March 22, 2021

COVID-19

BY THE NUMBERS: COVID-19 IN MONTANA

03 /16/2021 through 03/22/2021

MT Hospitalizations

53 ▼ Down from 54

COVID-19 Hospitalizations 7 Day Average

07/06/2020 - 03/22/2021

Montana Vaccine Rate
406,329
Total Doses Administered

158,085
Total Montanans Fully Immunized

977 ▼ Down from 1,158

Active Daily Cases 7 Day Average

▲ 3 Up from 2

Daily Death Rate 7 Day Average

MT Active Cases

07/06/2020 - 03/22/2021
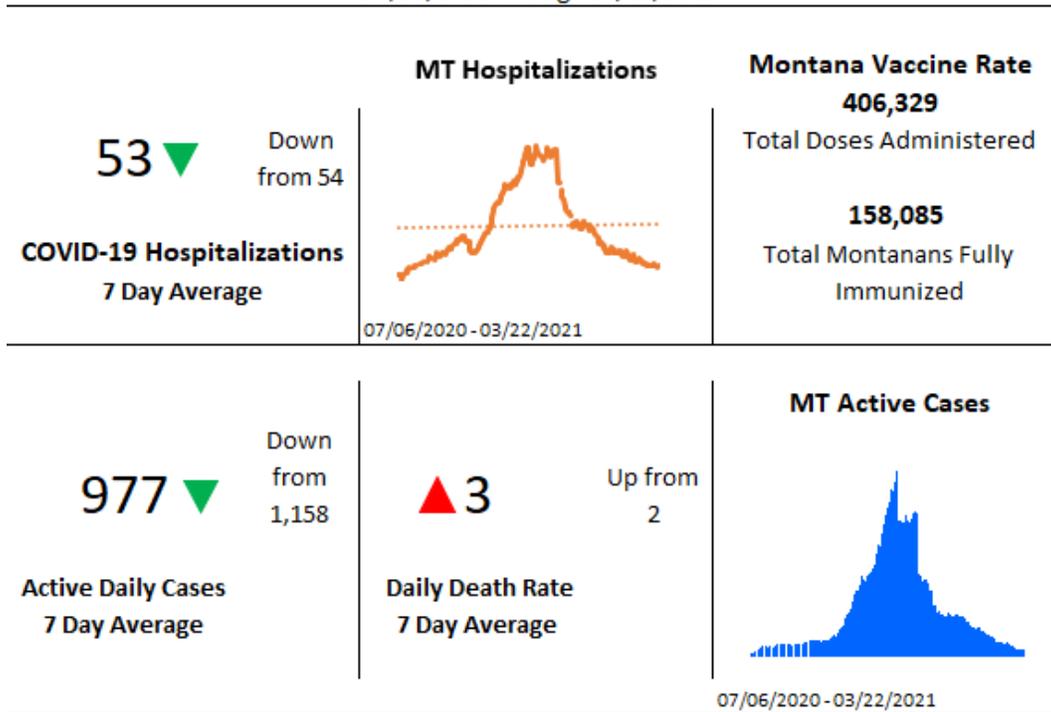
Previous sections "Total Deaths/Recovered Cases" and "New Daily Cases 7 Day Average Ranking in Region" for Montana and four surrounding states have been replaced with "Montana Vaccine Rate" and "MT Hospitalizations Graph" sections due to changes in available data.

Source: Montana COVID-19 Dashboard (Updated 10:00 a.m.)

REPORTED CASES	
Montana *New last 7 days: 1,165 (+less than 0.5% avg. growth per day)* *Active Cases: 974 (-67)*	**103,098**

Recovered: 100,710 (+1,211) *Hospitalizations, Total: 4,718 (+49)* *Hospitalizations, Active: 51 (-5)* *Deaths: 1,414 (last 7 days: +21)* Source: Montana COVID-19 Dashboard (Updated 10:00 a.m.)	
United States *New last 7 days: 375,082 (+less than 0.5% avg. growth per day)* Source: Johns Hopkins CSSE Global Outbreak Dashboard	29,821,403
WA	354,782
ID	177,420
WY	55,581
ND	101,651
SD	115,867

See the latest Montana reports on COVID-19 Variants of Concern in MT, COVID-19 in Schools, COVID-19 in LTC and Assisted Living, Hospital Occupancy and Capacity and the latest State COVID-19 Epi Profile.
Source: State of Montana DPHHS COVID-19 Demographics Webpage
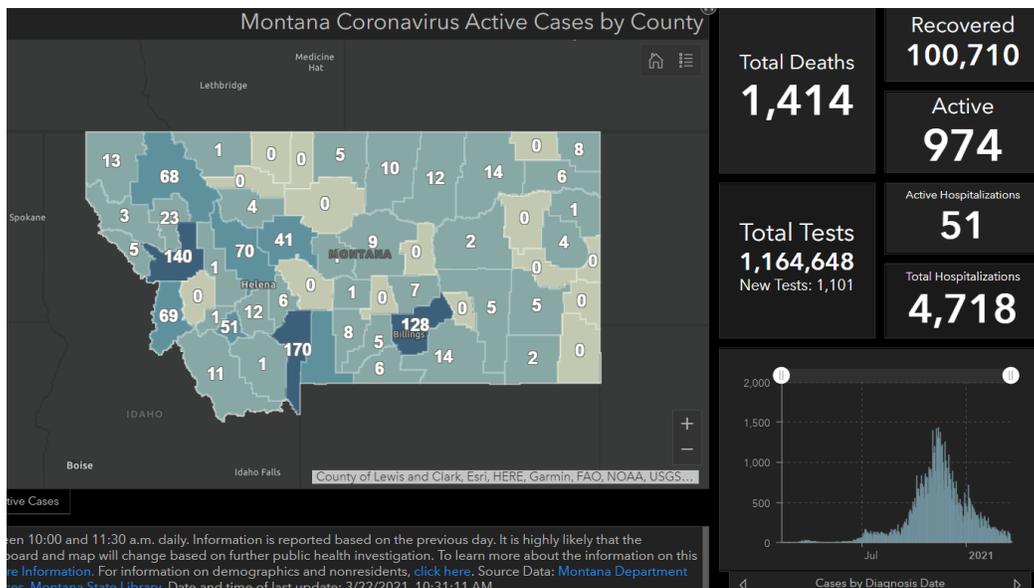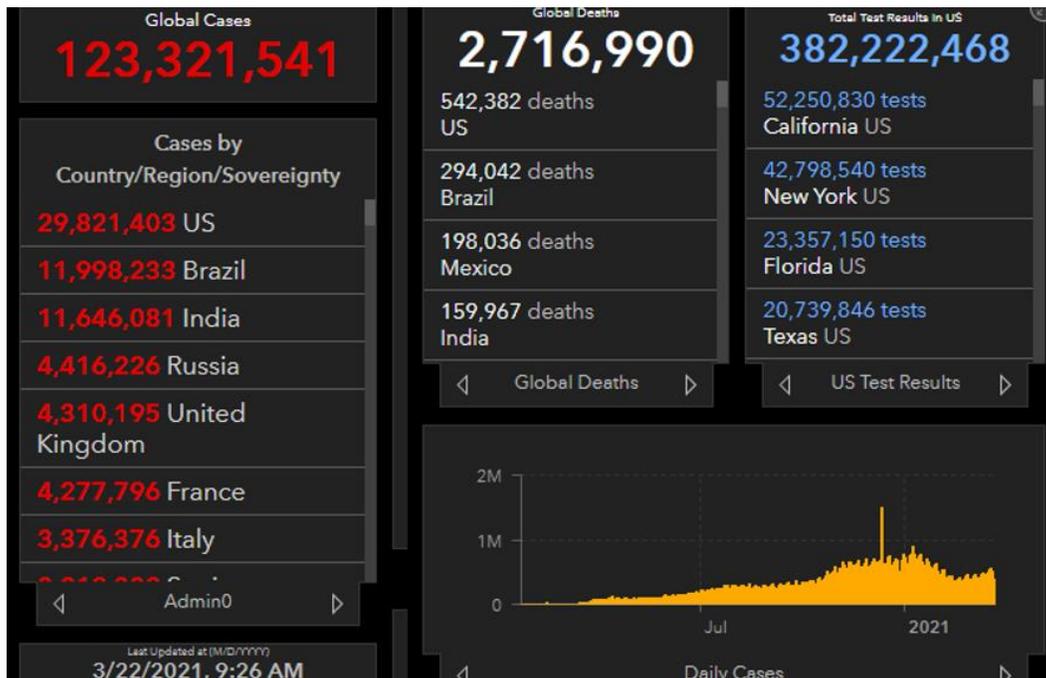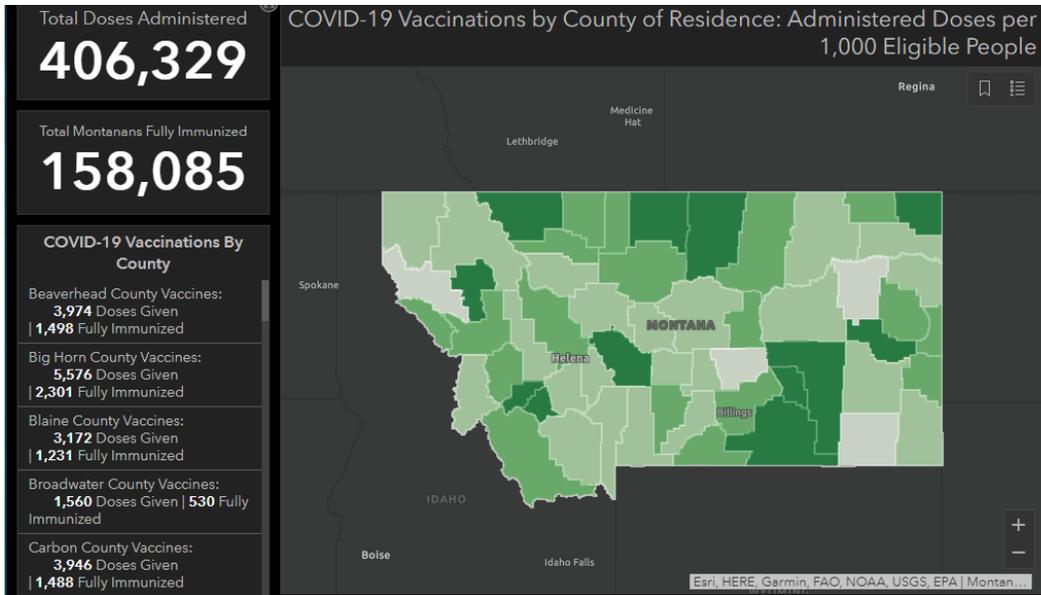
OPERATIONS

MT DPHHS launches COVID-19 Variants of Concern Identified in Montana report. The latest report from March 18 is available here.

CDC creates federal classification scheme for SARS-CoV-2 variants. Information on the classification scheme and variant prevalence in the U.S. is available on the CDC website. The classification system, developed with HHS' SARS-CoV-2

Interagency Group, identifies variants of "interest," "concern" or "high consequence" based on their ability to increase transmission or disease severity and impact diagnostics, treatments or vaccines. CDC plans to update the pages as new variants emerge and add model-based estimates of their prevalence. Stakeholders also may refer specific questions to COVID19Therapeutics@hhs.gov.

FDA updates monoclonal antibody therapy fact sheets to include information on whether SARS-CoV-2 variants may show resistance to that therapy. According to the updated fact sheets, prescribing providers should consider whether variants resistant to the therapy are prevalent in their area when considering treatment options.

FDA alerts providers to false positives with Roche SARS-CoV-2/flu test. The FDA recently alerted clinical laboratories staff and healthcare providers to the potential for positive results from a test made by Roche Molecular Systems to simultaneously detect and differentiate SARS-CoV-2 and influenza A/B. The FDA recommends users monitor for unexpected clusters of positive influenza B results, as this may indicate the cobas Liat System has experienced a tube leak, and stop using the system and contact Roche if they suspect certain issues. FDA authorized emergency use of the test last September.

FDA authorizes marketing SARS-CoV-2 test beyond the public health emergency. For the first time, the FDA last week authorized marketing a SARS-CoV-2 diagnostic test beyond the public health emergency based on additional data. FDA previously authorized the BioFire Respiratory Panel 2.1 test for emergency use to detect SARS-CoV-2 and other respiratory pathogens in individuals with suspected COVID-19.

FDA releases adverse events dashboard for EUA treatments. The FDA last week launched a dashboard that will provide weekly updates on adverse events submitted to its adverse event reporting system for COVID-19 drugs and biological products authorized for emergency use.

PLANNING

HHS requests hospital data on COVID-19 vaccinations. HHS' latest data reporting guidance released on Tuesday, Jan. 12 here.

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 single-entry system is especially critical with CMS' 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.

As of October 1, 2020 long-term care facilities must report all PPE and bed reporting to EMResources. The previous weekly is inactive on October 1, 2020. Facilities that need assistance should email hppcoordinators@mtha.org.

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

LOGISTICS

CDC announces funding to support COVID-19 testing, advance health equity. The CDC last week [allocated](#) $10 billion to states and territories from the American Rescue Plan Act to support testing to screen teachers, staff and students for COVID-19 to help reopen schools. It expects to make final awards to support the screening testing to health departments in early April.

In addition, state, local and territorial public health departments may [apply](#) for a portion of $2.25 billion in grants to address COVID-19-related health disparities among high-risk and underserved populations the agency [announced](#). Funded by

the Coronavirus Response and Relief Supplemental Appropriations Act, the grants will support efforts to improve testing and contact tracing, develop prevention and mitigation resources and services, improve data collection and reporting, expand infrastructure and mobilize partners. HHS also announced it will invest $150 million to increase access to COVID-19 monoclonal antibody therapeutic treatments for patients in vulnerable communities.

OSHA launches COVID-19 National Emphasis Program. OSHA on March 12 issued a National Emphasis Program related to COVID-19 enforcement that expands upon OSHA's current enforcement efforts by targeting specific high-hazard industries or activities where the risk of workers contracting COVID-19 is substantial. The agency also updated its Interim Enforcement Response Plan for COVID-19 to conform to the priorities in the National Emphasis 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 AND ADMINISTRATION

Medicare to pay more to administer COVID-19 vaccines. Effective on March 15, Medicare has almost doubled what it previously paid to administer COVID-19 vaccines to about $40 per dose to better reflect the costs involved and help providers vaccinate more Americans, CMS has announced. The exact payment rate depends on the type of service provider and location, the agency said. CMS updated its vaccine guidance for Medicaid providers to reflect the new Medicare rates, and is working to update its guidance for Medicare providers, states and insurers.

CMS excludes four physician telehealth services from Medicare after COVID-19 emergency. CMS last week released a notice correcting technical errors in its final rule updating physician fee schedule payments for calendar year 2021. Among other changes, the notice removes four codes from the newly created Category 3 list of approved telehealth services, which CMS says were inadvertently included on the list. Services included in Category 3 will remain on the Medicare telehealth services list through the calendar year in which the public health emergency ends.

COMMUNICATIONS

Latest edition of AHA COVID-19 Snapshot highlights challenges facing hospitals. The AHA last Thursday released a new edition of the COVID-19 Snapshot, underscoring the dire needs of hospitals and health systems during the public health emergency.

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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