

IHA COVID Resources and Advocacy

October 16, 2020

SPECIAL EDITION

HHS announces details about additional general distribution of funds from the CARES Act

Today, the Department of Health and Human Services (HHS) announced details of an additional \$20 billion general distribution of CARES Act provider relief funds. This disbursement of funds would allow eligible hospitals to apply for additional payments that consider COVID-19-related financial losses and changes in operating expenses. Those eligible for these funds are:

- Behavioral health providers, including those that have already received funds and new providers.
- Hospitals that previously received, rejected or accepted a general distribution from the provider relief funds. This includes hospitals that have already received payments of approximately 2% of their annual patient care revenue provided they submit more information to become eligible for an additional payment.
- Providers that started practicing between Jan.1, 2020 and March 31, 2020.

Additionally, HHS has outlined the methodology that will be used to distribute the funds:

- Providers that have not yet received at least 2% of their patient care revenue in relief funds will receive payments that equal 2% of patient care revenue when combined with earlier payments.
- HHS will make equitable add-on payments, with any remaining balance of funds, and will consider:
 - Changes in operating revenues from patient care.
 - Payments already received through provider relief fund distributions.
 - Providers' changes in operating expenses from patient care, including COVID-19-related expenses.

Applications for these funds will be accepted from Oct. 5 through Nov. 6. To help expedite the agency's review process and payment calculations, HHS is encouraging providers to submit their applications as early as possible.

Senate passes continuing resolution to avoid shutdown

Last night, the US Senate passed a continuing resolution funding the federal government through Friday, Dec. 11, and avoiding a shutdown at the end of the month. Provisions in the resolution include:

- Changing the amount recouped from each Medicare claim once recoupment begins:
 - For the first 11 months, 25% of Medicare claims will be withheld.
 - For the next six months, 50% of Medicare claims will be withheld.
 - At the completion of that six months, any remaining balance will be due with a 4% interest rate rather than 10%.
- Delaying the Medicaid disproportionate share hospital payment cuts through the continuing-resolution timeframe.
- Extending several Medicare and Medicaid extender programs through the continuing-resolution timeframe.
- Extending the period of Medicare Accelerated Payment Program recoupment to one year rather than 120 days.

President Trump signed the legislation shortly after it advanced out of the Senate.

State updates long-term care facility visitation guidance

The Iowa Department of Public Health (IDPH) and the Iowa Department of Inspections and Appeals (DIA) are updating guidance for long-term care facilities to comply with new [requirements from the Centers for Medicare and Medicaid Services \(CMS\)](#). This updated guidance aligns with federal regulations to balance resident and staff safety with quality of life.

The [Long-Term Care Visitation Guidance](#) allows flexibility and additional clarity for allowable indoor visitation, increases access to important quality of life services such as access to barbers and beauticians, and expands the definition of “compassionate care visits” beyond end-of-life situations.

The updated guidance provides reasonable ways a nursing home can safely facilitate in-person visits to address the psychosocial needs of residents. Visits may occur based on a facility’s structure and residents’ needs, such as in resident rooms, dedicated visitation spaces and outdoors.

Except for virtual visits, facilities may still restrict visits because of their county’s COVID-19 positivity rate, their COVID-19 status, a resident’s COVID-19 status, visitor symptoms, lack of adherence to proper infection control practices or other relevant factors. But facilities may not restrict visits without a reasonable clinical or safety cause, consistent with federal regulations.

The new guidance is specifically targeted at nursing homes. Other facilities or congregate care settings, such as assisted living or residential care facilities, may choose to follow an independently developed framework for easing restrictions. Guidance from the Centers for Disease Control and Prevention for COVID-19 mitigation strategies for assisted living congregate settings can be found online:

- <https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>

Educational opportunities

- Oct. 6-8, **2020 IHA Virtual Annual Meeting**. Registration is open for the 2020 [IHA Virtual Annual Meeting](#). All keynote and concurrent sessions will be virtual, and many will be recorded and available until October 30. Two tracks of concurrent sessions are planned each day and feature current hot topics for the health care community including COVID-19, mental health, and diversity, equity and inclusion. Registration is complimentary and free to employees of IHA member hospitals and health systems, members of IHA personal membership groups, the Healthcare Financial Management Association and American College of Healthcare Executives of Iowa, IHA associate members and IHA Annual Meeting sponsors. Register [HERE](#).
- 2-3 pm Thursday, Nov. 19, **How to Cope With Difficult Emotions**. Difficult emotions are inevitable but ignoring them rarely makes them dissipate and rumination adds to suffering. This webinar will focus on a four-step meditation technique to reduce emotional suffering while creating space for inner wisdom and insight. This technique can be applied in workplace situations when needed. Register [HERE](#).

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