

SITREP



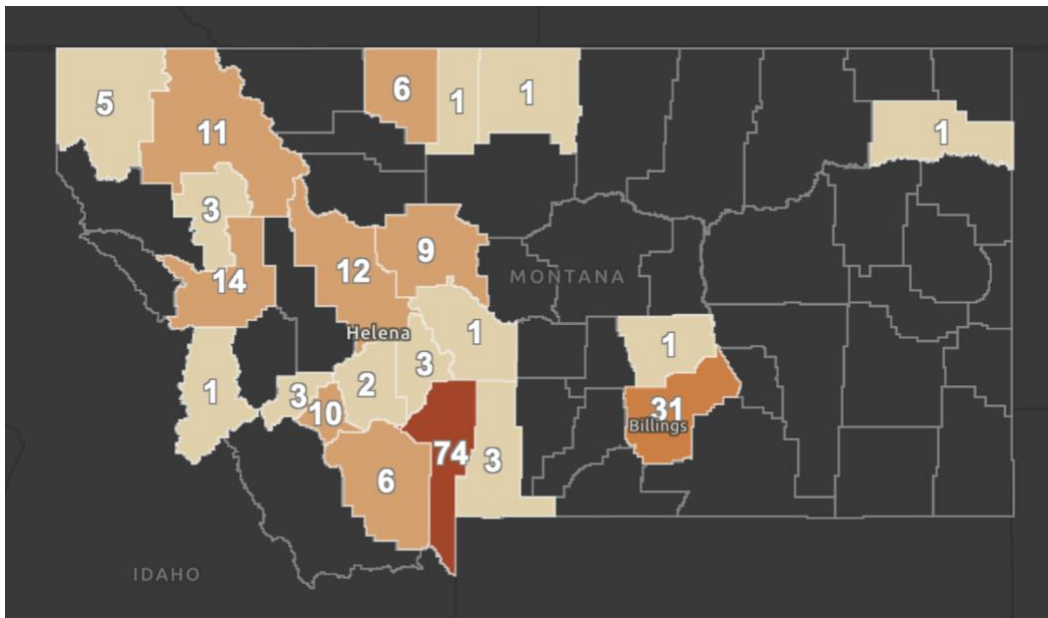
MONTANA
HOSPITAL
ASSOCIATION

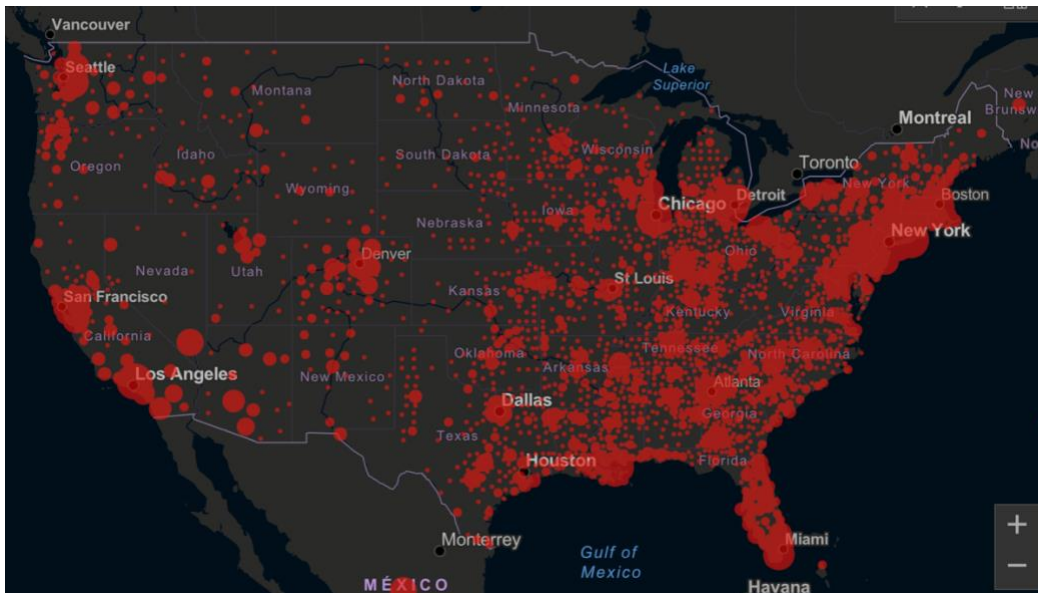
Montana Hospital Association - Situation Report

March 31, 2020

COVID-19

REPORTED CASES	
Montana <i>Hospitalized: 15</i> <i>Deaths: 5</i> <i>New in last 24 hours: 27 (+16%)</i> Source: Montana COVID-19 Dashboard	198
United States <i>New in last 24 hours: 24,761 (+15%)</i> Source: Johns Hopkins CSSE Global Outbreak Dashboard	189,035
WA *Last reported 3/28/20	4,896*
ID	525
WY	120
ND	126
SD	108





The AHA today asked the Department of Health and Human Services (HHS) and Centers for Medicare & Medicaid Services (CMS) to directly and expediently distribute to rural and urban hospitals and health systems funds from the Public Health and Social Services Emergency Fund that were designated for providers in the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

The CARES Act increased funding for the Public Health and Social Services Emergency Fund by \$100 billion in order to reimburse eligible healthcare providers for healthcare-related expenses or lost revenues that are attributable to COVID-19. Eligible providers are public entities, Medicare- or Medicaid-enrolled suppliers and providers, and other for-profit and non-profit entities as designated by the HHS Secretary. The law specified that funding be distributed on a rolling basis through "the most efficient payment systems practicable to provide emergency payment."

In past, relatively similar situations, Medicare Administrative Contractors (MACs) have been used to pay claims and distribute monies directly to providers for purposes other than Medicare payment. The [AHA asked HHS and CMS](#) to direct the MACs to immediately distribute funds to every hospital in the U.S. at the rate of \$25,000 per bed, and \$30,000 per bed for "hot spots." Based on the fact that there are approximately 924,000 hospital beds in the U.S., AHA estimates this distribution of funds would total about \$23 billion (not including the additional funding for hot spots) of the \$100 billion hospital relief package.

OPERATIONS

CDC report estimates underlying condition prevalence in U.S. COVID-19 patients. Preliminary U.S. data suggests that Americans with health conditions such as diabetes, lung disease and cardiovascular disease are at higher risk for severe COVID-19, the Centers for Disease Control and Prevention [reported](#) today. The study found that the percentage of COVID-19 positive patients needing hospitalization or intensive care unit admission was higher for those with at least one underlying health condition or risk factor compared with those without underlying conditions.

CMS releases new waivers for COVID-19. The waivers, released yesterday, apply nationwide and are retroactive to March 1, 2020. New waivers related to COVID-19 include those designed to:

- Remove impediments to responding to COVID-19 through waivers of the Stark/physician self-referral law that can be relied on immediately by hospitals.
- Waive requirements that out-of-state practitioners be licensed in the state where they are providing services when they are licensed in another state.
- Expand telehealth flexibilities, allowing providers to reach many more patients remotely, including for home health, inpatient rehabilitation and hospice face-to-face assessments.
- Permit the use of non-hospital space for patient care and quarantine sites.

- Waive a series of CoPs, including discharge planning requirements, to increase provider flexibility.
- Waive requirements that a critical access hospital be in a rural area or an area being treated as rural.
- Implement statutory requirements to waive the IRF '3-hour' rule; however, CMS's conditional waiver falls short of what the law intended.

Review the [CMS Summary of COVID-19 Emergency Declaration Waivers and Flexibilities](#) and [provider-specific fact sheets](#) that detail all relevant and applicable waivers and flexibilities.

PLANNING

Continue resource reporting to Juvare/EMResource; NHSN reporting encouraged. On March 29, Vice President Pence sent a [letter](#) to the nation's hospitals requesting that all hospitals report certain data on COVID-19 testing results, bed and ventilator capacity. While not mandatory, MHA encourages hospitals to report the requested data if able to do so. In the meantime, it is essential that all Montana hospitals continue to maintain daily reporting to Juvare/EMResource. We understand the difficulty hospitals are experiencing in complying with multiple data requests. MHA will continue to advocate and seek solutions for streamlined reporting to ensure hospitals can remain focused on providing critical patient care.

LOGISTICS

Emergency PPE requests. All requests for emergency PPE and other resources must be submitted to the local county LEPC or Disaster and Emergency Services/Emergency Management coordinator.

Reduced pricing for physician staffing. Jackson Physician Search, an MHA Endorsed Vendor, has dropped its pricing to help during this time of crisis. For details, contact Ben Stajduhar at bstajduhar@jacksonphysiciansearch.com, 770-643-5525 (office) or 720-545-8560 (cell).

President authorizes Reserve, National Guard to assist in COVID-19 response. President Trump has [authorized](#) the Secretaries of Defense and Homeland Security to order up to 1 million Ready Reserve members to active duty for up to two years at a time to assist with the COVID-19 national emergency. The authorization could impact the hospital and health system workforce, as many reservists are employed in healthcare when not on active duty.

FINANCE & ADMINISTRATION

CISA advisory updates essential personnel guidance. The Cybersecurity and Infrastructure Security Agency on Saturday issued an [updated version of its guidance](#) on the essential critical infrastructure workforce during the COVID-19 crisis. "While this advisory list is meant to help public officials and employers identify essential work functions, it allows for the reality that some workers engaged in activity determined to be essential may be unable to perform those functions because of health-related concerns," the agency said.

COMMUNICATIONS

SITREP Archive. Daily Situation Reports archived [here](#).

State of Montana COVID-19 Hotline: 1-888-333-0461

Montanans can also email questions to covid19info@mt.gov. State public health officials will be responding to inquiries from 8 a.m. to 5 p.m. Monday to Friday.

MHA Incident Management Team: esf8@mtha.org

REFERENCE LINKS

GENERAL

Contact Information: [Local & Tribal County Health Departments](#)

[MHA COVID-19 Member Resources](#)

[State of Montana COVID-19 Information](#)

[Centers for Disease Control and Prevention COVID-19 Information](#)

[Healthcare Professionals Preparedness Checklist](#) (CDC)

[Hospital Preparedness Tool](#) (CDC)

[COVID-19 FAQs for Healthcare Providers](#) (CDC)

[MHA Consensus Statement on the Cancellation of Elective Procedures](#)

EMS

[EMS Infectious Disease Playbook](#) (ASPR/TRACIE)

[Montana EMS Guidance](#) (DPHHS)

REGULATORY

[EMTALA Requirements and Implications Related to COVID-19](#) (CMS)

[PHI Guidance for COVID-19 First Responders](#) (OCR/HHS)

CLINICAL CARE

[March 24 Memo to Montana Healthcare Providers on COVID-19 Testing](#) (DPHHS)

[Evaluating and Testing Persons for COVID-19](#)(CDC)

[Guidelines for Collecting, Handling and Testing Clinical Specimens](#) (CDC)

[March 26 Diagnostic Testing Update re: Swabs](#) (FDA)

[Clinical Guidance for Management of Patients with Confirmed COVID-19](#) (CDC)

[COVID-19 and Underlying Medical Conditions](#) (CDC)

FAQs: [Higher Risk Persons](#) & [Underlying Conditions](#) (CDC)

[Discontinuation of Transmission-Based Precautions of Patients with COVID-19](#) (CDC)

RETIREMENT COMMUNITIES

[Guidance for Retirement Communities and Independent Living](#) (CDC)

[Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities](#) (CDC)

[COVID-19 Checklist: Older Persons](#) (CDC)

TELEHEALTH

[Medicare Telehealth FAQ](#) (CMS)

[Montana Medicaid Coverage & Reimbursement Policy for Telehealth Services](#) (DPHHS)

[Telehealth Toolkit for General Practitioners](#) (CMS)

[Telehealth Toolkit for Providers of End-Stage Renal Disease Patients](#) (CMS)

Watch: [“COVID-19 Telehealth Waiver Made Simple”](#) (PYA)

[Telehealth Toolkit for Long-Term Care Nursing Home Facilities](#) (CMS)

INFECTION PREVENTION & CONTROL

[Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings](#) (CDC)

[Additional Guidance for Infection Control and Prevention of COVID-19 in Home Health Agencies](#) (CMS)

[Additional Guidance for Infection Control and Prevention of COVID-19 in Dialysis Facilities](#) (CMS)

[Additional Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes](#) (CMS)

[Additional Guidance for Infection Control and Prevention of COVID-19 by Hospice Agencies](#) (CMS)

PPE

[Strategies for Optimizing the Supply of PPE](#) (CDC)

[Extending the Use and/or Reusing Respiratory Protection During Disasters](#) (APIC)

[Temporary Enforcement Guidance – Healthcare Respiratory Protection](#) (OSHA)

[PPE Supply Equivalents & Price Guide](#) (AHRMM)

[Conserving Facemasks and Respirators During a Critical Shortage](#) (TJC)

[PPE Burn Rate Calculator](#) (CDC)

NEW: [PPE Emergency Use Authorizations](#) (FDA)

WORKFORCE PROTECTION & SUPPORT

[Management of Healthcare Personnel with Potential Exposure to Patients with COVID-19](#) (CDC)

[Criteria for Return to Work for Healthcare Personnel](#) (CDC)

[Montana Hospital Mutual Aid System Memo & Agreement](#)

[COVID-19 Safety Training Resources](#) (NIH)

[COVID-19 and the American Workplace Toolkit](#) (US Dept. of Labor)

[Memo on Registration for Out-of-State Licensees](#) (MT DLI)

COMMUNITY MITIGATION STRATEGIES

[Mitigation Strategies for Communities with Local COVID-19 Transmission](#) (CDC)

[Tips to Keep Children Healthy While School's Out](#) (CDC)

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