June 3, 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 3, 2020

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

Situational Awareness
The Illinois Department of Public Health (IDPH) announced today 982 new COVID-19 cases and 97 deaths. The total number of cases in the state is 123,830 in 101 counties, with a total of 5,621 deaths. IDPH says that in the past 24 hours, 24,471 test specimens have been processed, with a positivity rate of 4%. The preliminary seven-day statewide positivity rate from May 27 to June 2 is 6%. Statewide COVID-19 hospitalizations in the past 24 hours decreased from 3,238 patients to 3,173 patients. Of that figure, 844 patients are in the ICU, with 508 patients on ventilators. Statewide COVID hospitalizations have dropped by 36% in the last month.

IDPH Notice re: Elective Inpatient Surgeries and Procedures
This morning, the Illinois Department of Public Health (IDPH) sent hospitals a notice (click here) via SIREN concerning the specific circumstances and metrics under which hospitals may perform elective inpatient surgeries and procedures as originally outlined in IDPH’s April 24 Guidance on Elective Surgeries and Procedures.

Individual hospitals must meet ALL three following requirements to perform elective inpatient procedures:

- Hospital availability of adult medical/surgical beds exceeds 20% of operating capacity for adult medical/surgical beds;
- Hospital availability of ICU beds exceeds 20% of operating capacity for ICU beds; and
Hospital ventilator availability exceeds 20% of total ventilators.

IDPH will calculate a hospital’s availability/capacity as follows: A calculation of available beds/ventilators divided by total bed/ventilator capacity. Every Wednesday night, IDPH will run a report from EMResource to determine if hospitals meet the above requirements. Specifically, the report will show if a hospital is below the 20% threshold in any of the above three categories, calculated as a rolling average of the previous seven days. Beginning this Friday, June 5, IDPH will notify hospitals every Friday if they are under the 20% threshold in any of the three categories.

If a hospital is notified by IDPH that it has fallen below 20% in any of the three categories during the preceding seven-day period, IDPH directs the hospital to evaluate the current census, number of scheduled procedures from the relevant seven-day period, and any other relevant factors to determine why the 20% threshold was not maintained. IDPH requests any hospital not meeting the criteria to institute measures to meet the 20% thresholds, including measures to decrease scheduled cases, such as rescheduling procedures, placing patients in an “on-call” status, and/or cancelling procedures for the upcoming week.

The hospital should respond by sending a situational update to IDPH at DPH.HospitalReports@illinois.gov within forty-eight hours of being notified that it is not meeting established thresholds. IDPH will review the hospital’s situational update and provide consultation when needed. NOTE: Hospitals not performing elective inpatient procedures may receive a notification that it is not meeting established thresholds. If your hospital is below the 20% thresholds, but is not performing elective inpatient procedures, inform IDPH of such at DPH.HospitalReports@illinois.gov.

Hospitals are urged to make sure their numbers are updated twice a day in EMResource at 10 a.m. and 6 p.m. It is important that this data is entered correctly and that it accurately reflects a hospital’s bed and vent capacity as this data is used by IDPH to make the determination about whether conditions have been met for inpatient elective surgeries and procedures.

The definitions of bed capacity and available bed capacity have been expanded to more accurately represent a hospital’s ability to surge up during a potential outbreak. An updated EMResource user guide can be found here and in the document library of EMResource. The recording of the May 26 Illinois and Chicago Departments of Public Health webinar on EMResource can be found here.

Chicago Moves to Phase 3 Reopening
As part of the city of Chicago’s move today to Phase 3 (“Cautiously Reopen”) of its reopening plan, Public Health Commissioner Dr. Allison Arwady issued an order (click here). The order keeps in place several restrictions and guidance; parks and recreational facilities near the Lakefront remain closed. Mayor Lori Lightfoot has restored access to the Central Business District and Loop, with select closures and service interruptions staying in effect until further notice. Also, the citywide curfew for all residents and visitors, effective from 9 p.m. to 6 a.m. remains in effect until further notice.

June 8 Data Submission Deadline re: Remdesivir Distribution
For the next distribution of Remdesivir, the U.S. Dept. of Health and Human Services (HHS) is requesting that hospitals submit data by 7 p.m. CDT, Monday, June 8. Hospitals should log on to the COVID-19 web portal at https://teletracking.protect.hhs.gov, using the same login information previously used to provide year-to-date coronavirus-related admissions. Once logged in, you will be asked to provide: the number of currently hospitalized coronavirus patients, and of those admissions, the number in an intensive care unit. Hospitals should record these values as of June 1, or the date they are submitting, prior to the June 8 deadline. For more information, see HHS’ updated letter and FAQ.
CMS Releases Guidance on Optional Uninsured COVID-19 Testing Coverage

The Centers for Medicare & Medicaid Services (CMS) released guidance to states implementing the Optional COVID-19 Testing (XXIII) Group. This coverage, established by the Families First Coronavirus Response Act (FFCRA), is for testing and testing-related services provided to uninsured individuals. The guidance provides details on implementation requirements related to coverage application, eligibility verification, hospital presumptive eligibility, patient notices, claims submission and data reporting. The guidance also outlines options and flexibilities within these requirements available to states participating in the Optional COVID-19 Testing Group.

In addition to this guidance, CMS published FFCRA and Coronavirus Aid, Relief, and Economic Security (CARES) Act Frequently Asked Questions (FAQs) on April 13. Section B of this FAQ document provides additional details on eligibility requirements, benefits, and the Federal Medical Assistance Percentage (FMAP) available for coverage provided under the Optional COVID-19 Testing Group.

IHA Webinar on COVID-19 Funding Reporting Next Week

IHA is hosting a webinar on Thursday, June 11, from 10 to 11 a.m. with Health Management Associates (HMA) to assist member hospitals and health systems with Coronavirus response funding reporting requirements, which begin with the quarter ending June 30. To register, click here.

The webinar will review the Terms and Conditions associated with the main sources of coronavirus response funding, provide guidance on COVID-19 related expenses and lost revenue projections, and discuss best practices related to the quarterly reporting process. The webinar will be recorded.

CMS Steps Up Nursing Home COVID-19 Enforcement

The Centers for Medicare & Medicaid Services (CMS) on Monday announced steps it is taking to enhance enforcement for nursing homes with violations of longstanding infection control practices. CMS says it is increasing enforcement (e.g., civil money penalties) for facilities with persistent infection control violations, and imposing enforcement actions on lower level infection control deficiencies.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act provided additional funding to CMS for survey and certification work related to COVID-19. CMS will allocate the CARES Act funding to states based on performance-based metrics. States that have not completed 100% of focused infection control surveys of their nursing homes by July 31, 2020 will be required to submit a corrective action plan within 30 days. If, after the 30-day period, states have still not performed surveys in 100% of nursing homes, their CARES Act fiscal year 2021 allocation may be reduced by 10%.

As of May 24, about 12,500 nursing homes – approximately 80% of the 15,400 Medicare and Medicaid nursing homes – had reported the required data to the Centers for Disease Control and Prevention. These facilities reported over 60,000 confirmed COVID-19 cases and almost 26,000 deaths. As of May 29, the Illinois Dept. of Public Health had reported that more than half of the state’s COVID-19 deaths (2,747) were in nursing homes and long-term care facilities.

Resources

- IHA webpage on COVID-19
- Illinois COVID-19 website for the public - 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