HHS distributes $30 billion in relief to hospitals

The Department of Health and Human Services (HHS) announced today its plans for distributing the first $30 billion of the $100 billion Provider Relief Fund created by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The allocation of funds will be based on each hospital’s share of 2019 Medicare fee-for-service (FFS) reimbursements.

While detailed information about the administration’s plan for the remaining $70 billion is not yet available, HHS noted it is working to develop targeted distributions that will focus on:

- providers in areas particularly impacted by the COVID-19 outbreak,
- rural providers,
- providers who deliver services with lower shares of Medicare reimbursement or who predominantly serve the Medicaid population, and
- providers requesting reimbursement for the treatment of uninsured Americans.

AzHHA estimates Arizona hospitals will receive only $220 million of the $30 billion*, in part because of Arizona’s high Medicare Advantage penetration, reimbursements from which are excluded from the allocation methodology. The funding is a great, first step but there is much more financial relief needed for Arizona hospitals. AzHHA member hospitals report revenues are down 30-40% due to the cancellation of elective procedures and a reduction in emergency department visits. On a statewide basis that would equate to a revenue reduction of $430 million to $575 million per month.

AzHHA is advocating at the state and federal levels for other funding sources to be made available to Arizona’s hospitals as soon as possible, including a portion of the state’s forthcoming $1.55 billion distribution pursuant to the CARES Act’s Coronavirus Relief Fund. Additionally, CMS is actively considering AHCCCS’s waiver request seeking retention payments for all providers including hospitals.

Last, we urge all hospitals to consider applying for Medicare accelerated payments. As of yesterday, April 9, CMS had delivered more than $51 billion in payments to healthcare providers under this program created by the CARES Act. A provider is eligible for Medicare accelerated payments so long as it (1) has billed Medicare for claims within 180 days
AzHHA and AzCHER hospital member alert – COVID-19

immediately prior to the date of signature on the provider’s request form; (2) is not in bankruptcy; (3) is not under active medical review or program integrity investigation; and (4) does not have any outstanding delinquent Medicare overpayments. Please see this CMS Fact Sheet and for any additional questions, you can email CMS at covid-19@cms.hhs.gov.

* HHS is allocating funds based on 2019 reimbursements. AzHHA calculations are based on available 2017 and 2018 Medicare Cost Report data.

CMS releases additional blanket waivers

Building on its sweeping array of blanket 1135 waivers released last week, the Centers for Medicare & Medicaid Services (CMS) announced last night a new set of waivers for Medicare providers. Generally, these changes are aimed at supporting providers’ abilities to address the increasing volume of patients affected by COVID-19 through new workforce flexibilities.

The full list of waiver flexibilities enacted to date – including those specified below – is located here. New waivers include:

- **Physicians in Critical Access Hospitals (CAHs) can now treat patients virtually.** CMS has waived the requirement that a physician must be physically present to provide medical direction and supervision for CAH patients. Physicians now only have to be available by radio, telephone, or online communication for “consultation, assistance with medical emergencies, or patient referral.”

- **The rule of Nurse Practitioners (NP) and Physician Assistants (PA) are expanded in skilled nursing facilities (SNFs).** CMS is now allowing physicians to delegate tasks to NPs, PA, and clinical nurse specialists in situations where federal regulation would otherwise specify the physician must perform the task personally. CMS specifies that any delegated task must still be under the supervision of the physician.

- **The rule of Occupational Therapists (OTs) is expanded in Home Health Agencies.** CMS is now allowing OTs to perform initial and comprehensive assessments for all patients. CMS specifies this is regardless of whether occupational therapy is the service that establishes eligibility for the patient to receive home health care.

- **In-service training requirements are relaxed for hospice nurses.** CMS has waived the requirement that hospices must provide 12 hours of in-service training during a 12-month period for each hospice aide.

ADHS releases new enhanced surveillance toolkit for EMResource

In response to Gov. Ducey’s Executive Order expanding data that hospitals must report to EMResource, the Arizona Department of Health Services (ADHS) published an updated toolkit. As a reminder, hospitals should be updating EMResource daily by 12 p.m. For any questions or assistance, please email HEOCLogistics@azdhs.gov.

RFP released for the operation of St. Luke’s
ADHS released a request for proposals for management of the shuttered St. Luke's Medical Center as an alternative care site for COVID-19 patients. Dr. Cara Christ, ADHS Director, joined AzHHA members on a call today to provide more detail on this RFP. While ADHS has proposed using the site to treat high acuity patients, Dr. Christ stated the department is open to a mixed-use operation. Responses are due at 3:30 p.m. on April 15 with a pre-offer conference and tour of the facility on April 13 at 9 a.m.

Guidance for certifying COVID-19 deaths

The Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics has released a guidance document on how to certify deaths due to COVID-19. This document provides guidance to death certifiers on proper cause-of-death certification for cases where confirmed or suspected COVID-19 infection resulted in death. In addition, the CDC is hosting a conference call on April 16 to review the guidance.

Arizona Surge Line

AzHHA convened a call today with Arizona hospital Chief Medical Officers, Chief Nursing Officers and Information Technology professionals to discuss a new resource to help in the transfer of COVID-19 patients during an emergency hospital or healthcare facility surge. ADHS’ Medical Director for Public Health Preparedness, Dr. Lisa Villarroel provided details on the Arizona Surge Line explaining how it was created to optimize Arizona’s patient management through the COVID-19 pandemic. Dr. Villarroel says this new tool is expected to “go live” by the end of next week.

The Arizona Surge Line is a 24/7 toll-free call line that acts as a “doorway” for clinicians to other facility transfer centers and independent clinical consultants. This is a free service to hospital providers and systems. It will be facilitated by the Arizona Department of Health Services, protocolized by the input from hospital facilities and systems in Arizona. For this emergency, it will be used for COVID patients only.

Read more about the Surge Line plan and principles of structure here.

AHCCCS updates


COVID-19 updates

Ensure your hospital response team is on AzHHA’s COVID-19 member advisory distribution list. Visit our website https://www.azhha.org/covid19 and sign up to receive future member advisories and COVID-19 updates.

Due to the COVID-19 pandemic status, AzHHA is sharing its member advisory with all Arizona hospital and healthcare members in an effort to get you the information you need to care for patients in your communities.
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Questions? Contact us at Communications@AzHHA.org.