



May 1, 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

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SUBJECT: IHA COVID-19 Update – May 1, 2020

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

Situational Awareness

The Illinois Department of Public Health (IDPH) today [announced](#) 3,137 new cases and 105 deaths. The total number of cases in the state is 56,055 in 97 counties, with a total of 2,457 deaths. Over the past 24 hours, 14,821 test specimens were processed. During his afternoon press briefing, Governor J.B. Pritzker gave an overview of the state's plan to launch a contact tracing program by the end of May. Under the program, the state will hire thousands of staff to trace and monitor the contacts of COVID-19 infected people.

Governor and Chicago Mayor Issue Statement on McCormick Place Alternate Care Facility

Late this afternoon, Governor Pritzker and Mayor Lori Lightfoot issued a joint statement on plans to cease clinical operations at the McCormick Place Alternate Care Facility. The statement reads in part:

“Today, we are pleased to report that the curve is flattening, and our local hospitals and healthcare systems continue to operate with capacity, therefore, the McCormick Place ACF will stop operating in its clinical needs testing phase. All patients currently receiving care at McCormick will continue to receive outstanding medical care for the duration of their illness and plans for deconstruction are currently underway. The unit with the negative pressure tents will remain assembled to continue upholding the facility's original mission, as the City and State monitor hospital capacity when elective surgeries begin again. “

See the [full statement](#).

Hospitals in High-Impact and Rural Areas to Receive Federal COVID-19 Funds

Late this afternoon, the U.S. Department of Health and Human Services (HHS) announced details about targeted payments for providers in rural areas and hospitals treating higher numbers of COVID-19 patients. These payments are part of the second tranche from the Provider Relief Fund. According to an [HHS press release](#), 33 hospitals in high-impact areas of Illinois will receive \$694 million, and 228 rural providers in Illinois will receive a total of \$352 million.

High-Impact Funding: HHS says \$12 billion will be allocated to 395 hospitals across the nation who provided inpatient care for 100 or more COVID-19 patients through April 10. Of this amount, \$2 billion will be distributed to these hospitals based on their Medicare and Medicaid disproportionate share and uncompensated care payments. The distribution uses the following formula to determine what each hospital receives: hospitals are paid a fixed amount per COVID-19 inpatient admission, with an additional amount taking into account their Medicare and Medicaid disproportionate share and uncompensated care payments.

Rural Funding: A total of \$10 billion will be allocated nationally to rural hospitals, Critical Access Hospitals (CAHs), Community Health Centers (CHCs) located in rural areas, and Rural Health Clinics (RHCs). Allocations will be a minimum of \$1 million to each hospital and \$100,000 to each clinic. These providers may qualify for additional funds, based on the relative proportion of operating expenses they represent across the entirety of rural healthcare. HHS notes that many rural hospitals which were operating on thin margins prior to COVID-19 were particularly devastated by the pandemic. This distribution includes:

- Hospitals and RHCs will each receive a minimum base payment plus a percent of their annual expenses. This expense-based method accounts for operating cost and lost revenue incurred by rural hospitals for both inpatient and outpatient services.
- Rural acute care general hospitals and CAHs will receive a minimum level of support of no less than \$1 million, with additional payment based on operating expenses.
- The base payment will account for RHCs with no reported Medicare claims, such as pediatric RHCs, and CHCs lacking expense data, by ensuring that all clinical, non-hospital sites receive a minimum level of support of no less than \$100,000, with additional payment based on operating expenses.

HHS says that eligible providers will begin receiving funds in the coming days via direct deposit, based on the physical address of the facilities as reported to the Centers for Medicare and Medicaid Services (CMS) and the Health Resources and Services Administration (HRSA), regardless of their affiliation with organizations based in urban areas.

IDPH Assistance on COVID-19 Testing

The Illinois Department of Public Health (IDPH) has provided additional information and guidance to assist hospitals in obtaining needed testing supplies and test results. Hospitals are asked to use an updated [IDPH COVID-19 Supply Order Form](#), which now only pertains to COVID-19 testing supplies. IDPH requests that hospitals only request a 7-10 day supply at a time. If a hospital submits an order and then has additional supply needs within the following few days, another request can be submitted. For more information, [click here](#).

LTC Services for Non-Veteran Medicaid Enrollees at VA

The state recognizes that there are circumstances that impede the return of a resident of a long-term care facility (LTC) to the facility after an acute care hospital stay related to COVID-19. The state, through its Emergency Management Agency, has entered into an engagement with the Veterans Administration (VA) that allows for maximal utilization of VA resources during the pandemic. One dimension of this is the ability for a limited number of non-veteran Medicaid enrollees to receive long-term care services

following a hospital stay at one of three Veterans Administration Medical Centers (VAMCs) -- Hines VAMC (Maywood); North Chicago VAMC (North Chicago); or VA Illiana (Danville).

The availability of the services for Medicaid enrollees is on a first-come, first-served basis when an individual meets criteria for the services these centers can offer. The patient does not need to be a veteran. For more information, see an [IHA fact sheet](#).

CMS: More COVID-19 Response Flexibilities for Providers

On Thursday, the Centers for Medicare & Medicaid Services (CMS) [announced](#) a second set of wide-reaching changes in response to the COVID-19 pandemic. CMS is effectuating changes through a combination of its interim final rule with comment period (IFC) [rulemaking authority](#) and its application of [1135 blanket waiver](#) authority, the latter of which having been broadened by the recently passed CARES Act. Broadly, the changes feature several augmentations of previously instituted reforms (e.g., clarifying or modifying billing rules for new temporary services), as well as brand new policies. Of note, CMS is:

- Instituting changes aimed at improving diagnostic testing, including flexibilities around ordering COVID-19 tests for beneficiaries and covering certain serology tests.
- Instituting new policies allowing payment for outpatient hospital services in temporary expansion locations (e.g., parking lot tents).
- Making certain healthcare workforce modifications and eliminating several administrative requirements that could delay care.
- Making even more expansive changes to current telehealth regulations to support this modality during the public health emergency (e.g., expanding the list of eligible providers that can furnish telehealth services, as well as broadening the list of services that providers can furnish via audio-only technologies (i.e., telephones); expediting the process by which CMS adds new services to the approved Medicare telehealth list through using a sub-regulatory process that bypasses the standard notice and comment procedures.

For more information, see a detailed [IHA overview memo](#).

CMS Updates FAQs on EMTALA During COVID-19 Pandemic

CMS issued [Frequently Asked Questions](#) (FAQs) clarifying requirements and considerations for hospitals and other providers related to the Emergency Medical Treatment and Labor Act (EMTALA) during the COVID-19 pandemic. The FAQs address questions around patient presentation to the emergency department, EMTALA applicability across facility types, qualified medical professionals, medical screening exams, patient transfer and stabilization, telehealth, and other topics.

CMS Extends Deadline for Submission of Occupational Mix Survey

CMS collects data every three-years on the occupational mix of employees from short-term acute care hospitals participating in the Medicare program. Due to the COVID-19 national emergency, CMS is extending the 2019 [Occupational Mix](#) survey submission date to August 3, 2020. If for any reason, hospitals are still facing difficulties meeting the extended deadline, request an additional extension to CMS through your Medicare Administrative Contractor (MAC).

CDC Launches NHSN Dashboard on COVID-19 Hospital Capacity

The Centers for Disease Control and Prevention launched [the National Healthcare Safety Network \(NHSN\) COVID-19 Module Data Dashboard](#) showing the percent of inpatient hospital beds occupied and the percent of intensive care unit (ICU) beds occupied by state. These data are reported by acute care facilities participating in the Patient Impact and Hospital Capacity pathway of the NHSN COVID-19 module.

New Legislation Addresses Shortages of Nurses and Physicians

U.S. Senator Dick Durbin announced IHA-supported bipartisan legislation to address healthcare professional shortages by recapturing unused immigrant visas and making them available to doctors and nurses. The Healthcare Workforce Resilience Act would recapture 25,000 unused immigrant visas for nurses and 15,000 for doctors, and allocate them to professionals able to help in the fight against COVID-19.

“IHA strongly supports this legislation and applauds Sen. Durbin's commitment to ensuring all Illinoisans have access to healthcare, especially as we respond to the COVID-19 pandemic,” said IHA President & CEO A.J. Wilhelmi. “Illinois faces a critical shortage of nurses and physicians. As our healthcare heroes work around the clock to respond to the pandemic, IHA urges Congress to pass this legislation to deliver help to the frontlines. By relieving the backlog of immigrant visas for physicians and professional nurses, this legislation will expand access to care, especially in rural and underserved communities.”

According to a summary of the legislation, “There are currently thousands of nurses who are stuck overseas due to the green card backlogs and bureaucratic delays, even though they are working to gain approval or have already been approved to come to the United States as lawful permanent residents. Additionally, there are thousands of doctors who are currently working in our country on temporary visas with approved immigrant petitions and are stuck in the green card backlog. While they are already serving our communities, these doctors face many limitations due to their temporary status, such as not being able to take a shift at a second hospital where they may be desperately needed to assist with treating COVID-19 patients.”

Resources

- [IDPH 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