

# SITREP



MONTANA  
HOSPITAL  
ASSOCIATION

Montana Hospital Association - Situation Report

October 7, 2020

## COVID-19

REPORTED CASES	
<b>Montana</b> <i>New in last 24hrs: 733 (+5%)</i> <i>Active Cases: 5,352 (+369)</i> <i>Recovered: 10,518 (+346)</i> <i>Hospitalizations, Total: 820 (+47)</i> <i>Hospitalizations, Active: 235 (+19)</i> <i>Deaths: 193 (Last 24hrs: +1)</i> Source: <a href="#">Montana COVID-19 Dashboard</a> (Updated 10:00 a.m.)	<b>16,063</b>
<b>United States</b> <i>New in last 24hrs: 45,537 (+less than 1%)</i> Source: <a href="#">Johns Hopkins CSSE Global Outbreak Dashboard</a>	<b>7,506,743</b>
<b>WA</b>	<b>90,663</b>
<b>ID</b>	<b>45,082</b>
<b>WY</b>	<b>6,770</b>
<b>ND</b>	<b>24,364</b>
<b>SD</b>	<b>24,876</b>





## OPERATIONS

**RADx initiative advances six additional COVID-19 testing technologies.** NIH [announced](#) a third round of awards to advanced new COVID-19 testing technologies through the Rapid Acceleration of Diagnostics (RADx) Initiative. The \$98.35 million will advance six new technologies for point-of-care and other novel test approaches, including new modes of sample collection and the integration with smart devices.

**CDC updates guidance on airborne transmission of COVID-19 virus.** The CDC yesterday updated its [guidance](#) on how COVID-19 spreads to acknowledge published reports showing “limited, uncommon” circumstances where people with COVID-19 infected others who were more than 6 feet away.

**Guidance issued on Emergency Use Authorization standards for COVID-19 vaccine candidates.** The FDA [issued](#) guidance on emergency use authorization (EUA) for COVID-19 vaccines. The [guidance](#) is intended to provide recommendations for vaccine sponsors regarding the scientific data and information that would support the issuance of an EUA for an investigational vaccine intended to prevent COVID-19.

## 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](mailto: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

**CMS releases guidance on COVID-19 data reporting as a condition of hospitals' Medicare participation.** CMS on Tuesday released [guidance](#) on how it will

implement its August interim final rule that makes collecting and reporting COVID-19 data a condition of participation for hospitals that participate in Medicare. The guidance includes new reporting requirements for hospitals, as well as enforcement provisions. Highlights of the guidance include:

- the reduction of mandatory supply-related data reports to once-per-week submissions;
- a requirement that psychiatric and rehabilitation hospitals report data only once per week;
- beginning on Nov. 1, remdesivir- and staffing-related data will be optional; and
- additional reporting requirements that begin Nov. 1 for certain data on influenza patients.

CMS also described the enforcement process, which will include initial letters notifying non-compliant hospitals. The initial letters for non-compliance will start going out Wednesday and be followed by warning letters beginning three weeks after initial notifications. Hospitals that remain noncompliant will then receive a letter letting them know they will be terminated from the Medicare program unless they come into compliance within 30 days.

## 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](mailto: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](mailto: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](mailto: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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