

Reimbursement & Policy

Data reporting clarifications and new blood supply reporting

Following the updated guidance on hospital data reporting HHS issued on January 6, the agency released [additional clarifications yesterday](#). The FAQ document addresses questions regarding pediatric data, weekend reporting, influenza, and more. These data reporting clarifications apply to hospitals that report directly to HHS Protect as well as those reporting via IRTS.

In other IRTS news, a blood supply tab was added over the weekend to help keep track of the blood supply throughout the state. Hospitals are asked to submit daily data on the following:

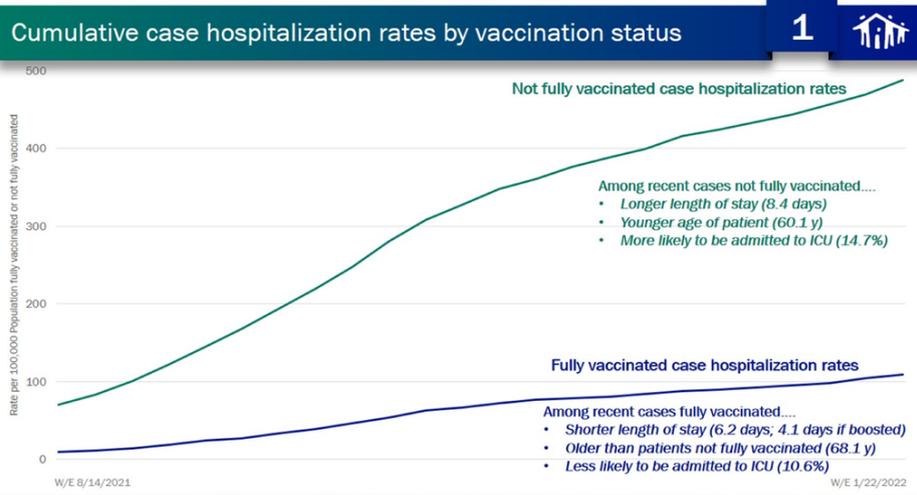
- Units of Type O+
- Units of Type O-
- Total Units of PRBCs (all types)
- Total Units of PRBC to Expire under 48hr
- Overall status of blood supply - a facility is "green" if they are over 80% supply; facility is "yellow" if they are at 60-80% supply; facility is "red" if they are under 60% supply (critically low, with a probability to impact patient care).

Hospitals are encouraged to have the blood supply data updated prior to the statewide coordination call at 10a MTN / 9a PAC. This data is not currently being forwarded to HHS Protect.

EUAs for monoclonal antibody therapies revised

Yesterday, the FDA revised the emergency use authorizations for bamlanivimab and etesevimab and REGEN-COV (casirivimab and imdevimab) to reflect the data that they are not effective against the Omicron variant.

The agency noted in their [statement](#), "Because data show these treatments are highly unlikely to be active against the omicron variant, which is circulating at a very high frequency throughout the United States, these treatments are not authorized for use in any U.S. states, territories, and jurisdictions at this time. In the future, if patients in certain geographic regions are likely to be infected or exposed to a variant that is susceptible to these treatments, then use of these treatments may be authorized in these regions."



For the week ending on January 22, IDHW shared information on the vaccination status of hospitalized patients. Hospitalized patients are five times as likely to be unvaccinated and endure longer stays.

Resources & Information

Additional staff may be available through FEMA

In today's statewide coordination call with hospitals, IOEM Director Brad Richy indicated there may be an opportunity for the state to expand the number of FEMA-funded staff to help with this latest surge. The process to request those staff – if available – is to submit a Request For Assistance (RFA) form to your local health district. There are separate forms for [medical staff](#) and [non-medical staff](#) requests.

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