

New system to facilitate transfers

IDHW has launched the AlertSense Patient Transfer Coordination Tool (ACT) to allow hospital transfer center leaders and discharge planners to communicate directly with subsets or all Idaho hospitals. The program is designed to eliminate the need to call each hospital to determine if a transfer can be accommodated.

Through the system, a description of the patient and their needs or condition is sent out. The sender has the option of selecting hospitals in their public health district or region, tertiary hospitals only, or all hospitals in the state. Hospitals reply as to whether or not they have the availability to accept that patient. Specific questions between facilities can happen through the chat feature and do not go to all in the group.

IDHW has provided this [brief guide](#) with set-up information as well as the process to post a request. If your hospital has not yet submitted contact information, please send it for the individuals who are facilitating discharges and transfers to IdahoMOCC@dhw.idhao.gov.

Efforts are underway to include long-term care facilities to assist with step-down discharges as well as EMS.

Reimbursement & Policy

Monoclonal therapy updates

Today, IDHW announced that the first monoclonal infusion center in Coeur d'Alene is set to start treating patients beginning tomorrow. The center, a partnership between Kootenai Health and Heritage Health with financial support from the state, will be able to provide infusions for up to 48 people per day. The program will supplement the treatments being provided at other locations.

Efforts to stand up a second site in Eastern Idaho are underway. However, news from HHS regarding distribution of the monoclonal antibody products may slow the implementation of a site in the Treasure Valley. HHS has announced, based on the high volume of product being requested, they will determine the allocations states and territories receive as they did earlier in the pandemic. IDHW expects to have a better understanding in the coming days of how much of the monoclonal antibody therapies Idaho should receive. That will help guide the implementation of additional infusion centers.

As the surge continues and the demand for the therapies increases, HHS has also expanded the pool of professionals who are covered by the PREP Act (Public Readiness and Emergency Preparedness Act) to administer the therapies. A [new amendment](#), announced as part of President Biden's action plan, allows licensed pharmacists, pharmacy technicians, and pharmacy interns to administer the therapeutics.

Update on using out-of-state telehealth providers

Legislation enacted in early 2021 changed the Governor's ability to waive certain statutes and laws during an emergency declaration. The new law invalidated the waiver of certain elements of the Idaho Telehealth Act instituted by Governor Little in the early days of the pandemic. The waiver allowed the use of out-of-state physicians and physician assistants to treat patients via telehealth without being licensed in Idaho.

However, a separate section of Idaho Code – 54-1804(1)(d) – does allow for physicians and PAs who are in good standing to practice via telehealth or in-person during a declared state of emergency without being licensed in Idaho. The Idaho Division of Professional Licenses provided this [updated guidance](#) last week.

Hospitals can receive additional relief funds

Last week, another round of [federal funding relief](#) was announced for hospitals and other providers as well as an extended grace period for reporting on Provider Relief Funds received in 2020 and earlier this year.

Providers can apply for the funds beginning September 29. Distribution of the funds, totaling \$25.5 billion, will be based on pandemic-related lost revenues and additional expenditures as well as services provided to rural participants in the Medicare, Medicaid and Children's Health programs.

HHS will have a single streamlined application process to allow providers to apply for the funds for rural health care as well as for losses and expenses.

Large providers will receive payments based on a percentage of lost revenue or additional expenses, while payments to medium and small providers will include a base payment plus a supplement. HHS will determine exact amounts after receiving applications.

Given the latest surge across the country, HHS is also granting a "final 60-day grace period" for the September 30 deadline for the first PRF reporting period. HHS noted that while the deadline remains, they will not begin collection or other enforcement actions during the grace period.

Virtual Meetings & Education

Governor's COVID virtual town hall

Governor Brad Little and IDHW Director Dave Jeppesen will answer questions from the public about COVID-19 during the AARP virtual town hall.

September 15 ~ 12-1p MTN / 11a-12p PAC

[Join](#)

Replay ~ IDHW Media Call

IDHW leaders have resumed weekly media calls to provide the latest pandemic information and answer questions from the media.

[Replay September 14 event](#)



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