Community-Based COVID-19 Testing Sites Open to All
The state announced today that it is opening its community-based testing sites to anyone to get tested, regardless of symptoms or other criteria. No appointment, doctor referral or insurance is needed at state operated drive-thru sites and testing is available at no cost.

"As we move forward, COVID-19 testing must be widely available and this is a step in that direction," said Illinois Emergency Management Agency Director Alicia Tate-Nadeau. "The state-operated Community-Based Testing Sites currently have the capacity to test more than 6,000 people per day, and now there will be no restrictions to who can be tested for this potentially deadly virus."

The Illinois Dept. of Public Health (IDPH) is recommending anyone who has recently been part of a mass gathering, including rallies and protests over the past week, get tested for COVID-19.

"As people gather in large crowds with varying degrees of social distancing, there is cause for concern about COVID-19 spread and outbreaks, especially if masks were not worn universally," said IDPH Director Dr. Ngozi Ezike. "I urge anyone who recently attended a rally, protest, or other mass gathering to get tested for COVID-19 so we can identify any cases early. We recommend testing 5-7 days after participating in large group rallies, or immediately if symptoms develop. If there are known cases, we can make sure those people are quarantined and not exposing other individuals."

A list of public and private testing sites can be found on the IDPH website at http://www.dph.illinois.gov/testing.

Committee Heads Seek Funds for High-Medicaid Providers
The Chairs and Ranking Members of the Congressional committees of jurisdiction over the Medicaid program yesterday sent a letter to the U.S. Department of Health and Human Services (HHS) Secretary Alex Azar, urging payments be made to Medicaid-dependent providers from the provider relief fund. The letter was signed by House Energy and Commerce Republican Leader Greg Walden (R-OR), House Energy and Commerce Chairman Frank Pallone, Jr. (D-NJ), Senate Finance Chairman Charles E. Grassley (R-IA) and Senate Finance Ranking Member Ron Wyden (D-OR).

"As the chairs and ranking members of the committees of jurisdiction over the Medicaid program, we are concerned that the delay in disbursing funds from the Public Health and Social Services Emergency Fund (PHSSEF) for Medicaid-dependent providers could result in long term financial hardship for providers who serve some of our most vulnerable populations. It could also severely hamper their ability to continue to serve as essential providers amid the COVID-19 pandemic and beyond," they wrote in the letter. "We write regarding the need for a dedicated distribution from the PHSSEF for providers who rely on Medicaid and to share our serious concerns with the ongoing delay of funding. In addition, we write to ascertain the timeline for when these funds will be distributed by [HHS] and under what parameters."

Additionally, the letter acknowledged that the agency may be hampered by difficulties in accessing data necessary to determine
and apply methodologies for distribution. Specifically, the letter requested HHS provide the letter’s authors with answers to
questions about how the agency will determine a future payment for Medicaid-dependent providers.

“We understand that there may be federal data limitations in Medicaid that do not exist in Medicare. We also understand that
some of the delay in formulating an equitable Medicaid distribution was due to both a delay in requesting the data from states as
well as in receiving needed information from some states once the data was requested,” they wrote. “However, it is our sincere
hope that HHS can marshal its resourcefulness, and its relationship with states, to develop a methodology to fairly and robustly
allocate funds for Medicaid providers that reflects their costs, the nature of their care, and the financial pressures they face.
Medicaid-dependent providers serve some of the frailest and most vulnerable Americans. We must not let their financial
insolvency due to the COVID-19 pandemic threaten access to essential care for these individuals.”

Congress appropriated $175 billion for the PHSSEF to assist hospitals and other healthcare providers in preparing for and
responding to the COVID-19 pandemic. Last week, IHA sent a letter to HHS urging a targeted distribution for hospitals serving
high numbers of Medicaid and uninsured patients, as well as communities of color, which have been disproportionately harmed
by the virus.

Congress Passes Bill Providing PPP Loan Flexibility
Late yesterday, the U.S. Senate unanimously passed the Paycheck Protection Program Flexibility Act of 2020 (H.R. 7010),
which provides new flexibilities for businesses, including hospitals, that accessed loans through the Paycheck Protection
Program (PPP), established in the CARES Act. Among other flexibilities, the legislation makes the following adjustments:

- Allows 24 weeks (instead of 8 weeks) for borrowers to use funds and qualify for loan forgiveness;
- Reduces the amount (from 75% to 60%) of the loan that must be spent on payroll in order to be eligible for forgiveness;
- Extends the deadline for the rehire employees from June 30 to December 30;
- Allows businesses that receive forgiveness to also defer the 6.2% employer portion of social security payroll taxes, as
  allowed under the CARES Act; and
- Eliminates the six-month deferral of payments and replaces it with deferral until the date on which the amount of
  forgiveness is remitted to the lender.

The legislation passed the U.S. House on May 28, and is now headed to the President for his signature.

CMS: New Payment Model Flexibilities in Response to COVID-19
In response to the COVID-19 pandemic, the Centers for Medicare & Medicaid Services (CMS) has announced new flexibilities
and adjustments to current and future value-based payment models implemented by the Center for Medicare and Medicaid
Innovation (CMMI). According to CMS, the flexibilities and changes were determined using the following principles:

- Utilize flexibilities that already exist in current model design;
- Continue sufficient financial incentives that encourage higher quality outcomes to participate in value based
  arrangements;
- Ensure equity and consistency across models;
- Align with national value based and quality payment programs;
- Minimize risk to model participants, the Medicaid program, and the Medicare Trust Funds;
- Minimize delays in new model implementation while providing additional opportunities for participation in new models;
- Minimize reporting burden; and
- Complement and build off of new CMS COVID-19 flexibilities as outlined in regulation and waivers.

CMS outlines these flexibilities by model in a table that provides details on financial methodology, quality reporting and model
timeline changes for 16 CMMI models, including the Bundled Payments for Care Improvement Advanced, Maternal Opioid
Misuse Model and the Oncology Care Model.

CMS notes that these flexibilities supplement emergency rules and waivers granted under section 1135 of the Social Security
Nursing Home COVID-19 Data Available

Today, the Centers for Medicare & Medicaid Services (CMS) posted the first set of underlying COVID-19 nursing home data and results from the targeted inspections announced on March 4, 2020, to allow inspectors to focus on the most serious health and safety threats like infectious diseases and abuse during the pandemic. The data released today shows that as of May 31, about 13,600 nursing homes – approximately 88% of the 15,400 Medicare and Medicaid nursing homes – had reported the required data to the Centers for Disease Control and Prevention. These facilities reported over 95,000 confirmed COVID-19 cases and almost 32,000 deaths.

CMS has posted the following data sets, inspection results and survey reports:

- Inspection results at https://www.medicare.gov/nursinghomecompare/search.html?
- Survey reports at https://www.cms.gov/files/zip/nursing-home-infection-control-surveys.zip

The next set of data will be updated in two weeks. After that, CMS plans to update the data weekly.

State, National, Global COVID-19 Update

The Illinois Department of Public Health (IDPH) announced today 929 new COVID-19 cases and 116 deaths. The total number of cases in the state is 124,759 in 101 counties, with a total of 5,736 deaths. IDPH says that in the past 24 hours, 22,841 test specimens have been processed, with a positivity rate of 4%. The preliminary seven-day statewide positivity rate from May 28 to June 3 is 6%. Statewide COVID-19 hospitalizations in the past 24 hours decreased from 3,173 patients to 3,044 patients. Of that figure, 853 patients are in the ICU, with 516 patients on ventilators.

Current Centers for Disease Control and Prevention (CDC) figures show more than 1.8 million confirmed and presumptive positive cases of COVID-19 in the U.S., with 107,029 deaths.

Today’s WHO Situation Report shows more than 6.4 million COVID-19 cases globally, with more than 382,000 deaths. The Region of the Americas (includes the U.S.) continues to lead the world with more than 3 million cases and over 168,000 deaths.

Hospice Provider Preview Reports Available

The Centers for Medicare & Medicaid Services (CMS) has released the updated Hospice Item Set (HIS) reports for the reporting period of quarter 4 (4Q) of 2018 to quarter 3 (3Q) of 2019 and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey reports for the reporting period of quarter 4 (4Q) of 2017 to quarter 3 (3Q) of 2019. These reports are available in your Certification and Survey Provider Enhanced Reports (CASPER) non-validation reports folder. The 30-day preview period is from May 28 to June 29. All correction requests must be submitted by June 29 (before midnight) to be included in the next refresh scheduled for August 2020.