Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Request for Emergency Alternative Care Licensing

Overview:

Over the next two months and into the foreseeable future, the additional demand of patients requiring hospitalization with complications from COVID-19 will likely surpass the capacity of Maryland's acute care hospitals. Governor Hogan and Secretary Neall have announced the need to build capacity of another 6000 beds.

To help address this shortfall, Kaiser Permanente has an opportunity within its delivery system to convert existing advanced clinical spaces to aid in the relief to the acute inpatient care system. By doing so, Kaiser Permanente could provide additional surge capacity, allowing our hospital partners to manage the more acute patients such as ICU and ventilator patients.

- *What this is:* The additional capacity would afford the community additional Med./Surg. beds to accommodate patients who require an inpatient stay but do not require the more intensive care that will become increasingly necessary at other hospitals (e.g., ICU, ventilator, etc.). The emergency use of clinical capacity would be triggered by needed capacity by partnering hospitals. In this regard, patients who require lower acuity procedures or observation for periods beyond 24 hours could receive care at the KP facility. And, recovering patients could be transferred from acute care hospitals and observed at the site.

- *What this isn't:* Although there may be a need for limited ventilator capacity, it would not rise to an ICU. Nor would the facility provide Labor & Delivery services or trauma services.

To offer this additional service, we are requesting temporary licensing approval to establish a General Hospital (under COMAR 10.07.01.03) for our Gaithersburg, Largo, South Baltimore, and Kensington facilities.

Kaiser Permanente Overview

The Kaiser Permanente -- Mid-Atlantic States Region comprises Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP) and the Mid-Atlantic Permanente Medical Group (MAPMG). KFHP is licensed by the States of Maryland and Virginia and the District of Columbia (MAS Region) and provides prepaid health care services, which include health insurance to approximately 765,000 Kaiser Permanente members. KFHP contracts with the Mid-Atlantic Permanente Medical Group (MAPMG), a multi-specialty group practice, as well as local community hospitals to provide medical services for its members.

Kaiser Permanente Facilities:

Kaiser Permanente operates 36 medical office buildings (MOBs) in the MAS Region, including six (6) multi-specialty HUB facilities to care for our members. Three of these HUBs are located within Maryland: Gaithersburg, Largo and South Baltimore. These HUBs provide clinic-based primary care and a broad array of medical and surgical specialty care as well as procedural services through their Ambulatory Surgery Centers (ASC) and outpatient procedure suites. Each HUB houses a Clinical Decision Unit (CDU) with 24/7 access designed to treat patients who require care and observation up to two midnights. Additionally, the Kensington Medical Center operates an ASC without the CDU capacity. Ancillary support from Imaging Services, on-site STAT laboratory services and an in-house pharmacy allow for comprehensive diagnostic and treatment capability at each facility.

Emergency Licensing Request:

To provide surge capacity for our patients, we are requesting emergency licensing to extend the length of stay beyond 24 hours for 172 beds in Maryland:

- Gaithersburg – 49 beds;
- Largo – 68 beds; and
- South Baltimore – 45 beds;
- Kensington Medical Center – 10 beds.

(***Note: since our initial discussion, we have added the Kensington Medical Center.***)

This conversion would incorporate our Clinical Decision Units, Ambulatory Surgery Centers, and our Outpatient Procedure Suites. Each of these care areas are equipped with monitors and wall-based medical gases. Additionally, patients would have 24/7 access to the clinical staff, specialty, and ancillary support described above. ***For additional detail, please refer to Exhibits A and B.***

We anticipate that most patients presenting for treatment will be Kaiser Permanente members. However, consistent with EMTALA, we intend to triage, stabilize, treat and transfer, as appropriate, non-KP members who present to our facilities.

In alignment with existing contractual requirements, Kaiser Permanente will continue to send Encounters in EDI standard 837I files to State partners for any services rendered in our facilities to Medicaid members enrolled with Kaiser Permanente.

We appreciate your consideration of our emergency request to offer surge capacity during these unprecedented times, and we look forward to your response.

Information Requested	South Baltimore County Medical Center 1701 Twin Springs Road, Halethorpe, MD 21227	Largo Medical Center 1221 Mercantile Lane, Largo, MD 20774	Gaithersburg Medical Center 655 Watkins Mill Road, Gaithersburg, MD	Kensington Medical Center* 10810 Connecticut Ave., Kensington, MD 20895
Types of patient treated at this facility	This facility will treat a combination of patients to include non-COVID-19 related, COVID-19 positive and negative, and Persons Under Investigation (PUI).	This facility will treat a combination of patients to include non-COVID-19 related, COVID-19 positive and negative, and Persons Under Investigation (PUI).	This facility will treat a combination of patients to include non-COVID-19 related, COVID-19 positive and negative, and Persons Under Investigation (PUI).	This facility will treat a combination of patients to include non-COVID-19 related, COVID-19 positive and negative, and Persons Under Investigation (PUI).
Types of payers served	We will serve Kaiser members across all lines of business including Kaiser privately insured, Medicare Advantage, Medicare Cost, FEHB, and Medicaid Managed Care. For KP non- members receiving services, we will bill their insurer accordingly.	We will serve Kaiser members across all lines of business including Kaiser privately insured, Medicare Advantage, Medicare Cost, FEHB, and Medicaid Managed Care. For KP non- members receiving services, we will bill their insurer accordingly.	We will serve Kaiser members across all lines of business including Kaiser privately insured, Medicare Advantage, Medicare Cost, FEHB, and Medicaid Managed Care. For KP non- members receiving services, we will bill their insurer accordingly.	We will serve Kaiser members across all lines of business including Kaiser privately insured, Medicare Advantage, Medicare Cost, FEHB, and Medicaid Managed Care. For KP non- members receiving services, we will bill their insurer accordingly.
Breakdown on the configuration of the facility: approximately how many beds in OR, Procedure rooms, PACU, etc.	**Total Capacity** 45 observational beds (+/-10%), configured accordingly: CDU: 19 ASC: 14 Procedure Rooms: 12	**Total Capacity** 68 observational beds (+/-10%), configured accordingly: CDU: 31 ASC: 27 Procedure Rooms: 10	**Total Capacity** 49 observational beds (+/-10%), configured accordingly: CDU: 33 ASC: 16	**Total Capacity** 10 observational beds (+/-10%), configured accordingly: ASC: 10
Date when the facility will come online:	On or before April 27, 2020	On or before April 27, 2020	On or before April 27, 2020	On or before April 27, 2020
Approximate cost to bring the facility on-line	$400,000	$600,000	$400,000	$99,000
Plans for this space after the end of the state of the emergency	After the state of emergency has ended, within a 30-day transitional period, the facility will revert to its current use.	After the state of emergency has ended, within a 30-day transitional period, the facility will revert to its current use.	After the state of emergency has ended, within a 30-day transitional period, the facility will revert to its current use.	After the state of emergency has ended, within a 30-day transitional period, the facility will revert to its current use.
Hospital(s) where patients will be transferred and a confirmation that transfer agreements already exist.	Transfer agreement(s) are in place: 1. Baltimore Washington MC 2. St Agnes Hospital If there is a shortage of beds or other potential delays due to surge, patients will be appropriately transferred to the closest hospital with available beds.	Transfer agreement(s) are in place: Holy Cross Hospital - Silver Spring and Germantown 1. Doctor's Community Hospital If there is a shortage of beds or other potential delays due to surge, patients will be appropriately transferred to the closest hospital with available beds.	Transfer agreement(s) are in place: 1. Shady Grove Adventist Hospital 2. Holy Cross Hospital - Silver Spring and Germantown If there is a shortage of beds or other potential delays due to surge, patients will be appropriately transferred to the closest hospital with available beds.	Transfer agreement(s) are in place: 1. Holy Cross Hospital - Silver Spring Hospital Utilized as needed: Suburban Hospital If there is a shortage of beds or other potential delays due to surge, patients will be appropriately transferred to the closest hospital with available beds.
Your plans for staffing and equipping facility	Each bed has Oxygen, Med Air, Vacuum, Emergency Power outlet and a nurse call bell. The facility has advanced life support and other medical equipment already in use. Where a gap is identified, needed equipment will be relocated from one of Kaiser Permanente temporarily closed medical office buildings. *See Exhibit B*	Each bed has Oxygen, Med Air, Vacuum, Emergency Power outlet and a nurse call bell. The facility has advanced life support and other medical equipment already in use. Where a gap is identified, needed equipment will be relocated from one of Kaiser Permanente temporarily closed medical office buildings. *See Exhibit B*	Each bed has Oxygen, Med Air, Vacuum, Emergency Power outlet and a nurse call bell. The facility has advanced life support and other medical equipment already in use. Where a gap is identified, needed equipment will be relocated from one of Kaiser Permanente temporarily closed medical office buildings. *See Exhibit B*	Each bed has Oxygen, Med Air, Vacuum, Emergency Power outlet and a nurse call bell. The facility has advanced life support and other medical equipment already in use. Where a gap is identified, needed equipment will be relocated from one of Kaiser Permanente temporarily closed medical office buildings. *See Exhibit B*
Amount of advanced life support available, how many ventilators etc., if known?	This center will not manage high acuity or critical patients, however, if a patient rapidly deteriorates, the following is available for use while the patient is awaiting transfer to a higher level of care: **Anesthesia machines – 4** **Ventilators - 1**	This center will not manage high acuity or critical patients, however, if a patient rapidly deteriorates, the following is available for use while the patient is awaiting transfer to a higher level of care: **Anesthesia machines - 8** **Ventilators - 1**	This center will not manage high acuity or critical patients, however, if a patient rapidly deteriorates, the following is available for use while the patient is awaiting transfer to a higher level of care: **Anesthesia machines - 3** **Ventilators - 1**	This center will not manage high acuity or critical patients, however, if a patient rapidly deteriorates, the following is available for use while the patient is awaiting transfer to a higher level of care: **Anesthesia machines - 3** **Ventilators - 1**
Ability to provide encounter data to Medicaid for these hospital visits and also your plans for treating non-KP patients.	In alignment with existing contractual requirements, Kaiser Permanente will continue to send Encounters in EDI standard 837I files to State partners for any services rendered in our Clinical Space to Medicaid members enrolled with Kaiser Permanente. We anticipate that most patients presenting for treatment will be Kaiser Permanente members. However, consistent with EMTALA we intend to triage, stabilize, and treat non-KP members who present at this medical center.	In alignment with existing contractual requirements, Kaiser Permanente will continue to send Encounters in EDI standard 837I files to State partners for any services rendered in our Clinical Space to Medicaid members enrolled with Kaiser Permanente. We anticipate that most patients presenting for treatment will be Kaiser Permanente members. However, consistent with EMTALA we intend to triage, stabilize, and treat non-KP members who present at this medical center.	In alignment with existing contractual requirements, Kaiser Permanente will continue to send Encounters in EDI standard 837I files to State partners for any services rendered in our Clinical Space to Medicaid members enrolled with Kaiser Permanente. We anticipate that most patients presenting for treatment will be Kaiser Permanente members. However, consistent with EMTALA we intend to triage, stabilize, and treat non-KP members who present at this medical center.	In alignment with existing contractual requirements, Kaiser Permanente will continue to send Encounters in EDI standard 837I files to State partners for any services rendered in our Clinical Space to Medicaid members enrolled with Kaiser Permanente. We anticipate that most patients presenting for treatment will be Kaiser Permanente members. However, consistent with EMTALA we intend to triage, stabilize, and treat non-KP members who present at this medical center.

Exhibit B

Staffing Plan

To ensure that safe and appropriate care is provided to each patient, each facility (South Baltimore, Largo, Gaithersburg, and Kensington) will be staffed using a "Residency Model" and "Team Nursing Care Model" approach with safe staff compositions and patient care ratios (***See Table 1 below***). Current Kaiser Permanente staff will be reallocated from other locations based on current skills, licensure and certifications, and experience. Each team will compose of a Physician and Nurse Lead, and supported by Registered Nurses, LPN/CA, Clinical Pharmacists, Case Managers, Urgent Care Technicians, and other Ancillary Care Providers. Gaps in skills competencies will be addressed by our Clinical Educators.

	Non-COVID-19	COVID-19
Lead MD | MD Ratio	1:3	1:3
MD | Patient Ratio	1:10	1:10
Lead RN | Team RN Ratio	1:2	1:2
RN/LPN/CA | Patient Ratio	1:4	1:4

Table 1