

IHA COVID Resources and Advocacy

May 12, 2020

The latest about COVID-19 from IHA

Iowa receives remdesivir for COVID-19 treatment, HHS requests weekly hospital data to guide drug's distribution

Saturday, May 9, the US Department of Health and Human Services (HHS) announced the allocation plan for the drug remdesivir donated by Gilead Sciences. Last Thursday, 400 vials of the drug were delivered to the Iowa Department of Public Health to distribute to appropriate hospitals based on community need. Candidates for the donated doses must be patients on ventilators or extracorporeal membrane oxygenation or who require supplemental oxygen because of room-air blood oxygen levels at or below 94%. Gilead Sciences has committed to supplying approximately 607,000 vials of remdesivir nationwide over the next six weeks. IHA will continue to provide updates as they develop.

HHS also [announced](#) it is requesting certain data from hospitals to inform their distribution of remdesivir. Specifically, HHS is requesting weekly data on the number of hospitalized COVID-19 patients and, of those hospitalized, the number requiring placement in intensive care units. The initial data is due by 7 p.m. Tuesday, May 12.

Hospitals must submit data using HHS' [TeleTracking web portal](#). This is the same portal HHS used last month for a one-time data request for its targeted distribution of funds to hospitals heavily impacted by COVID-19. Registered users of TeleTracking should have received an email notice of this new data request today.

See the [AHA Special Bulletin](#) for more details, including how hospitals can enter data. For issues with accessing the TeleTracking portal or questions about the data, contact TeleTracking Technical Support at 877-570-6903.

CMS issues additional blanket waivers, amends fire safety systems waiver

CMS announced a new set of blanket waivers today and amended last week's fire safety systems waiver. The new waivers:

- Expand hospitals' abilities to offer long-term care services ("swing beds").
- Suspend distance requirements, market share and bed requirements for sole community hospitals.
- Suspend certain eligibility requirements for Medicare-dependent, small rural hospitals.

The new and amended waivers can be found throughout the list of CMS blanket waivers found [here](#) next to the red text that says, "New since 4/30 Release."

CMS' amended fire safety systems waivers now include information for alcohol-based hand-rub dispensers, fire drills and the temporary construction of barriers in hospitals, hospices and long-term care facilities. The changes affecting the life safety code are:

- **Alcohol-based hand-rub dispensers:** CMS has waived the prescriptive requirements for the placement of alcohol-based hand-rub dispensers for use by staff and others because of the increased use of these dispensers in infection control. Because these dispensers contain ethyl alcohol, a flammable liquid, facilities should continue to protect dispensers against

inappropriate use, including the storage and location of the containers.

- **Fire drills:** Because fire drills that move and mass staff together are not advised, CMS will instead allow a documented fire-plan training program. The training must instruct employees on their duties, life-safety procedures and fire-protection devices in their assigned areas.
- **Temporary construction:** CMS will allow temporary walls and barriers between patients.

CMS proposes rule to create new category for chimeric antigen receptor T cell therapy

CMS [announced](#) proposed rules changes that would update Medicare payment policies for the inpatient and long-term care hospital prospective payment systems by creating a new hospital payment category for chimeric antigen receptor T cell therapy in the treatment of COVID-19. The proposed rule would take effect in fiscal year 2021. According to CMS, “The new inpatient hospital payment category, or the Medicare Severity Diagnostic Related Group (MS-DRG), for CAR-T will provide a predictable payment rate for hospitals administering the therapy.”

Rep. Axne leads assistance request for rural telehealth providers and patients

In a bipartisan [letter](#), Rep. Cindy Axne (IA-03) today urged CMS Administrator Seema Verma to provide clear, finalized telehealth guidance for health care providers serving Iowa’s rural communities during the COVID-19 pandemic.

The letter, which was signed by 10 other members of Congress, follows concerns shared with Rep. Axne by rural physicians and health care administrators during her [Virtual District Tour](#).

Rep. Axne has sought to ensure Iowans living in rural communities and lacking broadband internet access are not excluded in telehealth. Last month, she introduced [bipartisan legislation](#) expanding telehealth availability for Iowans needing important therapeutic services – including physical therapists, occupational therapists, speech pathologists, audiologists, and clinical social workers – and ensuring fair reimbursement for these providers during COVID-19. After pushing her legislation, CMS [announced](#) it would authorize telehealth for four of these key therapeutic services.

CEO update call

The next hospital CEO call is scheduled from 1-2 pm Wednesday, May 13. Click [here](#) to register.

Free webinar opportunities

- 11-11:30 am Tuesday, May 12, **Emergency Department Telemedicine Reimbursement COVID-19 Update.** The COVID-19 crisis has forced hospitals to create new ways to deliver patient care, especially in the emergency department. The burgeoning telemedicine industry has expanded significantly as hospitals and physicians have used telemedicine to carry out physical distancing and increase access to care. Government and private regulations have been rewritten completely to support this expansion. Learn the latest telemedicine adaptations in the emergency department through this webinar and understand how to ensure compliant reimbursement and best practices to ensure your hospital’s success and survival. Register [here](#).
- Noon-1 pm Tuesday, May 12, **Planning for the Future With COVID-19.** Emergency plans tend to focus on events that might last 24-72 hours, not the months-long situation we have faced with COVID-19. This most-recent opportunity to use emergency plans has likely created some needs to improvise solutions. This webinar will help capture early lessons and provide a framework for shaping the future. Register [here](#).
- Noon-1 pm Wednesday, May 13, **Inspiration Speakers Series: Dr. Celina Peerman.** Dr. Peerman is an organizational behavior specialist with more than 25 years of experience from front-line to senior-level positions in a range of industries and organizations. She is passionate about engaging our human resources in new ways to achieve better organizational results. Register [here](#).
- 11 am-Noon Thursday, May 14, **Evaluating the Financial Implications of COVID-19 on Iowa Hospitals.** IHA has engaged Clifton Larsen Allen (CLA) to provide financial modeling to analyze the impact of the COVID-19 pandemic to short and long-term finances. This analysis includes initial cash flow impact, projected modeling of the “new normal” and potentially recapturing percentages of lost revenues. Following a review of the modeling, IHA members will have the opportunity to ask questions. Register [here](#).

Noon-1 pm Wednesday, May 20, **Inspiration Speakers Series: Kenyon Salo, What is 'The Bucket List Life?'** Salo is one of the top keynote speakers and trainers in the fields of motivation, inspiration and adventure. One of only five members on the Denver Broncos Thunderstorm Skydive Team, he is seen each week flying into the Denver Broncos Stadium at more than 60 mph, ending with a soft tip-toe landing on the 10-yard line. He brings to the stage more than 20 years of successful audience engagement through humor, awe-inspiring moments, prolific storytelling and edge-of-the-seat content. Register [here](#).

- 2-3 pm Wednesday, May 20, **Working With Change.** We live in a turbulent world. Change is the only constant. Health care organizations can either embrace it or shy away and become obsolete. This webinar will help participants prepare for and understand the dynamics of change. Participants will learn the steps of individual and organizational change as well as how they can become more resilient in times of change. Register [here](#).

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