be found on the CARES Act Provider Relief Fund webpage under Safety Net Hospital Distribution. There is also a toll-free support line, 866-569-3522, that can be used for providers to use to ask questions concerning their distribution of payments from HHS. In addition, KHA staff are also available to assist with specific member concerns.

Q6: Please clarify TeleTracking and HHS Protect.
A6: TeleTracking is the portal where hospitals are asked to input COVID-related data. HHS Protect is the data warehouse where a number of data sources come into the warehouse. There are software companies that use artificial intelligence to analyze the data for HHS Protect. TeleTracking is the hospital portal for data entry. HHS Protect is the larger entity where data from TeleTracking and other sources is stored and analyzed.

Next Hospital Huddle Call

Our next call will be Tuesday, July 28 at 10:00 a.m. Please email your question for next week's huddle to Cindy Samuelson.