

IHA COVID Resources and Advocacy

April 6, 2020

The latest about COVID-19 from IHA

IHA sends letter to governor urging shelter in place and greater care-flow transparency

The IHA executive committee today sent a [letter](#) to Gov. Kim Reynolds requesting greater transparency in care-flow models that exist at all levels of planning. The executive committee also urged the governor to issue an executive order to shelter in place. The letter cites the coming surge in patients, the lack of testing kits and personal protective equipment, and the state's significant elderly population as reasons for the committee's recommendations to the governor.

Order mandates data reporting to IDPH through IHA

IDPH today issued a [mandatory order](#) requiring every hospital to report data sets daily to IDPH through IHA. The goal of this order is to reduce the amount of [reporting](#) from hospitals. Up to this point, many hospitals had been asked to report information to a variety of organizations including IDPH, the CDC and local county emergency managers, in addition to internal reporting.

Under this order, IDPH will share information with county emergency managers and will continue to work with the CDC to share necessary information.

IHA's Norris, Nutt interviewed for IowaWatch.org story

A story titled "[Deep concern for some Iowa hospitals' viability after COVID-19 crisis](#)" was recently published on [IowaWatch.org](#) by the Iowa Center for Public Affairs Journalism. IHA President/CEO Kirk Norris and Vice President of Nursing and Clinical Services Jen Nutt were interviewed for the story.

Iowa Workforce Development updates guidance, publishes Q&A

Iowa Workforce Development continues to make updates and provide guidance about unemployment and the CARES Act on their [website](#). The agency also has developed a [Q&A](#) that answers important questions for employers.

CMS allows temporary expansion sites for EMS transfers

CMS has temporarily expanded the list of allowable destinations for ambulance transports. Ambulance transports may include any destination that can provide treatment consistent with state and local emergency medical services protocols in use where the services are being furnished. These destinations may include:

- Ambulatory surgery centers.
- Any location that is an alternative site determined to be part of a hospital.
- Beneficiary's home.
- Community mental health centers.
- Critical-access hospitals.
- Federally qualified health centers.

Other location furnishing dialysis services outside of the ESRD facility.

- Physicians' offices.
- Skilled nursing facilities.
- Urgent care facilities.

IME issues letters about telehealth billing and waiver requests to CMS

Iowa Medicaid Enterprise issued [two information letters](#) on April 2. The first states that during COVID-19, the expanded list of telehealth services is billable by multiple provider types including physicians, physician assistants, dentists, physical therapists, occupational therapists, speech therapists, home health, hospice, behavioral health, and home and community-based services providers.

The second letter includes a [list of waivers](#) the agency has requested to CMS. IHA is monitoring these requests and will notify hospitals when the waivers have been granted. IHA is also preparing additional waiver requests for Iowa Medicaid Enterprise to forward to CMS.

Medicaid COVID-19 Provider Toolkit Revised

The Iowa Department of Human Services has updated its [Iowa Medicaid COVID-19 Provider Toolkit](#). The toolkit offers guidance on a range of topics including:

- Behavioral health services
- Billing and reimbursement
- Home- and community-based services
- Long-term care
- Managed-care organizations resources
- Medicaid flexibilities requests
- Non-emergency medical transportation
- Telehealth

Iowa Total Care allows providers flexibility in response to COVID-19 crisis

To facilitate practitioners moving to temporary locations to meet members seeking treatment during COVID-19, Iowa Total Care has established processes.

If a practitioner who is already enrolled with Iowa Total Care as an active network provider is sent to a temporary location to render services to Iowa Total Care members and that location is not listed as a practicing site for that practitioner with Iowa Total Care today:

- No action is required if the practitioner is already enrolled under the Group National Provider Identifier (GNPI) affiliated with the temporary location, and you are adding another location for that practitioner under that GNPI. You can continue to use the original billing NPI and address.
- If a practitioner is being added to a new GNPI, Iowa Total Care requires a roster to be completed that includes the new "secondary location." For a roster template, email NetworkManagement@IowaTotalCare.com. When submitting the roster by email, include a note advising that the location is a temporary clinic/location because of COVID-19. These emails will be escalated and processed accordingly. Submit requests to NetworkManagement@IowaTotalCare.com.

Contact your Iowa Total Care provider relations specialist with questions or concerns.

FEMA reimbursement guidance webinars scheduled

IHA is partnering with Mississippi and other state hospital associations for two webinars highlighting what members need to do to receive Federal Emergency Management Agency (FEMA) reimbursements.

10-11 am Wednesday, April 8

[Preparing for FEMA Disaster Declaration Reimbursement](#)

1-2 pm Thursday, April 9

[Accessing the \\$2 Trillion Recovery Fund for COVID-19](#)

The webinars will review 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 will be provided.

Email [Michelle Ketelsen](#) at IHA with any questions.

USDA offers distance-learning and telemedicine grant

The USDA is offering a distance-learning grant to help health care providers improve telehealth services. This grant is eligible for consortium filing, enabling IHA to apply for IHA member hospitals. The application deadline is April 10 with a second window available until July 13.

This grant is for the acquisition of eligible capital assets including:

- Acquisition of instructional programming that is a capital asset.
- Acquisition of technical assistance and instruction for using eligible equipment.
- Audio, video or interactive video equipment.
- Broadband transmission equipment.
- Computer hardware, network components and software.
- Inside wiring and similar infrastructure that further DLT services.
- Terminal and data terminal equipment.

The grant is designed to help rural areas receive care that would not otherwise be available to them. Scoring of the grant application account for the rural area, the financial indicator of the area being served and if the area has a special opioid component.

Eligible entities can be rural and urban if the areas they are providing services for are rural in nature.

Grant awards range from \$50,000 to \$1 million with a 15% match in costs required by the facility.

Email [Corey Martin](#) by Tuesday, April 7, to participate. After being notified, IHA will work with hospitals to gather the required information and submit the grant application.

CEO update call

The next hospital CEO call is scheduled for 1 pm Wednesday, April 8. Click [here](#) to register.

IHA COVID-19 resource webpage

During updates yesterday, IHA needed to refresh the coronavirus resource page. If you cannot relocate the page on your computer or mobile device, you may need to clear the cache and cookies on your browser. The website address for the page remains <http://www.ihaonline.org/Coronavirus>.

Previous IHA Updates on COVID-19

[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](#)
[March 22 Update](#)
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