

SITREP



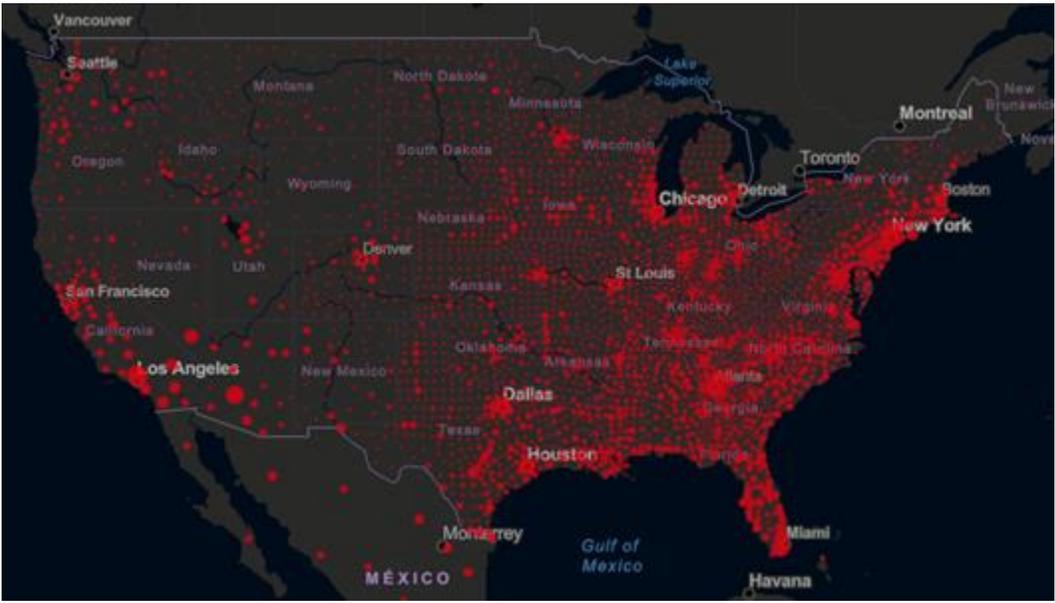
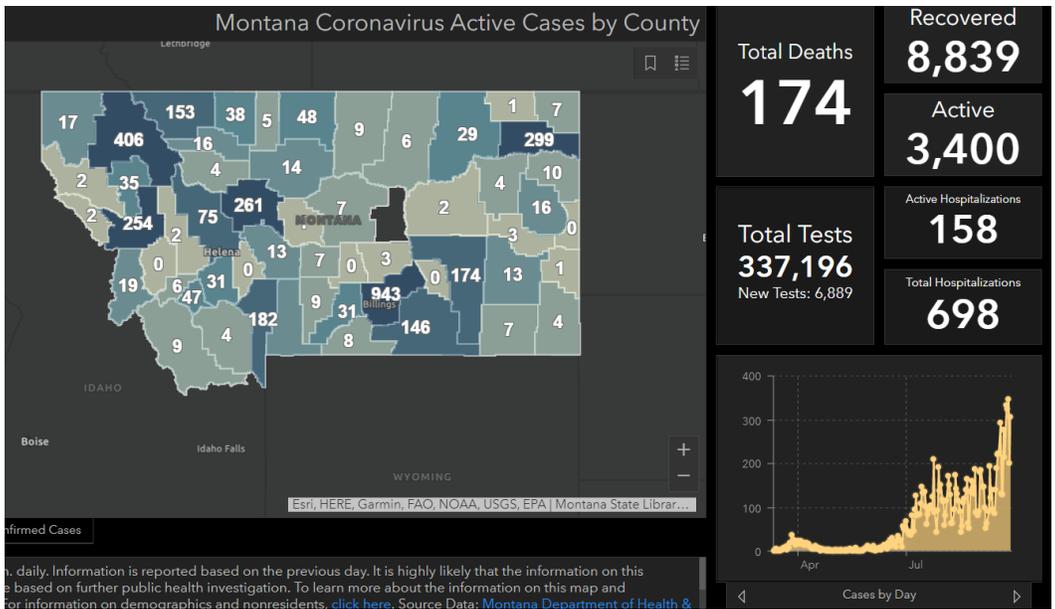
MONTANA
HOSPITAL
ASSOCIATION

Montana Hospital Association - Situation Report

September 28, 2020

COVID-19

REPORTED CASES	
Montana <i>New in last 72hrs: 849 (+more than 2%)</i> <i>Active Cases: 3,400 (+687)</i> <i>Recovered: 8,839 (+158)</i> <i>Hospitalizations, Total: 698 (+23)</i> <i>Hospitalizations, Active: 158 (+18)</i> <i>Deaths: 174 (Last 72hrs: +4)</i> Source: Montana COVID-19 Dashboard (Updated 10:00 a.m.)	12,413
United States <i>New in last 72hrs: 130,701 (+less than 1%)</i> Source: Johns Hopkins CSSE Global Outbreak Dashboard	7,117,830
WA	86,269
ID	40,501
WY	5,633
ND	20,724
SD	21,541





OPERATIONS

Medicaid and CHIP Payment and Access Commission consider strategies to increase vaccination rate among adults. The Medicaid and CHIP Payment and Access Commission (MACPAC) [convened](#) a session to examine Medicaid coverage of vaccines. The presentation focused on current Medicaid coverage, which is dependent on eligibility, and how the adult vaccinate rate is lower due to state variation in vaccine coverage and payment policies. The Commission was presented with four strategies to improve vaccine access, which included mandatory coverage, additional federal funding, inclusion of vaccines in the Medicare Drug Rebate Program (MDRP), or a federal purchasing program.

Medicaid/CHIP report decline in pediatric preventive services during pandemic. Use of primary and preventive care services have declined sharply among children in Medicaid and the Children’s Health Insurance Program since the COVID-19 public health emergency, according to preliminary data [released](#) last week by CMS. Specifically, vaccinations for children up to age 2 fell by 22% between March and May, while screenings to assess physical and cognitive development fell by 44% and dental service use by 69%, CMS said.

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 & ADMINISTRATION

HHS urged to reinstate June COVID-19 Provider Relief Fund reporting requirements. Last week AHA [urged](#) HHS to reinstate the COVID-19 Provider

Relief Fund reporting requirements outlined in its [June 19 FAQ](#) that defined both expenses and lost revenues attributable to COVID-19. In a June FAQ, HHS stated that hospitals could “use any reasonable method of estimating the revenue during March and April 2020 compared to the same period had COVID-19 not appeared.” However, on Sept. 19, HHS issued a [new definition](#) of lost revenue, stating that it was “represented as a negative change in year-over-year net patient care operating income.” It specified that after covering the cost of COVID-19-related expenses, hospitals generally only will be able to apply PRF payments toward lost revenue up to the amount of their 2019 net patient operating income.

“HHS’s new definition will require many hospitals to return PRF funds based on a new formula and set of metrics that are simply unfair and unrealistic,” AHA said.

Pandemic COBRA bill introduced in Senate. The Worker Health Coverage Protection Act which would subsidize COBRA and other health coverage for workers who lose employment-based coverage or are furloughed due to the pandemic was [introduced](#) in the Senate last week. The legislation would subsidize 100% of the premium for workers affected by an employment disruption between March 1, 2020 and Jan. 31, 2021, after which they could enroll in individual market coverage through a special enrollment period. The bill also would extend the period for workers to elect COBRA coverage, and enable workers to access coverage if they declined it before the subsidy was available. The bill is supported by the AHA.

Medicaid Payment Advisory Commission discusses need for guidance on Medicaid eligibility redetermination and support studying telehealth. Last week the Medicaid Payment Advisory Commission (MedPAC) [convened](#) a session to reflect on the Medicaid response to COVID. The Commission discussion focused on two key issues: the end of the public health emergency (PHE) as it relates to state eligibility redetermination for Medicaid; and telehealth flexibilities. In August, MACPAC sent a letter to Secretary Azar emphasizing the need for states to be notified early about the end of the PHE and requesting that HHS provide states with guidance regarding the return to normal operations. Commissioners agreed that MACPAC should reiterate its concern about the end of the PHE and encourage HHS and/or CMS to put out guidance as early as possible. Related to

telehealth, Commissioners support tracking developments closely and analyzing the quantitative data available.

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](#)

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