Original: April 3, 2020
Revised: 4-14-2020; 4-16-2020; 4-20-2020, 4-23-2020

COVID-19 Preparedness: Critical Access Hospital Resource Guide

OVERVIEW

Our goal is to provide a one stop shop for critical access hospitals and our ruralMED Health Cooperative members to access resources to prepare and persevere throughout the coronavirus pandemic. This document will be updated, and additional resources will be included as they turn up.

If you have any recommendations for additions or changes that need to be made, please submit them to Jackie Ziemke at: jziemke@ruralmed.net.

SUPPLIES AND PPE

PPE UTILIZATION

CDC PPE Optimization Strategies

The CDC has sent out guidelines for preserving your supplies. These include recommendations on when certain PPE should be used.

- CDC – Strategies to Optimize the Supply of PPE and Equipment

Burn Rate Calculator

This is a resource that you can use to help you calculate your burn through rate of supplies per patient.

- CDC PPE Burn Rate Calculator

Open Source Face Shield - DIY

Here are instructions on how to build your own Face Shields based off an open source build by Midwest Prototyping. The design is called Badger Shield.

- Midwest Prototyping – Badger Shield – Open Source Face Shield V4

Compounding Alcohol-Based Hand Sanitizer – USP

This document is intended to address shortages of alcohol-based hand sanitizers associated with the COVID-19 pandemic.

- USP-Compounding Alcohol-Based Hand Sanitizer During COVID-19 Pandemic

State Order Form

- DHHS Order Form

NMA – Free Face Shields

The NMA has been able to secure free face shields by working with our UNMC medical students that are focusing on PPE efforts. I have 6,000 face shields being delivered later this week. If you need any face shields please fill out the request form at the link below. If you have already communicated your requests, please do not duplicate.

- NMA Face Shield Order Form

NMA Contact:
Amy Reynoldson // admin@nebraskamgma.org // Office: 402-474-4472 // Cell: 402-440-8196
Omaha Area: Carol Wang // cwang@omahamedical.com

Ideal Images – PPE Order Information

Ideal Images is a promotional giveaway company in Omaha, Nebraska. They currently have supplies and access to other PPE. It is estimated that Ideal Images can receive PPE approximately two weeks after placing an order.

Ideal Images Contact:
Andrea Kirby: akirby@ideal-images.com

Pricing:

- **Masks (Minimum is 100/1box)**
  - KN95 masks- $350 per box of 100
  - 3- ply masks $100 per box of 100, 5 or more boxes - $90 per box of 100 (40,000 here and 100,000 coming in early next week)
  - Reusable/washable masks $500 per 100 in stock in 5-7days
- **Themometers**
  - Forehead Thermometers $60 retail, 12 or more $55.00 ea
- **Face Shields**
  - Face shields (have 1,300 in warehouse now) $6.00 ea
  - Face Shields slightly different (5,000 coming in 4/25) $4.00
- **Sanitizer**
  - Liquid Sanitizer - $30 per gallon, Buy over 12 gallons $28 per gallon
  - Sanitizer Minimum- qty 100
    - 4 oz sanitizer liquid in SPRAY bottle $3.50 per bottle
    - 16 oz liquid sanitizer bottle $9.00 per bottle
    - 12 oz gel sanitizer $7.75
    - 8 oz gel sanitizer $5.85

FINANCIAL RESOURCES

CARES ACT PROVIDER RELIEF FUND

- Cares Act Provider Relief Fund Fact Sheet

HHS has announced additional payments that will be coming out next week as part of the CARES Act. Additional Information can be found on the HHS Website: https://www.hhs.gov/provider-relief/index.html

Payments will be made to providers for treatments for the uninsured for COVID related services.

Providers must register to receive these payments. Sign-up begins April 27th. Payments will be made based on the Medicare payment rates. More details here: https://www.hrsa.gov/coviduninsuredclaim

PAYROLL PROTECTION PROGRAM

Congress is currently putting pressure on the Small Business Administration to allow publicly owned rural hospitals to have access to the loan and grant provisions of the CARES Act. As you know, the language lacked clarity and because publicly owned entities were excluded from previous SBA loans (and language in the Act did not specifically include them), many interpreted that as an overall prohibition. However, we are learning that this is not the intent of Congress. Congressional pressure is now being put on the SBA to include the 33% of

rural hospitals and 18% of rural health clinics that are publicly owned.

If you are publicly owned, please apply as soon as possible! Congress may not win this fight with the SBA, but there is a good chance that they will. The money in this program will go fast. Make sure you get your application in now.

Please work with your CFO and/or Accountant to gather the needed data for the application.

Payroll Protection Program Resource Documents and Links:

- NRHA blog post on how to apply for a loan under the Paycheck Protection Program
- SBA Paycheck Protection Program website
- Small Business Paycheck Protection Program Overview
- Paycheck Protection Program Application Form
- Paycheck Protection Program Information Sheet
- Small Business Owner's Guide to the CARES Act
- Rural Development – Business & Industry Guaranteed Loan Program
- Rural Development – Rural Energy for America Program Renewable Energy & Energy Efficiency
- Rural Development – Community Facilities Loan Guarantees
- Rural Development – Water & Waste Disposal Loan Guarantees

***Credits:**
***Maggie Elehway, National Rural Health Association**
***Derek Rusher, President/CEO, Kearney Area Chamber of Commerce**

ACCELERATED AND ADVANCED PAYMENTS

CMS has expanded the Accelerated and Advance Payment Program due to the COVID-19 pandemic. Below are links to a fact sheet that provides information on the payment process, the eligibility requirements, the recoupment of the advancement, and a FAQ.

- Accelerated and Advanced Payment Fact Sheet
- Accelerated Payment Request Form 4.1.2020
- WPS GHA Accelerated and Advance Payment Request

Providers experiencing financial hardship relating to the COVID-19 pandemic can submit a request for an advance payment. Providers are to use the attached Accelerated Payments Request Form to submit a request (this form varies by Medicare Administrative Contractor (MAC), the attached form is for those providers whose MAC is WPS). The completed forms, as well as questions relating to the advance payment request should be sent to AccAdvPymtReq@wpsic.com. See the fact sheet through the link above on information to include in your email.

Eligible payment amounts differ by the type of provider. Inpatient acute hospitals can request up to 100% of Medicare payment amounts for a six-month period (07/01/2019-12/31/2019). Critical Access Hospitals can request up to 125% of their payment amount for a six-month period (07/01/2019-12/31/2019). All other provider types (example, home health agency or rural health clinic) can request up to 100% of the Medicare payment amount for a three-month period (10/01/19-12/31/2019).

To calculate the maximum dollar amount that will be allowed for the accelerated payment the Part A and B PS&R net reimbursement activity paid to Hospitals and any subunits from 7/01/19-12/31/19 should be used. This is the maximum accelerated payment that will be paid. Each subunit would need a separate request.

For Critical Access Hospitals this total is then multiplied by 125%, as indicated in the fact sheet. All other provider types should use PS&R paid amounts for a three-month period (10/01/19-12/31/2019). If PS&R information is not available, the provider should estimate total payments from Medicare during the three month period.

Examples of subunits are Swing Bed units and inpatient psychiatric units. These have a CCN number that includes letters. CAH Swing bed units will include a Z in their CCN numbers (example, provider number: 28-Z999). A separate request must be done for these subunits from your main provider CCN.

WPS has indicated that supporting information for the calculation does not need to be submitted. They will be provided information from CMS that they will use to calculate the maximum accelerated payment allowed for each provider. If your requested amount exceeds their calculation you will received the lesser amount.

If you need assistance in calculating the maximum accelerated payment amount allowed, please contact and collaborate with your accountant and CFO.

Inpatient acute care hospitals, children's hospitals, certain cancer hospitals, and Critical Access Hospitals (CAH) have up to one year from the date the accelerated payment was made to repay the balance. All other Part A providers and Part B suppliers will have 210 days from the date of the accelerated or advance payment was made to repay the balance.

The accelerated payment will be recouped through claims. The provider/supplier can continue to submit claims as usual after the issuance of the accelerated or advance payment; however, recoupment will not begin for 120 days. Providers/ suppliers will receive full payments for their claims during the 120-day delay period. At the end of the 120-day period, the recoupment process will begin and every claim submitted by the provider/supplier will be offset from the new claims to repay the accelerated/advanced payment over the next seven months. Thus, instead of receiving payment for newly submitted claims, the provider's/supplier's outstanding accelerated/advance payment balance is reduced by the claim payment amount. This process is automatic.

For qualifying hospitals, if there was still a balance at the end of the 7 months, the provider would have 30 additional days to pay back the balance. If the balance wasn't paid in full after those 30 days, (essentially a full year after the payment date), interest would begin to accrue. The current rate is 10.25% but that is subject to change. For other qualifying providers the aforementioned time frame of 210 days would apply.

We encourage you to read the entire fact sheet.

The preceding information was obtained through correspondence with WPS and information included on the attached fact sheet. This information may change.

***** Credit: Seim Johnson, LLP***

EMPLOYEE RETENTION CREDIT

The Treasury Department and the Internal Revenue Service have launched the Employee Retention Credit, designed to encourage businesses to keep employees on their payroll. The refundable tax credit is 50% of up to $10,000 in wages paid by an eligible employer whose business has been financially impacted by COVID-19, for a maximum credit of $5,000 per employee.

Does my business qualify to receive the Employee Retention Credit?

The credit is available to all employers regardless of size, including tax-exempt organizations. There are only a few exceptions: State and local governments and their instrumentalities, self-employed individuals and small businesses receiving Small Business Interruption Loans under the Paycheck Protection Program (PPP).

Qualifying employers must fall into one of two categories:

1. The employer's business is fully or partially suspended by government order due to COVID-19 during the calendar quarter.
2. The employer's gross receipts are below 50% of the comparable quarter in 2019. Once the employer's gross receipts go above 80% of a comparable quarter in 2019, they no longer qualify after the end of that quarter.

These measures are calculated each calendar quarter.

How is the credit calculated?

The amount of the credit is 50% of qualifying wages (including health plan expenses) paid up to $10,000 in total, so that the maximum credit for qualified wages paid to any employee is $5,000. Wages paid after March 12, 2020, and before Jan. 1, 2021, are eligible for the credit.

How do I know which wages qualify?

Qualifying wages are based on the average number of a business's employees in 2019.

Employers with less than 100 employees: For employers who had an average number of full-time employees in 2019 of 100 or fewer, all employee wages are eligible, regardless of whether the employee is furloughed. If the employees worked full time and were paid for full time work, the employer still receives the credit.

Employers with more than 100 employees: For employers who had more than 100 employees on average in 2019, qualified wages taken into account for an employee may not exceed what the employee would have been paid for working an equivalent duration during the 30 days immediately preceding the period of economic hardship.

Are any wages not eligible?

Wages do not include amounts taken into account for purposes of the payroll credits, for required paid sick leave or required paid family leave in the Families First Coronavirus, nor for wages taken into account for the employer credit for paid family and medical leave. No credit is available with respect to an employee for any period for which the employer is allowed a Work Opportunity Credit with respect to the employee.

I am an eligible employer. How do I receive my credit?

Employers can be immediately reimbursed for the credit by reducing their required deposits of payroll taxes that have been withheld from employees' wages by the amount of the credit.

Eligible employers will report their total qualified wages and the related health insurance costs for each quarter on their quarterly employment tax returns or Form 941 beginning with the second quarter. If the employer's employment tax deposits are not sufficient to cover the credit, the employer may receive an advance payment from the IRS by submitting:

- Form 7200, Advance Payment of Employer Credits Due to COVID-19.

***** Credit: Seim Johnson, LLP***

In response to the COVID-19 pandemic, Congress passed the Coronavirus Aid, Relief and Economic Security Act (CARES Act) on March 27, 2020. The bill provides financial aid for individuals and companies. The CARES Act also has provisions allowing access to retirement saving and suspension of required minimum distributions.

- CARES Act: Implications for Retirement Plans – Presentation
- CARES Act: Summary by Empower Retirement

LEGAL

1135 WAIVERS

The Centers for Medicare and Medicaid Services (CMS) have issued a broad package of blanket regulatory waivers, as permitted under Section 1135 and other provisions of the Social Security Act, applicable to certain providers. In addition, Nebraska's 1135 Waiver request has been approved. These waivers are effective retroactively to March 1, 2020.

CMS Blanket Waivers

- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf
- http://d31hzlhk6di2h5.cloudfront.net/20200330/b9/1c/66/9c/d6663c28ccbc3a65844139d9/Enclosure_3-24-20_Approved_Waivers_Upon_Request_002_.pdf
- https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

Stark 1135 Waivers

- https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

Nebraska Medicaid Approval

- http://dhhs.ne.gov/Documents/Nebraska%201135%20Approval.pdf

1135 WAIVERS SUMMARY

Below is a brief summary of the Blanket Waivers Effective 03/01/2020 – End of the Emergency Declaration:

EMTALA – allows CAHs to screen patients off-site.

Verbal Orders – read-back verification still required, authentication may occur later than 48 hours

a. Order for drugs and biologicals should be used infrequently
b. Still must date, time, and authenticate by provider
c. May use pre-printed and electronic standing orders, order set, and protocols
d. Medication administration can be done on verbal order and followed up with written

Restraint Reporting – reporting death of individuals that required soft wrist restraints may be reported later than close of business the following day.

Patient Rights – ONLY IF CONSIDERED TO BE IMPACTED BY COVID-19 – not required to meet:

a. Timeframes for copy of medical record
b. Written visitation policies with respect to COVID-19 patients
c. Written policies regarding seclusion

Sterile Compounding – allows face masks to be removed and retained in compounding area and reused – only in compounding area.

Detailed information Sharing for Discharge Planning for Hospitals and CAHs – requirement for detailed discharge waived.

Discharge Planning – waiving all requirements related to post-acute care services

Medical Staff – physicians whose credentials are expiring may continue to practice, and new providers can begin practice without medical staff/governing body review and approval.

Medical Records – allows flexibility in completion of medical records within 30 days following discharge.

Flexibility in Patient Self Determination Act Requirements – waiving requirement that CAHs provide information about Advance Directive policies to patients.

Physical Environment – allows flexibility during surges to use non-hospital buildings/spaces provide the location is approved by the state and not inconsistent with state's emergency preparedness or pandemic plan.

Telemedicine – waiving regulation for CAHs, see updates provided by ruralMED at https://www.ruralmed.net/billing-coding-resources/covid-19-preparedness-virtual-visit-reimbursement-guide/

Physician Services – waives requirements that Medicare patients be under the care of physician, so long as it is not inconsistent with state's emergency plan.

Anesthia Services – waiving requirement that CRNA be under direct supervision of physician at discretion of hospital and state law.

Utilization Review – waiving the requirement to have a plan, committee and review of all Medicare and Medicaid beneficiaries, so long as it is not inconsistent with the state's emergency preparedness plan.

Written Policies and Procedures for Surge Facilities – waives the requirement that Surge Facilities have emergency preparedness policies and procedures.

Quality Assessment & Performance Improvement Plans – waiving some requirements with respect to details on the scope of the program, incorporation, setting priorities and integration. *Not eliminating the need for QAPI programs only decreasing the burden.

Nursing Service – waiving requirement for nursing care plan for each patient. Also removing the need for policies and procedures for which outpatient areas require a registered nurse.

Food & Dietetic Services – waiving requirement for a current therapeutic diet manual with necessary approvals.

Respiratory Care Services – waiving requirement that designated personnel qualified to perform specific respiratory care services be in writing.

CAH Personnel Qualifications – waiving the personnel qualifications for clinical nurse specialists, nurse practitioners and PAs (education requirements)

CAH Staff Licensure – deferred to states

CAH Status and Location – waiving requirement that CAH be located in rural area to allow for surge locations to fall outside of rural locations.

CAH Length of Stay – waiving the limit on number of beds to 25; and that length of stay be 96 hours.

Temporary Expansion Locations – waiving certain requirements of Condition of Participation to allow hospitals to establish and operate in provider-based department locations to extent necessary to meet needs of patients.

3-Day Prior Hospitalization – waiving the requirement of 3-da prior hospitalization for coverage of SNF stay; for certain beneficiaries who recently exhausted their SNF benefits, it authorizations renewed SNF coverage without first having to start a new benefit period (must involve emergency itself).

Reporting Minimum Data Set – waiving timeframe requirements for the reporting of Minimum Data Sets.

Physician Visits in Skilled Nursing Facilities/Nursing Facilities – waiving the requirement for in-person visits by providers for nursing home residents.

Practitioner Locations – under certain conditions allows out-of-state providers to practice without a license in the practicing state.

Provider Enrollment –

a. Toll-free hotline for temporary enrollment for isolation facilities
b. Waiving some screening requirements: application fee, criminal background check – fingerprint based; site visits
c. Postponement of all revalidation actions
d. Licensed providers render service outside licensing state
e. Expedite pending and new applications
f. Render telehealth services from home while continuing to bill under currently enrolled location
g. Allow providers to terminate their opt-out status

Medicare Appeals in Fee for Service (FFS), Medicare Advantage (MA) and Part D – allow extensions for filing appeals; waive requests for timeliness requirements for additional information to adjudicate appeals

NE Medicaid Requests and Approvals from CMS –

a. Temporarily Suspend Medicaid fee-for-service prior authorization requirements.
b. Suspend Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30 days.
c. Fair Hearing Requests and Appeal allowed to temporarily delay
d. Provider Enrollment –
    a. Authorized to provisionally, temporarily enroll providers who are enrolled with another SMA or Medicare for the duration of the public health emergency.
    b. Authorized to enroll providers who are not currently enrolled with another SMA or Medicare so long as certain criteria are met.
    c. Approved to temporary cease revalidation.
    **Also applies to CHIP.
e. Provision of Services in Alternative Settings – allows to be reimbursed for service rendered in an unlicensed facility provided the State makes reasonable assessments that the facility meets minimum standards.

Stark Waivers

Establish a COVID-19 Purpose:

1. Diagnosis/Treatment of COVID-19 whether or not it is confirmed
2. Securing Services of Physicians/Practitioners to furnish medically necessary services
3. Ensuring Availability of Health Care Providers to Address Patient and Community Needs
4. Expanding Availability of Health Care Providers to Address Patient and Community Needs
5. Shifting diagnosis and care to alternate appropriate settings
6. Addressing Medical Practice or Business Interruptions

Blanket Waiver Highlights

1. Above or Below FMV for personal performed professional services.
2. Below FMV rental charges for space or equipment.
3. Below FMV for purchase of items or service
4. Med Staff Incidental Benefits (meals, clothing, etc.)
5. Nonmonetary compensation
6. Below Market Loans – terms that are unavailable from lender that is not a recipient of physician referrals

POLICIES, PROCEDURES AND BEST PRACTICES

BEST PRACTICES

Evergreen Health

- Evergreen Health – COVID-19 Lessons

SCREENING PROCESSES BY FACILITY

Tri-Valley Health Center

Screening Processes:

1. Review referral form from transferring facility
2. Symptoms: confirmed COVID, fever, diagnosis
3. Unexplained information to be shared to team
4. Respiratory Distress
5. Reviewed by Chief Nursing Officer, Inpatient Manager, Chief of Staff (on-call Provider), and Case Manager
6. Each will be reviewed case-by-case
7. PPE needs
8. In place with Kearney Regional: they will send a form to TVHS noting authorization of 3-day (waiving 3-midnight stay requirements)

POLICY AND PROCEDURES

The below links are policies, procedures and forms that are currently implemented at our different facilities. Please use these as a starting point for creating your own, or to use as a checklist to improve your own and confirm that your processes are complete.

Employee Health / Human Resources

- ruralMED – FFCRAR Leave Request Form
- ruralMED – COVID Self-Monitoring Form
- LRHC – Surge Planning Procedure