April 8, 2020

ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
MEMORANDUM

TO: Chief Executive Officers, Member Hospitals and Health Systems
    Chief Operating Officers
    Chief Medical Officers
    Chief Nursing Officers
    Chief Quality Officers
    Chief Financial Officers
    Emergency Preparedness Contacts
    Emergency Department Directors
    Behavioral Constituency Section
    Government Relations Personnel
    In-House Counsel
    Public Relations Directors

FROM: A.J. Wilhelmi, President & CEO
    Tim Nuding, Senior Vice President, Member Services & Corporate Finance
    Keneatha Johnson, Director, Quality, Safety, and Health Policy

SUBJECT: IHA COVID-19 Update – April 8, 2020

Following is a brief recap of today’s top developments.

Situational Awareness
The Illinois Department of Public Health (IDPH) today announced 1,529 new COVID-19 cases and 82 deaths—the highest one-day death count thus far. The total number of cases in the state is 15,078 in 78 counties, with a total of 462 deaths.

Testing Update
At today’s press briefing, Governor J.B. Pritzker said the state is processing 6,000 COVID-19 test kits per day. While this is less than the 10,000 tests per day goal that the Governor announced 10 days ago, there have been issues with testing machines and availability of testing kits. The Governor is working with manufacturers, including Abbott Labs, on procuring rapid COVID-19 testing machines and kits.

IDPH announced that effective immediately, authorization is no longer required for COVID-19 testing at the IDPH Public Health Laboratories. The testing priorities remain unchanged and can be reviewed on the IDPH COVID webpage, Requesting COVID-19 Testing at IDPH Laboratories.

Pledge to Eliminate Healthcare Disparities
IHA and the hospital community have long been concerned about healthcare disparities and the underlying socio-economic factors that continue to adversely affect vulnerable communities and populations across Chicago and Illinois, especially African Americans and Latinos. IHA is alarmed that African Americans make up a disproportionate share of coronavirus infections and deaths in Chicago
and the state. During this unprecedented crisis, hospitals’ healthcare workers are working tirelessly to care for all COVID-19 patients, regardless of race, ethnicity or ability to pay. IHA is strongly committed to continuing our work with key stakeholders to address these disparities and is encouraging members to take action and join IHA, AHA and four national partners in the #123forEquity Pledge to Act to eliminate healthcare disparities. An online map provides a list of participating organizations, including 62 hospitals, health systems and other organizations in Illinois. To complete your pledge online, click here. A pledge packet contains resources to assist members with their efforts to eliminate healthcare disparities.

**HFS’ Proposed Medicaid Eligibility & Enrollment Changes**

To expand access to coverage during the COVID-19 public health emergency, the Illinois Department of Healthcare and Family Services (HFS) has submitted formal requests to the Centers for Medicare & Medicaid Services (CMS) to modify the Medicaid and Children’s Health Insurance Program (CHIP) eligibility and enrollment processes. While HFS awaits federal approval for its proposed eligibility changes, it encourages individuals to submit medical assistance applications, answering all questions as completely as possible, even if applicants do not have all the documentation required for the state to verify eligibility. HFS also urges hospitals, physicians, and primary care providers treating uninsured patients in need of COVID-19 testing and treatment to assist these patients in submitting a Medicaid application, even if the provider is not sure whether the patient may be eligible. For more information, see an HFS Provider Notice and an IHA memo.

See also an HFS webpage with comprehensive COVID-19 updates and resources for Medicaid providers.

**IDPH Reminder on Patient Charges**

Under federal guidance, healthcare facilities may be able to charge patients a fee for administering medical countermeasures (such as for healthcare provider time) but cannot charge patients for any federally supplied medical assets or pharmaceuticals. Emergency personal protective equipment, medical supplies, medical equipment, and pharmaceuticals provided by the federal government are free of charge to those who need them (e.g., patients, healthcare providers).

The hospital and treatment center coordinator will need to work closely with healthcare facilities to ensure that they use federally issued supplies and pharmaceuticals according to federal guidance. In some instances, a facility may need to charge a patient for administration, such as when the healthcare facility provides the syringe and needle and skilled nursing staff to administer a medication, or a dispensing fee at the pharmacy. However, if that medication came from the federal government (e.g., pharmaceuticals from the Strategic National Stockpile) the facility cannot charge the patient for the actual medication. Facilities may find it useful to keep all federally supplied assets in a separate storage area and clearly note these assets as federally supplied in their inventory management system to ensure that they are not misallocated.

**NGS Webinar on Accelerated/Advanced Medicare Payment Process**

National Government Services (NGS) is conducting a webinar on April 20 from 9:30-10:30 a.m. CDT to help answer provider questions about applying for accelerated or advanced Medicare payments. NGS will review common questions, share available resources and answer questions. Register here.

**CMS Office Hours on Flexibilities and Allowances to Healthcare Providers**

On Thurs., April 9 from 4-5 p.m. CDT, the Centers for Medicare & Medicaid Services (CMS) will hold “office hours” on COVID-19 to give hospitals, health systems, and providers an opportunity to ask questions about temporary flexibilities and allowances granted to providers during the public health emergency. CMS encourages providers to email questions in advance to partnership@cms.hhs.gov. To join the call, dial 833-614-0820; passcode 1881716. Join via audio webcast by registering here.

**CMS Guidance on Non-Emergent Elective Medical Services**
CMS has released guidance on non-emergent, elective medical services and treatment recommendations. Because recommendations are expected to be refined over the duration of the COVID-19 pandemic, CMS urges healthcare facilities and clinicians to consider following a tiered approach to curtailing non-emergent, elective medical services and treatment.

**Warning on Counterfeit N95s**
The U.S. Customs and Border Protection office has seized counterfeit 3M N95 masks. These counterfeit masks cannot be guaranteed to provide the same protection as those manufactured by 3M. Verify the authenticity of 3M N95s on the [3M website](http://www.3m.com). See a counterfeit, fraud and price gouging [fact sheet](http://www.cbp.gov).

**TJC Guidance**
The Joint Commission has released new COVID-19 guidance and resources for healthcare providers. TJC also has a webpage containing COVID-19 webinar replays.

**DHS Early Intervention Services Via Telehealth**
Today the Illinois Dept. of Human Services (DHS) announced Early Intervention (EI) services may now be delivered via live video telehealth visits. EI services for infants and toddlers with disabilities or delays include help with movement, learning, interacting, behavior, and self-help skills. EI services can be delivered over any platform so long as it is not public-facing, to ensure privacy. Face-to-face EI services were suspended on March 16. Families can access EI services through the [IDHS website](http://www.idhs.state.il.us). Guidance and training for video visits can be found on the [EI Clearing House website](http://www.eiclearinghouse.org).

**HHS Survey Results Show Hospitals’ COVID-19 Needs**
A U.S. Dept. of Health and Human Services hospital survey shows an urgent need for testing, supplies and financial assistance in the wake of COVID-19. Administrators from 323 hospitals also reported challenges and confusion due to changing and sometimes inconsistent guidance from federal, state and local authorities. The survey, conducted by phone from March 23-27, identified the impact of increasing hospital costs and decreasing revenues, which threaten financial viability. Read the full [report](http://www.hhs.gov).

**Chicago Curfew on Liquor Sales**
Mayor Lori E. Lightfoot, the Chicago Police Department and the Department of Business Affairs and Consumer Protection (BACP) today announced a temporary Public Health Order, effective April 9, prohibiting all liquor sales citywide after 9 p.m. each evening as part of the latest measure to prevent congregate activity and the spread of the coronavirus (COVID-19).

**IDPH Email Portal for Receiving Hospital Questions, Comments, Ideas**
To send questions, comments or ideas to IDPH, email [dph.hospitaladmin@illinois.gov](mailto:dph.hospitaladmin@illinois.gov). A team of staff assigned from the IDPH Director’s Office is reviewing the emails, with a goal of responding in 24 hours.

**SIREN**
To register for the State of Illinois Rapid Electronic Notification System (SIREN), go to [https://siren.illinois.gov/agreement.php](https://siren.illinois.gov/agreement.php) or email [dph.siren@illinois.gov](mailto:dph.siren@illinois.gov).

**Resources**
- IDPH webpage on COVID-19
- [Illinois COIVD-19 website for the public - coronavirus.illinois.gov](http://www.coronavirus.illinois.gov)
- CDC Homepage for Coronavirus Disease 2019 (COVID-19)
- Chicago Department of Public Health COVID-19 webpage
- IHA webpage on COVID-19

If you have questions or comments, please contact Tim Nuding, Senior Vice President, Member Services and Corporate Finance at 217-541-1164 or [tnuding@team-iha.org](mailto:tnuding@team-iha.org).