

IHA COVID Resources and Advocacy

March 30, 2020

The latest about COVID-19 from IHA

Third emergency coronavirus spending package advanced by Senate leaders, White House

Today, the Senate released updated legislation as part of the widespread stimulus package responding to the COVID-19 pandemic. Senate leaders and the Trump Administration agreed to a nearly \$2 trillion package this morning. The Senate could vote later today on the legislation.

The legislation contains several important health care provisions, estimated to make available \$117 billion in new funding for hospitals, including an emergency fund for hospitals and health systems, Medicaid Disproportionate Share Hospital (DSH) cut delay, temporary elimination of the Medicare sequester and a Medicare diagnosis-related group (DRG) add-on payment. Additionally, the legislation:

- Makes available \$100 billion to reimburse eligible health care providers for health care-related expenses or lost revenues directly attributed to COVID-19.
- Eliminates the Medicare sequester from May 1 through Dec. 31.
- Provides a 20% add-on to the DRG rate for patients with COVID-19 during the emergency period.
- Expands the existing option for hospitals to request and receive “accelerated” Medicare payments by 100% for PPS hospitals and 125% for CAHs. Hospitals would have four months until recoupment would begin and at least 12 months before having to pay off the payments in full.
- Provides flexibility for post-acute care providers by fully waiving the “50% rule” and the site-neutral payment policy for long-term care hospitals as well as the three-hour rule for inpatient rehabilitation facilities.
- Eliminates the \$4 billion in Medicaid DSH cuts in fiscal year 2020 and reduces the cut for fiscal year 2021 to \$4 billion from \$8 billion.
- Makes available loan opportunities for organizations with less than 500 employees that could be used to pay salaries, leave and health benefits, rent, and retirement obligations, among other uses. Affiliation rules would apply.

Of note, two key provisions that were not included in the legislation include surprise medical billing and Occupational Safety and Health Administration (OSHA) requirements, both of which posed significant concerns for hospitals.

Changes to the legislation may occur as the bill moves through the legislative process. IHA will continue to provide updates.

COVID-19 testing framework for Iowa released

Health care providers can test patients, as they deem appropriate, for COVID-19 infection at national reference laboratories. If health care providers choose to test a patient through a national reference laboratory, there is no need to call IDPH for approval. The specimens should be sent directly to the reference laboratory in accordance with the laboratory’s guidance. If a patient tests positive for COVID-19 through a national reference laboratory, the ordering health care provider must notify IDPH immediately -- before notifying the patient -- by calling 800-362-2736. Reference laboratories will charge patients for this testing;

public health has no funding to cover the costs of these tests.

The State Hygienic Laboratory will continue to perform COVID-19 testing in accordance with one of the following criteria (these criteria may broaden as the pandemic expands and additional testing resources become available):

- All hospitalized patients of any age with fever and respiratory illness.
- Older adults (60 or older) with fever and respiratory symptoms (cough, difficulty breathing) and chronic medical conditions (e.g., diabetes, heart disease, immunosuppressive medicines, or chronic lung or kidney disease).
- People of any age with fever or respiratory illness who live in congregate settings (i.e., long-term care facilities, dormitories, residential facilities, correctional facilities, treatment facilities)
- Health care workers, essential services personnel, first responders and critical infrastructure workers with fever or respiratory illness.

If patients meet the testing criteria, please submit the specimen to the State Hygienic Laboratory in accordance with [this guidance](#).

There is no longer a requirement to contact IDPH for testing approval before submission to the State Hygienic Laboratory. To conserve limited public health resources, please ensure that ONLY specimens from patients meeting the testing criteria above are submitted to the State Hygienic Laboratory. The cost of this testing is assigned to the public health system.

Please ensure you are using appropriate infection control guidance when collecting specimens, which includes at a minimum contact and droplet precautions with eye protection.

First COVID-19 death confirmed in Iowa

IDPH learned yesterday of the first death associated with COVID-19. The deceased was an older adult, 61-80 years of age, and a resident of Dubuque County.

A [status report](#) of monitoring and testing of COVID-19 in Iowa is provided by IDPH. A public hotline also has been established for Iowans with questions about COVID-19. The line is available 24/7 by calling 2-1-1 or 1-800-244-7431. The state of Iowa has started sharing the number of negative tests conducted at outside labs, and is providing additional information on the conditions of those infected with COVID-19.

CMS approves IME waiver request

CMS has approved [one of the several waivers](#) requested by Iowa Medicaid Enterprise. Specifically, the waiver waives preadmission screening and annual resident review level I and level II assessments for 30 days. The waiver says that after 30 days, new admissions with mental illness or intellectual disability should receive a resident review when resources become available.

IHA, IHCA, LeadingAge develop transfer forms

In response to COVID-19 and the need to ensure seamless transitions of patients between levels of care, IHA has partnered with the Iowa Health Care Association and LeadingAge Iowa to develop [transfer](#) and [communication tools](#).

These tools are supplemental to traditionally required transfer documents and can help hospitals and skilled-nursing or assisted-living facilities determine best practices for communicating during patient transfers and admissions. The tools provide questions that can be used when transferring a patient from a nursing or assisted-living facility to a hospital or when transferring a patient from the hospital to a post-acute care facility.

Email [Kim Murphy](#) at IHA with any questions or concerns about these forms or issues you may be encountering with skilled-nursing or assisted-living facilities.

FEMA offers federal public assistance dollars

Under the COVID-19 [Emergency Declaration](#), funding to help defray the costs associated with the response to COVID-19 are now available.

Examples of costs that fall under the FEMA Category B, Emergency Protective Measures expense category that may be eligible for reimbursement include:

- Labor/supply costs for mass care operations.
- Measures taken to protect patients and staff.
- Overtime paid to employees caring for COVID-19 patients.
- Costs of PPE associated with COVID-19.
- Costs for contractors performing emergency protective work.
- Other costs the hospital would not normally incur during regular operations.
- Costs associated with isolation of employees exposed to COVID-19 during patient care.

As your facility receives COVID-19 patients, begin tracking costs by setting up cost centers to capture disaster-related charges including:

- Labor
- Supplies
- Pharmaceuticals
- Equipment

Even if your facility never encounters a COVID-19 patient, the costs you incurred to prepare may be eligible for reimbursement. Hospitals should reach out to their local Emergency Managers for help in applying for these grants. RPAs now accepted for EM-3480 COVID-19 EM (Deadline: April 13, 2020) [here](#).

[Here](#) is the link for more information about the grant qualifications.

There is a short time to apply for this grant. Applications must be received 30 days from the date of the emergency declaration, which was March 13, 2020.

Workforce issues for hospitals

Caring for patients

- [What a Healthcare Worker Should Know About Caring for Patients with Confirm or Possible COVID-19 Infection](#)
- [Evaluating and Testing Persons for Coronavirus Disease 2019 \(COVID-19\)](#)
- [Resources for Hospitals and Healthcare Professionals Preparing Patients with Suspected of Confirmed COVID-19](#)

OSHA

- [OSHA regulations and COVID-19](#) – Employers need to adapt infection control strategies based on a thorough hazard assessment for their employees. OSHA is not pursuing compliance issues. OSHA has developed interim guidance to help prevent worker exposure to COVID-19 that addresses identifying and isolating suspected cases, environmental decontamination and worker training.
- [Guidance on suggestions and options to help increase the availability of N95 filtering facepiece respirators](#)
- [Prevention information for employees](#)

Possible exposure to COVID-19, employer rights under EEOC

[EEOC has confirmed](#) an employer may ask an employee to stay home or leave work if they exhibit symptoms of COVID-19. Advising a worker to go home is permissible and not considered disability-related if symptoms are akin to COVID-19. In addition, an employer can take an employee's temperature under the circumstances.

Returning to work after exposure

The CDC issued interim guidance to [Healthcare Personnel with Potential Exposure to COVID-19](#) that includes information to

help with the assessment of risk, monitoring and work restrictions for personnel that may have been exposed.

PPE donation effort update

IDPH is encouraging Iowa businesses and organizations to donate extra personal protective equipment to help health care providers and health care facilities responding to COVID-19. Nationwide, Des Moines Area Community College and NCMIC Group are donating PPE to help health care providers and health care facilities. Businesses and individuals wishing to donate health care PPE such as gloves, gowns, eye protection and masks may contact their county public health departments or local emergency managers.

ServiShare partners offer COVID-19 staffing information

ServiShare partners FocusOne Solutions and Merritt Hawkins have provided information for hospitals and health care workers to consider during the COVID-19 pandemic.

FocusOne Solutions

To prepare now, please consider the following immediate actions:

- You may want to add temporary staff now with short-term contracts, four-eight weeks in length, to ensure you have the staff available when needed.
- Extend contract employees now, even if you don't foresee a need in the immediate future. When the pandemic has passed, FocusOne Solutions will work to end the contractor as quickly as possible.
- Interview candidates within 24 hours.
- Meet with occupational health at your facility to discuss what compliance could be waived, if any, in the event of an emergency.

Merritt Hawkins

Merritt Hawkins/AMN Healthcare has launched a [COVID-19 emergency site](#). This site is a source of COVID-19 information for health care professionals and IHA facilities.

The site features:

- Answers to frequently asked questions and information to help IHA members stay focused on patient care.
- Information on ways to expedite IHA access to resources.
- Unique insights (i.e., states/regions with the highest demand).
- Hotline number for COVID-19-specific questions
- Staffing inquires for locums, physicians, executives, interim executives, allied, nursing, vendor management, flex labor and telehealth.

Please reach out to FocusOne Solutions at 800-856-6574 and Merritt Hawkins at 877-320-8405, to discuss any questions or concerns.

Critical care resources for the non-ICU clinician

The Iowa Healthcare Collaborative is offering a [document](#) to provide hospital training, tools and resources needed to effectively prepare non-ICU clinicians to care for critically ill patients should a surge in critically ill COVID-19 patients occur. Email [Kate Carpenter](#) at IHC with questions or additional resource requests.

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 24 Update](#)
 - [March 23 Update](#)
 - [March 22 Update](#)
 - [March 20 Update](#)
 - [March 19 Update](#)
 - [March 18 Update](#)
 - [March 17 Update](#)
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