

COVID-19 Report to Members ~ October 5, 2020

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

Reimbursement & Policy

News briefs

- On October 2nd, HHS Secretary Alex Azar renewed the national public health emergency declaration. The renewal is effective on October 23 and lasts 90 days. Continuation of the 6.2 percentage point increase in the Federal share into the first quarter of 2021 will benefit the state's Medicaid budget and reduce the demand on General Fund dollars.
- Last week, the National Academies of Science, Engineering and Medicine released [A Framework for Equitable Allocation of Vaccine for the Novel Coronavirus](#) to assist federal and state governments and other decision-making bodies in their COVID-19 vaccine allocation planning.

Quality & Patient Safety

New rural prevalence coding impacts nursing home testing

To accommodate rural communities, CMS updated their [methodology used to determine the positivity rate in counties across the country](#). This information is critical to nursing homes as they are required to test staff at a frequency based on the positivity rate of their respective counties.

Since issuing the initial [August 26th guidance](#), CMS received feedback that the frequency guidelines did not work well for some rural areas where seemingly high positivity rates resulted from low amounts of testing, rather than actual positivity in the community. This has resulted in a significant burden for nursing homes where testing is tied to the positivity rate.

According to the new methodology:

- Counties with 20 or fewer tests over 14 days will now move to "green" in the color-coded system of assessing COVID-19 community prevalence.
- Counties with both fewer than 500 tests and fewer than 2,000 tests per 100,000 residents, and greater than 10 percent positivity over 14 days (which would have been "red" under the previous methodology) will now move to "yellow."

Nursing homes are required to test staff at the following frequencies:

- Once monthly if the facility's county positivity rate is less than five percent.
- Once weekly if the county positivity rate is between five and 10 percent.
- Twice weekly if the county positivity rate exceeds 10 percent.

According to CMS, this new methodology reduces burden while still requiring facilities to conduct testing at a frequency that can detect COVID-19 early to keep nursing home residents safe.

Updates on emergency preparedness testing requirements

CMS regulations for Emergency Preparedness require specific testing exercises be conducted to validate a hospital's emergency program. During or after an actual emergency, the regulations allow for an exemption to the testing requirements based on real-world actions taken by hospitals and suppliers. If a hospital experiences an emergency that requires activation of their emergency plan, inpatient and outpatient providers will be exempt from their next required full-scale community-based exercise or individual, facility-based functional exercise following the onset of the actual event. In response to the current COVID-19 Public Health Emergency (PHE), CMS issued a new memorandum [clarifying the testing exercise requirements](#) to ensure that surveyors, as well as hospitals, are aware of the exemption available based on activation of their emergency plans.

According to the memorandum, hospitals are required to conduct an annual "exercise of choice" for inpatient providers and every two years for outpatient providers (opposite the year of the full-scale or facility-based functional exercise). The exercise must be either:

- a full-scale exercise,
- an individual-facility-based functional exercise,
- a mock disaster drill, or
- a tabletop exercise or workshop.

Hospitals may need to conduct an exercise following the current PHE if they were required to conduct such an exercise this year and did not already do so. Hospitals may choose to conduct a table-top exercise which could assess the facility's response to COVID-19. This should include, but is not limited to, any activities implemented during the activation of the emergency plan. The provisions also require that hospitals assess and update their emergency program as needed. Lessons-learned and challenges identified in the exercise may allow a hospital to adjust its plans accordingly.

Please note that all hospitals must continue to analyze their response to and maintain documentation of all drills, tabletop exercises, and activations of their emergency plan. This would include documentation showing any revisions to their emergency plan as a result of the after-action review process.

Virtual Meetings & Education

Webinar ~ PPE Preservation Strategies

The AHA Living Learning Network will present a review of a PPE Preservation Planning Toolkit which was developed to support hospitals and health systems in planning and implementation of PPE preservation strategies.

PPE Preservation Strategies
Thursday, October 15 ~ 10a MTN / 9a PAC

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