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# IHA COVID Resources and Advocacy

April 13, 2020

## The latest about COVID-19 from IHA

### \$30 billion distributed to health care providers

Today, the Health and Human Services Administration began disbursing [public health and social services emergency funds](#) designated to health care providers in the CARES Act. Nationwide, \$30 billion is being distributed proportionate to providers' share of Medicare fee-for-service reimbursements in 2019. Providers who normally receive a paper check for CMS reimbursement will receive it for this payment as well in the mail in the next few weeks. Starting the week of April 13, providers will have 30 days to sign an attestation, through a provider portal, confirming the receipt of funds and agreeing to the terms and conditions of the payment. Questions about these payments can be directed to [Susan Horras](#) or [Erin Cubit](#) at IHA.

### IDPH issues PPE shortage order

IDPH has issued a [personal protective equipment shortage order](#) requiring providers to work with the health department to extend the use of PPE in the state, based on CDC guidance. It requires a decrease in demand by minimizing patient contact when possible and maximizing how ventilation and barriers are used. The order requires canceling all elective procedures and appointments and having patients cover their mouths with barriers other than surgical face masks.

If demand exceeds supply, the order directs providers to use face masks that may be beyond their shelf-life, not changing masks for each patient encounter, using reusable eye protection and decreasing the length of stay of COVID-19 patients if they are medically stable.

If Iowa reaches crisis capacity, a third step will implement using PPE past its shelf life, prioritizing face masks for interactions that may involve direct contact with infectious patients and using homemade masks with face shields.

### CMS announces additional blanket waivers

CMS issued additional blanket waivers on April 9 that are incorporated into the [blanket waiver document](#). CMS updates as waivers are issued. CMS [summarized](#) the waivers:

- Hospice nurses will be relieved of hospice aide in-service training tasks.
- Nurse practitioners now may perform some medical examinations on Medicare patients at skilled nursing facilities so that patient needs, COVID-19-related or not, continue to be met.
- Occupational therapists from home health agencies now can perform initial assessments on certain homebound patients, allowing home health services to start sooner and freeing home health nurses to do more direct patient care.
- Physicians now can care directly for patients at rural hospitals, across state lines if necessary, by phone, radio or online communication, without having to be physically present. Remotely located physicians, coordinating with nurse practitioners at rural facilities, will provide staffs at such facilities additional flexibility to meet the needs of their patients.

### IME updates status of waiver requests

Iowa Medicaid Enterprise (IME) updated its [running list of waiver requests](#) it has made to CMS so providers can see if and when a waiver request has been granted by CMS and whether IME is implementing the waiver. Earlier this week, IHA sent a [letter](#) to IME requesting IME to request additional waivers.

## **Recognizing counterfeit respirators and misrepresentation of NIOSH approval**

Counterfeit respirators are products that are falsely marketed and sold as being NIOSH-approved and may not provide appropriate respiratory protection to workers. NIOSH posts alerts for counterfeit respirators or those misrepresenting NIOSH approval on the market.

NIOSH-approved respirators have an approval label on or in the packaging of the respirator. Additionally, an abbreviated approval is on the FFR itself. You can verify the approval number on the NIOSH Certified Equipment List or the NIOSH Trusted-Source page to determine if the respirator has been approved by NIOSH. NIOSH-approved FFRs will always have one of the following designations: N95, N99, N100, R95, R99, R100, P95, P99, P100.

Signs that a respirator may be counterfeit include:

- Claims of approval for children (NIOSH does not approve any type of respiratory protection for children).
- Filtering facepiece respirator has ear loops instead of headbands.
- NIOSH spelled incorrectly.
- No approval (TC) number on filtering facepiece respirator or headband.
- No markings on the filtering facepiece respirator.
- No NIOSH markings.
- Presence of decorative fabric or other decorative add-ons.

## **Maintaining physician recruiting efforts in the wake of COVID-19**

Amid the many challenges COVID-19 creates is how to recruit the physicians, nurse practitioners, physician assistants and other professionals that health facilities continue to need. Among its many other effects, the virus is causing travel restrictions and challenges that are hindering candidate interviews. Whether the recruiting organization is restricting unnecessary outside visitors, the interviewing candidate's employer is restricting their travel, or their family is simply not comfortable traveling now, travel challenges are likely to affect most ongoing search efforts.

There are options to address these challenges. Please click [here](#) to read guidance from ServiShare partner Merritt Hawkins.

## **Free online education opportunities**

- [\*\*Telehealth and COVID-19, 1:30-4 pm Monday, April 20\*\*](#) – Provided by the Health Resources and Services Administration, this webinar will review telehealth policies under COVID-19, discuss successful telehealth approaches/models to address the unique challenges in health care delivery during COVID-19 and highlight technical resources to help develop and expand telehealth programs.
- [\*\*Telehealth Strategies and Coding Concerns: Coronavirus \(COVID-19\), 2 pm Thursday, April 16\*\*](#) – This webinar will provide updates on telehealth and coding concerns because of COVID-19. Time will be spent on 1135 and Appendix K waivers, site-of-service concerns, documentation issues and remote coding support. The webinar will provide information to be incorporated into revenue cycles and empower participants to ensure documentation, code identification and claim submission are primed for successful representation and reimbursement of services.
- [\*\*Central Iowa Trauma Recovery Center Resilience Roundtable, 9:30 am Monday, April 13\*\*](#) – This is an opportunity for service providers to talk about what is stressing, what is sustaining and what is needed for clients, employees and families.
- [\*\*Healthcare Heroes: Best Practices for Surviving Stress and Growing Through Trauma, recorded from April 9\*\*](#) – Resilience experts Gary Simonds, MD, and Wayne Sotile, PhD, share how to manage the emotional and psychological fallout of a crisis while growing personally and professionally.
- [\*\*Preparing for FEMA Disaster Declaration Reimbursement/Accessing the \\$2 Trillion Recovery Fund for COVID-19, recorded from April 8\*\*](#) – This webinar highlights what hospital leaders should do as they plan for potential

reimbursements from FEMA for COVID-19. Key deadlines, documentation and what costs may be reimbursable are provided. A link to the slides is [here](#), and a transcript to the Q&A is [here](#).

Besides these opportunities, IHA has created a [COVID-19 resources channel](#) on its website. The channel features a collection of IHA's COVID-19 media-based resources.

### **CEO update call**

The next hospital CEO call is scheduled for 1 pm Wednesday, April 15. Click [here](#) to register.

### **IHA COVID-19 resource webpage**

For current information about COVID-19, visit IHA's [resource page](#).

### **Previous IHA Updates on COVID-19**

- [April 9 Update](#)
  - [April 8 Update](#)
  - [April 7 Update](#)
  - [April 6 Update](#)
  - [April 3 Update](#)
  - [April 2, Update](#)
  - [April 1 Update](#)
  - [March 31 Update](#)
  - [March 30 Update](#)
  - [March 27 Update](#)
  - [March 26 Update](#)
  - [March 25 Update](#)
  - [March 24 Update](#)
  - [March 23 Update](#)
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