IHA Board Establishes Committee on Health Disparities

The IHA Board of Trustees today established a permanent Committee on Health Disparities. The committee, comprised of diverse Illinois hospital leaders, will develop and implement strategies to address health disparities and the underlying socio-economic factors that continue to adversely affect vulnerable communities and populations across Illinois – especially Black and Brown communities.

The charge of the committee is to provide information, options and recommended actions to IHA and the hospital community to reduce health disparities in Illinois, taking into consideration the mission and leadership role of hospitals and health systems in the community. Subjects to be considered include, but are not limited to, the following:

- To identify the nature and causes of health disparities that exist in Illinois.
- To identify, recommend and help implement, short term and long term local, state and federal policies and advocacy strategies to reduce health disparities in Illinois.
- To identify, recommend and help implement best practices for hospitals to employ, collectively and individually, to reduce health disparities.
- To identify, recommend and pursue opportunities for IHA and hospitals to partner with government and other stakeholders to reduce health disparities.

The committee will be co-chaired by Board members George Miller, President & CEO, The Loretto Hospital, and Jose Sanchez, President & CEO, Norwegian American Hospital. Committee members include:

- Debra Carey, Interim CEO, Cook County Health
- Michael Cruz, MD, Chief Operating Officer, OSF Healthcare
- Gabrielle Cummings, President, NorthShore University HealthSystem Highland Park Hospital
- Sheri Deshazo, President, Advocate Aurora Health Sherman Hospital
- William Dorsey, MD, Chief Executive Officer, Jackson Park Hospital
- Phil Kambic, IHA Board Chair and President & CEO, Riverside Healthcare
- Omar Lateef, DO, Chief Executive Officer, Rush University Medical Center
- James Leonard, MD, IHA Board Member and President & CEO, The Carle Foundation
- Mary Lou Mastro, IHA Board Secretary and System CEO, Edward-Elmhurst Health
- Larry McCulley, Chief Executive Officer, Touchette Regional Hospital
- Kumar Nathan, MD, President, Northwestern Medicine Huntley Hospital
Initial actions being considered to help address health disparities include:

- **Inventory of Current Hospital Strategies and Resources on Health Disparities to be posted on the IHA website**
  - IHA will collect from hospitals the programs they are currently implementing to address health disparities and the social determinants of health;

- **Diversity, Equality and Inclusion Education**
  - IHA will conduct a Diversity, Equality & Inclusion educational session at the IHA Board retreat in November, as well as education for the IHA leadership team and IHA staff.

- **Diversity, Implicit Bias and Cultural Competency Education**
  - To provide equitable healthcare to all patients, it is important to acknowledge that implicit bias exists and to implement strategies to address it.

The initial convening of the Health Disparities Committee will occur in late summer with meetings in the fall and winter. The Committee will provide an initial report to the IHA Board by its March 2021 meeting.

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**IHA’s Continued Focus on Medicaid Managed Care**

Addressing members’ continuing challenges with Medicaid managed care organizations (MCOs), including administrative burdens and high rates of claim denials, is a top priority for IHA. At its meeting today, the IHA Board of Trustees received an update on IHA’s efforts to push for full implementation of 2019 managed care reform legislation (Senate Bill 1321/Public Act 101-0209) that IHA had strongly advocated for.

The Dispute Resolution Process, implemented by the Dept. of Healthcare and Family Services (HFS) in February, has provided a more robust pathway for hospitals to challenge MCO denials. As opposed to the prior complaint process, HFS has not granted any extensions to the MCOs and is playing an active role in settling disputes.

Two other key provisions of the legislation, concerning HFS’ new claim rejection and denial management system (the “Pipeline”) and payments for inpatient days extended beyond medical necessity, are closer to being implemented, several months behind schedule. HFS has indicated to IHA that the management system should be operational in August. HFS has also issued a proposed rule on the reimbursement for hospital long-term care days. IHA will be submitting a comment letter to HFS, raising several concerns about the rule.

As part of its ongoing efforts to hold MCOs accountable, IHA is also supporting proposed legislation in the General Assembly on comprehensive prior authorization reform (see fact sheet).

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**HHS Announces Distribution of COVID-19 Hotspot Funds**

Today, the U.S. Dept. of Health and Human Services (HHS) announced that next week it will begin distributing $10 billion in a second round of high-impact COVID-19 relief funds from the Provider Relief Fund. According HHS, nearly $740 million will be distributed among 60 Illinois hospitals.

HHS says the distribution is based on a formula for hospitals with “over 161 COVID-19 admissions between January 1 and June 10, 2020, or one admission per day, or that experienced a disproportionate intensity of COVID admissions (exceeding the average ratio of COVID admissions/bed). Hospitals will be paid $50,000 per eligible admission.”

The first round of high-impact funding was based on a formula using 100 or more COVID-19 admissions between January 1 and
April 10, and hospitals were paid $76,975 per eligible admission. Funds from the previous high-impact distribution were taken into account when determining each hospital’s payment in this second round distribution.

A current list of hospital recipients is available here.

AHA Virtual Advocacy Day on Monday
The American Hospital Association (AHA) is hosting a Virtual Advocacy Day on Monday, July 20 at 3 p.m. CDT to provide the latest updates on the next COVID-19 relief package and resources to engage with lawmakers virtually. Please register by 4 p.m. CDT today, July 17.

A list of IHA priorities for the next COVID-19 legislative package is available here, an Advocacy Alert is available here, and the letter IHA President & CEO A.J. Wilhelmi sent earlier this week to the Illinois Congressional delegation urging action on critical hospital priorities is available here.

Dashboards for Regional COVID-19 Resurgence Criteria
As part of the Governor’s COVID-19 Mitigation Plan announced earlier this week, the Illinois Dept. of Public Health (IDPH) is monitoring key indicators to identify early but significant increases of COVID-19 transmission in Illinois, potentially signifying resurgence. These indicators are calculated for eleven newly described Illinois regions.

IDPH will monitor if these indicators show an increase in COVID-19 disease burden with a simultaneous decrease in hospital capacity OR if there are three consecutive days averaging greater than or equal to 8% test positivity rate. These indicators can be used to determine whether additional community mitigation interventions are needed for a region to control the further spread of COVID-19.

Click here to see the regional dashboards, which are being updated daily.

State, National, Global COVID-19 Update
The Illinois Dept. of Public Health (IDPH) announced today 1,384 new COVID-19 cases and 22 deaths. The total number of cases in the state is 159,334 in 102 counties, with a total of 7,272 deaths. IDPH says that in the past 24 hours, 43,692 test specimens have been processed (a new one-day record high number of tests and the second consecutive day of more than 40,000 tests), with a positivity rate of 3.17%. The preliminary seven-day statewide positivity rate from July 10 to July 16 is 3.0%.

Statewide COVID-19 hospitalizations in the past 24 hours decreased from 1,434 patients to 1,431 patients. Of that figure, 309 patients were in the ICU, with 128 patients on ventilators.

Today’s Centers for Disease Control and Prevention (CDC) figures show more than 3.55 million confirmed and presumptive positive cases of COVID-19 in the U.S., with 137,864 deaths.

Today’s WHO Coronavirus Disease Dashboard shows more than 13.6 million COVID-19 cases globally, with more than 585,000 deaths. The Region of the Americas (includes the U.S.) continues to lead the world with more than 7.1 million cases and more than 297,000 deaths.

Register for Webinars on CMS CoPs
Stay on top of substantial changes to conditions of participation (CoPs) with three webinars on Centers for Medicare & Medicaid Services (CMS) compliance. Each webinar is from 9 to 11 a.m.

- On July 21, CMS Hospital Improvement Final Rules will examine key changes to standards for nursing, quality assurance, patient rights and more. Register here.
- On July 28, Documentation Update 2020: Ensuring Compliance will provide strategies to maintain accurate medical records. Register here.
AHA Issues New Report on Hospital Community Benefits

A new analysis released this week by the American Hospital Association (AHA) shows that tax-exempt hospitals across the country provided $100 billion in total benefits to their communities in 2017 alone, the most recent year for which comprehensive data is available. The analysis also shows that tax-exempt hospitals’ and health systems’ total community benefits were 13.8% of their total expenses in 2017. About half of this total was attributed to expenditures for financial assistance for patients and absorbing losses from Medicaid and other means-tested government program underpayments.

“As we have dramatically seen over the first half of this year, all of America’s hospitals and health systems are there for patients and communities in times of crisis. But hospitals and health systems of all sizes and types also deliver a wide range of benefits, activities, services and programs on a daily basis to meet the varied needs of their patients and communities,” said AHA President and CEO Rick Pollack. “This new analysis shows that improving the health of their communities remains at the heart of the mission of hospitals and health systems.”

See the AHA analysis here.

Report: Record Increase in Number of Uninsured

Because of job losses – resulting from the COVID-19 pandemic and economic downturn – between February and May of this year, 5.4 million laid-off workers became uninsured, according to a new report released by Families USA. This recent increase in the number of uninsured adults is 39% higher than any annual increase ever recorded. The highest previous increase took place over the one-year period from 2008 to 2009, when 3.9 million nonelderly adults became uninsured.

According to the Families USA analysis, 186,000 Illinoisans lost their health insurance due to job losses between February and May, increasing the state’s uninsured rate to 13%, with nearly one million Illinoisans now without health insurance.