HHS Makes Major Changes to COVID-19 Reporting Process

The U.S. Dept. of Health and Human Services (HHS) is making significant changes to the process hospitals use to report data on bed capacity, utilization, personal protective equipment (PPE) and in-house laboratory testing data. Illinois hospitals and health systems will need to report data daily (seven days a week) to HHS using the TeleTracking portal, which will also replace previous one-time requests for data used to distribute remdesivir.

The most significant changes are to the reporting options and data fields. Effective this Wednesday, July 15, the Centers for Disease Control and Prevention National Healthcare Safety Network COVID-19 module will no longer be an option for daily reporting and Illinois hospitals will be required to use the TeleTracking portal.

This portal has also been used for special data reporting requests related to high-impact funds distribution and remdesivir distribution. For issues with accessing the TeleTracking portal or questions about the data, contact TeleTracking Technical Support at 1-877-570-6903.

See an HHS notice and IHA’s July 13 COVID-19 Update for more details.

IDPH COVID-19 Situational Update Webinar Wednesday

The Illinois Dept. of Public Health will host a COVID-19 Situational Update webinar on Wednesday, July 15 at 11 a.m. to provide the latest information on the Coronavirus Disease outbreak and Illinois preparedness efforts. Register here.

COVID-19 Response Fund Deadline July 24

Founded on March 26, 2020, the United Way of Illinois and the Alliance of Illinois Community Foundations, in collaboration with the Office of Governor J.B. Pritzker, established the Illinois COVID-19 Response Fund (ICRF) to raise funds from individual, corporate, and foundation donors to be disbursed to nonprofit organizations across the state serving individuals, families, and communities facing the greatest burden from the COVID-19 pandemic.

Given that COVID-19 continues to disproportionally impact Black and Latinx communities, for the final round of funding (outside Cook/Collar Counties), ICRF seeks applicants focused primarily on serving Black / Latinx communities and that are led by or are partners with organizations headed by Black / Latinx leaders. Successful applicants will have an innovative approach that provides basic needs and is designed to be sustainable.

Any organization or partnership that meets the eligibility requirements for this round may apply. The applicant must be a 501c3 public charity to receive the funds. The applicant can apply on behalf of a partnership comprised of one or more organizations. To apply, click here. The application deadline is 12 p.m. on July 24.

ICRF will hold a virtual Information Session on Wed., July 15 at 3 p.m. to walk through the application and answer questions from potential applicants. Register here.
If you are unable to attend the session, a recording will be posted on the ICRF website. For more information, see the FAQs. Questions about the ICRF application functionality or content can be emailed to icrf@cct.org.

State, National, Global COVID-19 Updates
The Illinois Department of Public Health (IDPH) announced today 707 new COVID-19 cases and 25 deaths. The total number of cases in the state is 155,506 in 102 counties, with a total of 7,218 deaths. IDPH says that in the past 24 hours, 28,446 test specimens have been processed, with a positivity rate of 2.5%. The preliminary seven-day statewide positivity rate from July 7 to July 13 is 3%. Statewide COVID-19 hospitalizations in the past 24 hours increased from 1,362 patients to 1,416 patients. Of that figure, 333 patients were in the ICU, with 126 patients on ventilators.

Today's Centers for Disease Control and Prevention (CDC) figures show more than 3.3 million confirmed and presumptive positive cases of COVID-19 in the U.S., with 135,235 deaths.

Today's WHO Coronavirus Disease Dashboard shows nearly 13 million COVID-19 cases globally, with more than 570,000 deaths. The Region of the Americas (includes the U.S.) continues to lead the world with more than 6.7 million cases and more than 288,000 deaths.

HHS Announces Revised Rule on SUD Records
On Monday, the Substance Abuse and Mental Health Services Administration (SAMHSA) at the U.S. Dept. of Health and Human Services (HHS) announced the adoption of a revised rule that will make it easier for providers to share substance use disorder (SUD) records by allowing patients to agree to share their records more broadly with larger groups of providers, rather than with specific individuals. The rule revises the Confidentiality of Substance Use Disorder Patient Records regulation 42 CFR Part 2, and is part of Deputy Secretary Erik Hargan’s Regulatory Sprint to Coordinated Care initiative.

Under Part 2, a patient’s substance use disorder records may only be disclosed with the individual’s written consent, as part of a court order, or under a few limited exceptions. Under the revised rule, SAMHSA modified several major sections of Part 2, which are identified in an HHS fact sheet.

“Coordinated care is a vital piece of President Trump’s vision for a patient-centric healthcare system, and regulatory reform is a key step toward promoting more coordinated care,” said HHS Deputy Secretary Eric Hargan. “As part of our Regulatory Sprint to Coordinated Care, these changes are just the beginning of a comprehensive agenda for reforming regulations that govern the delivery and financing of American healthcare, with the ultimate goal of better care, and better health, at a lower cost.”

The CARES Act directed HHS to better align regulations implementing 42 CFR Part 2 with the Health Insurance Portability and Accountability Act (HIPAA) to make it easier for healthcare providers to coordinate care for patients with substance use disorders. The agency is expected to issue additional rulemaking on this issue.

IHA Leadership Webinar July 23: Thrive Post-Pandemic
What are the most significant post-pandemic threats and opportunities—and how can you confront them head-on? Get the answers during “The Post-COVID Healthcare Landscape: Implications for Strategy,” an IHA webinar on July 23.

Jeff Goldsmith, PhD, will lead the third session in IHA’s complimentary summer speaker series, Leadership and Resiliency: Navigating Through and Beyond COVID-19. From noon to 1 p.m., he’ll share innovative methods to manage the economic and policy challenges posed by COVID-19. Goldsmith is the president of Health Futures, Inc, a healthcare consulting firm based in Virginia.

In his four-decade career, Goldsmith has:

- Lectured on health services management and policy at The University of Chicago;
- Been published in The New York Times and Harvard Business Review; and
- Worked in the Illinois Governor’s Office as a fiscal and policy analyst.

The webinar is designed to help C-suite and department leaders carry their organizations through the pandemic. For the full
Price Transparency Final Rule Webinar in September
IHA is hosting a webinar on the Centers for Medicare & Medicaid Services (CMS) price transparency final rule effective Jan. 1, 2021 that requires hospitals to make public two lists of payer-specific negotiated prices for all items and services. One list is a machine-readable file of all items and services with five different types of prices listed, and the other is a consumer-friendly list of 300 “shoppable” services with prices. An internet-based price estimator tool can also meet the requirement for the “shoppable” service list. See IHA’s memo for more details.

The webinar, scheduled for Tuesday, Sept. 15 from 10 to 11:30 a.m., will include an overview of the requirements, operational tips and a legal perspective for compliance issues. Webinar registration will be available in the coming weeks. Although there is a lawsuit appeal to prohibit implementation of the rule, and IHA has signed on to a letter asking for a delay in implementation of the rule, IHA urges hospitals to begin working toward compliance given the final rule’s complexity.

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