



OPERATIONS

State of Montana updates COVID-19 FAQs, mask mandate information. More information on the directive, frequently asked questions, and listings of counties with more than 4 active cases on the new [Mask and Face Coverings Webpage](#) of the Governor's Coronavirus Task Force website.

Studies estimate SARS-CoV-2 infection rates in Indiana, Atlanta. An estimated 2.8% of Indiana residents aged 12 or older randomly tested in late April had SARS-CoV-2 infection or antibodies, and 44% of those with active infections reported no symptoms, according to a [report](#) released today by the CDC. Those with a household member diagnosed with COVID-19 were 15 times more likely to test positive for SARS CoV-2 than those who did not. The results indicate 187,802 Indiana residents were infected from the start of the pandemic through April 29, 9.6 times the number of confirmed cases, with an infection-fatality rate of 0.58%, six times the mortality rate for flu, the authors said. In a [second study](#) released today by CDC, an estimated 2.5% of residents randomly tested in metropolitan Atlanta between April 28 and May 3 had SARS-CoV-2 antibodies. Both reports highlight the importance of continued mitigation measures such as social distancing, face coverings and hand hygiene to prevent infection and reduce hospitalizations.

PLANNING

HHS requests daily data reporting to TeleTracking. HHS last week [announced](#) significant changes to the process for hospitals to fulfill the agency's request for daily data reporting on bed capacity, utilization, personal protective equipment (PPE) and in-house laboratory testing data. HHS notes it will no longer ask for one-time requests for data to aid in the distribution of remdesivir or any other treatments or supplies. This means that the daily reporting is the only mechanism used for the distribution calculations.

The TeleTracking portal also has been used for special data reporting requests related to high-impact funds distribution, as well as remdesivir distribution. For issues with accessing the TeleTracking portal or questions about the data, contact TeleTracking Technical Support at 1-877-570-6903.

HHS asks hospitals to prioritize certain data fields (see below) in COVID-19 daily reporting starting Wednesday, July 15, and work toward full reporting by July 22. Priority data fields include:

- Previous day's new adult admissions for confirmed COVID-19
- Previous day's new adult admissions for suspected COVID-19
- Total adults hospitalized for COVID - suspected and confirmed
- Total hospitalized for COVID - confirmed only
- Total adults in ICU with COVID - suspected and confirmed
- Total adults in ICU with COVID - confirmed
- Remdesivir doses

Continue resource reporting to State. Until further notice, continue reporting the following data as follows. For questions, please contact your [Regional Coordinator](#).

- **Hospitals:** Continue reporting to Juvare/EMResource as follows:
 - Daily: Bed and ventilator counts
 - Weekly (every Friday): PPE
 - Following treatment of COVID-19 patient(s): COVID-19 patient data, as directed by public health officials
- **Long-Term Care Facilities:** Bed and PPE counts to be reported weekly on Fridays. Use this [survey link](#) weekly to report bed and PPE data.

LOGISTICS

No-cost contact tracing training and certificate program now available. Montana DPHHS has partnered with the University of Montana's Public Health Training Center to develop a free [online course](#) for case investigations and contact tracing. Participants completing the course will receive a certificate. The goal of this course is to build the workforce capacity to conduct COVID-19 case investigation/contact tracing throughout Montana.

With the increasing number of COVID-19 cases throughout Montana, the need for contact tracing is overwhelming many local public health systems. Contact tracers are needed, and no medical background is necessary. Those interested should [contact their local public health office](#) to determine if assistance is needed and consider the DPHHS/UM certificate program.

Submit PPE needs to DES coordinator in order to ensure allocation. Until further notice, healthcare organizations MUST [submit needs to their local DES coordinator](#) in order to receive an allocation of emergency PPE.

FINANCE & ADMINISTRATION

New AHA analysis shows COVID-19's impact on hospital financial health. New AHA analysis shows COVID-19's dramatic impact on financial health of hospitals and health systems. A new [analysis](#) prepared for the AHA by Kaufman, Hall & Associates LLC highlights COVID-19's dire impact on hospitals' and health systems' financial health. According to the report, without further government support, hospitals' margins in the second half of 2020 could sink to -7%, with half of all hospitals operating in the red.

Today's analysis also concluded:

- Without Coronavirus Aid, Relief, and Economic Security Act funding, hospital margins would have been –15% in the second quarter of 2020. However, even with these funds, hospital margins are still expected to drop to –3% in the second quarter of 2020.
- In the most optimistic scenario, which assumes a slow and steady decrease in COVID-19 cases, median margins could be –1% by the fourth quarter of 2020.
- Under another scenario that assumes periodic COVID-19 surges similar to the current case increases, margins could sink to –11%.

HHS shares details on post-payment reporting requirements for recipients of CARES Act provider relief funds. HHS this week shared additional information on [reporting requirements](#) for recipients of provider relief funds authorized under the Coronavirus Aid, Relief, and Economic Security (CARES) Act and Paycheck Protection Program and Health Care Enhancement Act.

Specifically, HHS said recipients that received one or more payments exceeding \$10,000 in the aggregate from the Provider Relief Fund will be required to submit reports to HHS on how the funds have been expended using a portal that HHS will open on Oct. 1, 2020. HHS said detailed instructions regarding these reports will be released by Aug. 17, 2020. The Health Resources and Services Administration, which is in charge of administering the distribution of the payments, will host educational sessions for providers. Last month, HHS clarified that it would not require quarterly reports. More details on the timing of the reports follows.

Notice on Timing of Reports

HHS says the reporting system will become available to recipients for reporting on Oct. 1, 2020.

- All recipients must report within 45 days of the end of calendar year 2020 (or no later than Feb. 15, 2021) on their expenditures through the period ending Dec. 31, 2020.
- Recipients who have expended funds in full prior to Dec. 31, 2020 may submit a single final report at any time during the window that begins Oct. 1, 2020, but no later than Feb. 15, 2021.
- Recipients with funds unexpended after Dec. 31, 2020, must submit a second and final report no later than July 31, 2021.
- Detailed reporting instructions and a data collection template with the necessary data elements will be available through the HRSA website by Aug. 17, 2020.

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 lists and general sources of information on a wide range of COVID-19-related issues

[MHA COVID-19 General Resources page](#)

CLINICAL OPERATIONS

Resources on infection prevention and control, EMS operations, telehealth operations and care for specific populations from federal and state resources

[MHA COVID-19 Clinical Operations page](#)

LONG-TERM CARE & RETIREMENT COMMUNITIES

CDC and CMS resources specific to maintaining safe conditions in long-term care and retirement communities

[MHA COVID-19 Long-Term Care & Retirement Communities page](#)

SUPPLY CHAIN RESOURCES

Resources from AHRMM, AHA, Intalere, CDC and other sources on sourcing, conserving and properly using PPE

[MHA COVID-19 Supply Chain Resources page](#)

WORKFORCE PROTECTION & SUPPORT

MT DLI, CDC, OSHA and NIH toolkits, FAQs and other resources to protect employees and allow staff to return to work

[MHA COVID-19 Workforce Protection & Support page](#)

COMMUNITY MITIGATION STRATEGIES

CDC resources on community mitigation strategies

[MHA COVID-19 Community Mitigation Strategies page](#)

FINANCE & ADMINISTRATION

Guidance, fact sheets and other resources on regulatory waivers and flexibilities in addition to catalogued financing information related to the CARES Act and other COVID-19 funding assistance

[MHA COVID-19 Finance & Administration page](#)

COMMUNICATIONS

Archive of MHA COVID-19 related communications as well as sample communications documents, toolkits and other resources from state and national levels

[MHA COVID-19 Communications page](#)

TESTING

FAQs, recommendations and other CDC, FDA and MT DPHHS resources related to COVID-19 testing

[MHA COVID-19 Testing page](#)

PLANNING

Best practices and planning documents from CDC, facilities on the front lines and MT DPHHS

[MHA COVID-19 Planning page](#)

