The LHA will distribute Impact Weekly, which includes a COVID-19 Update, on Mondays, along with additional weekly COVID-19 Member Updates based on the availability of relevant, timely resources and information. This newsletter and other local, state and national hospital-specific resources and guidance from trusted sources can be found on the LHA’s COVID-19 webpage.

HEADLINES

- COVID-19 Update: Timely Resources, Guidance and News
- Legislative Session Resumes Today
- LDH Seeks Initial Feedback on Transitioning Hospital Supplemental Payments
- Louisiana PCF Extends Payment Deadline for Certain Renewals
- LDH Extends Deadline for EHR Promoting Interoperability
- Upcoming LHA Education Webinars
- Louisiana Register Highlights
- Federal Register Highlights

NOTICES

LDH COVID-19-Related Bulletins: LDH issued the following revised Informational Bulletins: Informational Bulletin 20-5 with changes related to high-throughput lab testing, clarifications for third-party liability/telehealth and updates on EPSDT coding; Informational Bulletin 20-8 regarding CARES Act provider relief funding; Informational Bulletin 20-9 regarding EPSDT personal care services; and Informational Bulletin 20-13 regarding infection control guidance for home health agencies.

LHA Recorded Webinars: View recordings of the following recently-offered LHA webinars:
- SBA Funding Options for Physicians and Other Providers Under the CARES Act;
- Revenue Cycle Crisis Management: COVID-19;
- Latest Stark Updates, Including Recent CMS Waivers;
- Governance in the Time of Coronavirus;
- COVID-19 and Hospital Case Management; and

COVID-19 UPDATE: TIMELY RESOURCES, GUIDANCE AND NEWS

FUNDING OPPORTUNITIES

HHS Hospital Payments: On May 1, the U.S. Department of Health and Human Services (HHS) announced that it was processing payments from the Provider Relief Fund for hospitals with large numbers of COVID-19 inpatient admissions through April 10, 2020, and to rural providers in support of the national response to COVID-19. According to the press release, HHS is distributing $12 billion to 395 hospitals that provided inpatient care for 100 or more COVID-19 patients through April 10, 2020, $2 billion of which will be distributed to these hospitals based on their Medicare and Medicaid disproportionate share and uncompensated care payments. Of the $12 billion, Louisiana will receive nearly $400 million, and of the $2 billion, Louisiana will receive approximately $64 million. Recipients of the $10 billion rural distribution will include, rural acute
care general hospitals and Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), and Community Health Centers (CHCs) located in rural areas. Of the $10 billion rural distribution, Louisiana will receive nearly $224 million. Hospitals and RHCs will each receive a minimum base payment plus a percentage of their annual expenses. According to HHS, this expense-based method accounts for operating cost and lost revenue incurred by rural hospitals for both inpatient and outpatient services. The base payment will account for RHCs with no reported Medicare claims, such as pediatric RHCs, and CHCs lacking expense data, by ensuring that all clinical, non-hospital sites receive a minimum level of support no less than $100,000, with additional payment based on operating expenses. Rural acute care general hospitals and CAHs will receive a minimum level of support of no less than $1 million, with additional payment based on operating expenses. HHS released a state-by-state breakdown. Visit hhs.gov/providerrelief for additional information.

**Main Street Lending Program:** On April 30, the Federal Reserve Board expanded eligibility for the Main Street Lending Program to businesses with up to 15,000 employees or $5 billion in annual revenue. The program previously was limited to companies with up to 10,000 employees and $2.5 billion in revenue. The board also reduced the minimum loan size for two of the program’s loan options to $500,000 from $1 million. Although non-profit organizations are not currently eligible for the program, the board said it “recognizes the critical role that nonprofit organizations play throughout the economy and is evaluating a separate approach to meet their unique needs.” For the latest on the program, created by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, see the FAQs document.

**HRSA Uninsured Program Portal:** Last week, the Health Resources and Services Administration (HRSA) hosted webinars for healthcare providers on the agency’s COVID-19 Uninsured Program Portal. During the webinars, representatives from HRSA and the portal administrator, United Health Group, reviewed the process for submitting claims through the portal. They also announced the release of a number of new resources, including an interactive user guide, a provider checklist for claims reimbursement, and guides on Optum Pay™ direct deposit enrollment and alternative payment routing options. Additional materials will be released in the coming weeks.

**Federal Funding Resource:** The LHA posted an updated version of the “Federal Funding Opportunities for Hospitals” resource. Updates include information on eligibility for the Main Street Lending Program and additional details on the COVID-19 Uninsured Program Portal, both mentioned above. This document will be continually updated to the greatest extent possible as information becomes available; however, the link associated with the document will stay the same for easy reference.

**LWCC Grant Opportunity:** The LWCC Foundation invites all Louisiana non-profit hospitals and hospital foundations to apply for the Louisiana Well Again: COVID-19 Response Package’s phase 2 grants that support frontline workers who are treating or preparing to treat COVID-19 patients. The LWCC Foundation will award a total of $500,000 in this round of funding, which must be applied directly to COVID-19 frontline staff recovery, relief and support. Some examples include purchasing supplies, financially supporting impacted staff and providing resources for staff to manage stress. Applications from Louisiana non-profit hospitals or hospital foundations must be received through the LWCC Grant Application Portal by 5:00 p.m. CST on May 15, 2020, and the LWCC Foundation grants committee will respond to all submissions by June 1, 2020. For more details, download the grant information document, and direct any of your questions to info@thelwccfoundation.org. The Louisiana Well Again: COVID-19 Response Package is a three-phase, $1.1 million package designed to help Louisiana respond to and recover from the pandemic.
**Funding Request:** On Friday, the American Hospital Association (AHA) and American Nurses Association urged Congress to provide additional funding to the Public Health and Social Services Emergency Fund, which was enacted to cover expenses for healthcare providers for preparing and responding to COVID-19 that are otherwise not covered such as lost revenue, and establish a separate fund for healthcare heroes to support essential frontline workers, including nurses and physicians, both during and after the crisis. They also urged Congress to take additional actions to support access to care, rural communities and the uninsured.

**HOSPITAL WAIVERS AND FLEXIBILITIES**

**CMS Waivers:** On April 30, the Centers for Medicare & Medicaid Services (CMS) issued another round of regulatory waivers and rule changes related to COVID-19. The waivers apply nationwide and are generally retroactive to March 1, 2020. They include waivers that expand access to COVID-19 testing, including serological and antibody tests; expand flexibility around treatment locations; expand access to telehealth; allow for additional workforce capacity; and eliminate certain administrative requirements. For more details, view CMS’s interim final rule with comment period, CMS’s updated new waiver summary and a related AHA Special Bulletin.

**EMTALA FAQs:** On April 30, CMS issued an FAQs document clarifying requirements and considerations for hospitals and other providers related to the Emergency Medical Treatment and Labor Act (EMTALA) during the COVID-19 pandemic. The FAQs address questions on patient presentation to the emergency department, EMTALA applicability across facility types, qualified medical professionals, medical screening exams, patient transfer and stabilization, telehealth, and other topics.

**RHC and FQHC Flexibilities:** On April 30, CMS released a revised MLN Matters Special Edition Article on new and expanded flexibilities for RHCs and Federally Qualified Health Centers (FQHCs) during the COVID-19 Public Health Emergency. The article covers new information on billing for distant site telehealth services, including new telehealth services that can be provided by RHCs and FQHCs, and revised bed count methodology for determining the exemption to the RHC payment limit for provider-based RHCs.

**CLINICAL GUIDANCE**

**Guidance Update on Disposition of Patients:** The Louisiana Department of Health (LDH) issued revisions to interim guidance on “Changes to Strategies and Precautions for the Disposition of Patients with COVID-19 in Healthcare Settings.” As of April 30, the following changes apply:

- **Two Negative Tests Required:** The two-negative test strategy should be maintained in Louisiana for patients who are returning to congregate settings such as a nursing home or correctional facility.
- **Determining Contagious Patients:** LDH changed the name of the “non-test-based strategy” to the “symptom-based strategy” for those with symptoms and the “time-based strategy” for those without symptoms. In addition, it “updated these to extend the duration of Transmission-Based Precautions to at least 10 days since symptoms first appeared. This update was made based on evidence suggesting a longer duration of viral shedding and will be revised as additional evidence becomes available. This time period will capture a greater proportion of contagious patients; however, it will not capture everyone.
- **Precaution Criteria:** LDH added criteria for discontinuing Transmission-Based Precautions for patients who have laboratory-confirmed COVID-19 but have not had any symptoms of COVID-19.

The LHA is seeking clarification from LDH on how this updated guidance relates to the earlier order on discharging to nursing homes.
**PPE, SUPPLIES & SERVICES**

**Battelle Decon of N95 Masks:** The Battelle CCDS™ Critical Care Decontamination System is being set up in New Orleans and will be available for reprocessing of non-cellulose N95 masks. The service is approved by the Food and Drug Administration (FDA) to reprocess a mask up to 20 times and will be made available at no charge to Louisiana providers. According to representatives with Battelle who presented on a May 1 webinar, the system can decontaminate up to 80,000 non-cellulose N95 masks per day. The unit has been installed at the Morial Convention Center in New Orleans, and providers can send their unsoiled masks via a drop off/delivery protocol with Cardinal Health or a shipping option via FedEx, depending on location and provider type. Hospitals can use either option; however, Cardinal Health is providing the shipping materials free of charge to hospitals. Hospitals using FedEx will need to provide their own heavy-duty plastic bags and shipping boxes. Battelle did caution that they could not accept soiled masks, which includes masks with visible make-up residue, as the make-up prevents completion of the decontamination process. For more information, users can visit Battelle’s FAQs webpage. The system is scheduled to begin accepting masks today. Slides are available from the May 1, 2020 webinar, and a link to the webinar recording will be posted on LHA’s COVID-19 PPE webpage and in one of our weekly updates once it is available.

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**TESTING AND LABORATORIES**

On May 3, LDH issued updated testing guidance regarding sample prioritizing, COVID-19 testing methods, specimen containers, commercially-available collection supplies, specimen collection, test requisition, specimen transport, submitter set-up, released patient reports and communications. The update included guidance on prioritizing samples, including the following priorities for sending samples to the State Laboratory from symptomatic patients, as outlined by the CDC:

- **Priority 1:** Ensures optimal care options for all hospitalized patients, lessens the risk of healthcare-associated infections, and maintains the integrity of the U.S. healthcare system: hospitalized patients and healthcare workers with symptoms.
- **Priority 2:** Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged: patients in long-term care facilities with symptoms; patients 65 years of age and older with symptoms; patients with underlying conditions with symptoms; and first responders with symptoms.
- **Priority 3:** As resources allow, the State Laboratory will test individuals in communities that have rapidly-increasing hospital cases to decrease community spread, and ensure health of essential workers: critical infrastructure workers with symptoms.

The most recent acceptable criteria for submitting COVID-19 samples to the Office of Public Health Laboratory will be maintained online.

**Antibody Test’s Use:** On April 26, the FDA issued an emergency use authorization for Abbott Laboratory’s SARS-CoV-2 IgG assay for the qualitative detection of COVID-19 antibodies. The FDA said that the test may be effective in diagnosing recent or prior infection with SARS-CoV-2 by identifying individuals with adaptive immune responses to the virus that causes COVID-19.

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**EXECUTIVE ORDER**

**Extension of Relaxed Licensure Requirements:** On April 30, Gov. John Bel Edwards officially adopted 52 JBE 2020 that extends until May 15 Louisiana’s Stay at Home order and professional licensure requirements for advanced practice registered nurses, certified registered nurse anesthetists, registered nurses, licensed practical nurses, physicians and physician’s assistants, and respiratory therapists in Louisiana. View the related LHA Alert for more details. In response to the governor’s extension of the public health emergency provisions, the Louisiana Board of Pharmacy issued a guidance notice extending the expiration date of all its current waivers and other guidance during the COVID-19 pandemic to May 15, 2020.
COVERAGE AND REIMBURSEMENT

HCPCS Modifier Update: On April 24, CMS released an MLN Matters article regarding facilities that have a current Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver and that bill Medicare Administrative Contractors for services provided to Medicare beneficiaries. This article describes the addition of the QW modifier to HCPCS code “U0002 (2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC)” and “87635 [Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique].” Medicare will permit the use of codes U0002QW and 87635QW for claims submitted by facilities with a valid, current CLIA certificate of waiver with dates of service on or after March 20, 2020.

HOSPITAL PLANNING AND RESPONSE

Hospital Action Plan: A new resource from the AHA helps hospitals and health systems think through, in under an hour, how to partner with other organizations to meet their needs during the pandemic. Hospitals can follow a three-step approach to identify potential partners, work jointly on goal-setting, understand each other’s assets and gaps, establish roles and implement an action plan, all to combat COVID-19.

Tool for Nurse Leaders: On April 30, the American Organization for Nursing Leadership unveiled a new resource to provide nurse leaders with practical tips and effective strategies for addressing challenges unique to a crisis.

COMMUNICATIONS AND PUBLIC RELATIONS

Hospital Week Initiative: For Hospital Week, the LHA will celebrate hospital heroes around the state. Association staff is creating several short videos or special image posts highlighting hospital staff on the frontlines with the names of the hospitals listed. ACTION NEEDED: There are two ways for your hospital to be included in this initiative: 1) submit photos to AVP of Communications Michelle Clement at mclement@lhaonline.org; and/or 2) provide permission by email to mclement@lhaonline.org for the LHA to use photos and videos from your hospital/system Facebook page for Hospital Week promotions. The deadline for submissions is Wednesday, May 6, and we will send the final videos/images for approval to the staff members who provided the photos and/or permissions.

WORKFORCE

Employee Benefit Deadline Extensions: The Department of Labor (DOL) and the Department of Treasury are extending certain deadlines affecting employee benefit plan participants’ rights to health coverage, portability and continuation of coverage under COBRA, and to file claims or appeal denied claims. In addition, DOL’s Employee Benefits Security Administration (EBSA) is extending the time for plan officials to furnish certain notices and disclosures under the Employee Retirement Income Security Act (ERISA) if they make a good faith effort to furnish the documents as soon as administratively feasible. For more information, see the EBSA FAQs document.

OTHER RESOURCES

Clinical Trials: On April 28, CMS issued a letter sharing additional details regarding the ability for clinicians who participate in a COVID-19 clinical trial to report their findings to a clinical data repository or registry to earn credit in the Merit-Based Incentive Payment System (MIPS) under the Improvement Activities performance category for the 2020 performance period.
FEDERAL CALLS & WEBINARS

Hospitals and Health Systems: CMS is hosting a call on Tuesday, May 5 from 4:00 p.m. to 5:00 p.m. CST for hospitals and health systems. Participants can ask CMS questions about temporary actions taken to facilitate increased hospital capacity, rapidly expand the healthcare workforce, put patients over paperwork, and promote telehealth. Conference lines are limited, so participants are encouraged to join via audio webcast, either by computer or smartphone web browser, or call 833-614-0820, and use access code 3996146.

Lessons from the Front Lines: CMS and the FDA are hosting a call on Friday, May 8 from 11:30 a.m. to 1:00 p.m. CST. Physicians and other clinicians will share experience, ideas, strategies and insights related to the COVID-19 response. There is an opportunity to ask questions. Participation via audio webcast is encouraged as conference lines are limited. For phone access, call 877-251-0301, and use code 9146779.

OTHER HEALTHCARE NEWS

Legislative Session Resumes Today
Louisiana’s 2020 Regular Legislative Session resumes today after the legislature suspended the session for the past month in response to COVID-19. The Louisiana Constitution requires the session to end on June 1, so legislators have roughly four weeks to complete their business. The remainder of the session will also have a different feel, with committee meetings and floor debate being staggered to comply with social distancing requirements, hopefully mitigating the transmission of the virus. In addition, the legislature is allowing interested parties to submit testimony in writing to the committees in lieu of going to the Capitol. It is unclear how many or which bills will ultimately move through the legislative process, and considerable uncertainty remains whether the legislature will adopt a budget or opt to convene a special session before July 1 when the new fiscal year begins. The Revenue Estimating Committee, charged with determining the amount of money the state can expend each year, is slated to meet May 11, but the revenue picture remains unclear because of the unknown impact that COVID-19 has had on tax collections and the sharp downturn in the oil and gas industry. House and Senate committee agendas can be accessed on the Louisiana State Legislature website.

LDH Seeks Initial Feedback on Transitioning Hospital Supplemental Payments
Last week, LDH began sharing information related to an effort to transition the Medicaid hospital payment program away from supplemental payments and into directed payments pursuant to 42 C.F.R. 438.6. LDH believes this would result in a more stable means of providing the level of funding that the current supplemental programs provide, particularly at this time of great challenge for the industry with the COVID-19 pandemic. As the LHA has done in previous LDH payment endeavors, the Association disseminated information to affected hospitals, and we will be working with the Department to coordinate calls with those hospitals during the next few weeks to obtain any feedback or answer questions. LHA staff will continue to monitor this effort and provide additional information as LDH moves forward. If you have any questions, contact LHA VP of Healthcare Reimbursement Kevin Bridwell at kbridwell@lhaonline.org.

Louisiana PCF Extends Payment Deadline for Certain Renewals
The Louisiana Patient’s Compensation Fund (PCF) Oversight Board adopted Emergency Rule 6 that allows additional time for any qualified healthcare provider (QHCP) whose renewal date or 30-day grace period for payment of the PCF annual renewal surcharge occurs between March 12, 2020 and either July 9, 2020 or the date that the governor lifts the declared public health emergency — whichever comes earlier. This proposed rule only applies to QHCPs that are currently enrolled in the fund and are renewing their coverage. It does not apply to any new provider to the fund. Any QHCP subject to the rule shall have 30 days after either the date the governor lifts the public health emergency or July 9, 2020, to pay their applicable PCF renewal surcharge. In addition, the executive director is granted authority to reasonably extend the suspension period for those QHCPs that certify to the Oversight Board in writing that they were impacted by the State of Emergency in a manner, including but not limited to, contraction of COVID-19, evacuation, displacement, business interruption, or temporary relocation, sufficient to
prevent the timely payment of the renewal surcharge (extended suspension period). Emergency Rule 6 became effective March 12, 2020 and shall continue in full force and effect to the earlier of July 9, 2020 or the date the governor lifts the State of Emergency presently in effect, inclusive of any renewal thereof.

**LDH Extends Deadline for EHR Promoting Interoperability**
LDH extended the deadline for Program Year 2019 EHR Promoting Interoperability applications to Wednesday, May 6, 2020. The Department is taking this action in response to an issue that was identified with the portal. The portal will remain open through May 6 for those that have not yet attested. LDH staff is and will continue to be available to answer your questions and provide guidance on the application process as well as information related to Program Year 2020 requirements at ehrincentives@la.gov.

**UPCOMING LHA EDUCATION WEBINARS**
The LHA is offering the following webinars:
- **Telehealth - During and After COVID-19**; May 6; Member Registration Fee Waived; [Register](#)
- **2020 Vision for Wound Care Product Choices and Best Practice**; May 7; [Register](#)
- **Planning for the Future with COVID-19**; May 12; Member Registration Fee Waived; [Register](#)
- **HCAHPS Webinar Series: Responsiveness of Staff: Revolutionize Staff Responsiveness**; May 19; [Register](#)
- **Chargemaster Management Best Practices**; May 20; [Register](#)
- **HCAHPS Webinar Series: Transition of Care: Care Transitions Done Right**; June 16; [Register](#)
- **Emergency and Outpatient Services Webinar: CMS CoP**; June 30; [Register](#)

**REGISTER HIGHLIGHTS**
**Louisiana Register Highlights**
- There were no healthcare-related postings this week.

**Federal Register Highlights**
- CMS issued a [final rule](#) intended to move the healthcare ecosystem in the direction of interoperability and to signal CMS’s commitment to the vision set out in the 21st Century Cures Act and Executive Order 13813 to improve the quality and accessibility of information that Americans need to make informed healthcare decisions, including data about healthcare prices and outcomes, while minimizing reporting burdens on affected healthcare providers and payors. These regulations are effective June 30, 2020.
- HHS’s Office of the National Coordinator for Health Information Technology (ONC) issued a [final rule](#) that implements certain provisions of the 21st Century Cures Act, including Conditions and Maintenance of Certification requirements for health information technology developers under the ONC Health IT Certification Program, the voluntary certification of health IT for use by pediatric healthcare providers, and reasonable and necessary activities that do not constitute information blocking. The rule also finalizes certain modifications to the 2015 Edition health IT certification criteria and program in additional ways to advance interoperability, enhance health IT certification, and reduce burden and costs. This final rule is effective June 30, 2020.

If you would like to unsubscribe from LHA’s electronic newsletters, email Meaghan Musso at mmusso@lhaonline.org with “unsubscribe from LHA newsletters” in the subject line.
If you did not receive this email directly and would like to be placed on our e-IMPACT mailing list, send your name, title, and hospital or organization name, along with your e-mail address, to Meaghan Musso at mmusso@lhaonline.org with “add me to e-IMPACT mailing list” in the subject line.

Contact Impact Weekly’s editor, Michelle Clement, APR, at mclement@lhaonline.org with your feedback and suggestions.

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