

### VIA ELECTRONIC MAIL - ROCHISC@cms.hhs.gov

March 20, 2020

Mr. Douglas O'Brien Regional Director - Region V Centers for Medicare and Medicaid Services Chicago Regional Office (Region V) 233 N Michigan Avenue **Suite 1300** Chicago, Illinois 60601

#### RE: Notice of Intent to Operate Under 1135 Waiver(s)

The Illinois Health and Hospital Association (IHA) is providing notice of the intent of each Illinois hospital and health system and their respective affiliates in Illinois (each a "Provider" and collectively "Providers") to operate under certain "blanket" waiver(s) as further described below in Table 1. The Providers that would operate under such waiver(s) are set forth in Exhibit A:

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TRUSTEES & OFFICERS

Phillin Kambic Riverside Healthcare

Chair-Elect Karen Teitelbaum

Sinai Health System

Immediate Past Chair Mary Starmann-Harrison
Hospital Sisters Health System

Treasurer Ted Rogalski Genesis Medical Center

Secretary Mary Lou Mastro Edward-Elmhurst Health

President A.J. Wilhelmi Illinois Health and Hospital Association

Steven Airhart Hartarove Behavioral Health System and Garfield Park Behavioral Hospital

SSM Good Samaritan Hospital

Katherine Bunting Fairfield Memorial Hospital

Ruth Colby Silver Cross Hospital

M. Edward Cunningham Gateway Regional Medical Center J.P. Gallagher

NorthShore University HealthSystem Dean M. Harrison

Northwestern Memorial HealthCare Maureen Kahn

Blessing Health System James Leonard, MD The Carle Foundation

George Miller Loretto Hospital

Keith Parrott AMITA Health

José R. Sánchez

Norwegian American Hospital William Santulli

Advocate Aurora Health David Schreiner Katherine Shaw Bethea Hospital

Stephen Scogna Northwest Community Healthcare

Robert Sehring

Mark B. Steadham Morris Hospital & Healthcare Centers

Steven D. Tenhouse Kirby Medical Center

Mark Turner Memorial Regional Health Services

Shawn P. Vincent Loyola University Health System

Brenda J. Wolf La Rabida Children's Hospital

The Providers intend to operate under the "blanket" waivers as identified in **Table 1**:

Waiver	Description of Waiver	Provider(s) Electing to Operate Under Each Waiver
Skilled Nursing	CMS is waiving the requirement at	All applicable Providers in <b>Exhibit A</b>
Facilities – 3 Day	Section 1812(f) of the Social Security Act	
Rule	for a 3-day prior hospitalization for	
	coverage of a skilled nursing facility	
	(SNF) stay provides temporary	
	emergency coverage of (SNF services	
	without a qualifying hospital stay, for	
	those people who need to be	
	transferred as a result of the effect of a	
	disaster or emergency. In addition, for	
	certain beneficiaries who recently	
	exhausted their SNF benefits, it	
	authorizes renewed SNF coverage	
	without first having to start a new	
	benefit period.	
Skilled Nursing	CMS is waiving 42 CFR 483.20 to provide	All applicable Providers in <b>Exhibit A</b>
Facilities –	relief to SNFs on the timeframe	
Timeframe for	requirements for Minimum Data Set	
MDS	assessments and transmission.	
Critical Access	CMS is waiving the requirements that	All applicable Providers in <b>Exhibit A</b>
Hospitals	Critical Access Hospitals limit the	
	number of beds to 25, and that the	
	length of stay be limited to 96 hours.	
Housing Acute	CMS is waiving requirements to allow	All applicable Providers in <b>Exhibit A</b>
Care Patients In	acute care hospitals to house acute care	
<b>Excluded Distinct</b>	inpatients in excluded distinct part units,	
Part Units	where the distinct part unit's beds are	
	appropriate for acute care inpatient. The	
	Inpatient Prospective Payment System	
	(IPPS) hospital should bill for the care	
	and annotate the patient's medical	
	record to indicate the patient is an acute	
	care inpatient being housed in the	
	excluded unit because of capacity issues	
B	related to the disaster or emergency.	All and ball a Don't a see 1999
Durable Medical	Where Durable Medical Equipment	All applicable Providers in <b>Exhibit A</b>
Equipment	Prosthetics, Orthotics, and Supplies	
	(DMEPOS) is lost, destroyed, irreparably	
	damaged, or otherwise rendered	
	unusable, contractors have the flexibility	

Waiver	Description of Waiver	Provider(s) Electing to Operate Under
		Each Waiver
	to waive replacements requirements	
	such that the face-to-face requirement,	
	a new physician's order, and new	
	medical necessity documentation are	
	not required. Suppliers must still include	
	a narrative description on the claim	
	explaining the reason why the	
	equipment must be replaced and are	
	reminded to maintain documentation	
	indicating that the DMEPOS was lost,	
	destroyed, irreparably damaged or	
	otherwise rendered unusable or	
	unavailable as a result of the emergency.	
Care for Excluded	CMS is waiving to allow acute care	All applicable Providers in <b>Exhibit A</b>
Inpatient	hospitals with excluded distinct part	
Psychiatric Unit	inpatient psychiatric units that, as a	
Patients in the	result of a disaster or emergency, need	
Acute Care Unit of	to relocate inpatients from the excluded	
a Hospital	distinct part psychiatric unit to an acute	
	care bed and unit. The hospital should	
	continue to bill for inpatient psychiatric	
	services under the Inpatient Psychiatric	
	Facility Prospective Payment System for	
	such patients and annotate the medical	
	record to indicate the patient is a	
	psychiatric inpatient being cared for in	
	an acute care bed because of capacity or	
	other exigent circumstances related to	
	the hurricane. This waiver may be	
	utilized where the hospital's acute care	
	beds are appropriate for psychiatric	
	patients and the staff and environment	
	are conducive to safe care. For	
	psychiatric patients, this includes	
	assessment of the acute care bed and	
	unit location to ensure those patients at	
	risk of harm to self and others are safely	
	cared for.	
Care for Excluded	CMS is waiving requirements to allow	All applicable Providers in <b>Exhibit A</b>
Inpatient	acute care hospitals with excluded	
Rehabilitation	distinct part inpatient rehabilitation	
Unit Patients in	units that, as a result of a disaster or	
the Acute Care	emergency, need to relocate inpatients	
Unit of a Hospital	from the excluded distinct part	

Waiver	Description of Waiver	Provider(s) Electing to Operate Under
		Each Waiver
	rehabilitation unit to an acute care bed	
	and unit. The hospital should continue	
	to bill for inpatient rehabilitation	
	services under the inpatient	
	rehabilitation facility prospective	
	payment system for such patients and	
	annotate the medical record to indicate	
	the patient is a rehabilitation inpatient	
	being cared for in an acute care bed	
	because of capacity or other exigent	
	circumstances related to the disaster or	
	emergency. This waiver may be utilized	
	where the hospital's acute care beds are appropriate for providing care to	
	rehabilitation patients and such patients	
	continue to receive intensive	
	rehabilitation services.	
Inpatient	CMS is waiving requirements to allow	All applicable Providers in <b>Exhibit A</b>
Rehabilitation	IRFs to exclude patients from the	7 iii appiicable i rovidels iii <b>z</b> aiii <b>z</b> iii
Facility (IRF) –	hospital's or unit's inpatient population	
60% Rule	for purposes of calculating the	
	applicable thresholds associated with	
	the requirements to receive payment as	
	an IRF (commonly referred to as the "60	
	percent rule") if an IRF admits a patient	
	solely to respond to the emergency and	
	the patient's medical record properly	
	identifies the patient as such. In	
	addition, during the applicable waiver	
	time period, we would also apply the	
	exception to facilities not yet classified	
	as IRFs, but that are attempting to	
	obtain classification as an IRF.	All 1: 11 6 :1 : = 1.11 6
Supporting Care	Allows a LTCH to exclude patient stays	All applicable Providers in <b>Exhibit A</b>
for Patients in	where an LTCH admits or discharges	
Long-Term Care Acute Hospitals	patients in order to meet the demands of the emergency from the 25-day	
(LTCH)s	average length of stay requirement	
(11011)3	which allows these facilities to be paid	
	as LTCHs.	
Home Health	Provides relief to Home Health Agencies	All applicable Providers in <b>Exhibit A</b>
Agencies	on the timeframes related to OASIS	
	Transmission. Allows Medicare	

Waiver	Description of Waiver	Provider(s) Electing to Operate Under Each Waiver
	Administrative Contractors to extend	Lacii Waivei
	the auto-cancellation date of Requests	
	for Anticipated Payment (RAPs) during	
	emergencies.	
Provider Locations	Temporarily waive requirements that	All applicable Providers in <b>Exhibit A</b>
Provider Locations	out-of-state providers be licensed in the	All applicable Providers III <b>Exhibit A</b>
	state where they are providing services	
	when they are licensed in another state.	
	This applies to	
	Medicare and Medicaid.	
Provider	Waive the following screening	All applicable Providers in <b>Exhibit A</b>
Enrollment –	requirements:	All applicable i Toviders in Exhibit A
Screening	requirements.	
Requirements	Application Fee (42 C.F.R	
	424.514)	
	<ul> <li>Criminal background checks</li> </ul>	
	associated with FCBC (42 C.F.R	
	424.518)	
	<ul> <li>Site visits (42 C.F.R 424.517)</li> </ul>	
Medicare appeals	Waive timeliness for requests for	All applicable Providers in <b>Exhibit A</b>
in Fee for Service,	additional information to adjudicate the	
MA and Part D	appeal	
Section 1851(i)	Waive limitations on payments under	All applicable Providers in <b>Exhibit A</b>
	section 1851(i) of the Act for health care	
	items and services furnished to	
	individuals enrolled in a Medicare	
	Advantage plan by health care	
	professionals or facilities not included in	
	the plan's network.	
Section 1135(b)(7)	Waive sanctions and penalties arising	All applicable Providers in <b>Exhibit A</b>
HIPAA Privacy	from noncompliance with the following	
Rule	provisions of the HIPAA privacy	
	regulations: (a) the requirements to	
	obtain a patient's agreement to speak	
	with family members or friends or to	
	honor a patient's request to opt out of	
	the facility directory (as set forth in 45	
	C.F.R. § 164.510); (b) the requirement to	
	distribute a notice of privacy practices	
	(as set forth in 45 C.F.R. § 164.520); and	
	(c) the patient's right to request privacy	

Waiver	Description of Waiver	Provider(s) Electing to Operate Under
	·	Each Waiver
	restrictions or confidential	
	communications (as set forth in 45 C.F.R.	
	§ 164.522); but in each case, only with	
	respect to hospitals in the designated	
	geographic area that have hospital	
	disaster protocols in operation during	
	the time the waiver is in effect.	
Section 1867 of	Waive sanctions for the direction or	All applicable Providers in Exhibit A
the Act (the	relocation of an individual to another	
Emergency	location to receive medical screening	
Medical	pursuant to an appropriate state	
Treatment and	emergency preparedness plan or for the	
Labor Act, or	transfer of an individual who has not	
EMTALA)	been stabilized if the transfer is	
	necessitated by the circumstances of the	
	declared Federal public health	
	emergency for the COVID-19 pandemic.	
Section 1877(g)	Waive sanctions under section 1877(g)	All applicable Providers in Exhibit A
	(relating to limitations on physician	
	referral) under such conditions and in	
	such circumstances as the Centers for	
	Medicare & Medicaid Services	
	determines appropriate.	
Section 1135(b)(5)	Modify deadlines and timetables and for	All applicable Providers in <b>Exhibit A</b>
	the performance of required activities,	
	but only to the extent necessary, as	
	determined by the Centers for Medicare	
	& Medicaid Services, to ensure that	
	sufficient health care items and services	
	are available to meet the needs of	
	individuals enrolled in the Medicare,	
	Medicaid and CHIP programs and to	
	ensure that health care providers that	
	furnish such items and services in good	
	faith, but are unable to comply with one	
	or more of these requirements as a	
	result of the COVID-19 pandemic, may	
	be reimbursed for such items and	
	services and exempted from sanctions	
	for such noncompliance, absent any	
	determination of fraud or abuse.	

In addition, while not included in the "blanket" waivers issued on March 13, 2020, the Provider(s) identified below further request waiver of sanctions under the Emergency Medical Treatment and Labor Act (EMTALA) for transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared emergency:

Facility(ies)/Providers	Facts and Circumstances	Duration of Request
	Underlying Request	
All applicable Providers in <b>Exhibit A</b>	All Illinois hospitals need	The duration of the 1135
	capacity to provide	waiver issued on March 13,
	appropriate screening and	2020
	treatment to patients with	
	emergent medical conditions	
	and/or acute conditions.	
	Patients with non-emergent	
	medical conditions should be	
	referred to non-emergent	
	care providers.	

These accommodations will not be based upon a patient's source of payment or ability to pay, but rather implemented to assist the Providers in providing screening of patients presenting with influenzalike symptoms with appropriate care and screening while not unnecessarily exposing other patients and increasing community spread of disease, and to facilitate transfers in the best interest of patients for the duration of the national emergency.

IHA, on behalf of all Illinois hospitals and their respective affiliates, respectfully request waiver of sanctions of the following:

Facility(ies)/Providers	Regulation	Facts and Circumstances	Duration of Request
		Underlying Request	
All applicable Providers	S&C 18-10-ALL (COP	Providers need to be able	The duration of the
in <b>Exhibit A</b>	489.24(b) and	to utilize telehealth and	1135 waiver issued
	<b>489.24(c)):</b> Texting of	other technologies to be	on March 13, 2020
	Patient Orders	able to communicate and	
		treat patients remotely.	
		Being able to transmit	
		orders through text	
		application would allow for	
		a reduction of telephone	
		orders and verbal orders	
		and reduce errors due to	
		high patient volumes. Staff	
		receiving texted orders	
		would enter the order on	
		the provider's behalf into	
		the Electronic Medical	

		Record for later provider	
		authentication.	
All applicable Providers in <b>Exhibit A</b>	<b>482.13(e)(ii)</b> Seclusion:	Allow mandatory seclusion of all potentially infected patients without a physician order. Consistent with CDC guidelines, Providers need the ability to require potentially infected COVID patient to remain in designated areas to avoid cross-contamination prior to a physician's order as soon as screening indicates.	The duration of the 1135 waiver issued on March 13, 2020
All applicable Providers in Exhibit A	482.41 Physical Environment	If a hospital's patient volume exceeds 90 percent of capacity, Providers request the ability to care for patients at off-campus locations and nontraditional locations, including, but not limited, to such as motels, sports complexes, and other facility.  Allow non-hospital buildings/space can be used for patient care, provided sufficient safety and comfort is provided for patients and staff - allow hospitals to treat medical/surgical patients in non-PPS hospitals. This is another measure that will free up inpatient care beds for the most acute patients while providing beds for those still in need of care. It will also promote appropriate cohorting of COVID-19 patients.	

1			
		Permit treatment to occur	
		in patient vehicles,	
		assuming patient safety	
		and comfort. Many	
		facilities are standing up	
		drive through specimen	
		collection sites, we'd like	
		to request basic evaluation	
		and treatment be allowed	
		in patient vehicles in order	
		to prevent potential spread	
		of the virus to the facility.	
		,	
		Approve the use of	
		technology and physical	
		barriers that limit exposure	
		and potential spread of the	
		virus, such as use of video	
		and audio resources for	
		limiting direct contact	
		between physicians and	
		other providers in the	
		same clinical facility.	
All applicable Providers	482.22(a)(3)	Allow temporary waiver of	The duration of the
in Exhibit A	Telemedicine:	privileging and contract	1135 waiver issued
III EXIIIDIC A	referrieultifie.	requirements. In the event	on March 13, 2020
		requirements. In the event	011 Walcii 13, 2020
Î.		of canacity at Providers	
		of capacity at Providers	
		facilities or a neighboring	
		facilities or a neighboring hospital is at capacity,	
		facilities or a neighboring hospital is at capacity, Providers request the	
		facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals'	
		facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to	
		facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to care for hospitals' patients	
		facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to care for hospitals' patients or neighboring hospitals'	
		facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to care for hospitals' patients or neighboring hospitals' patients. To ensure no	
		facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to care for hospitals' patients or neighboring hospitals' patients. To ensure no delay in patient care,	
		facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to care for hospitals' patients or neighboring hospitals' patients. To ensure no delay in patient care, Providers request the	
		facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to care for hospitals' patients or neighboring hospitals' patients. To ensure no delay in patient care, Providers request the waiver of credentialing	
		facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to care for hospitals' patients or neighboring hospitals' patients. To ensure no delay in patient care, Providers request the waiver of credentialing requirements required for	
All analizable Describer	42 CED 410 40 (C)	facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to care for hospitals' patients or neighboring hospitals' patients. To ensure no delay in patient care, Providers request the waiver of credentialing requirements required for telemedicine services.	The direction of the
All applicable Providers	42 CFR 410.40 (f)	facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to care for hospitals' patients or neighboring hospitals' patients. To ensure no delay in patient care, Providers request the waiver of credentialing requirements required for telemedicine services.  A waiver of these	The duration of the
All applicable Providers in <b>Exhibit A</b>	Origin and Destination	facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to care for hospitals' patients or neighboring hospitals' patients. To ensure no delay in patient care, Providers request the waiver of credentialing requirements required for telemedicine services.  A waiver of these requirements will allow for	1135 waiver issued
	• •	facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to care for hospitals' patients or neighboring hospitals' patients. To ensure no delay in patient care, Providers request the waiver of credentialing requirements required for telemedicine services.  A waiver of these requirements will allow for necessary transportation	
	Origin and Destination Requirements,	facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to care for hospitals' patients or neighboring hospitals' patients. To ensure no delay in patient care, Providers request the waiver of credentialing requirements required for telemedicine services.  A waiver of these requirements will allow for necessary transportation to alternative approved	1135 waiver issued
1	Origin and Destination	facilities or a neighboring hospital is at capacity, Providers request the ability to utilize Hospitals' telemedicine equipment to care for hospitals' patients or neighboring hospitals' patients. To ensure no delay in patient care, Providers request the waiver of credentialing requirements required for telemedicine services.  A waiver of these requirements will allow for necessary transportation	1135 waiver issued

	Requirement, and  42 CFR 41.40(e)  Medical Necessity	Providers during the period of emergency.	
All applicable Providers in Exhibit A	484.55(a)(1): Initial assessment visit  484.55(b)(1): Completion of the comprehensive assessment  484.55(d)(1)-(3): Update of the comprehensive assessment  418.54(b): Timeframe for completion of the comprehensive assessment  418.54(d): Update of the comprehensive assessment	If a home health agency's patient volume exceeds 10 percent of scheduled capacity, Providers request waiver of penalties for inability to meet applicable timeframes.	The duration of the 1135 waiver issued on March 13, 2020
All applicable Providers in Exhibit A	1867 of the Social Security Act (the Emergency Medical Treatment and Active Labor Act (EMTALA):	Suspend enforcement of section 1867 of the Social Security Act. This will allow hospitals to screen or triage patients at a location offsite from the hospital's campus and transfer patients according to protocols that account for COVID-19 status, not just according to existing transfer requirements.  Specifically, allow for services provided in alternative settings due to the public health	The duration of the 1135 waiver issued on March 13, 2020

> emergency, including an unlicensed facility, including, but not limited to: (i) allowing and reimbursing for large-scale screening, triage, and preclinical services outside the hospital setting; (ii) permitting and reimbursing for treatment to occur in patient vehicles, assuming patient safety and comfort, to accommodate drive through specimen collection sites for COVID-19 and allow basic evaluation and treatment in patient vehicles in order to prevent potential spread of the virus to the facility; (iii) allowing and reimbursing for mobile testing sites, temporary shelters or other care facilities, such as commandeered hotels, other places of temporary residence, and other facilities that are suitable for use as places of temporary residence or medical facilities as necessary for quarantining, isolating or treating individuals who test positive for COVID-19 or who have had a high-risk exposure and are thought to be in the incubation period, or to expand overall capacity to meet high demand; and (iv) allowing Federally Qualified Health Centers,

		Rural Health Centers, and Encounter Rate Clinics to bill for their encounter rate, or other permissible reimbursement, when providing services at alternative physician settings, such as a mobile clinic or temporary location for the period of the public health emergency.	
All applicable Providers in Exhibit A	EMTALA. 42 U.S.C. §1395dd(a) and accompanying regulations	Suspend the EMTALA requirements for a medical screening examination.  Due to capacity issues, Providers request the ability to triage individuals who come to the emergency department and divert individuals without an obvious emergency medical condition to alternative COVID-19 screening sites.  Providers also request CMS expand the definition of appropriate transfer (42 U.S.C. § 1395dd(c)(2)) to allow for the transfer of patients to a facility offering a lower level of care, so long as the accepting facility has the capacity and capability to treat the patient. Similarly, we request hospitals be allowed to deny transfers unless the accepting facility of care	1135 waiver issued on March 13, 2020

All applicable Providers in <b>Exhibit A</b>	Medicare Conditions of Participation (CoPs). Waivers to the following CoPs:	In emergency situations, especially those involving patient surge, it is impractical to require hospitals to provide each patient an individual notice	1135 waiver issued on March 13, 2020
		Additionally, if and when hospitals experience patient surge beyond their licensed capacity, they may need to convert areas not currently used for patient care to treatment areas. Authorizing alternate but safe care areas for less acute patients will ensure adequate acute and intensive care beds for those in need of higher levels of care. Encompassed within this request is the ability for hospitals to provide care to patients in their vehicles at drive-through testing sites and non-PPS hospitals to treat medical/surgical patients.	
		needed by the patient that cannot be provided by the transferring hospital.  Providers are in the process of standing up onand off-campus COVID-19 screening and testing sites. Due to the temporary nature of these facilities, it will be unfeasible to meet the exacting standards for physical environment found in the CoPs.	

All applicable Providers in <b>Exhibit A</b>	Patient Rights. 42 C.F.R. §482.13  Medicare Conditions of Participation (CoPs). Waivers to the following CoPs:  Sterile Compounding. 42 C.F.R. §482.25(b)(1) and USP 797	of rights. Providers must be allowed to temporarily suspend their grievance process to focus on urgent care needs and patient safety.  Additionally, the need to care for patients outside typical care settings may infringe on personal privacy rights. Finally, the nature of the COVID-19 virus may require visitor limitations and seclusion against a patient's express desires.  Relax certain standards relating to protective equipment during sterile compounding by allowing face masks to be removed and retained in the compounding area to be re-donned and reused during the same work shift only. To conserve face masks, which likely are to be in short supply, we request that personnel engaged in sterile compounding be allowed	1135 waiver issued on March 13, 2020
		desires.	
1	of Participation (CoPs). Waivers to the following CoPs: Sterile Compounding. 42 C.F.R. §482.25(b)(1)	relating to protective equipment during sterile compounding by allowing face masks to be removed and retained in the compounding area to be re-donned and reused during the same work shift only. To conserve face masks, which likely are to be in short supply, we request that personnel engaged in sterile	
All applicable Providers in <b>Exhibit A</b>	Medicare Conditions of Participation (CoPs). Waivers to the	Allow verbal orders to be used more than 'infrequently' (read-back verification is done) and	1135 waiver issued on March 13, 2020

	following CoPs:  Verbal Orders §482.24, A-0407, A- 0454, A-0457	authentication may occur later than 48 hours. Allowing the use of verbal orders during a surge will allow facilities to triage, screen, stabilize and treat patients more efficiently and effectively. Providers request that verbal orders be permitted with read-back verification and with authentication to follow within a reasonable time. This will allow for more efficient treatment of patients in a surge situation.	
All applicable Providers in Exhibit A	Medicare Conditions of Participation (CoPs). Waivers to the following CoPs:  Reporting Requirements. 42 C.F.R. §482.13(g) (1)(i)- (ii), A-0214	ICU patients whose death is caused by their disease process but who required soft wrist restraints to prevent pulling tubes/IVs may be reported later than close of business next business day, provided any death where restraint may have contributed is continued to be reported within standard time limits. This is necessary because hospital reporting may be delayed due to increased care demands. Eliminating penalties keeps the focus on urgent patient care.	1135 waiver issued on March 13, 2020
All applicable Providers in <b>Exhibit A</b>	Medicare Conditions of Participation	Allow Providers to disregard provisions in	1135 waiver issued on March 13, 2020

	(CoPs). Waivers to the following CoPs:  Medical Staff. 42 C.F.R. §482.22(a); A- 0341	their medical staff bylaws relating to expiration of and granting of privileges. Allow physicians whose privileges will expire and new physicians to practice before full medical staff/governing body review and approval. This will keep clinicians on the front line and allow hospitals and health systems to prioritize patient care needs during the emergency. Granting hospitals flexibility to grant extensions to existing privileges and/or granting new privileges to new physicians absent full review and approval of the medical staff or governing body will ensure consistent staffing levels throughout the duration of this	
All applicable Providers in Exhibit A	Medicare Conditions of Participation (CoPs). Waivers to the following CoPs: Medical Records Timing. 42 C.F.R. §482.24; A-0469	Allow medical records to be fully completed later than 30 days following discharge. Allowing records outside the 30-day requirement will allow health care providers to focus on immediate care needs as hospitals to complete medical opposed to paperwork. This flexibility will allow clinicians to focus on the care needs at hand and deal with paperwork later.	1135 waiver issued on March 13, 2020

All applicable Providers	Telehealth. 42 C.F.R.	Consistent with the	1135 waiver issued
in <b>Exhibit A</b>	§410.78(b).	authority granted the	on March 13, 2020
		Secretary under the	
		Coronavirus Preparedness	
		and Response	
		Supplemental	
		Appropriations Act,	
		eliminate Medicare	
		restrictions on licensing for	
		telehealth and geographic	
		restrictions on originating	
		sites. Allow billing using	
		CPT codes 99444 and	
		98969 for both new and	
		established patients. Ask	
		the HHS OIG to confirm	
		that telemedicine	
		screenings without co-pays	
		and deductibles do not	
		violate the CMP law or	
		anti-kickback statute.	
		Eliminate the requirement	
		that in order to bill for a	
		telehealth service a	
		provider must have billed	
		that Medicare enrollee for	
		a service within the	
		previous three years.	
		These steps will allow	
		providers to screen and	
		treat significantly more	
		patients, reduce risk to	
		front line health care	
		providers, and assist in	
		resolving the shortage of	
		providers.	
		Allow for reimbursement	
		for telephone visits at the	
		same rate as telehealth	
		video visits. For many	
		cases the video aspect	
		does not add value to the	
		does not add value to the	

		patient interaction – it's	
		the information relayed to	
		the patient that matters.	
		See CPT codes 99441,	
		99442, 99443; HCPCS	
		G2012, G0071.	
		G2012, G0071.	
All 1: 11 D : 1		All 1 11	4405
All applicable Providers	Home Health. 42 C.F.R.	Allow home health	1135 waiver issued
in <b>Exhibit A</b>	§ 484.55(a);	agencies to perform	on March 13, 2020
		certifications, initial	
		assessments and	
		determine patients' homebound status	
		remotely or by record	
		review. This will allow	
		patients to be cared for in	
		the best environment	
		while supporting infection	
		control and reducing	
		impact on acute care and	
		long-term care facilities.	
		This will allow for	
		maximizing coverage by	
		already scarce physician	
		and advanced practice	
		clinicians and allow those	
		clinicians to focus on caring	
		for patients with the	
		greatest acuity. Expediting	
		transfer to home health	
		agencies can relieve stress	
		on inpatient settings and	
		long-term care. Home	
		health agency staff may	
		perform the necessary	
		certifications and initial	
		assessments remotely or	
		by record review, allowing	
		physicians and advanced	
		practice clinicians to focus	
		on patients who require	
		acute care. Allowance	
		should include the	
		following: (i) telephone	

All applicable Providers in <b>Exhibit A</b>	HIPAA Privacy Regulations. 45 CFR Part 160 and	patient monitoring of patients screened positive for Covid-19 and coordination with physician provider; (iv) Waive the face-to-face requirement for community referrals if the patient is unable to be seen by their physician or a non-physician practitioner; (v) waive the homebound requirement; (vi) temporarily suspend PDGM unacceptable diagnoses so high risk patients can be treated at home to avoid emergency room visits and avoidable hospitalizations; and (vii) suspend in-home requirement for supervision of home health aides and therapy assistants  Pursuant to Section 1135(b)(7) of the Social Security Act, waive	1135 waiver issued on March 13, 2020
	Subparts A and E of Part 164	sanctions and penalties arising from noncompliance with certain HIPAA privacy regulations, including: 1) obtaining a patient's agreement to speak with family or friends or honoring a patient's	

	I		
		request to opt out of the facility directory; 2) distributing a notice of privacy practices; or 3) the patient's right to request confidential communications.	
All applicable Providers in Exhibit A	HIPAA Security Requirements. 45 C.F.R. 164.312(e)(1)  — Transmission Security	Waive the security requirements for video communication in a telehealth visit. While CMS has lifted many of the patient site requirements to allow telehealth in the home as well as non-rural areas, many facilities are not prepared with secure platforms that they own and control which are also accessible to the patient. The request is to allow providers to use readily available platforms like Facetime, WhatsApp, Skype, etc. to facilitate the telehealth visit with the patient at home.	1135 waiver issued on March 13, 2020
All applicable Providers	Delivery of Services in	Waiver/flexibility to allow	1135 waiver issued
in Exhibit A	Alternate Clinic	Federally Qualified Health	on March 13, 2020
23.1101	Locations.	Centers (FQHC) and Rural	5 1710. 5.1. 13, 2020
		Health Clinics (RHC)	
		providers to bill for their	
		Prospective Payment	
		System (PPS) rate, or other permissible	
		reimbursement, when	
		providing services from	
		alternative physical	
		settings, such as a mobile	
		clinic or temporary	
		location. This will allow	

		flexibility in site of clinics to promote appropriate infection control.	
All applicable Providers in Exhibit A	Flexibility for Teaching Hospitals.	Allow flexibility in how the teaching physician is present with the patient and resident. Medicare generally requires that the physician be physically present in the room/area to bill as the teaching physician.  With hospitals running low on supplies they are limiting the number of providers with direct patient contact. If Providers allow real-time audio video or access through a window for the teaching physician, or otherwise distance the interaction should be covered.	1135 waiver issued on March 13, 2020
All applicable Providers in Exhibit A	Flexibility in Patient Self Determination Act Requirements.  42 CFR 489.102	Hospitals are required to provide information about policies to patients "upon admission." This is usually accomplished by the bedside nurse. Allowing flexibility in how Provider meet these requirements will allow staff to more efficiently deliver care to a larger number of patients. This would not apply to the requirement hospitals inquire about the presence of an advance directive.	1135 waiver issued on March 13, 2020

All applicable Providers	Medicaid/CHIP	Waive requirement that	1135 waiver issued
in <b>Exhibit A</b>		Providers must submit and	on March 13, 2020
		receive CMS approval of a	,
		Title XIX or Title XX state	
		plan amendment in order	
		to temporarily waive any	
		patient cost sharing	
		associated with COVID-9	
		screening, testing, and	
		treatment.	
		treatment.	
		Waiver to permit distant	
		site (provider) services to	
		be rendered in a rural	
		health clinic (RHC).	
		Currently Medicare	
		prohibits distant site	
		telehealth to be rendered	
		by a provider in a RHC.	
		This limitation is not by	
		regulation, but rather, sub	
		regulatory guidance. RHCs	
		have very limited	
		resources and providers.	
		For the RHC's protection	
		and sustainability we'd like	
		to have the telehealth	
		prohibition lifted to allow	
		RHC providers to render	
		telehealth treatment in the	
		RHC. This limitation is not	
		contained in the RHC regs	
		at 42 CFR 491; rather it is	
		contained in sub-	
		regulatory guidance that	
		first appeared in 2013.	
		The Medicare Policy	
		Manual, chapter 13,	
		section 200.	
		https://www.cms.gov/Regul	
		ations-and-	
		Guidance/Guidance/Manuals	
		/Downloads/bp102c13.pdf	

All applicable Providers in <b>Exhibit A</b>	Timely Filing Requirements for Billing. 42 USC 1396a(a)(54), and 42 USC 1395cc(a)(1)(57), (w), 42 CFR 424.44	Waiver of timely filing requirements that will allow Providers getting correct coding and other structural pieces built into their systems and even payer ability to adjudicate.	1135 waiver issued on March 13, 2020
All applicable Providers in <b>Exhibit A</b>	Allow Federally Qualified Health Centers and Rural Health Clinics to bill for their Prospective Payment System (PPS) rate, or other permissible reimbursement, when providing services from alternative physical settings.	This will allow flexibility in site of clinics to promote appropriate infection control.	1135 waiver issued on March 13, 2020
All applicable Providers in Exhibit A	Relax documentation requirements for transfers to post-acute care (42 C.F.R. § 482.43)	Providers will need to efficiently discharge patients to post-acute care to free up needed bed space for incoming patients. The CoP includes numerous data sharing requirements that impede the ability to move patients into the next care setting. Allowing expeditious patient transfers for the duration of the emergency will ensure patients who need acute care have access. Allow Providers to discharge patients who no longer need acute care based solely upon which post-acute providers that can accept them without	1135 waiver issued on March 13, 2020

		sharing the data requested by the regulators. Allowing for discharges in an efficient manner will free beds for acutely ill patients.	
All applicable Providers in Exhibit A	Waive certain HIPAA privacy and security requirements to better facilitate care (45 C.F.R. Part 164)	The HIPAA security rule requires that all electronic transmissions of protected health information be encrypted. The Department of Health and Human Services, through both CMS and the Office for Civil Rights, have issued advisories against transmitting PHI via text or unencrypted email channels. However, those tools serve as valuable means of rapid communication between providers, and between health care workers and patients. Additionally, hospital staff may need to communicate with a patient's family, friends or other contacts to satisfy urgent public health epidemiological needs absent clear approval of the patient. Finally, due to anticipated patient surge situations, we request the requirement to provide each patient a Notice of Privacy Practices on the date of first service delivery or as soon as practicable thereafter, as many patients may be rapidly discharged to other care settings.	1135 waiver issued on March 13, 2020

All applicable Providers	Section 1877(g) of the	Waive Section 1977(g) of	1135 waiver issued
in <b>Exhibit A</b>	Social Security Act	the Social Security Act	on March 13, 2020
	(Stark Law restrictions	(Stark Law restrictions on	
	on physician referral)	physician referral). This	
		will allow Providers to	
		enter into temporary	
		compensation	
		arrangements that may	
		otherwise violate Stark,	
		engage in recruitment	
		activities to ensure	
		adequate coverage and	
		allow for more efficient	
		transition of patients to	
		post-acute care.	
		Specifically, this would	
		permit compensation	
		arrangements for	
		unexpected or	
		burdensome work	
		demands (e.g., hazard	
		pay), encourage multi-	
		state systems to recruit	
		additional practitioners	
		from out-of-state, and	
		eliminate a barrier to	
		efficient placement of	
		patients in care settings.	
		Providers may consider	
		offering short term	
		compensation adjustments	
		to care providers. If this	
		practice is commenced,	
		the compensation	
		adjustment would be 1)	
		documented and set in	
		advance; 2) any	
		adjustment would be	
		necessary to ensure	
		coverage related to the	
		care of COVID-19 patients	

		and 3) the compensation adjust would last for the minimum amount of time necessary but no longer than the PHE declaration for COVID-19.	
All applicable Providers in <b>Exhibit A</b>	3 Day Rule For Acute and Critical Access Hospitals 42 C.F.R. §409.30	Suspension of the three-day rule for acute and critical access hospitals. The need to quickly transition patients to post-acute care is critical during a pandemic. Waiving therequirement for a three-day inpatient stay prior to transfer of a patient to long-term care or a critical access hospital swing bed will free up needed beds for incoming patients with acute care needs.	1135 waiver issued on March 13, 2020
All applicable Providers in Exhibit A	Emergency Department (ED) Exception –	Hospitals may move emergency patients to another location in the hospital and continue to bill for Type A ED charges.  Medical Staff Exception — Hospitals may use an abbreviated process to privilege and credential out-of-state practitioners who are authorized or permitted by Illinois professional licensing agencies to practice in current emergency.  EMTALA Exception 1 — Hospitals to set up temporary Alternative Care Sites (ACS) at off-campus locations to provide Illinois in the	1135 waiver issued on March 13, 2020

Medical Screening Examinations. ACS does not need to meet all Conditions of Participation but must meet local building codes.

EMTALA Exception 2 -Hospitals may transfer patients that have not been stabilized if the transfer is necessary for the patient to receive appropriate care.

IPPS Exception 1 —
Hospitals with IPPS units
may use IPPS unit beds
that are appropriate for
acute care inpatients to
house acute care
inpatients. The IPPS would
bill for the services and
note in records that the
patient is housed in the
IPPS
unit because of capacity
issues related to the
emergency.

IPPS Exception 2 —
Hospitals with IPPS Units
may transfer psychiatric
IPPS
patients to acute care units
and provide the necessary
care while continuing to
bill at the IPPS excluded
rate where the acute care
beds are appropriate for
psychiatric care and the
staff and environment are
conducive to safe care.

CAH Exception 1 – CAHs may operate more than 25

		beds.  CAH Exception 2 – CAHs may treat COVID-19 patients for more than 96 hours if necessary.	
All applicable Providers in <b>Exhibit A</b>	Medicare Advantage Network	All Providers seek compensation for care provided for COVID-19 patients when we are not in-network for a Medicare Advantage plan.	1135 waiver issued on March 13, 2020
All applicable Providers in <b>Exhibit A</b>	Waiver of CMS Supervision Requirements for Hospital Outpatient Diagnostic Tests and Teaching Physician Supervision Requirements	Waive where such services can be safely provided by a licensed provider or a resident who is a licensed physician and where the benefit to the patient to receive the service justifies its provision the exigent circumstances preclude a physician from being onsite to supervise.	1135 waiver issued on March 13, 2020
All applicable Providers in <b>Exhibit A</b>	Hospice	Telephone or video visits in lieu of in person face-to-face visits for nurses, physicians	1135 waiver issued on March 13, 2020
All applicable Providers in <b>Exhibit A</b>	Home Infusion	Delivery of medications & supplies without patient signature but with visual or verbal confirmation documented in the record.	1135 waiver issued on March 13, 2020
All applicable Providers in <b>Exhibit A</b>	Home DMEPOS (Durable Medical Equipment Prosthetic Orthotic Suppliers)	Regulatory relief from any face-to-face requirements for equipment such as oxygen or allow for telehealth using telephone or video options option.	1135 waiver issued on March 13, 2020

All applicable Providers	Interoperability and	For the final	1135 waiver issued
in <b>Exhibit A</b>	Patient Access (CMS-	"Interoperability and	on March 13, 2020
	9115-F)	Patient Access (CMS-9115-	
		F)" rule published March 9,	
		there is significant impact	
		to hospital infrastructure	
		and additional	
		administrative	
		requirements, due to a	
		new mandate on ADT data	
		sharing (page 280 onward).	
		This rule should be delayed	
		until July 1, 2021 due to	
		the lack of resources that	
		can be dedicated to this	
		implementation during a	
		public health emergency.	

\* \* \* \*

Providers and their respective affiliates have robust emergency operations plans in place, as well as processes to keep records of CMS beneficiaries to whom services are provided. We are working with local and state Emergency Management and Emergency Services to provide care for the citizens of our community and to determine best response and recovery processes to return to normal operations by the end of the approved operational period or end of the emergency period and return to normal operations. We understand that the waiver(s) identified above are not permanent in nature.

The trajectory of the COVID-19 outbreak in Illinois is serious and could overwhelm Illinois' healthcare system quickly. As more and more COVID-19 cases in the State are confirmed, a blanket waiver of the foregoing federal requirements is necessary to allow Illinois hospitals to properly focus their efforts on curtailing the spread of the pandemic.

Sincerely,

A.J. Wilhelmi
President and CEO

# Exhibit A

# **HOSPITALS**

CCN 140223

Abraham Lincoln Memorial Hospital 200 Stahlhut Drive Lincoln, IL 62656-5066 CCN 141322

Advocate BroMenn Medical Center 1304 Franklin Avenue Normal, IL 61761-2850 CCN 140127

Advocate Christ Medical Center 4440 West 95th Street Oak Lawn, IL 60453-2699 CCN 140208

Advocate Condell Medical Center 801 South Milwaukee Avenue Libertyville, IL 60048-3199 CCN 140202

Advocate Eureka Hospital 101 South Major Street Eureka, IL 61530-1246 CCN 141309

Advocate Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515-1590 CCN 140288

Advocate Good Shepherd Hospital 450 West Highway 22 Barrington, IL 60010-1919 CCN 140291

Advocate Illinois Masonic Medical Center 836 West Wellington Avenue Chicago, IL 60657-5147 CCN 140182

Advocate Lutheran General Hospital 1775 Dempster Street Park Ridge, IL 60068-1143 Advocate Sherman Hospital 1425 North Randall Road Elgin, IL 60123-2300 CCN 140030

Advocate South Suburban Hospital 17800 South Kedzie Avenue Hazel Crest, IL 60429-0989 CCN 140250

Advocate Trinity Hospital 2320 East 93rd Street Chicago, IL 60617-3983 CCN 140048

Alton Memorial Hospital One Memorial Drive Alton, IL 62002-6722 CCN 140002

AMITA Health Adventist Med Ctr Bolingbrook 500 Remington Blvd Bolingbrook, IL 60440-4906 CCN 140304

AMITA Health Adventist Med Ctr GlenOaks 701 Winthrop Avenue Glendale Heights, IL 60139-1403 CCN 140292

AMITA Health Adventist Med Ctr Hinsdale 120 North Oak Street Hinsdale, IL 60521-3829 CCN 140122

AMITA Health Adventist Med Ctr La Grange 5101 South Willow Springs Road La Grange, IL 60525-2600 CCN 140065

AMITA Health Alexian Brothers Behav Health Hosp Hoffman Estates 1650 Moon Lake Boulevard Mr. Douglas O'Brien, Regional Director – Region V Centers for Medicare and Medicaid Services March 22, 2020 Page 2 Hoffman Estates, IL 60169 CCN 144031

AMITA Health Alexian Brothers Med Ctr Elk Grove Village 800 Biesterfield Road Elk Grove Village, IL 60007-3397 CCN 140258

AMITA Health Holy Family Med Ctr 100 North River Road Des Plaines, IL 60016-1209 CCN 142011

AMITA Health Mercy Medical Center 1325 North Highland Avenue Aurora, IL 60506-1449 CCN 140174

AMITA Health Resurrection Medical Center 7435 West Talcott Avenue Chicago, IL 60631-3707 CCN 140117

AMITA Health Saint Francis Hospital 355 Ridge Avenue Evanston, IL 60202-3399 CCN 140080

AMITA Health Saint Joseph Hospital Chicago 2900 North Lake Shore Drive Chicago, IL 60657-6275 CCN 140224

AMITA Health Saint Joseph Hospital Elgin 77 North Airlite Street Elgin, IL 60123-4998 CCN 140217

AMITA Health Saint Joseph Med Ctr Joliet 333 North Madison Street Joliet, IL 60435-8200 CCN 140007

AMITA Health St. Alexius Med Ctr Hoffman Estates 1555 Barrington Road Hoffman Estates, IL 60169 CCN 140290

AMITA Health St. Mary's Hospital 500 West Court Street Kankakee, IL 60901-3661 CCN 140155

AMITA Health Sts. Mary & Elizabeth Med Ctr, St. Elizabeth 1431 North Claremont Avenue Chicago, IL 60622-1791 CCN 140180

AMITA Health Sts. Mary & Elizabeth Med Ctr, St. Mary 2233 West Division Street Chicago, IL 60622-3087 CCN 140180

Anderson Hospital 6800 State Rte #162 Maryville, IL 62062-8500 CCN 140289

Ann & Robert H. Lurie Children's Hosp of Chicago 225 East Chicago Avenue Chicago, IL 60611-2991 CCN 143300

Blessing Hospital Broadway at 11th Street PO Box 7005 Quincy, IL 62305-7005 CCN 140015

Carle Foundation Hospital 611 West Park Street Urbana, IL 61801-2529 CCN 140091

Carle Hoopeston Regional Health Center 701 East Orange Street Hoopeston, IL 60942-1801 CCN 141316

Carle Richland Memorial Hospital 800 East Locust Street

Mr. Douglas O'Brien, Regional Director – Region V Centers for Medicare and Medicaid Services March 22, 2020 Page 3 Olney, IL 62450-2553 CCN 140147

CCN 140294

Carlinville Area Hospital 20733 North Broad Street Carlinville, IL 62626-1499 CCN 141347

CGH Medical Center 100 East LeFevre Road Sterling, IL 61081-1279 CCN 140043

Chicago Behavioral Hospital 555 Wilson Lane Des Plaines, IL 60016-1290 CCN 144040

Chicago Lakeshore Hospital 4840 North Marine Drive Chicago, IL 60640 CCN 144005

Clay County Hospital 911 Stacy Burk Drive PO Box 280 Flora, IL 62839-0280 CCN 141351

Community First Medical Center 5645 West Addison Street Chicago, IL 60634-4403 CCN 140251

Community Hospital of Staunton 400 Caldwell Staunton, IL 62088-1499 CCN 141306

Crawford Memorial Hospital 1000 North Allen Street Robinson, IL 62454-1114 CCN 141343

Crossroads Community Hospital #8 Doctors Park Road Mount Vernon, IL 62864-6224 Decatur Memorial Hospital 2300 North Edward Street Decatur, IL 62526-4193 CCN 140135

Edward Hospital 801 South Washington Street Naperville, IL 60540-7430 CCN 140231

Elmhurst Hospital 155 E. Brush Hill Road Elmhurst, IL 60126 CCN 140200

Fairfield Memorial Hospital 303 NW Eleventh Street Fairfield, IL 62837-1298 CCN 141311

Fayette County Hospital & LTC 650 West Taylor Street Vandalia, IL 62471-1227 CCN 141346

Ferrell Hospital 1201 Pine Street Eldorado, IL 62930-1634 CCN 141324

FHN Memorial Hospital 1045 West Stephenson Street Freeport, IL 61032-4899 CCN 140160

Franciscan Health Olympia Fields 20201 South Crawford Avenue Olympia Fields, IL 60461-1010 CCN 140172

Franklin Hospital District 201 Bailey Lane Benton, IL 62812-1969 CCN 141321

> McLeansboro, IL 62859-0429 CCN 141326

Galesburg Cottage Hospital 695 North Kellogg Street Galesburg, IL 61401-2885 CCN 140040

Garfield Park Behavioral Hospital 520 North Ridgeway Avenue Chicago, IL 60624 CCN 144039

Gateway Regional Medical Center 2100 Madison Avenue Granite City, IL 62040-4799 CCN 140125

Genesis Medical Center Aledo 409 NW 9th Avenue Aledo, IL 61231-1258 CCN 141304

Genesis Medical Center Silvis 801 Illini Drive Silvis, IL 61282-1893 CCN 140275

Gibson Area Hospital & Health Services 1120 North Melvin Street PO Box 429 Gibson City, IL 60936-0429 CCN 141317

Gottlieb Memorial Hospital 701 West North Avenue Melrose Park, IL 60160-1612 CCN 140008

Graham Hospital 210 West Walnut Street Canton, IL 61520-2444 CCN 140001

Hamilton Memorial Hospital District 611 South Marshall Avenue PO Box 429 Hammond-Henry Hospital 600 North College Avenue Geneseo, IL 61254 CCN 141319

Hardin County General Hospital 6 Ferrell Road Box 2467 Rosiclare, IL 62982-2467 CCN 141328

Harrisburg Medical Center 100 Dr. Warren Tuttle Drive PO Box 428 Harrisburg, IL 62946 CCN 140210

Hartgrove Behavioral Health System 5730 West Roosevelt Road Chicago, IL 60644 CCN 144026

Heartland Regional Medical Center 3333 West DeYoung Marion, IL 62959 CCN 140184

Herrin Hospital 201 South 14th Street Herrin, IL 62948-3631 CCN 140011

Hillsboro Area Hospital 1200 East Tremont Street Hillsboro, IL 62049-1912 CCN 141332

Holy Cross Hospital 2701 West 68th Street Chicago, IL 60629-1813 CCN 140133

Hopedale Medical Complex 107 Tremont Street PO Box 267 Mr. Douglas O'Brien, Regional Director – Region V Centers for Medicare and Medicaid Services March 22, 2020 Page 5 Hopedale, IL 61747-0267 CCN 141330

Horizon Health 721 East Court Street Paris, IL 61944-2460 CCN 141320

HSHS Good Shepherd Hospital 200 South Cedar Street Shelbyville, IL 62565-1838 CCN 140019

HSHS Holy Family Hospital 200 Healthcare Drive Greenville, IL 62246-1154 CCN 140137

HSHS St. Anthony's Memorial Hospital 503 North Maple Street Effingham, IL 62401-2006 CCN 140032

HSHS St. Elizabeth's Hospital 1 St. Elizabeth's Boulevard O'Fallon, IL 62269 CCN 140187

HSHS St. Francis Hospital 1215 Franciscan Drive PO Box 1215 Litchfield, IL 62056-0999 CCN 141350

HSHS St. John's Hospital 800 East Carpenter Street Springfield, IL 62769-0002 CCN 140053

HSHS St. Joseph's Hospital 9515 Holy Cross Lane PO Box 99 Breese, IL 62230-0099 CCN 140145

HSHS St. Joseph's Hospital 12866 Troxler Avenue Highland, IL 62249-1698 CCN 141336

HSHS St. Mary's Hospital 1800 East Lake Shore Drive Decatur, IL 62521-3883 CCN 140166

Illini Community Hospital 640 West Washington Street Pittsfield, IL 62363-1350 CCN 141315

Illinois Valley Community Hospital 925 West Street Peru, IL 61354-2757 CCN 140234

Ingalls Memorial Hospital One Ingalls Drive Harvey, IL 60426-3558 CCN 140191

Iroquois Memorial Hosp & Resident Hm 200 Fairman Avenue Watseka, IL 60970-1644 CCN 140167

Jackson Park Hospital & Medical Center 7531 Stony Island Avenue Chicago, IL 60649-3993 CCN 140177

Jackson Park Hospital & Medical Center 7531 Stony Island Avenue Chicago, IL 60649-3993 CCN 140177

Jersey Community Hospital 400 Maple Summit Road PO Box 426 Jerseyville, IL 62052-2028 CCN 140059

John H. Stroger, Jr. Hospital of Cook Co. 1901 West Harrison Street Chicago, IL 60612

Katherine Shaw Bethea Hospital 403 East First Street Dixon, IL 61021-3116 CCN 140012

Kindred Chicago Central Hospital 4058 West Melrose Street Chicago, IL 60641 CCN 142009

Kindred Chicago Lakeshore 6130 North Sheridan Road Chicago, IL 60660-2830 CCN 142009

Kindred Hospital Chicago North 2544 West Montrose Avenue Chicago, IL 60618 CCN 142008

Kindred Hospital Chicago Northlake 365 East North Avenue Northlake, IL 60164-2628 CCN 142008

Kindred Hospital Peoria 500 West RB Garrett Avenue Peoria, IL 61605 CCN 142013

Kindred Hospital Sycamore 225 Edward Street Sycamore, IL 60178-2137 CCN 142006

Kirby Medical Center 1000 Medical Center Drive Monticello, IL 61856 CCN 141301

La Rabida Children's Hospital 6501 S Promontory Dr Chicago, IL 60649-1003 CCN 143301 Lake Behavioral Hospital 2615 Washington Street Waukegan, IL 60085-4988 CCN 140033

Lawrence County Memorial Hospital 2200 West State Street Lawrenceville, IL 62439-1852 CCN 141344

Lincoln Prairie Behavioral Health Center 5230 South Sixth Street Springfield, IL 62703-5128 CCN

Linden Oaks Behavioral Health 801 South Washington Street Naperville, IL 60540-7430 CCN 144035

Loretto Hospital 645 South Central Avenue Chicago, IL 60644-5059 CCN 140083

Loyola University Medical Center 2160 South First Avenue Maywood, IL 60153-3328 CCN 140276

MacNeal Hospital 3249 South Oak Park Avenue Berwyn, IL 60402-0715 CCN 140054

Marianjoy Rehab Hospital 26 W 171 Roosevelt Road Wheaton, IL 60187-0795 CCN 143027

Marshall Browning Hospital 900 North Washington Street PO Box 192 Du Quoin, IL 62832-0192

Mason District Hospital 615 North Promenade PO Box 530 Havana, IL 62644-0530 CCN 141313

Massac Memorial Hospital 28 Chick Street PO Box 850 Metropolis, IL 62960-0850 CCN 141323

McDonough District Hospital 525 East Grant Street Macomb, IL 61455-3318 CCN 140089

Memorial Hospital 4500 Memorial Drive Belleville, IL 62226-5399 CCN 140185

Memorial Hospital 1900 State Street Chester, IL 62233-0609 CCN 141338

Memorial Hospital Association 1454 North County Road 2050 PO Box 160 Carthage, IL 62321-0160 CCN 141305

Memorial Hospital East 1404 Cross Street Shiloh, IL 62269 CCN 140307

Memorial Hospital of Carbondale 405 West Jackson Street PO Box 10000 Carbondale, IL 62902-9000 CCN 140164 Memorial Medical Center 701 North First Street Springfield, IL 62781-0001 CCN 140148

Mercy Hospital & Medical Center 2525 South Michigan Avenue Chicago, IL 60616-2477 CCN 140158

Mercyhealth Hosp and Med Ctr - Harvard Campus 901 Grant Street PO Box 850 Harvard, IL 60033-0850 CCN 141335

Mercyhealth Javon Bea Hosp - Rockton Ave Campus 2400 North Rockton Avenue Rockford, IL 61103-3655 CCN 140239

Mercyhealth Javon Bea Hosp – Riverside Blvd Campus 8201 East Riverside Boulevard Rockford, IL 61104 CCN 140239

Methodist Hospital of Chicago 5025 North Paulina Street Chicago, IL 60640-2797 CCN 140197

Midwest Medical Center One Medical Center Drive Galena, IL 61036 CCN 141302

Midwestern Regional Medical Center 2520 Elisha Avenue Zion, IL 60099-2676 CCN 140100

Morris Hospital & Healthcare Ctrs 150 West High Street Morris, IL 60450-1463

Morrison Community Hospital 303 North Jackson Street Morrison, IL 61270-3042 CCN 141329

Mount Sinai Hospital California Avenue at 15th Street Chicago, IL 60608-1797 CCN 140018

NorthShore Univ HealthSystem Evanston Hospital 2650 Ridge Avenue Evanston, IL 60201 CCN 140010

NorthShore Univ HealthSystem Glenbrook Hosp 2100 Pfingsten Road Glenview, IL 60026 CCN 140010

NorthShore Univ HealthSystem Highland Park Hosp 777 Park Avenue West Highland Park, IL 60035 CCN 140010

NorthShore Univ HealthSystem Skokie Hosp 9600 Gross Point Road Skokie, IL 60076 CCN 140010

Northwest Community Healthcare 800 West Central Road Arlington Heights, IL 60005-2392 CCN 140252

Northwestern Medicine Central DuPage Hospital 25 North Winfield Road Winfield, IL 60190-1295 CCN 140242

Northwestern Medicine Delnor Hospital 300 Randall Road Geneva, IL 60134-4200 CCN 140211 Northwestern Medicine Huntley Hospital 10400 Haligus Road Huntley, IL 60142 CCN 140116

Northwestern Medicine Kishwaukee Hospital 1 Kish Hospital Drive PO Box 707 DeKalb, IL 60115-0707 CCN 140286

Northwestern Medicine Lake Forest Hospital 1000 North Westmoreland Road Lake Forest, IL 60045 CCN 140130

Northwestern Medicine McHenry Hospital 4201 Medical Center Drive McHenry, IL 60050-8409 CCN 140116

Northwestern Medicine Valley West Hospital 1302 N Main Street Sandwich, IL 60548-2587 CCN 141340

Northwestern Medicine Woodstock Hospital 3701 Doty Road PO Box 1990 Woodstock, IL 60098-1990 CCN 140176

Northwestern Memorial Hospital 251 East Huron Street Chicago, IL 60611 CCN 140281

Norwegian American Hospital 1044 North Francisco Avenue Chicago, IL 60622-2794 CCN 140206

OSF Heart of Mary Medical Center 1400 West Park Street Mr. Douglas O'Brien, Regional Director – Region V Centers for Medicare and Medicaid Services March 22, 2020 Page 9 Urbana, IL 61801-2396 CCN 140113

OSF Holy Family Medical Center 1000 West Harlem Avenue Monmouth, IL 61462-1007 CCN 141318

OSF Little Company of Mary Med Ctr 2800 West 95th Street Evergreen Park, IL 60805-2795 CCN 140179

OSF Sacred Heart Medical Center 812 North Logan Avenue Danville, IL 61832-3752 CCN 140093

OSF Saint Anthony Medical Center 5666 East State Street Rockford, IL 61108-2425 CCN 140233

OSF Saint Anthony's Health Center 1 Saint Anthony's Way PO Box 340 Alton, IL 62002-0340 CCN 140052

OSF Saint Elizabeth Medical Center 1100 East Norris Drive Ottawa, IL 61350-1604 CCN 140110

OSF Saint Francis Medical Center 530 NE Glen Oak Avenue Peoria, IL 61637-0001 CCN 140067

OSF Saint James-John W. Albrecht Med Ctr 2500 West Reynolds Pontiac, IL 61764-9774 CCN 140161

OSF Saint Luke Medical Center 1051 West South Street PO Box 747 Kewanee, IL 61443-8354 CCN 141325

OSF Saint Paul Medical Center 1401 East 12th Street Mendota, IL 61342-9216 CCN 141310

OSF St. Joseph Medical Center 2200 East Washington Street Bloomington, IL 61701-4323 CCN 140162

OSF St. Mary Medical Center 3333 North Seminary Street Galesburg, IL 61401-1299 CCN 140064

Palos Community Hospital 12251 South 80th Avenue Palos Heights, IL 60463-1256 CCN 140062

Pana Community Hospital 101 East Ninth Street Pana, IL 62557-1716 CCN 141341

Passavant Area Hospital 1600 West Walnut Street Jacksonville, IL 62650-1136 CCN 140058

Perry Memorial Hospital 530 Park Avenue East Princeton, IL 61356-2598 CCN 141337

Pinckneyville Community Hospital 5383 State Route 154 PO Box 437 Pinckneyville, IL 62274 CCN 141307

Provident Hospital of Cook County 500 East 51st Street Chicago, IL 60615-2494

Red Bud Regional Hospital 325 Spring Street Red Bud, IL 62278-1105 CCN 141348

Riveredge Hospital 8311 West Roosevelt Road Forest Park, IL 60130-2529 CCN 144009

Riverside Medical Center 350 North Wall Street Kankakee, IL 60901-2901 CCN 140186

RML Chicago 3435 West Van Buren Street Chicago, IL 60624-3359 CCN 142010

RML Specialty Hospital 5601 South County Line Road Hinsdale, IL 60521-4875 CCN 142010

Rochelle Community Hospital 900 North Second Street Rochelle, IL 61068-1764 CCN 141312

Roseland Community Hospital 45 West 111th Street Chicago, IL 60628-5296 CCN 140068

Rush Copley Medical Center 2000 Ogden Avenue Aurora, IL 60504-7222 CCN 140029

Rush Oak Park Hospital 520 South Maple Avenue Oak Park, IL 60304-1022 CCN 140063 Rush University Medical Center 1653 West Congress Parkway Chicago, IL 60612-3864 CCN 140119

Saint Anthony Hospital 2875 West 19th Street Chicago, IL 60623-3501 CCN 140095

Salem Township Hospital 1201 Ricker Drive Salem, IL 62881-6250 CCN 141345

Sarah Bush Lincoln Health Center 1000 Health Center Drive PO Box 372 Mattoon, IL 61938-0372 CCN 140189

Sarah D. Culbertson Memorial Hospital 238 South Congress Street Rushville, IL 62681-1465 CCN 141333

Schwab Rehabilitation Hospital 140 South California Blvd Chiago, IL 60608-1694 CCN 143025

Shirley Ryan Abilitylab 355 East Erie Street Chicago, IL 60611 CCN 143026

Shriners Hospitals for Children - Chicago 2211 North Oak Park Avenue Chicago, IL 60707-3392 CCN 143302

Silver Cross Hospital 1900 Silver Cross Blvd New Lenox, IL 60451-9509

CCN 144034

Silver Oaks Behavioral Hospital 1004 Pawlak Parkway New Lenox, IL 60451 CCN 144041

South Shore Hospital 8012 South Crandon Avenue Chicago, IL 60617 CCN 140181

Sparta Community Hospital 818 East Broadway PO Box 297 Sparta, IL 62286-0297 CCN 141349

SSM Health Good Samaritan Hospital - Mt Vernon 1 Good Samaritan Way Mount Vernon, IL 62864-2402 CCN 140046

SSM Health St. Mary's Hospital - Centralia 400 North Pleasant Avenue Centralia, IL 62801-3091 CCN 140034

St. Bernard Hospital & Health Care Ctr 326 West 64th Street Chicago, IL 60621-3196 CCN 140103

St. Joseph Memorial Hospital 2 South Hospital Drive Murphysboro, IL 62966-3333 CCN 141334

St. Margaret's Health 600 East First Street Spring Valley, IL 61362-1512 CCN 140143

Streamwood Behavioral Healthcare System 1400 East Irving Park Road Streamwood, IL 60107-3203 Swedish Hospital 5145 North California Avenue Chicago, IL 60625-3642 CCN 140114

SwedishAmerican Hospital 1401 East State Street Rockford, IL 61104-2315 CCN 140228

SwedishAmerican Medical Center, Belvidere 1625 South State Street Belvidere, IL 61008-5907 CCN 140228

Taylorville Memorial Hospital 201 East Pleasant Street Taylorville, IL 62568-1597 CCN 141339

The Pavilion 809 West Church Street Champaign, IL 61820-3399 CCN 144029

Thomas H. Boyd Memorial Hospital 800 School Street Carrollton, IL 62016-1436 CCN 141300

Thorek Memorial Hospital 850 West Irving Park Road Chicago, IL 60613-3099 CCN 140115

Touchette Regional Hospital 5900 Bond Avenue Centreville, IL 62207-2326 CCN 140077

UChicago Medicine 5841 S Maryland Ave, M/C 1000 Chicago, IL 60637-1470 CCN 140088

UChicago Medicine 5841 S Maryland Ave, M/C 1000 Chicago, IL 60637-1470 CCN 140088

Union County Hospital 517 North Main Street Anna, IL 62906-1696 CCN 141342

UnityPoint Health - Methodist 221 NE Glen Oak Avenue Peoria, IL 61636-0002 CCN 140209

UnityPoint Health - Pekin 600 South 13th Street Pekin, IL 61554-4936 CCN 140120

UnityPoint Health - Proctor 5409 North Knoxville Avenue Peoria, IL 61614-5069 CCN 140013

UnityPoint Health - Trinity Moline 500 John Deere Road Moline, IL 61265 CCN 140280

UnityPoint Health - Trinity Rock Island 2701-17th Street Rock Island, IL 61201-5393 CCN 140280

University of Illinois Hospital & Health Sciences System 1740 W Taylor St., Ste. 1400, M/C 693 Chicago, IL 60612-7236 CCN 140150

Van Matre Encompass Health Rehab Hospital 950 South Mulford Road Rockford, IL 61108-4274 CCN 143028

Vista Medical Center East 1324 North Sheridan Road Waukegan, IL 60085-2199 CCN 140084

Wabash General Hospital 1418 College Drive Mount Carmel, IL 62863-2638 CCN 141327

Warner Hospital and Health Services 422 West White Street Clinton, IL 61727-2199 CCN 141303

Washington County Hospital 705 South Grand Avenue Nashville, IL 62263-1534 CCN 141308

Weiss Memorial Hospital 4646 North Marine Drive Chicago, IL 60640-5759 CCN 140082

West Suburban Medical Center 3 Erie Court Oak Park, IL 60302-2599 CCN 140049

#### **HEALTH SYSTEMS**

Advocate Aurora Health 3075 Highland Parkway, Suite 600 Downers Grove, IL 60515

AMITA Health 2601 Navistar Drive Lisle, IL 60532

Anderson Healthcare 6800 State Rte #162 Maryville, IL 62062-8500

Blessing Health System PO Box 7005 Quincy, IL 62305-7005

Cook County Health 1900 West Polk, Ste. 220 Chicago, IL 60612-3723

Edward-Elmhurst Health 801 South Washington Street Naperville, IL 60540

Hospital Sisters Health System 4936 LaVerna Road Springfield, IL 62707

Kindred Healthcare 2544 W Montrose Ave Chicago, IL 60618

Loyola University Health System 2160 South First Avenue Maywood, IL 60153

Memorial Health System 701 North First Street Springfield, IL 62781-0001

Mercy Health Corporation2400 North Rockton Avenue Rockford, IL 61103-3655 NorthShore University HealthSystem 1301 Central Street Evanston, IL 60201-1613

Northwestern Memorial HealthCare 251 East Huron Street Chicago, IL 60611

OSF HealthCare 800 NE Glen Oak Avenue Peoria, IL 61603-3200

Rush 1653 West Congress Parkway Chicago, IL 60612

Sinai Health System California Avenue at 15th Street Chicago, IL 60608

Southern Illinois Healthcare 1239 East Main Street PO Box 3988 Carbondale, IL 62902-3988

SwedishAmerican Health System 1401 East State Street Rockford, IL 61104-2315

The Carle Foundation 611 West Park Street Urbana, IL 61801

UChicago Medicine 5841 S Maryland Avenue, M/C 1000 Chicago, IL 60637-1470