

SITREP

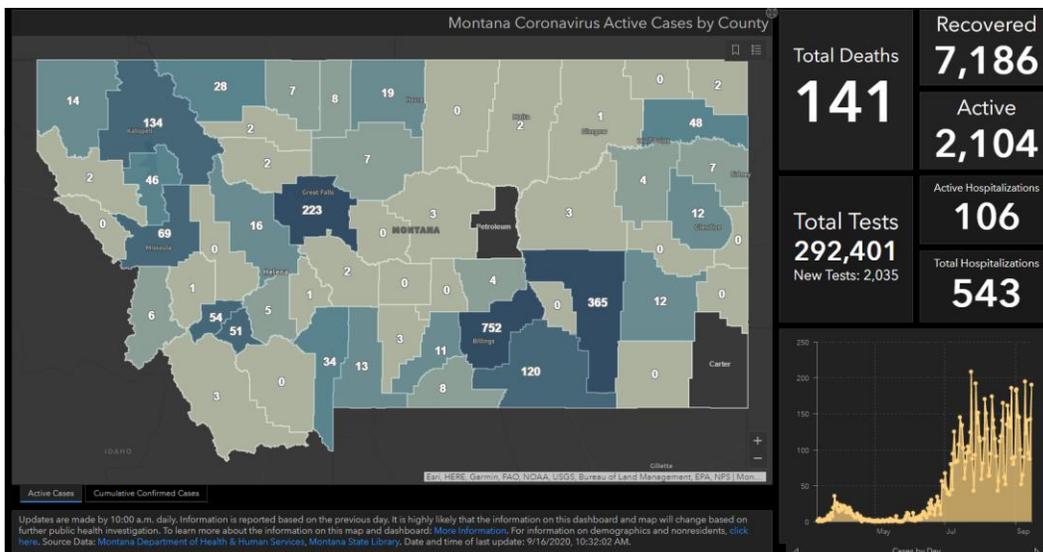


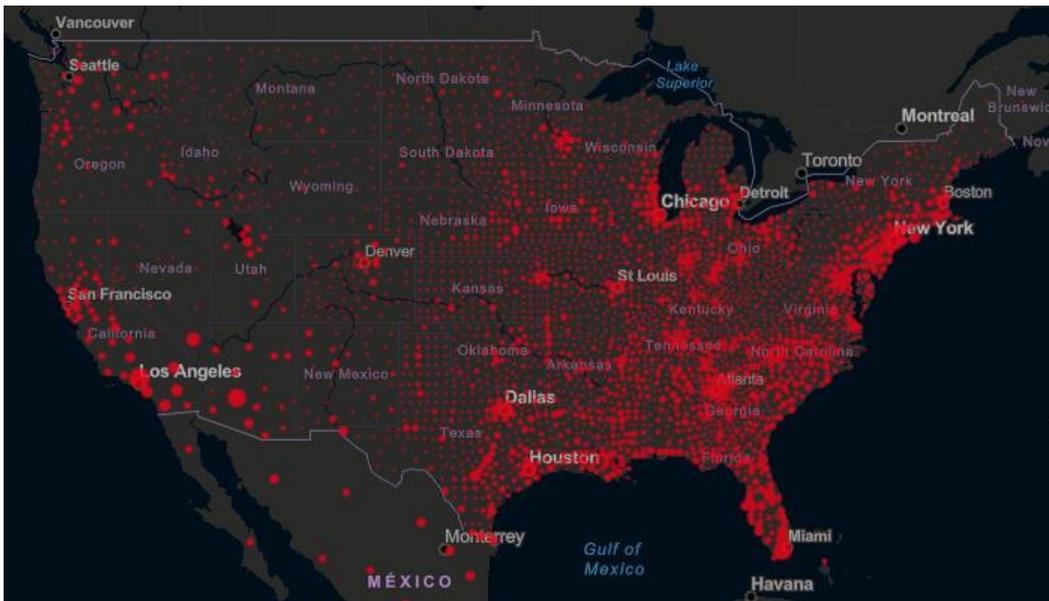
Montana Hospital Association - Situation Report

September 16, 2020

COVID-19

REPORTED CASES	
Montana <i>New in last 24hrs: 190 (+more than 2%)</i> <i>Active Cases: 2,104 (+150)</i> <i>Recovered: 7,186 (+36)</i> <i>Hospitalizations, Total: 543 (+4)</i> <i>Hospitalizations, Active: 106 (-3)</i> <i>Deaths: 141 (Last 24hrs: +1)</i> Source: Montana COVID-19 Dashboard (Updated 10:00 a.m.)	9,431
United States <i>New in last 24hrs: 42,764 (+less than 1%)</i> Source: Johns Hopkins CSSE Global Outbreak Dashboard	6,600,566
WA	80,465
ID	35,810
WY	4,438
ND	16,333
SD	16,994





OPERATIONS

A bipartisan group of lawmakers in the House of Representatives are mobilizing around a new COVID-19 relief proposal. The \$1.6 trillion [package](#) contains \$100 billion for testing and healthcare (with \$45 billion for Medicare loan forgiveness), worker and liability protections, and \$500 billion to help state, local and territorial governments with COVID-19-related expenses and budget shortfalls. It also would provide \$290 billion for small business and non-profits through the PPP and Main Street Lending Program.

NIH study links SUDs with COVID-19 susceptibility. People recently diagnosed with substance use disorders were more likely to develop COVID-19 and be hospitalized or die from the virus, according to a NIH-funded [study](#). Using millions

of non-identifiable electronic health records, the study's authors found that while patients with a SUD make up 10.3% of the US population, SUD patients represent 15.6% of the nation's COVID-19 cases; they say this underscores the need for SUD screening and treatment as part of pandemic control. The strongest adverse COVID-19 effects were seen in those with opioid or tobacco use disorders.

CDC study evaluates characteristics of under-21 COVID-19 deaths. A CDC [study](#) has found that Hispanic, Black and American Indian/Alaskan Native persons under the age 21 disproportionately accounted for most COVID-19-related deaths in this age category. Among all 121 studied mortality cases 10% were infants and 70% were between 10-20 years old. Two-thirds had underlying conditions, such as chronic lung disease, asthma and obesity, neurologic and developmental conditions, and cardiovascular conditions. A third of deaths occurred outside of a hospital environment.

PLANNING

New HHS data reporting platform - Single data entry fulfills state and federal requirements. MHA has purchased a new HHS Data Reporting Platform with COVID-19 grant funding. This creates a single, secure data entry point to fulfill both state and federal requirements, including state PPE resource allocation and HHS Teletracking mandates. This new single-entry system is especially critical with CMS' new rules that require such reporting as a Condition of Participation for Medicare and Medicaid. Hospitals will face possible termination of Medicare and Medicaid payments if unable to correct reporting deficiencies. See the complete details on the new platform [here](#).

As of September 8, 2020 hospitals should utilize EMResource for statewide bed availability, PPE and Remdisivir data, as well as, all TeleTracking data points, including HHS lab testing. Upon entering HHS data into EMResource, Juvare will automatically upload data to TeleTracking on behalf of your facility daily. Facilities may continue entering their own data into TeleTracking if they choose. All laboratories conducting COVID-19 testing and reporting patient-specific results – including hospital labs, nursing homes, and other facilities conducting testing for COVID-19 – will be required to comply. If a laboratory does not report the required information, CMS will impose a civil monetary penalty in the amount of \$1,000 a day for the first day, and \$500 for each subsequent day.

Long-Term Care facilities must transition all PPE and bed reporting to EMResources as of October 1, 2020. The previous [weekly survey](#) hosted on Formstack will become inactive on October 1, 2020. Facilities that do not have access to EMResource should email contact information to hppcoordinators@mtha.org.

For questions, please contact your [Regional Coordinator](#).

LOGISTICS

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 AND ADMINISTRATION

Taskforce on Telehealth Policy (TTP) convenes public briefing on its findings. The [TTP](#) was convened in June 2020 to study the effects of the rapid telehealth expansion in the wake of COVID-19 and to identify recommendations to policymakers on long-term measures for improving access to telehealth services. The taskforce consisted of individuals from medical practices, health insurers, trade organizations and HHS.

The TTP offered the following general [recommendations](#) for the long-term advancement of telehealth:

- Current gaps in broadband access, technology, and digital literacy must promptly be address to ensure equity and not increase disparities;
- The federal government should permanently lift the statutory restrictions on geographic and originating sites, rules around clinician/patient relationships, and providing care across state lines; and,
- The federal government should resume full HIPAA privacy enforcement (which has temporarily been relaxed) once the pandemic ends.

CMS Administrator Verma indicates agency will withdraw MFAR rule. CMS Administrator Seema Verma issued a [statement](#) on Monday via Twitter indicating that CMS would withdraw the proposed Medicaid Fiscal Accountability Rule (MFAR), which was released in November 2019. The [proposed rule](#), which was previously targeted for finalization this month, would have significantly reshaped Medicaid financing and provider reimbursement at the state level by:

- Altering the funding streams states can utilize to fund their share of Medicaid provider payments;
- Limiting the payments states can pay providers;
- Shortening the period of time states can utilize innovative payment approaches before having to seek CMS approval to continue; and
- Adding new reporting and transparency requirements.

The regulatory docket indicates that CMS received over 4,200 public comments on the rule. CMS still must formally withdraw the rule through a notice published in the Federal Register.

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](#)