May 27, 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 – May 27, 2020

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

Situational Awareness
The Illinois Department of Public Health (IDPH) announced today 1,111 new COVID-19 cases and 160 deaths. The total number of cases in the state is 114,306 in 100 counties, with a total of 5,083 deaths, a recovery rate of 92%. IDPH says that in the past 24 hours, 17,179 test specimens have been processed, with a positivity rate of 6.5%. The preliminary seven-day statewide positivity rate from May 20-26 is 8.6%. Statewide COVID-19 hospitalizations in the past 24 hours increased from 3,788 patients to 3,826 patients. Of that figure, 1,031 patients are in the ICU, with 592 patients on ventilators.

Chicago Releases Phase 3 Reopening Guidelines
Mayor Lori Lightfoot, in partnership with the Chicago Department of Public Health (CDPH), industry leaders (including IHA), labor leaders, and public officials from around Chicago, released industry-specific guidelines for businesses, employees, and customers to follow as the city prepares to begin safely reopening in early June. The sectors covered by the guidelines include: Healthcare, Education & Childcare, Food Service, Accommodations and Tourism, Retail, B2B, and Transportation.

Industry-specific guidelines include details such as how businesses can engage in healthy interactions between workers and customers, how to maintain safe working spaces and conditions, and how to design and monitor workplace operations to create flexibility and maintain safety for employees and customers. The guidelines are aligned with the State-issued guidelines, with specificity included for Chicago’s context.
Key guidelines for the Healthcare sector include:
- Maintain 6-foot social distancing where possible;
- Employers encouraged to provide sanitizing supplies throughout facilities;
- Patients and staff required to wear facial coverings at all times; exceptions made for people with medical conditions or disabilities that prevent them from safely wearing a face covering;
- Promote healthy hygiene in line with IDPH, CDPH and CDC guidance;
- Visual signage posted throughout facilities regarding hygiene, social distancing, and proper PPE;
- Limit visitors and screen staff prior to entry;
- Limit gatherings of individuals;
- Frequent daily cleaning;
- Comply with all national, state and local requirements pertaining to COVID-19 in addition to hospital operation standards; and
- Follow CDPH and CDC guidance for testing and tracing protocols.

Click here to see the Healthcare guidelines.

Deadline Extended for IEMA RFP for Metro South Alternative Care Facility
Based on inquiries from several potential bidders, the Illinois Emergency Management Agency (IEMA) is extending the time to respond to its request for bids to provide clinical management and direction, oversight and staffing for some or all of the clinical staffing needs at the Metro South Alternative Care Facility (ACF) in Blue Island. Vendors who are interested in submitting a bid response package now must respond by Thursday, May 28 at 5 p.m. CDT to Darrell.Marcy@illinois.gov and Tricia.Leezer@illinois.gov.

Any potential bidder who responds by the original deadline of Wednesday, May 27 at 2 p.m. CDT will be advised that their submission will not be reviewed at this time and that they may submit a revised bid response package at any time before Thursday, May 28 at 5 p.m. CDT. A complete copy of the RFP is available on IEMA’s website (click here).

CMS Guidance on State and Local Government Billing for Alternate Care Sites
In response to the COVID-19 pandemic, state and local governments, hospitals, and others have developed alternate care sites (ACS) to expand capacity and provide needed care to patients. An ACS is a broad term for any building or structure that is temporarily converted or newly erected for healthcare use. The Federal Healthcare Resiliency Task Force issued a toolkit to help state and local governments develop an ACS. A new Fact Sheet from the Centers for Medicare & Medicaid Services (CMS) provides information to state and local governments that are considering developing an ACS on how to seek payments through CMS programs – Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) – for acute inpatient and outpatient care furnished at an ACS.

The easiest path to obtaining payments through CMS programs for covered health care services furnished at an ACS is for an already-enrolled hospital or health system to treat the ACS as a temporary expansion of its existing “brick-and-mortar” location. State and local governments that desire to establish (i.e., develop or build) a hospital ACS, and be paid by CMS for furnishing covered hospital inpatient and outpatient services to enrolled beneficiaries, have three options: (i) hand over operation and billing for care delivered in the ACS to a hospital or health system that is already enrolled in a CMS program; (ii) enroll the ACS as a new hospital in CMS programs; or (iii) if options (i) and (ii) are not available, CMS could not make facility payments, but qualified and enrolled physicians or other non-physician practitioners could bill for covered (professional) services that they furnish at the ACS.

Additional information regarding new hospital enrollment and flexibilities that existing hospitals and other providers have to expand capacity at ACSs during the COVID-19 pandemic is in the fact sheet.
OB/Neonatal Units COVID-19 Webinar This Friday
The Illinois Perinatal Quality Collaborative (ILPQC) in partnership with the Illinois Department of Public Health (IDPH) is holding a weekly COVID-19 Strategies for OB/Neonatal Units Discussion Webinar. The next webinar will be Friday, May 29, from noon to 1 p.m. Pre-registration is required (click here) and is limited to 500 participants. A recording of the webinar and FAQs will be available following the webinar on the ILPQC website.

Leaders from OB and Neonatal units from around Illinois will share COVID-19 cases, lessons learned and answer questions on key issues that OB/Neonatal providers and staff are currently facing. Those unable to access the webinar can go to ILPQC's Facebook page here.

ILPQC has launched a COVID-19 OB / Neonatal resources webpage available at https://ilpqc.org/covid-19-information. ILPQC will continue to regularly update this page with time-stamped national guidelines from ACOG, SMFM, AAP, CDC and other organizations, publications and example protocols/resources from obstetric and neonatal units. Hospitals are encouraged to share COVID-19 protocols/resources by emailing them to info@ilpqc.org.

June 11 Webinar: COVID-19 Response Funding Reporting Requirements
The U.S. Department of Health and Human Services (HHS) has distributed funds to providers under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Coronavirus Preparedness and Response Supplemental Appropriations Act, and the Families First Coronavirus Response Act. Any entity receiving more than $150,000 from these Acts, or any other Act primarily appropriating funds to coronavirus related activities, must begin submitting quarterly reports to the HHS Secretary and the Pandemic Response Accountability Committee. The reporting requirement begins with the calendar quarter ending June 30.

To assist member hospitals and health systems with this reporting requirement, IHA will host a webinar with Health Management Associates on June 11 at 10 a.m. 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. Registration details will be sent to members next week.

Poll: Half of Americans Delayed Care Due to Pandemic
According to a new Kaiser Family Foundation (KFF) Health Tracking Poll, nearly half (48%) of Americans say someone in their family has skipped or delayed getting some type of medical care in the past three months due to the COVID-19 pandemic. This includes 11% who say the person’s condition worsened due to the missed care. Among those who say they or a family member skipped care, most say they expect to get the care within the next three months (68% of the group, or 32% of all adults). Few say they do not expect to get the care for at least a year or at all.

Most adults (86%) say their physical health has stayed about the same since the outbreak began, but the crisis continues to take a toll on people’s mental health. Four in 10 adults (39%) say worry and stress related to coronavirus has had a negative impact on their mental health.

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