June 5, 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
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      Keneatha Johnson, Director, Quality, Safety, and Health Policy

SUBJECT: IHA COVID-19 Update – June 5, 2020

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

Situational Awareness
The Illinois Department of Public Health (IDPH) announced today 1,156 new COVID-19 cases and 59 deaths. The total number of cases in the state is 125,915 in 101 counties, with a total of 5,795 deaths. IDPH says that in the past 24 hours, 18,903 test specimens have been processed, with a positivity rate of 6%. The state has now surpassed the one million mark in total number of tests. The preliminary seven-day statewide positivity rate from May 29 to June 4 is 6%. Statewide COVID-19 hospitalizations in the past 24 hours decreased from 3,044 patients to 2,911 patients. Of that figure, 817 patients are in the ICU, with 500 patients on ventilators.

IDPH also reported today that a pet cat recently tested positive for COVID-19 after becoming sick in mid-May. The cat was in a home with people who had tested positive. This is the first animal to test positive for the virus in Illinois. There is no evidence COVID-19 is transmitted from animal to humans. However, if you are sick, you should distance yourself from pets as well as people.

Community-Based COVID-19 Testing Sites Open to All
The state announced Thursday that it is opening its community-based testing sites to anyone to get tested, regardless of symptoms or other criteria. No appointment, doctor referral, or insurance is needed at state operated drive-through sites and testing is available at no cost. IDPH recommends that anyone who has recently been part of a mass gathering, including rallies and protests over the past week, get tested for COVID-19. A list of public and private testing sites can be found on the IDPH website at http://www.dph.illinois.gov/testing.
Congressional Committee Leaders Seek COVID-19 Relief Funds for Medicaid-Dependent Providers
The Chairs and Ranking Members of the Congressional committees of jurisdiction over the Medicaid program sent a letter Wednesday to U.S. Department of Health and Human Services (HHS) Secretary Alex Azar, urging payments be made to Medicaid-dependent providers from the provider relief fund. The letter asks HHS to provide the letter’s authors with answers to questions about how the agency will determine a future payment for Medicaid-dependent providers. Congress appropriated $175 billion for the PHSSEF to assist hospitals and other healthcare providers in preparing for and responding to the COVID-19 pandemic. Last week, IHA sent a letter to HHS Secretary Azar urging a targeted distribution for hospitals serving high numbers of Medicaid and uninsured patients, as well as communities of color, which have been disproportionately harmed by the virus.

Congress Passes Bill Providing PPP Loan Flexibility
Late Wednesday, the U.S. Senate unanimously passed the Paycheck Protection Program Flexibility Act of 2020 (H.R. 7010), which provides new flexibilities for businesses, including hospitals, that accessed loans through the Paycheck Protection Program (PPP), established in the CARES Act. Among other flexibilities, the legislation makes the following adjustments:

- Allows 24-weeks (instead of 8-weeks) for borrowers to use funds and qualify for loan forgiveness;
- Reduces the amount (from 75% to 60%) of the loan that must be spent on payroll in order to be eligible for forgiveness;
- Extends the deadline for the rehire employees from June 30 to December 30;
- Allows businesses that receive forgiveness to also defer the 6.2% employer portion of social security payroll taxes, as allowed under the CARES Act; and
- Eliminates the six-month deferral of payments and replaces it with deferral until the date on which the amount of forgiveness is remitted to the lender.

The legislation passed the U.S. House on May 28, and is headed to the President for his signature.

CDC: ER Visits Decline during COVID-19 Pandemic
A new Morbidity and Mortality Weekly Report from the Centers for Disease Control and Prevention indicates that emergency department (ED) visits declined 42% during the early period of the COVID-19 pandemic. The National Syndromic Surveillance Program, which collects electronic health data in real time, found that ED visits declined from a mean of 2.1 million visits per week (March 31–April 27, 2019) to 1.2 million visits (March 29–April 25, 2020), with the steepest decreases in persons under 14 years of age, females, and the Northeast. The proportion of infectious disease-related visits was four times higher during the early pandemic period.

ACS Releases Document to Prepare Patients for Operations
As healthcare facilities resume operations that were delayed due to COVID-19, surveys show many people are reluctant to undergo procedures while COVID-19 continues to spread. To help surgeons and hospitals address patient concerns, the American College of Surgeons (ACS) has released a new resource document, Preparing to have surgery during the time of COVID-19. The document includes a patient-surgeon discussion guide with suggested questions patients can ask their surgeon to feel more prepared about returning to a healthcare facility for their procedure. The guide also covers common concerns such as how the check-in process has changed, what to expect during appointments, safeguards to prevent the spread of COVID-19, and how the ongoing pandemic may change after-operation care.

CMS Announces New Payment Model Flexibilities in Response to COVID-19
In response to the COVID-19 pandemic, the Centers for Medicare & Medicaid Services (CMS) has announced new flexibilities and adjustments to current and future value-based payment models implemented by the Center for Medicare and Medicaid Innovation (CMMI). According to CMS, the flexibilities and changes were determined using the following principles:
• Utilize flexibilities that already exist in current model design;
• Continue sufficient financial incentives that encourage higher quality outcomes to participate in value based arrangements;
• Ensure equity and consistency across models;
• Align with national value based and quality payment programs;
• Minimize risk to model participants, the Medicaid program, and the Medicare Trust Funds;
• Minimize delays in new model implementation while providing additional opportunities for participation in new models;
• Minimize reporting burden; and
• Complement and build off new CMS COVID-19 flexibilities as outlined in regulation and waivers.

CMS outlines these flexibilities by model in a table (click here) with details on financial methodology, quality reporting, and model timeline changes for 16 CMMI models.

**Nursing Home COVID-19 Data Available**

On Thursday, the Centers for Medicare & Medicaid Services (CMS) posted the first set of underlying COVID-19 nursing home data and results from the targeted inspections announced on March 4, to allow inspectors to focus on the most serious health and safety threats like infectious diseases and abuse during the pandemic. The data shows as of May 31, about 13,600 nursing homes – approximately 88% of the 15,400 Medicare and Medicaid nursing homes – reported the required data to the Centers for Disease Control and Prevention. These facilities reported over 95,000 confirmed COVID-19 cases and almost 32,000 deaths. CMS has posted the following data sets, inspection results and survey reports:

- Inspection results at [https://www.medicare.gov/nursinghomecompare/search.html?](https://www.medicare.gov/nursinghomecompare/search.html?)

The next set of data will be updated in two weeks. After that, CMS plans to update the data weekly.

**Physical Distancing and Facing Coverings Reduce COVID-19 Infection Risk**

Keeping at least one meter (three feet) from other people as well as wearing face coverings and eye protection, in and outside of healthcare settings, could be the best way to reduce the chance of viral infection or transmission of COVID-19, according to a new study published in *The Lancet*. The study was based on a review and meta-analysis of 172 observational studies in 16 countries.

**Monday Webinar: EMS Response to COVID-19 and Protests**


**Resources**

- [IDPH webpage on COVID-19](https://www.idph.gov)
- [Illinois COVID-19 website for the public - coronavirus.illinois.gov](https://coronavirus.illinois.gov)
- [Chicago Department of Public Health COVID-19 webpage](https://www.cdphchicago.org/c19)
- [IHA webpage on COVID-19](https://www.team-aha.org)

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-aha.org