The latest about COVID-19 from IHA

Third emergency coronavirus spending package passed Senate, Goes to House

Last night, the Senate unanimously voted to approve the third emergency spending package, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, sending the bill over to the U.S. House. The bill was reviewed by the upper chamber with minimal changes from yesterday's report. The bill includes:

- $100 billion to reimburse eligible health care providers for health care-related expenses or lost revenue.
- $27 billion to fund activities such as developing and purchasing vaccines and diagnostics and medical surge capacity.
- $275 million for services administered under the Health Resources and Services Administration (HRSA).
- Eliminating the Medicare sequester from May 1 through Dec. 31, 2020.
- A 20% add-on to the diagnosis-related group (DRG) rate for patients with COVID-19.
- Expanding the Medicare hospital accelerated payment program during the emergency.
- Flexibility for post-acute care (PAC) providers in order to increase the capacity of the health care system.
- Eliminating the Fiscal Year (FY) 2020 Medicaid disproportionate share hospital (DSH) cuts and reducing the FY 2021 cuts from $8 billion to $4 billion.
- $80 million to the Food and Drug Administration for work related to shortages of critical medicines.
- $1 billion to the Defense Department to increase production of personal protective equipment and medical equipment.
- Eliminating the requirement that providers or others in their group have treated the patient in the past three years to provide them telehealth services.
- Waiving restrictions on federally qualified health center and rural health centers prohibiting them from serving as distant sites, allowing them to provide services to patients in their homes and other eligible locations, and other provisions.

The House is expected to vote on the legislation Friday morning and the President is expected to sign it immediately.

Governor calls for suspension of elective surgeries and telehealth payment parity

Gov. Reynolds today announced an order suspending all elective surgeries and dental procedures and also announced a policy change requiring telehealth payment parity. It states that "health care insurance companies shall reimburse health care providers for telehealth visits at the same rate as in-person visits."

The Governor has also extended the existing order for closures, including restaurants and bars, until April 7, and expanded it to now include retail stores.

Several federal agencies release updated waivers and regulations

Open Payments Program Reporting: CMS is using enforcement discretion regarding late reports under the Open Payments Program. While CMS does not have the authority to waive the quarterly reporting deadline of March 31, if providers will be
submitting their reports late, they should include the phrase “COVID-19 Impact” in their assumptions statement alongside the explanation of the circumstances and, if applicable, include reference to any related help desk ticket numbers.

**FMAP Increase:** On March 24, CMS announced an increase in the Federal Medical Assistance Percentage (FMAP). The 6.2 percent FMAP increase will apply to each state and US territory and be retroactive to January 1, 2020. It will continue through the end of the quarter in which the public health emergency for COVID-19 ends.

**FDA Guidance:** The FDA announced a number of regulatory waivers and changes today:

- **Hydroxychloroquine Re-categorization in Compounding Policy:** The FDA Hydroxychloroquine sulfate added to category 1 under the Interim Policy on Compounding Using Bulk Drug Substances Under Section 503B of the Federal Food, Drug, and Cosmetic Act. The FDA does not intend to object to registered outsourcing facilities using hydroxychloroquine (or chloroquine phosphate, which was already on category 1), to compound human drugs provided the drugs meet other conditions and requirements in the FD&C Act.

- **Ventilators:** The FDA issued an emergency use authorization for ventilators, anesthesia gas machines modified for use as ventilators, and positive pressure breathing devices modified for use as ventilators (collectively referred to as "ventilators"), ventilator tubing connectors, and ventilator accessories.

- **Testing:** Finally, the FDA continues to evaluate applications from diagnostic companies requesting approval for testing. The FDA has worked with more than 190 test developers who indicate they will be submitting applications to make tests detecting the virus. To date, 16 emergency use authorizations have been issued for nation-wide use. Additionally, under the FDA’s COVID-19 laboratory developed test policy, the FDA has been notified by more than 100 laboratories. The FDA also added additional updates to its COVID-19 Diagnostics FAQ.

**CDC releases guidance on preserving personal protective equipment and priority testing**

Today, the CDC released updated guidance on preserving personal protective equipment (PPE) as well as on priority testing of COVID-19. Additionally, the Iowa Homeland Security and Emergency Management has developed an updated list of Iowa County Coordinators. These resources will be added to IHA’s coronavirus webpage.

**Wellmark provides further guidance on COVID-19 to providers**

Wellmark released updates for providers on changes to processes due to the COVID-19 pandemic that address:

- Testing for COVID-19,
- Use of telehealth,
- Prior authorizations for members awaiting delayed services or an expiring prescription,
- Alternative payment models,
- Effectively managing hospital beds,
- Financial support for health care providers, and
- Working with individuals and small businesses.

Questions can be directed to Wellmark.

**Families First Coronavirus Response Act provides guidance on paid leave during pandemic**

The Families First Coronavirus Response Act, which has been signed into law, requires certain employers to provide employees with paid sick leave or expanded family and medical leave for reasons specified that are related to COVID-19. The Department of Labor’s Wage and Hour Division will administer and enforce the new law and these provisions are effective through December 31, 2020.

The Act provides employees of covered employers:

- Up to two weeks of paid sick leave under certain conditions, and
- Paid expanded family medical leave

The bill also provides definitions of covered employers and covered employees. More information on qualifying reasons for
leave can be found on the Department of Labor Website.

**Next CEO update call**
The next hospital CEO call is scheduled for 1 pm April 1. Click here to register.

**Revenue-cycle crisis management program offered this Friday**
As the health care industry faces the COVID-19 crisis, hospitals must ensure that their revenue-cycle is up to the challenge. The incorporation of remote staffing, volume variability, payor-mix changes, and cash-flow interruptions have the potential to challenge the financial viability of every organization. The revenue-cycle must provide timely, consistent information to allow leadership to manage and anticipate cash flow and customer concerns.

Scheduled from 1-2:30 pm Friday, March 27, a complimentary webinar titled Revenue-cycle Crisis Management: COVID-19 will detail the importance of establishing daily revenue-cycle dashboard reports, provide detailed coding guidance, illustrate best practices for remote staff management, and discuss strategies for successfully billing and coding telehealth services. Developed by IHA and presented by representatives of Stroudwater Revenue Cycle, this program’s intent is to ensure the revenue cycle supports and enhances the clinical support hospitals provide to their patients.

Register on IHA’s website. Contact Joah Hogan at IHA with questions.

**IHA COVID-19 resource webpage**
Visit IHA’s coronavirus resource page for current information about COVID-19. The page includes:

**Previous IHA Updates on COVID-19**
- March 25 Update
- March 24 Update
- March 23 Update
- March 22 Update
- March 20 Update
- March 19 Update
- March 18 Update
- March 17 Update