Idaho Hospital Association

COVID-19 Report to Members ~ September 24, 2020

Reports are sent on Mondays and Thursdays, unless there's breaking news.

Reimbursement & Policy

House resolution would improve hospital relief repayment

On Tuesday, the House passed a Continuing Resolution to fund the government through December 11. The Senate is expected to take up the resolution by next week to avoid a September 30 shut down.

An important provision in the resolution for hospitals is the extension of the recoupment period for accelerated and advance payments to a year, up from 120 days. Currently, providers have 100% of their claims withheld until the recoupment is repaid. This resolution changes the withholding to 25% for the first 11 months of the repayment period and 50% for the next six months. At the end of the repayment period, any remaining balance would have 4% interest applied to it. These changes will allow providers 29 months from the date the first accelerated or advanced payment was issued to repay the balance in full.

In addition, $4 billion in DSH (disproportionate share) cuts were delayed. For more information on other changes impacting healthcare, please review this **summary**.

New reporting requirements announced

Over the weekend, HHS released a **notice** detailing reporting requirements for providers who received relief funds (i.e. through the CARES Act, Paycheck Protection Program or Health Care Enhancement Act).

The notice included the categories for which recipients must submit both 2019 and 2020 data. HHS stated the reporting system will be available in 2021.

One concern for hospitals is a revised definition regarding lost revenue. In earlier FAQs, providers had the flexibility to use “any reasonable method” when estimating the impact of COVID on revenue. The new notice removes that flexibility for calculating lost revenue. Additionally, the notice changes the definition of expenses, limiting them to 2019 levels. For more information on the notice, AHA has provided this **bulletin**.

IHA has shared these concerns with AHA who is discussing these issues with HHS in on-going meetings. Our goal is to hopefully return to more traditional and flexible definitions.

Resources & Equipment

Changing age distribution of the COVID-19 pandemic

In a September 23 **article** published in the Morbidity and Mortality Weekly Report, CDC authors reviewed time trends by age group from May-August 2020 in three COVID-19 metrics:

- COVID-19–like illness-related emergency department (ED) visits
- Positive SARS-CoV-2 test results (RT-PCR)
- Confirmed COVID-19 cases

Early in the pandemic, COVID-19 incidence (confirmed cases) was highest among older adults. However the authors note, “during June–August 2020, COVID-19 incidence was highest in persons aged 20–29 years, who accounted for >20% of all confirmed cases.” “Nationwide, the median age of COVID-19 cases declined from 46 years in May to 37 years in July and 38 in August. Similar patterns were seen for COVID-19–like illness-related ED visits and positive SARS-CoV-2 RT-PCR test results in all U.S. Census regions.”

This study provides some evidence that younger individuals contributed to the community spread of COVID-19 to older adults. Younger adults make up a large proportion of the workforce in retail and other frontline jobs and high exposure industries, may be less likely to practice physical distancing and avoid group gatherings, and may contribute to pre-symptomatic or asymptomatic transmission to others. For these reasons, the authors conclude that “strict adherence to community mitigation strategies and personal preventive behaviors by younger adults is needed to help reduce infection and subsequent transmission to persons at higher risk for severe illness.”

The IDHW COVID-19 Data Dashboard includes **breakouts by age** for several, but not all, COVID-19 data metrics.

In Idaho, the total number of COVID-19 cases since the beginning of the pandemic is highest among age groups 18-29 and 30-39. However, the cumulative number of COVID-19 hospitalizations are highest among age groups 60-69 and 70-79 and the number of COVID-19 deaths has been highest among persons aged 80+.

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