

Reimbursement & Policy

New clarification on reporting provider relief funds

HHS has issued new clarification on reporting requirements for Provider Relief Funds which differs greatly from earlier information. According to AHA:

The Department of Health and Human Services (HHS) today issued an important clarification to its Oct. 22 reporting requirements for providers that received Provider Relief Fund (PRF) payments. Specifically, the Oct. 22 guidance stated that recipients must report their use of PRF payments by submitting the following information:

1. Health care-related expenses attributable to COVID-19 that another source has not reimbursed and is not obligated to reimburse, which may include General and Administrative or health care-related operating expenses; and
2. PRF payment amounts not fully expended on health care-related expenses attributable to COVID-19 are then applied to patient care lost revenues, *net of the health care-related expenses attributable to COVID-19 calculated under step 1.*

Recipients may apply PRF payments toward lost revenue, up to the amount of the difference between their 2019 and 2020 actual patient care revenue. [Italics added.]

After hearing concerns from Idaho hospital representatives, all four members of Idaho's Congressional Delegation - Senators Crapo and Risch and Representatives Simpson and Fulcher - joined Congressional colleagues on a bipartisan letter to HHS Secretary Azar expressing their concern over the change. "We have grave concerns this change in reporting requirements for funds received from the Provider Relief Fund (PRF) will create uncertainty and financial hardship for hospitals in our states, particularly in rural areas. In the midst of the COVID-19 pandemic, our health care providers need more certainty, not less."

New data field added to track surge impact

IRTS (the Idaho Resource Tracking System) has added a new field to the hospital daily reporting tab to better inform state officials of the current status of hospital operations in light of the current surge in cases and hospitalized patients. This new field is not required and is not transmitted to HHS/TeleTracking, but is designed to keep people aware of the rapidly changing landscape under which hospitals are operating.

In addition to a comment section, which allow users to enter details for immediate and potential future concerns, describe the immediate situation and how it is impacting care delivery, and any other concerns that are not being captured by the other reported measures, the new field has an expanded Likert scale to report on the hospital's current operations:

- Full care as normal (no unusual limitations)
- Some stresses
- Many resource limitations (some/all elective procedures cancelled)
- Contingency mode
- Crisis standards of care

These fields were added in late last week and can be updated as the circumstances in your hospital change by an EMResource/IRTS account with Hospital Admin permissions. Hospital staff can contact HospitalBedTracking@dhs.idaho.gov if they need to look up or update an account for their facility.

Resources & Equipment

Veklury (remdesivir) studies and availability

This week, the New England Journal of Medicine (NEJM) published two studies on remdesivir (now known as Veklury). The **first** study found, "Data show that remdesivir (Veklury) was superior to placebo in shortening the time of recovery in adults who were hospitalized with COVID-19 and had evidence of lower respiratory tract infection."

The **second** research study which focused on patients with severe infections and evidence of pneumonia reported, "In patients with severe COVID-19 not requiring mechanical ventilation, there was no significant difference between the two groups following remdesivir (Veklury) treatment. However, magnitude of benefit cannot be determined as there was no placebo control."

As reported in the October 1 IHA COVID-19 Update, hospitals can now purchase Veklury directly from AmerisourceBergen. As of last month, the manufacturer, Gilead Sciences, reported being able to meet real-time demands for the drug.

News Notes

- **HealthEquip**, a partnership between AHA, Microsoft, UPS, Kaiser Permanente, Goodwill, Merit Solutions and Kearney, matches donors with PPE to hospitals to make sure frontline workers have the protection they need. Hospitals can [register](#) their needs or review this [video](#) for more information.
- Last week, CMS launched the **Nursing Home Resource Center** with the latest information and resources for clinical staff, facility inspection reports, training, and reimbursement information.

Federal plans for vaccine distribution

Recently, the National Governors Association submitted a list of questions to HHS regarding vaccine distribution and planning. **HHS answered numerous questions** on funding, distribution, communication and reporting. While details on some areas - including cold storage and redistribution of vaccines to rural areas - were not provided, some other highlights include:

How will the vaccine be allocated to states? What formula will be used?

The federal government will determine the amount of COVID-19 vaccine designated for each jurisdiction. The jurisdiction's immunization program will then be responsible for managing and approving orders from enrolled providers within their jurisdiction using this allotment. The amount allotted will change over time, which may be based on critical populations recommended for vaccination by **Advisory Committee on Immunization Practices** (ACIP) (with input from National Academies of Sciences, Engineering, and Medicine), COVID-19 vaccine production and availability, and overall population of the jurisdiction. Federal agencies and additional commercial partners will also receive allocations directly from CDC once larger volumes of vaccine are available. CDC is currently developing procedures to ensure that jurisdictions and tribes have full visibility of COVID-19 vaccine supply and vaccination activities among these entities located within their boundaries. Further details are noted on page 24 of the CDC's **COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations**.

How will funding/reimbursement for vaccines be handled?

Any vaccine doses purchased by the U.S. Government will be provided to Americans at no cost. It is our obligation to ensure every American is provided with a Food and Drug Administration (FDA) approved, safe, effective and affordable vaccine as fast as possible, and vulnerable American who needs the vaccine will receive the vaccine regardless of their ability to pay.

Under Sec. 3713 of the CARES Act, Congress provided coverage under Medicare Part B for the COVID-19 vaccine and its administration without any cost sharing with respect to an FDA-licensed, COVID-19 vaccine. The Centers for Medicare and Medicaid Services (CMS) is exploring coverage options for a COVID-19 vaccine authorized under an Emergency Use Authorization (EUA). Under President Trump's leadership private insurers, including Humana, Cigna, UnitedHealth Group, and the Blue Cross Blue Shield system committed to waive cost-sharing payments for treatment related to COVID-19 for plan members, and HHS is using a portion of the \$100 billion Provider Relief Fund to reimburse healthcare providers, at Medicare rates, for COVID-related treatment of the uninsured.

How will management of supplies (i.e. needles, syringes, alcohol pads, band aids, etc.) work?

Ancillary supplies will be packaged in kits and will be automatically ordered in amounts to match vaccine orders. Each kit, with the exception of those designated for use with the Pfizer vaccine, will contain supplies to administer 100 doses of vaccine, including needles, syringes, alcohol prep pads, 4 surgical masks and 2 face shields for vaccinators, COVID-19 vaccination record cards for vaccine recipients. Additionally, for vaccines that require mixing with an adjuvant, a mixing kit sufficient to support 100 doses will include needles, syringes, alcohol prep pads. The Pfizer vaccine kit include needles, syringes, alcohol prep pads, 40 surgical masks and 20 face shields for vaccinators, COVID-19 vaccination record cards for vaccine recipients, and diluent sufficient to mix 1,000 doses.

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