June 29, 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 – June 29, 2020

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

Situational Awareness
The Illinois Department of Public Health (IDPH) announced today 738 new COVID-19 cases and 14 deaths. The total number of cases in the state is 142,461 in 101 counties, with a total of 6,902 deaths. IDPH says that in the past 24 hours, 26,918 test specimens have been processed, with a positivity rate of 2.7%. The preliminary seven-day statewide positivity rate from June 22 to June 28 is 2.7%. Statewide COVID-19 hospitalizations in the past 24 hours increased from 1,464 patients to 1,501 patients. Of that figure, 372 patients are in the ICU, with 187 patients on ventilators.

Governor Issues New Disaster Proclamation, Executive Orders
On Friday, Governor J.B. Pritzker took several actions under the state’s Phase 4 reopening plan:

- Issued a new Disaster Proclamation;
- Issued Executive Order #43, which essentially enacts the state’s Phase 4 requirements; and
- Issued Executive Order #44, which extends many of the existing Executive Orders with the exception of Executive Order #37 (Immunity from civil liability for health care facilities, professionals, and volunteers) (which superseded Executive Order 2020-19 and was previously extended by Executive Order #39) which was allowed to expire on June 27, 2020.

Although Executive Order #44 extended many of the state waivers under the Hospital Licensing Act for another 30 days, it is our understanding that, assuming the state’s COVID-19 case rate and hospitalization rate remain the same, this could possibly be the last extension of these waivers (except, perhaps the waivers for telehealth and the ability to operate both state and hospital alternative care
sites). Under Executive Order #44, the telehealth services Executive Order #9 was re-issued in its entirety and extended through July 26. All health insurers regulated by the Department of Insurance are required to cover telehealth services and reimburse providers at the same rate as in-person visits and are prohibited from imposing any cost-sharing for in-network providers.

With respect to the inter-state reciprocal licensure of healthcare professionals, this waiver/flexibility arises through the Disaster Proclamation and currently runs through September 30. It is our understanding that so long as there is an active Disaster Proclamation, the Department of Financial and Professional Regulation has the ability to extend this waiver/flexibility.

**IDPH Reminders on EMResource**

IDPH emphasizes that it needs all hospitals to ensure that there is accurate reporting SEVEN days a week for all requested data elements in EMResource. As a reminder, on Wednesday, July 1, 2020, the Patient Impact Report Query (the Yellow tab) will no longer be available in EMResource. Hospitals should secure access to NHSN and/or TeleTracking to continue to report the information requested by the U.S. Department of Health and Human Services.

**IDPH COVID-19 Situational Update Webinar on Wednesday**

IDPH will host a COVID-19 Situational Update webinar on Wednesday, July 1, from 11 a.m. to 12:15 p.m. to provide the latest information on the Coronavirus Disease outbreak and Illinois preparedness efforts. Register [here](#).

**Federal Government Secures New Supplies of Remdesivir**

The U.S. Department of Health and Human Services (HHS) announced today an agreement to secure large supplies of the drug remdesivir for the United States from Gilead Sciences through September, allowing American hospitals to purchase the drug in amounts allocated by HHS and state health departments. HHS says it has secured more than 500,000 treatment courses of the drug for American hospitals through September. This represents 100% of Gilead's projected production for July (94,200 treatment courses), 90% of production in August (174,900 treatment courses), and 90% of production in September (232,800 treatment courses), in addition to an allocation for clinical trials. A treatment course of remdesivir is, on average, 6.25 vials.

**CMS COVID-19 Stakeholder Call This Week**

The Centers for Medicare & Medicaid Services (CMS) hosts a variety of stakeholder calls specific to COVID-19. Conference lines are limited, and CMS encourages interested participants to register and join via audio webcast. Call recordings and transcripts are available on the CMS podcast website. Provider-specific calls are now biweekly; only the COVID-19 Office Hours call will be held this week.

**IDPH Launches County-Level COVID-19 Tracking Risk Assessment Tool**

IDPH has launched a new county-level risk assessment tool which will help individuals, families and community groups inform their choices about personal and family gatherings, as well as what activities they choose to do. The county-level indicators are similar to the state’s Restore Illinois criteria and support the state’s framework. Each county is assessed to determine whether it is meeting or exceeding each indicator target. Using a color-coded system, counties will be able to determine whether they are meeting or not meeting set targets. To view the online county risk assessment tool, visit [here](#).

**COVID-19 Impact on ED Use**

A new [Morbidity and Mortality Weekly Report](https://www.cdc.gov/mmwr/) from the Centers for Disease Control and Prevention finds that in the 10 weeks (March 15-May 23) following the declaration of the COVID-19 national emergency
hospital emergency department (ED) visits declined 23% for heart attack, 20% for stroke, and 10% for hyperglycemic crisis, compared to the preceding 10-week period. CDC advises “persons experiencing chest pain, loss of motor function, altered mental status, or other life-threatening issues should seek immediate emergency care, regardless of the pandemic.

**CDC Expands List of People At Risk of Severe COVID-19 Illness**

CDC has updated and expanded the [list of who is at increased risk for getting severely ill from COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/your-health/who-is-at-risk.html). CDC says older adults and people with underlying medical conditions remain at increased risk for severe illness, but has further defined age- and condition-related risks. CDC has removed the specific age threshold from the older adult classification. CDC now warns that among adults, risk increases steadily as you age, and it’s not just those over the age of 65 who are at increased risk for severe illness. CDC also updated the [list of underlying medical conditions](https://www.cdc.gov/coronavirus/2019-ncov/your-health/conditions.html) that increase risk of severe illness after reviewing published reports, pre-print studies, and various other data sources. Specific conditions that increase a person’s risk of severe COVID-19 illness include:

- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Obesity (BMI of 30 or higher)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes

CDC also clarified the list of other conditions that might increase a person’s risk of severe illness, including additions such as asthma, high blood pressure, neurologic conditions such as dementia, cerebrovascular disease such as stroke, and pregnancy. Also, a new [Morbidity and Mortality Weekly Report](https://www.cdc.gov/mmwr/) indicates that pregnant women with COVID-19 are significantly more likely to be hospitalized, admitted to the intensive care unit, and receive mechanical ventilation than nonpregnant women; however, pregnant women were not at greater risk for death from COVID-19.

**Correction: NGS Webinar on COVID Medicare Payments on July 16**

National Government Services (NGS), the Medicare Administrative Contractor for Illinois, will hold a webinar on “COVID-19 Medicare Part B Advanced Payment, Repayment and Recoupment Process” at 9:30 - 10:30 a.m. CDT on July 16. We previously posted an incorrect date for this webinar and apologize for the error.

This session is for Part B providers that requested and received accelerated or advanced payments from Medicare due to the COVID-19 public health emergency. The Centers for Medicare & Medicaid Services expanded the accelerated and advance payment program for financial hardship relief during this public health emergency, and these payments need to be repaid to the Medicare Trust Fund. During this webinar, NGS will review the repayment and recoupment process. Please note that providers must sign in to the NGS website as a Part B provider in order to register for this webinar. For more information on this and other webinars, visit NGS' website.

**Resources**

- [IDPH webpage on COVID-19](https://www.idph.nhs.gov)
- [Illinois COVID-19 website for the public - coronavirus.illinois.gov](https://www.coronavirus.illinois.gov)
- [Chicago Department of Public Health COVID-19 webpage](https://www.chicagodph.org/coronavirus)
- [IHA webpage on COVID-19](https://www.team-iha.org/coronavirus)

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)