



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. To be added to the daily distribution, please click the button at the bottom of this page or email doakes@teamiha.org. Thanks for all you are doing!

Reimbursement & Policy

[Additional rules suspended to improve hospital response](#)

Governor Little announced today the [suspension of an additional 18 regulations](#) to more quickly, efficiently, and safely respond to Idaho's coronavirus emergency, adding to the [125 regulations he suspended last week](#).

The Governor's latest action ensures citizens have greater access to telehealth and medical professionals can more easily obtain necessary licenses to quickly engage in the response effort. It includes suspension of certain telehealth regulation regarding the provider patient relationship and prescribing.

The list also includes suspension of certain rules dealing with minimum standards for hospitals (IDAPA 16.03.04). The action suspends state rules for hospitals in any section of 16.03.04 that are more restrictive than CMS guidelines, in accordance to Senate Bill 1354, recently passed by the Idaho Legislature. Instead of waiting until July 1st for the law to take effect, the Governor has taken action to provide that regulatory relief immediately.

"As the number of confirmed cases in Idaho continues to rise by the day, we are maintaining our focus on increasing healthcare capacity to deal with the medical needs of our friends and neighbors," Governor Little said.

As soon as the guidance and clarification from relevant agencies becomes available, IHA staff will compile a chart with suspended rules and descriptions for easy reference.

[CMS provides information on receiving accelerated, advanced payments](#)

Today, CMS offered guidance on the Medicare Accelerated Payment Program. Included in the CARES Act, the program will allow for providers to access necessary funds during this national emergency. As of publication, the informational call is still going on, but the high-level takeaways are:

- Hospitals are eligible for up to 100% (125% for CAHs) of 6 months of advanced accelerated payments for both inpatient and outpatient claims.
- Hospitals have 120 days to begin repaying the advance and have 90 days to complete the payback after the 120 days have passed.
- CARES Act hospitals, defined as acute care hospitals, CAHs, children's hospitals, and cancer hospitals, can take up to one year from the date of the advance to complete repayment.
- An interest rate of 10.25% will apply after the first 210 days from the date of the advance.
- If re-payments cause hardship after the end of the year repayment period, the MAAC can be petitioned to reduce the level of monthly payments.

Requests for advance payments will be processed by Idaho's MAC contractor – Noridian. [Additional details, process information, and the necessary forms are available on this CMS Fact Sheet](#) and from Noridian. Hospitals needing assistance or having additional questions are encouraged to speak with IHA's Vice President of Finance, Larry Tisdale (208.489.1402). FAQs will be available in the coming days.

Resources & Equipment

[IMA requests hospital allow use of personal equipment](#)

Today, the Idaho Medical Association sent a [letter to IHA](#) requesting that hospitals allow healthcare providers the ability to use their own protective equipment for personal use at hospital facilities. This request is made in the spirit of conserving scarce PPE resources while still allowing providers to stay healthy and care for patients. If there are policy or liability issues preventing you from doing that, the IMA suggests their members could sign a liability release form. IHA's legal counsel, Tom Mortell of Hawley Troxell, [crafted draft language that hospitals can opt to use](#) to create a liability form.

[Revised guidance for blood donor eligibility](#)

Today, the Food and Drug Administration (FDA) [issued revised guidance](#) to address the urgent need for blood during the COVID-19 pandemic. The FDA noted that based on completed studies and epidemiological data, the agency has concluded that, blood donor eligibility criteria can be modified without compromising the safety of the blood supply. The final guidance makes the following eligibility changes:

- For male donors who would have been deferred for having sex with another man: the agency is changing the recommended deferral period from 12 months to 3 months.
- For female donors who would have been deferred for having sex with a man who had sex with another man: the agency is changing the recommended deferral period from 12 months to 3 months.
- For those with recent tattoos and piercings: the agency is changing the recommended deferral period from 12 months to 3 months.
- For those who have traveled to malaria-endemic areas: the agency is changing the recommended deferral period from 12 months to 3 months.
- For those who spent time in certain European countries who were previously considered to have been exposed to a potential risk of transmission of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease, the agency is eliminating the recommended deferrals.

Quality & Patient Safety

[CMS provider calls available on demand](#)

CMS has hosted regular calls with clinicians, hospitals, and others in an effort to keep healthcare workers updated on COVID-19 efforts. These calls provide answers to questions IHA staff have received from members on a variety of topics, including blanket waivers and Hospitals Without Walls. CMS has posted the [recordings and transcripts](#) for the COVID-19 calls.

Virtual Meetings, Education & Updates

[Hospital trustee resource for COVID-19](#)

As hospital and health system leaders work diligently responding to COVID-19, what are the critical issues for boards of trustees to consider? governWell is sharing a [BoardBrief](#) which highlights important questions and areas for board consideration in a practical seven-point framework.

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