

COVID-19 Daily Report to Members ~ March 24, 2020



This daily summary is designed to be your one-stop-shop for information and reduce the number of emails you receive from IHA. Please make sure to check the action needed section each day.

While we do have some of your hospital staff on our distribution list, it is not an exhaustive list. If you'd like others to be included, please send their names and email addresses to doakes@teamiha.org or forward them this notice and have them click the button at the end.

Thanks for all you are doing!

ACTION NEEDED

Resource Reporting

As noted yesterday, consistent, daily reporting of inventory will be a must for hospitals to receive supplies from state and federal agencies. Please review this [one-page summary](#) of the Idaho Resource Tracking System (IRTS) for the latest information.

Reimbursement & Policy

IHA & IMA reach out to insurers with concerns

Over the past week, we have seen tremendous efforts by the Federal government to relax rules and regulations. Federal blanket waivers have been approved. The State of Idaho has submitted an 1135 waiver request to CMS and will update that as additional needs arise. On our CEO conference call with Governor Little last week, several issues relating to the insurance industry were raised – including a need for the expansion of telehealth coverage to address the coronavirus issue. The CEOs on the call will remember that the Governor was more than willing to facilitate those conversations with the insurance companies – and, in fact, said he had a call scheduled with them the following day. That call did not take place as planned because of the news unfolding out of Blaine County on Thursday.

Many of you provided input on issues that would be important for the insurance industry to consider as our provider resources, staffing, and capacity gets stretched thinner and thinner during this crisis. IHA compiled those issues, shared them with the Idaho Medical Association, and together, we sent a [joint letter](#) to the Director of the Department of Insurance and the major carriers in Idaho. We also copied the Governor and his staff. We felt a sense of urgency to get the concerns of hospitals and providers on the table in hopes that the carriers could address them collectively, or the Department could give guidance on how they'd like the insurance companies to respond.

Resources & Equipment

Telehealth Resources

Both CMS and the Northwest Regional Telehealth Resource Center have provided telehealth information and resources to allow providers to better meet the needs of patients.

CMS' [comprehensive toolkit on telehealth](#) contains links to reliable sources of information on telehealth and telemedicine, which will reduce the amount of time providers spend searching for answers and increase their time with patients. In addition, the toolkit outlines temporary virtual services that can be used to treat patients during this time.

The Northwest Regional Telehealth Resource Center (NRTRC) is providing a comprehensive list of resources, a quick start guide to telehealth, and other information via their [COVID-19 and Telehealth page](#).

Quality & Patient Safety

Modified COVID-19 DRG announced

CMS has modified the new DRG for COVID and issued a [corrected announcement](#) regarding the Medicare Severity-Diagnosis Related Group Grouper to recognize the new ICD-10-CM diagnosis code, U07.1, for COVID-19. The initial MS-DRG assignment posted March 20 would have resulted in significant reimbursement reductions for hospitals. The ICD-10 MS-DRG Grouper assigns each case into an MS-DRG based on the reported diagnosis and procedure codes and demographic information (age, sex and discharge status). The ICD-10 MS-DRG Grouper software package to accommodate this new code, Version 37.1 R1, is effective for discharges on or after April 1, 2020.

CMS prioritizing survey activities

Beginning March 20, CMS is [prioritizing and suspending certain federal and SSA surveys](#), and delaying revisit surveys, for the next three weeks, for all certified provider and supplier types. During this time, the [Focused Infection Control Survey](#) is available to all providers to make them aware of Infection Control priorities during this time of crisis. Providers and suppliers may perform a voluntary self-assessment of their ability to meet these priorities.

CMS changing mandatory reporting requirements

CMS has granted exceptions for upcoming measure reporting and data submission for [certain quality reporting programs](#). For programs with data submission deadlines in April and May 2020, submission will be optional. In addition, no data reflecting services provided January 1, 2020 through June 30, 2020 will be used in CMS's calculations for the Medicare quality reporting and value-based purchasing programs.

CDC updates discharge guidance

Yesterday, CDC [updated guidance on discharging patients](#) with COVID-19 clarifying that patients can be discharged from a health care facility when clinically indicated. For such patients, a discharge does not require that the patient meet CDC criteria for the discontinuation of COVID-19 precautions.

Virtual Meetings, Education & Updates

Patient Education and Infographics ~ Healthwise

Healthwise has made available a [free resource center](#) with patient education, videos and infographics. These resources are available for hospitals to use in their communication and outreach efforts and can be co-branded or incorporated into hospital websites. The site is being updated daily.

[Click to get our daily COVID-19 Updates](#)

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