SITREP

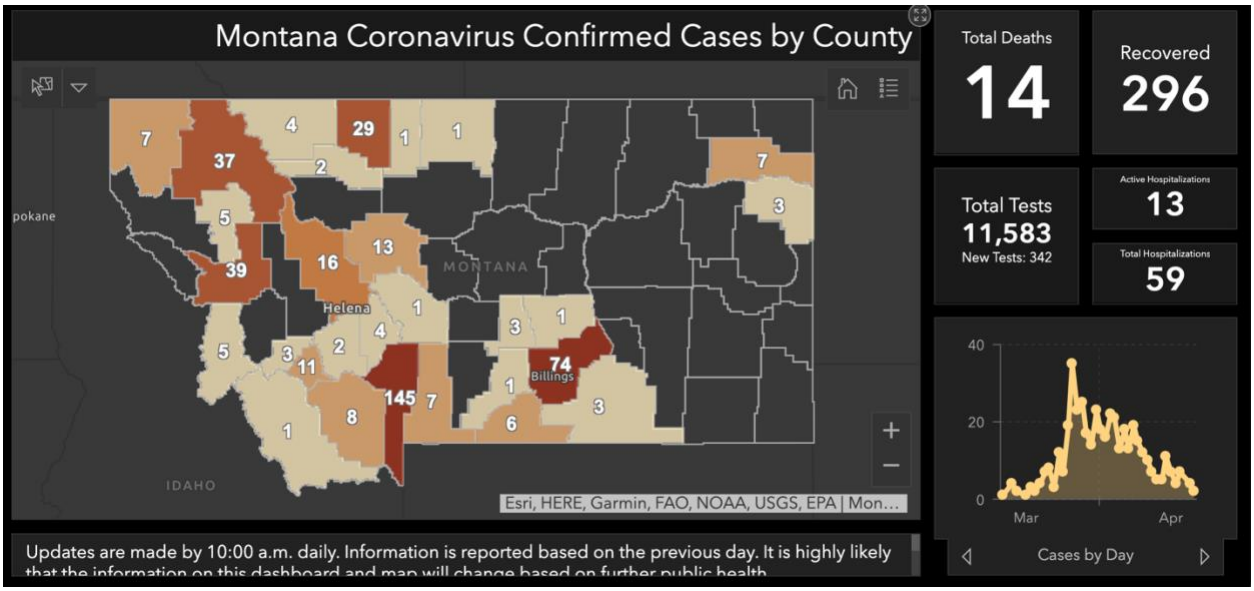
MHA Montana Hospital Association

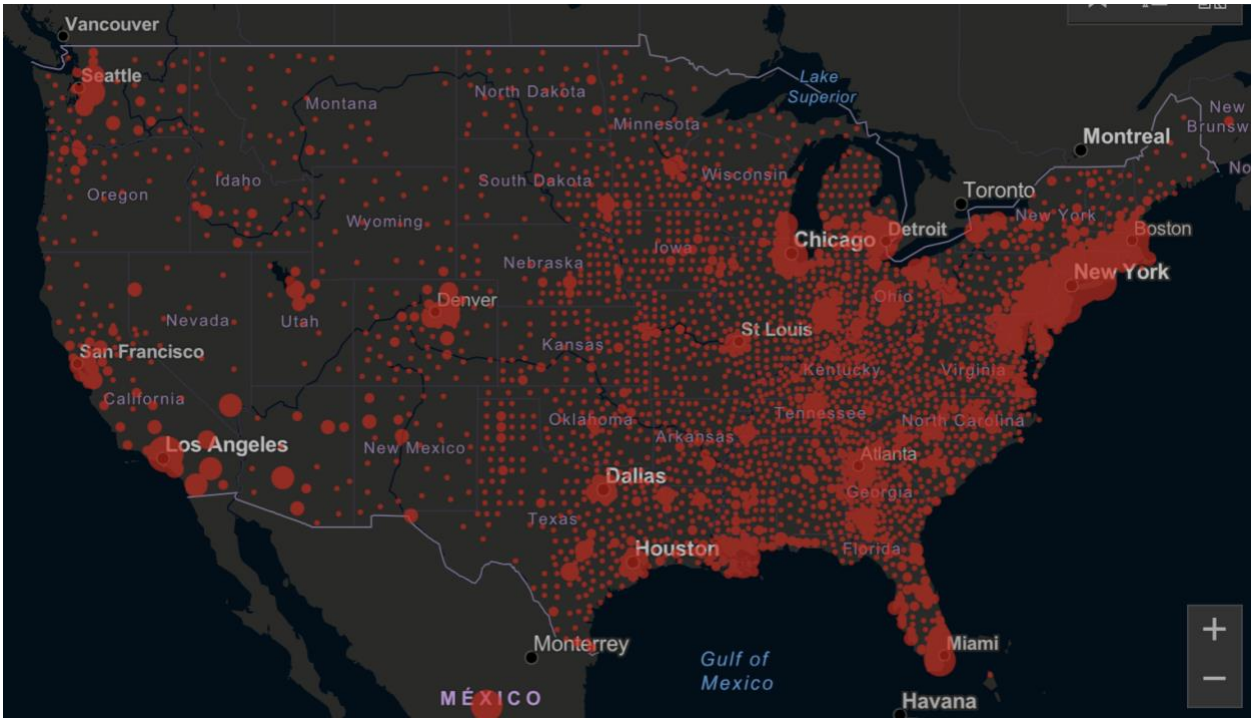
Montana Hospital Association - Situation Report

April 22, 2020

COVID-19

REPORTED CASES	
Montana ***New in last 24 hours: 2 (+less than 0.5%)*** ***Hospitalizations, Total: 59 (Last 24hrs: +0)*** ***Hospitalizations, Active: 13 (Last 24hrs: -1)*** ***Recovered: 296 (Last 24hrs: +23)*** ***Deaths: 14 (Last 24hrs: +2)*** **Source: Montana COVID-19 Dashboard**	**439**
United States ***New in last 24 hours: 22,272 (+3%)*** **Source: Johns Hopkins CSSE Global Outbreak Dashboard**	**842,376**
WA	**12,494**
ID	**1,802**
WY	**326**
ND	**679**
SD	**1,858**




Vancouver
Seattle
Montana
North Dakota
Minnesota
Lake Superior
Montreal
Oregon
Idaho
South Dakota
Wisconsin
Toronto
Wyoming
Chicago
Detroit
New York
Boston
Nebraska
Iowa
Denver
Ohio
Nevada
Utah
St Louis
San Francisco
Kansas
Kentucky
Virginia
California
Oklahoma
Tennessee
North Carolina
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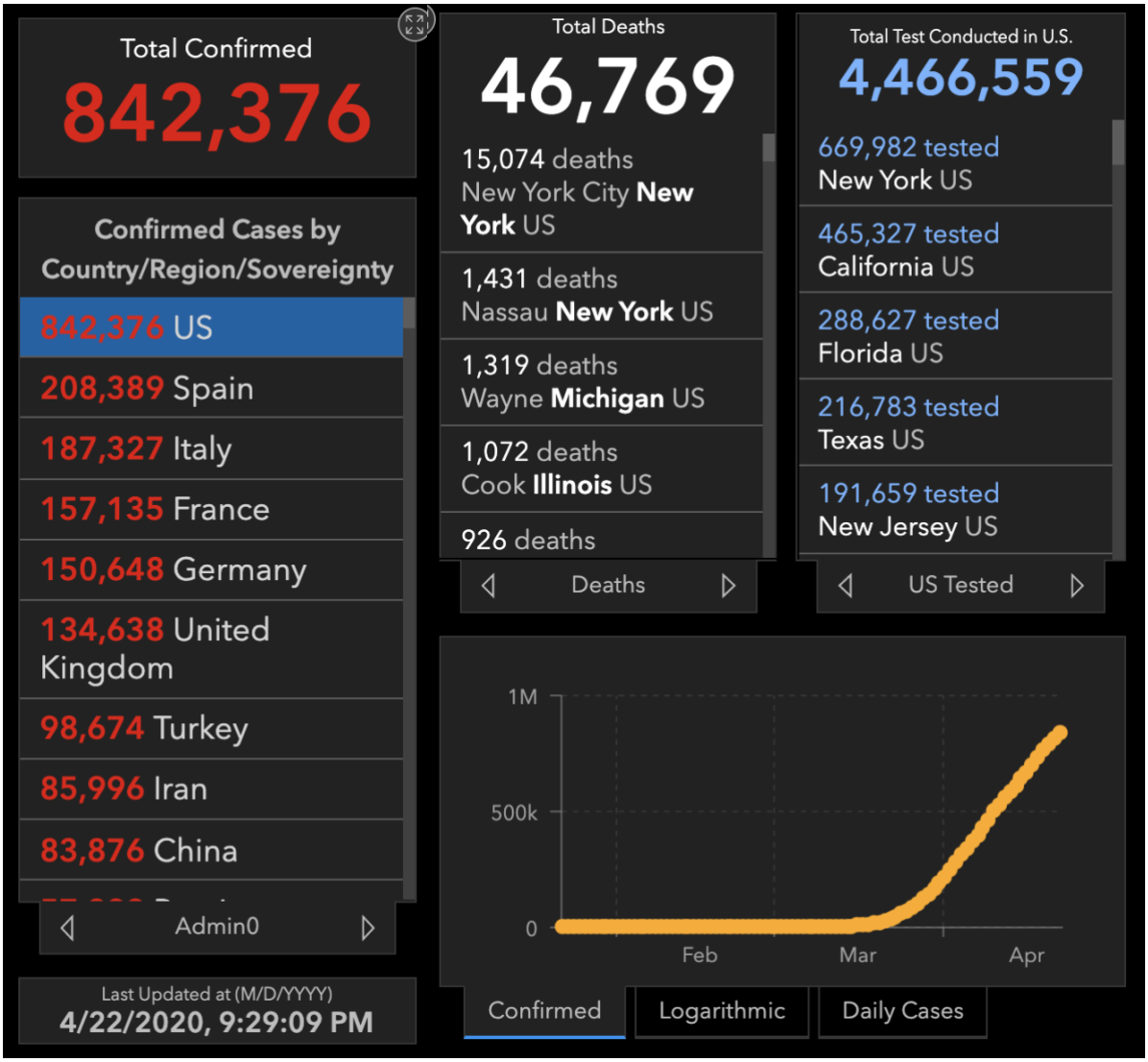
Total Confirmed
842,376
Confirmed Cases by Country/Region/Sovereignty
842,376 US
208,389 Spain
187,327 Italy
157,135 France
150,648 Germany
134,638 United Kingdom
98,674 Turkey
85,996 Iran
83,876 China
Admin0
Last Updated at (M/D/YYYY)
4/22/2020, 9:29:09 PM
Total Deaths
46,769
15,074 deaths New York City New York US
1,431 deaths Nassau New York US
1,319 deaths Wayne Michigan US
1,072 deaths Cook Illinois US
926 deaths
Deaths
Total Test Conducted in U.S.
4,466,559
669,982 tested New York US
465,327 tested California US
288,627 tested Florida US
216,783 tested Texas US
191,659 tested New Jersey US
US Tested
1M
500k
0
Feb
Mar
Apr
Confirmed
Logarithmic
Daily Cases

Governor Steve Bullock today announced a gradual and phased reopening of the state beginning Sunday for individuals, and extending to businesses on Monday.

Montana's plan to reopen relies on Montanans to adhere to social distancing guidelines whenever possible and to continue to limit gatherings. Guidance remains in place for members of vulnerable groups to continue to shelter at home, though it is no longer mandatory. Additionally, visitation at nursing homes will continue to be suspended and older Montanans and those who are immunocompromised should continue to follow the stay at home directive.

The stay at home order will expire on April 26 for individuals and April 27 for businesses. Main street and retail businesses can become operational on or after April 27 if they can adhere to requirements to limit capacity and maintain strict physical distancing. Employers are directed to develop policies to keep employees and customers safe including teleworking when possible, enforcing social distancing protocols, and other measures as provided in an appendix of reopening guidelines.

Places of worship can become operational on April 26 in a manner consistent with social distancing between people who are not members of the same household. Restaurants, bars, breweries and distilleries can begin providing some in-establishment services beginning May 4. Businesses where groups gather without the ability to social distance including movie theaters, gyms and other places of assembly remain closed.

On May 7, all schools will have the option to return to in-classroom teaching delivery at the discretion of local school boards. The Directive does not preclude school boards from declaring local emergencies to continue to receive all appropriate state funding to continue to provide remote learning.

Montana's travel quarantine will remain in effect and out of state travelers and residents arriving from another state or country back to Montana for non-work related purposes are required to quarantine for 14 days.

OPERATIONS

ASPR releases new resources on COVID-19. HHS' Office of the Assistant Secretary for Preparedness and Response has shared a number of new COVID-19-related resources, including alternate care toolkits and strategies; webinars on relieving healthcare worker stress and crisis standards of care; and a workforce toolkit.

CMS adds new blanket waivers. CMS has announced additional blanket waivers for Medicare providers, which are now included in its running list of waiver

flexibilities. The new waivers include the following changes (page numbers noted):

- Temporary Expansion Locations for RHCs and FQHCs: During the public health emergency, CMS is allowing rural health clinics (RHCs) and federally qualified health centers (FQHCs) to expand service locations to better meet beneficiary needs. The agency is doing so by temporarily waiving current regulations that require RHCs and FQHCs to be independently considered for Medicare approval if services are provided in more than one location. See page 7 for more.
- Substitute Billing (Locum Tenens): On page 18, CMS explains that it is allowing a physician or physical therapist to use the same substitute for the entire time he or she is unavailable to provide services during the COVID-19 public health emergency. To do so, CMS is modifying the current 60-day limit for using substitute billing arrangements.
- Patient Care in LTCHs: CMS also includes additional changes related to patient care for those in long-term care hospitals (LTCHs). Changes pertain to expediting discharge and movement of patients across care settings through waiving more detail intensive requirements. See page 2 for more.
- Intermediate Care Facilities: CMS is temporarily waiving certain staffing and training requirements for intermediate care facilities, outlined in greater detail on page 16.

PLANNING

State of Montana announces changes, clarifies required data and resource reporting. In keeping with federal data reporting requests and requirements, and recognizing existing data collection systems already in place in Montana, DPHHS clarified data reporting by hospitals in this memo released April 16.

- Juvare/EMResource: Continue to report bed availability and ventilator capacity by 8:00 a.m. daily.
- PPE Survey Tool: PPE data will be reported to a new PPE Survey Tool instead of EMResource.
- COVID-19 Patient Survey Tool: Used to collect hospitalization data, and only to be used at the direction of DPHHS officials following acquisition of confirmed COVID-19 patient.

LOGISTICS

Submit PPE needs to DES coordinator in order to ensure allocation. In order to receive an allocation of emergency PPE, healthcare organizations MUST submit

needs to their local DES coordinator. Allocation is ongoing and supplies are limited.

FINANCE & ADMINISTRATION

HHS releases more information on CARES funding. HHS Secretary Alex Azar today released more information on the future distribution of CARES funds. Key points include:

- $20 billion in "general funds" are going to hospitals and doctors on Friday. This allocation will be made using the same methodology as the first round of funding, but based upon patient revenue from 2018 instead of 2019, which was what was used for the first tranche of $30 billion.
- On April 24, a portion of providers will automatically be sent an advance payment based off the revenue data they submit in CMS cost reports. Providers without adequate cost report data on file will need to submit their revenue information to a portal opening this week linked on this page for additional general distribution funds.
- As early as next week, $10 billion will be targeted at hot spots based on TeleTracking data submission. Using New York as an example, Azar said that if it has 40% of Covid-19 cases it would get $4 billion.
- As early as next week, $10 billion will be delivered to rural hospitals and $400 million to Indian Health Services providers that will be allocated "based upon operating expenses."
- The remaining $29.6 billion in CARES funds for healthcare providers will be distributed to "Medicaid-only providers, dentists, skilled nursing facilities in hot zones, care for the uninsured, and additional hot spot funds as needed."
- Of that $29.6 billion, $1 billion will be put into a fund to reimburse care for the uninsured that will be managed by HRSA.
    - Providers will need to enroll in the program and submit claims for any care that happened after Feb. 4.
    - Reimbursement will be for testing and care related to a Covid-19 diagnosis, including hospital care, outpatient care, nursing facilities, and FDA-approved treatments.
    - A person with a short-term health insurance plan doesn't count as uninsured.
    - Providers can start registering to receive payments for uninsured care April 27, submit claims starting May 6, and receive payments starting in mid-May.
    - The process for submitting uninsured claims for the can be found here.

New CMS toolkit to aid workforce maximization at state and local levels. CMS today unveiled a new COVID-19 workforce toolkit for state and local healthcare decision makers seeking to maximize workforce flexibilities.

HHS to waive National Practitioner Data Bank query fees. The Health Resources and Service Administration announced that the National Practitioner Data Bank will reimburse entities that conducted queries (one-time and continuous) via query credits, retroactive to March 1, 2020, and lasting through May 31. The NPDB assists healthcare organizations in their hiring, licensing and credentialing decisions through its repository of reports on healthcare fraud and abuse. For additional information, join NPDB's April 23 call at 1 p.m. ET. Attendees' dial-in is 888-566-6153 and the access code is 1104687.

COMMUNICATIONS

Call recordings and webinar playbacks. Missed a call or webinar promoted in MHA's daily COVID-19 Call & Webinar Alert? Many are recorded, and are posted here once available.

COVID-19 Resource Library. MHA has built a library of helpful resources and sample material from other hospitals, healthcare organizations and states in their response to COVID-19.

HHS hospital-specific COVID-19 questions: HospitalCOVID19@hhs.gov

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: County & Tribal Health Departments

Contact Information: County & Tribal DES Coordinators

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

Summary of Funding Opportunities for Hospitals (Compiled by MHA)

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)

Summary of COVID-19 Emergency Declaration Waivers and Flexibilities (CMS)

Provider-specific Fact Sheets on Waivers and Flexibilities (CMS)

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)

Caring with Limited Resources during the COVID-19 Crisis (AHA)

Optimizing Ventilator Use during the COVID-19 Pandemic (HHS)

LONG-TERM CARE & 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)

COVID-19 Long-Term Care Facility Guidance (CMS)

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)

Informational Bulletin: Utilization of Telehealth for Treatment of SUDs (CMS)

Watch: CMS Telehealth FAQ video (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)

Strategies for Optimizing the Supply of N95 Respirators (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)

PPE Emergency Use Authorizations (FDA)

Decontamination and Reuse of Filtering Facepiece Respirators (CDC)

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)

FFCRA FMLA and Paid Leave FAQs (US DOL)

MHMAS Volunteer Registration System

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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