July 13, 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 – July 13, 2020

Following is a brief recap of the most recent top developments.

Situational Awareness
The Illinois Department of Public Health (IDPH) announced today 883 new COVID-19 cases and six deaths. The total number of cases in the state is 154,799, with a total of 7,193 deaths. IDPH says that in the past 24 hours, 30,012 test specimens have been processed, with a positivity rate of 2.9%. The state has now conducted more than 2 million tests. The preliminary seven-day statewide positivity rate from July 6 to July 12 is 3%. Statewide COVID-19 hospitalizations in the past 24 hours increased from 1,342 patients to 1,362 patients; 334 patients were in the ICU; 136 patients were on ventilators.

HHS Announces Major Changes to COVID-19 Reporting Process
Today, the U.S. Department of Health and Human Services (HHS) announced significant changes to the process hospitals use to report data on bed capacity, utilization, personal protective equipment (PPE) and in-house laboratory testing data. As a result of the announcement, Illinois hospitals and health systems will need to report data daily to HHS using the TeleTracking portal, which will also replace previous one-time requests for data used to distribute remdesivir.

The most significant changes are to the reporting options and data fields. Effective July 15, the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) COVID-19 module will no longer be an option for daily reporting and Illinois hospitals will be required to use the TeleTracking portal. This portal has also been used for special data reporting requests related to high-impact funds distribution and remdesivir distribution. For issues with accessing the TeleTracking portal or questions about the data, contact TeleTracking Technical Support at 1-877-570-6903.
In addition to the change in reporting options, HHS has made significant updates to the data fields requested in daily reporting. For example, HHS is now asking for information on both pediatric and adult patients, as well as information about a hospital’s inventory of remdesivir.

HHS underscored the importance of daily reporting of the requested data to inform the Administration’s ongoing response to the pandemic, including the allocation of supplies, treatments and other resources. HHS also noted that it will no longer ask for one-time requests for data to aid in the distribution of remdesivir or any other treatments or supplies, making the daily reporting the only mechanism used for the distribution calculations.

**HHS Announces Additional COVID-19 Funding Allocations**

The U.S. Department of Health and Human Services on Friday announced approximately $3 billion in funding to “hospitals serving a large percentage of vulnerable populations on thin margins” and approximately $1 billion to specialty rural hospitals, urban hospitals with certain rural Medicare designations, and hospitals in small metropolitan areas.

In announcing the additional Provider Relief Fund payments to safety net hospitals, HHS said: “We learned some acute care hospitals did not qualify for funding from [the] initial [funding] announcement. HHS is now expanding the criterion for payment qualification so that certain acute care hospitals meeting the revised profitability threshold of less than of 3 percent averaged consecutively over two or more of the last five cost reporting periods, as reported to the Centers for Medicare and Medicaid Services (CMS) in its Cost Report filings, will now be eligible for payment. HHS expects to distribute over $3 billion across 215 acute care facilities, bringing the total payments for safety net hospitals from the Provider Relief Fund to $12.8 billion to 959 facilities.” According to HHS, nine providers in Illinois and Wisconsin will receive $130.5 million in this allocation.

HHS said it is expanding the existing payment formula for rural healthcare providers to include certain special rural Medicare designation hospitals in urban areas as well as others who provide care in smaller non-rural communities: “These may include some suburban hospitals that are not considered rural but serve rural populations and operate with smaller profit margins and limited resources than larger hospitals. They too, have suffered in this pandemic, which is why HHS is responding. HHS estimates the funding announced today will provide relief of over $1 billion to 500 of these hospitals with payments ranging from $100,000 to $4,500,000 for rural designated providers and $100,000 to $2,000,000 for the other providers.” HHS says 18 Illinois providers will receive $43.8 million in this allocation.

**COVID Funding for Hospitals Governed by Special District**

The Illinois Department of Commerce & Economic Opportunity (DCEO) is reminding local units of government, including hospitals governed by a special district, that they can apply for reimbursement for COVID-19 related costs under the Local Coronavirus Urgent Remediation Emergency (or Local CURE) Support Program (Section 3-10 of Public Act 101-0636). Special districts can apply for CARES Act funding until Friday, July 17 at 4 p.m. This applies to all units of local government (except school districts) outside of Cook, Lake, Will, Kane, and DuPage counties.

According to DCEO, the Local CURE Program:

- Is federally funded from the Coronavirus Relief Fund using dollars allocated to Illinois through the CARES Act.
- Will reimburse units of local government for costs that:
  - are necessary expenditures incurred due to the public health emergency with respect to COVID-19;
  - were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the unit of local government; and
  - were incurred during the period beginning March 1, 2020 and ending Dec. 30, 2020.
Examples of costs eligible for reimbursement under the program:

- Medical expenses, including but not limited to: expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, costs of providing COVID-19 testing, and emergency medical response expenses;
- Public health expenses, including but not limited to: expenses for communication and enforcement by local governments of public health orders related to COVID-19;
- Payroll expenses for public safety, public health, health care, human services, and similar employees whose services were substantially dedicated to mitigating or responding to COVID;
- Expenses for actions taken to facilitate compliance with COVID-19 related public health measures; and
- Any other COVID-19 related expenses reasonably necessary for the unit of local government to respond to the public health emergency that satisfies the Local CURE Program eligibility criteria. Local governments must document how expenses are related to COVID-19.

For more information, click here. The application can be found here.

**IHA Calls on Congress to Increase FMAP**

IHA joined more than 100 organizations in signing a letter spearheaded by the National Governors Association urging Congress to include an additional increase in the federal medical assistance percentage (FMAP) for the Medicaid program in the next COVID-19 legislation. The letter, which was sent late last week to U.S. Senate and House leaders, asks for an additional 5.8 percentage points to be added to the 6.2 percentage points provided in the Families First Coronavirus Response Act (bringing the total to an additional 12 points), retroactive to January 1, 2020 and extending until September 30, 2021.

The letter also called on the federal government to rescind the proposed Medicaid Fiscal Accountability Rule (MFAR), which would significantly limit how states finance their Medicaid program. IHA expressed opposition to MFAR as well as support for additional increase in FMAP in a letter to the Illinois Congressional delegation, outlining hospital and health system priorities for the next COVID-19 legislation. A list of IHA COVID-19 legislative priorities is also available here.

**CDC COCA Call on MIS-C This Thursday**

During this Clinician Outreach and Communication Activity (COCA) call on Thursday, July 16 at 1 p.m. CDT, clinicians will learn about clinical management of multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19. Clinicians will share their experiences treating patients with MIS-C, present treatment details from published literature on patients with MIS-C, and provide an overview of the treatment guidelines published by the American College of Rheumatology.

Click here to join the webinar.

- Or iPhone one-tap: +16692545252, 1612204810# or +16468287666, 1612204810#
- Or Telephone: +1 669 254 5252 or +1 646 828 7666
- Webinar ID: 161 220 4810

**Resources**

- IDPH webpage on COVID-19
- 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