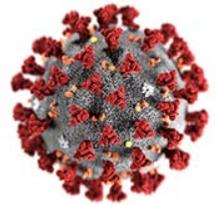




# COVID-19 Statewide Hospital Huddle Summary Tuesday, August 11, 2020



Chad Austin welcomed everyone to the weekly huddle. He expressed his appreciation for the feedback that we are receiving related to the activities occurring within Kansas communities and encouraged participants to let KHA know how we can assist members.

## **Statistics Relative to COVID-19** – Sally Othmer

KDHE reports 2,854 new cases in Kansas since our huddle last week. Up about 10%. The state reported 22 more deaths due to COVID-19 bringing the Kansas total to 387 as of yesterday. Hospitalizations per infection have remained steady for the last few weeks at 1.3 percent. You may have heard that an important metric is the positivity rate. We now track this on our [KHA COVID-19 Dashboard](#). The percentage of positive tests in Kansas has been rising steadily since mid-June at 8% to 9.71% yesterday, we will continue to watch and hope to see a plateau then a drop in that rate. See the latest [KHA COVID-19 Dashboard](#) online. Check out the [KDHE Latest Public Update](#) for additional information.

## **Preparedness and Response Update** – Ron Marshall

**COVID-19 Testing Update** – The turnaround time for COVID-19 test results is increasing, in some cases significantly. This is due to increased testing exceeding lab capacity and inadequate supply allocations from laboratory vendors. As mentioned on last week's call, we have been exploring options to perform testing using open source equipment and reagents in an attempt to stay ahead of the testing curve. A number of hospitals agreed to participate in further discussions on this project. We had a webinar scheduled for 3:00 p.m. today with the vendor to present how the testing might work for clinical labs. Unfortunately, we will need to reschedule that webinar. Severe storms in Iowa last night knocked out power to the presenters' company and their homes for an anticipated couple of days. We will send out a new Doodle poll to reschedule later this week or next week.

**Transferring Patients to LTC or Skilled Facilities** – Early in pandemic, we heard from some hospitals who had difficulty transferring recovered COVID-19 patients, and even in some cases, other patients discharging from the hospital to long-term care or skilled facility. KDADS hired a consultant to lead a multi-disciplinary stakeholder group to develop a plan to address this issue. The plan was to have been in place prior to the expected fall surge. The effort is now back on track, and the plan will be developed regionally by KDHE Preparedness and the seven regional health care coalitions. The plan is to survey hospitals, long-term care facilities and public health by the end of August. A webinar is being planned for some time between Aug. 31-Sept. 3 to answer questions all stakeholders may have and discuss next steps. KHA is part of the small stakeholder planning group and will keep KHA members informed.

## **Federal and State Update** – Chad Austin

**State Advocacy** – KHA continues to participate in discussions with our elected officials. Earlier today, KHA staff provided an update on the latest activities regarding COVID-19 and Kansas hospitals to the House leadership. In addition, KHA has been asked to testify before the Special Committee on Economic Recovery later this week. KHA will be discussing how COVID-19 has impacted Kansas hospitals and health care, as well as identify recommendations that will assist Kansas hospitals during this recovery process, such as the support for telemedicine and access to broadband.

**Elections** – With the conclusion of the primary elections last week, KHA will now be focused on the upcoming general elections. KHA staff has already reached out to candidates to gather their perspectives on health care and hospital related issues. We would encourage you to let us know if you have any questions about candidates in your area. In addition, if there is a candidate that you believe should be supported by the KHA PAC, please let us know. As a reminder, KHA does have several resources on the KHA Website, including a candidate questionnaire that may be useful when visiting with candidates.

**Mask Usage Statistics** – Last week you may have heard there was some controversy related to a chart that was referenced by Secretary Norman regarding mask usage. Since that point in time, there has been a lot of discussion in the public and in political circles. KDHE has recently released a statement that attempts to clarify the graph and communication. If you have further questions related to data or information being shared by state and political leaders, please don't hesitate to contact us for review.

**President's Executive Order, COVID 4 Package** – Congress was unable to reach an agreement with the White House on the next COVID 4 package. As a result, the president issued several Executive Orders. There is a possibility that Congress may return to the negotiating table to finalize a COVID 4 package, but that remains to be seen.

**Finance and Reimbursement Updates** – Tish Hollingsworth

**HHS Shares Post-Payment Reporting Requirements for CARES Act Funding** – On July 20, The Department of Health and Human Services (HHS) shared additional information on the [reporting requirements](#) for recipients of the Coronavirus Aid, Relief, and Economic Security (CARES) Act and Provider Relief Funds and the Paycheck Protection Program and Health Care Enhancement Act (PPPHE). Specifically, HHS said recipients that received one or more payments exceeding \$10,000 in the aggregate from the Provider Relief Fund will be required to submit reports to HHS on how the funds have been expended using a portal that HHS will open on Oct. 1, 2020. HHS also indicates that detailed instructions regarding these reports will be released by Aug. 17, 2020. The Health Resources and Service Administration (HRSA), the Agency in charge of administering the distribution of the payments, will host education sessions for providers.

HHS says the reporting system will be available for reporting on Oct. 1, 2020. Below is a high-level summary of the reporting:

- All recipients must report within 45 days of the end of calendar 2020 (or no later than Feb. 15, 2021) on their expenditures through the period ending Dec. 31, 2020.
- Recipients who have expended funds in full prior to Dec. 31, 2020 may submit a single final report at any time during the window that begins Oct. 1, 2020, but no later than Feb. 15, 2021.
- Recipients with funds unexpended after Dec. 31, 2020, must submit a second and final report no later than July 31, 2021.

**Reporting Requirements and Auditing** – Recently, HHS updated the [Provider resources](#) page of the Provider Relief Fund website to include more language regarding the Agency's intent to audit recipients of the provider relief funds. Specifically, the information indicates:

The Recipients of provider relief fund payments may be subject to auditing to ensure the accuracy of the data submitted to HHS for payment. Any Recipients identified as having provided inaccurate information to HHS will be subject to payment recoupment and other legal action. Further, all recipients of provider relief payments shall maintain appropriate records and cost documentation including, as applicable, documentation described in 45 CFR § 75.302 – Financial management and 45 CFR § 75.361 through 75.365 – Record Retention and Access, and other information required by future program instructions to substantiate that providers used all Provider Relief Fund payments

appropriately. Upon the request of the Secretary, the Recipient shall promptly submit copies of such records and cost documentation and Recipient must fully cooperate in all audits the Secretary, Inspector General, or Pandemic Response Accountability Committee conducts to ensure compliance with applicable Terms and Conditions. Deliberate omission, misrepresentation, or falsification of any information contained in payment applications or future reports may be punishable by criminal, civil, or administrative penalties, including but not limited to revocation of Medicare billing privileges, exclusion from federal health care programs, and/or the imposition of fines, civil damages, and/or imprisonment. (For more details, please refer to the Terms and Conditions associated with each payment distribution and the [HHS FAQs](#)).

### **Member Questions**

*Q1: What date will the portal be open?*

A1: HHS has indicated that the portal will be open on Oct. 1. More detailed instructions will be released by Aug. 17.

*Q2: We have received moneys for RHC, LTC and the hospital. Are the rules the same for all of these, and can we combine them into one report?*

A2: Go back to the Provider Relief Fund Portal. There are very specific terms and conditions for each of the various funding tranches of the CARES Act. Always work with your cost report preparer to make sure you are tracking it the best way that you can and track it by funding sources in the event that there are differences in how you are to use the funds. For example, some of the RHC funding were specifically to be used for testing, so you wouldn't want to mix the dollars with another source of dollars.

*Q3: What are your thoughts on Dr. Norman's chart of two different values (wearing masks vs. no masks) on the same chart? Was that just an error on his part?*

A3: Yes, there has been some confusion. As you look at the information, it probably was not appropriately explained by the secretary in terms of walking through of what that table was intended to show. According to the report that was released yesterday by KDHE on what the intentions of that chart were, it was to show that when a mask mandate was put in place, they saw a greater reduction of positive cases. As you looked at the original graph, or if you saw it from a distance (as some of the reporters did), it did appear that the mask usage was lower than when the counties did not have a mask mandate. That did cause a little confusion. There was a clarification that came out yesterday by KDHE, and I think they rectified the confusion. If hospitals have additional questions on this or would like to walk through the data, we would be happy to walk through the data or answer any questions.

*Q4: Question about the meeting links for the Hospital Huddles. Will the numbers and links change?*

A4: The number and link for the Hospital Huddle will both change each week. KHA will send out the information on Thursdays of each week for the upcoming Hospital Huddle. Reminders will come out on Mondays of each week.

### **Next Hospital Huddle Call**

Our next call will be **Tuesday, Aug. 18 at 10:00 a.m.** Calls will be held weekly through the month of August. Please let our staff know if you have guest speakers you would like to have present on an upcoming Hospital Huddle.

On Sept. 1, calls will move to the first and third Tuesday of each month. Clinical calls will be hosted on the 2<sup>nd</sup> and 4<sup>th</sup> Tuesday. Please email your questions and suggestions for KHA Hospital Huddles to [Cindy Samuelson](#).