



# IROQUOIS

Healthcare Association

**To:** IHA Members

**From:** Gary J. Fitzgerald, *President & CEO*

**Date:** May 1, 2020

**RE:** COVID-19 Member Update: Elective Outpatient Treatments, State Budget Update & New Guidance

## STATE COVID-19 UPDATE:

New York State coronavirus hospitalizations and numbers continue to decline while the state has shifted its focus on testing and plans to reopen the economy.

Additionally, New York has halted operations at its COVID-19 alternate care sites, resurrected in anticipation of the COVID-19 surge. The USNS Comfort left New York harbor yesterday for its home in Virginia where it will prepare for its next mission and the Javits Center is no longer accepting COVID-19 transfers. As of this morning, there were only 8 patients receiving care at Javits which were expected to be transferred or discharged in the coming days.

Late Wednesday night, Governor Cuomo released [Executive Order 202.25](#) authorizing general hospitals to perform outpatient elective surgeries and procedures through May 29, 2020, so long as certain criteria are met. Pursuant to the Executive Order, DOH issued its required [guidance](#) yesterday providing further clarifications.

Many of you submitted comments and questions which IHA presented to DOH and the Governor's staff late yesterday. Below, please see the take-aways from that discussion:

- DOH will issue a Dear Administrator letter, as well as a Frequently Asked Questions document in the next 24 hours.
- All criteria remain in place for the next two weeks. DOH will revisit the guidance for potential changes, but did not guarantee that the guidance will change.
- Retroactive HERDS changes are not allowable.
- Regarding the 10-day lookback period, the total number of COVID-19 positive hospitalizations between April 17 – April 27 must be less than 10. (Subtract April 17 from April 27.)
- DOH stated there is no leeway/relief from the 3-day testing requirement.
- No procedures can be performed by an outpatient facility that is not operating under a hospital license.
  - If an outpatient facility is licensed by a hospital located in a county that is allowed to resume electives, but the outpatient facility is located in an ineligible county, the hospital must apply for a waiver.
- As of May 1, DOH has received several waiver requests from hospitals and stated hospitals can submit waiver requests at any time.
  - If you are a hospital located in a county that has been deemed ineligible, you can file a waiver immediately. DOH stated their response time is ASAP.
- A waiver request should emphasize a plan to maintain community safety and adequate community support, workforce implications (including furloughs/layoffs and plans to address a potential surge or uptick in positive cases), and the financial impacts of not being able to conduct elective procedures.
- If an outpatient procedure results in an inpatient admission that is allowable and considered a clinical decision, it should be noted in the medical record.

DOH stated that all waiver requests should be submitted to the regional DOH offices:

**Capital District:** (518) 408-5329, [CDROCON@health.ny.gov](mailto:CDROCON@health.ny.gov)

*Serving the following counties: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington.*

**Central New York:** (315) 477-8592, [SYRCON@health.ny.gov](mailto:SYRCON@health.ny.gov)

*Serving the following counties: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga and Tompkins.*

**Western Region:** (585) 423-8100, [WRCovid19Surge@health.ny.gov](mailto:WRCovid19Surge@health.ny.gov)

*Serving the following counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates.*

## STATE BUDGET UPDATE:

As previously reported, the 2020-21 final, enacted New York State budget gives the Governor broad based powers to cut state spending, on a quarterly basis, in response to revenue shortfalls resulting from the fall out of the COVID-19 pandemic.

According to the [State Budget Financial Plan](#), released by the NYS Division of the Budget (DOB) on April 25, tax receipts have fallen by 12.4% in the past two months and unemployment in New York is expected to exceed 11%. According to projections, it will take until early 2023 for the state to recover from a projected \$243 billion in economic damage.

***Unless federal funds come through to aid New York State, Governor Cuomo could cut localities, healthcare and education by \$8.2 billion, as well as state agency budgets by 10%.***

DOB will know exact State revenue numbers today, May 1. Depending on these revenues, cuts to each sector may be up to 20% - 30% in a plan to be released by the Governor.

The State Legislature will then have 10 days to respond or pass a concurrent resolution - the same plan passing both houses - in order to override the Governor's spending reduction plan with a plan of their own.

Additionally, the final, enacted budget increases the across-the-board 1% Medicaid cut to hospitals and healthcare providers by .5% for a total cut of \$120 million in SFY 2021 and \$50 million in SFY 2022, effective April 1.

We are working closely with the Governor's office to prevent cuts of this nature in order to protect upstate hospitals and health systems already struggling financially, as a result of the COVID-19 pandemic. We will provide updates as new information becomes available.

## FEDERAL COVID-19 UPDATE & HOSPITAL FUNDING:

Last week, the Department of Health and Human Services (HHS) announced its plans to distribute money from the \$100 billion CARES Act Provider Relief Fund. To date, \$50 billion in aid has been distributed to hospitals and health systems across the country.

\$10 billion has been set aside for COVID-19 "hot spots" while an additional \$10 billion has been designated for rural hospitals. These funds have yet to be allocated. IHA is working in conjunction with HANYS and the federal government to establish a definition of "rural" that will benefit IHA member hospitals located in rural upstate communities.

The \$484 billion coronavirus relief package signed last week by President Trump adds an additional \$75 billion for hospitals and health systems struggling to cover costs during the crisis; however, we are awaiting details related to this funding pool.

HHS tonight [announced](#) that it will distribute an additional \$22 billion in funds from the Public Health and Social Services Emergency Fund the week of May 4:

- Hospitals with at least 100 COVID-19 inpatient admissions through April 10, 2020, will receive \$12 billion in funds.
- General acute-care hospitals, critical access hospitals, rural health clinics and community health centers located in rural areas will receive \$10 billion in funds.

IHA is working closely with our Congressional Delegation to ensure upstate New York

hospital and health system concerns are addressed in the next federal COVID-19 response package - commonly referred to as COVID 4.0 - which is expected to provide funding relief for state and local governments.

This week, IHA sat down for an extensive interview with the Albany Times Union to discuss the issue of [hospital finances](#) and the level of federal aid that has been dispersed to assist upstate healthcare providers.

### **Reimbursement for COVID-19 Testing and Treatment of the Uninsured**

Hospitals and other healthcare providers are eligible for federal reimbursement for COVID-19 testing, treatment and related services provided to the uninsured. This reimbursement was authorized and funded through the Families First Coronavirus Response Act and the CARES Act. [Registration](#) for the reimbursement program administered by HRSA opened on April 27. The claims submission process opens May 6. Reimbursement disbursement is expected to begin mid-May.

### **Federal Interoperability Compliance and Enforcement Deadlines Delayed**

CMS and the Office of the National Coordinator for Health Information Technology (ONC) will publish final rules implementing Cures Act interoperability provisions in the Federal Register on May 1. CMS [announced](#) it will delay certain compliance and enforcement deadlines until May 1, 2021 due to the COVID-19 public health emergency. See this [AHA bulletin](#) for additional information.

### **Medical Workers Exempt From Suspension of New Visas**

President Trump announced on April 22 [suspension](#) of new immigrant visas for 60 days, [exempting](#) medical and other essential workers combating the COVID-19 emergency.

### **Federal Cyber Security Guidance and Threat Information**

HHS has provided [cyber security guidance](#) for HIPAA covered entities. Materials include a cyber security checklist, guidance on ransomware, and a crosswalk of the HIPAA Security Rule and NIST Cybersecurity Framework. Recent cyber security information from other federal agencies includes:

- [FBI | COVID-19 Email Phishing Against Healthcare Providers](#)
- [FBI | Online COVID-19 Extortion Scams](#)
- [NSA | Selecting and Safely Using Telework Services](#)
- [HHS | COVID-19 Video-Teleconferencing Exploitation](#)
- [HHS | COVID-19 Cyber Threats Briefing](#)

## **NEW COVID-19 GUIDANCE:**

IHA has created several tools and resources to assist our member hospitals and health systems manage the rapidly changing COVID-19 environment. Click on the buttons below to access our Key Guidance & Directives Tracker and Best Practices & Resources Guide.

[IHA COVID-19 KEY GUIDANCE & DIRECTIVES TRACKER](#)

[IHA COVID-19 BEST PRACTICES & RESOURCES GUIDE](#)

Please find the most recent guidance below related to infection prevention and control, reimbursement, patient evaluation, testing, PPE and supplies, and other issues.

### **Hospital Operations**

- [NYSDOH | Directive on Resumption of Elective Outpatient Surgeries and Procedures](#) Issued 4/29
- [HHS | COVID-19 Healthcare Workforce Toolkit](#) New 4/22
- [CDC | Return to Work Criteria for HCP With Confirmed or Suspected COVID-19](#) Updated 4/30
- [CDC | COVID-19 Surge Estimator Tool](#) New 4/23
- [CMS | EMTALA Requirements and Implications Related to COVID-19 - FAQs](#) New 4/27

### **Clinical**

- [NIH | COVID-19 Treatment Guidelines](#) New 4/21
- [CDC | Clinical Tips on COVID-19 for Healthcare Providers](#) New 4/30
- [CDC | Interim Guidance on Breastfeeding](#) New 4/28
- [CDC | Evaluating and Testing PUI](#) Updated 4/27
- [CDC | Healthcare Infection Prevention and Control FAQs](#) Updated 4/23
- [FDA | Use of Hydroxychloroquine or Chloroquine](#) New 4/24

## Diagnostic Testing

- [NYSDOH | Reporting Requirements for All COVID-19 Lab and Test Results](#) New 4/30
- [NYSDOH | Health Advisory: COVID-19 Serology Testing](#) New 4/30
- [NYSDOH | Updated Protocol for COVID-19 Testing per E.O. 202.19](#) New 4/26
- [NYSDOH | Wadsworth Assay for SARS-CoV-2 IgG Q&A](#) 4/20
- [CDC | Serology Testing and Surveillance Strategy](#) Updated 4/28
- [CDC | Guidelines for Collecting, Handling, and Testing Clinical Specimens](#) Updated 4/29
- [CDC | Evaluating and Testing PUI](#) Updated 4/27
- [FDA | FAQs on Diagnostic Testing](#) Updated 4/30
- [FDA | Diagnostic Test Kit Emergency Use Authorizations](#) Updated 4/27

## PPE & Medical Supplies

- [CDC | Decontamination and Reuse of N95 Respirators](#) Updated 4/22
- [OSHA | Enforcement Guidance on Decontamination of N95 Respirators](#) New 4/24
- [FDA | List of Authorized Ventilators, Tubing and Accessories Authorized per EUA](#) Updated 4/30
- [FDA | Ventilator FAQs](#) New 4/27
- [FDA | Diagnostic Test Kit Emergency Use Authorizations](#) Updated 4/27
- [FDA | Ventilator & Medical Device Emergency Use Authorizations](#) Updated 4/26
- [FDA | EUA: Non-Surgical Face Masks](#) i [FAQs](#) Updated 4/24
- [FDA | Recent Medical Device Guidance](#) Updated 4/24

## Medicaid & Medicare

- [NYSDOH | Guidance for Medicaid Providers](#) Updated 5/1
- [NYSDOH | Guidance for Voluntary Plan of Care Schedule Change](#) New 4/23
- [CMS | Quality Payment Program Flexibilities](#) Updated 4/29
- [CMS | Medicare Fee-for-Service Billing FAQs](#) Updated 4/29
- [CMS | Letter to Clinicians Participating in MIPS](#) Updated 4/28
- [CMS | Accelerated and Advanced Payments Fact Sheet](#) Updated 4/26

## CMS COVID-19 UPDATE:

Below, please find the latest CMS COVID-19 updates.

### CMS Issues Additional COVID-19 Waivers

CMS [announced](#) new waivers to expand access to COVID-19 testing, including serological and antibody tests; expand flexibility around treatment locations; expand access to telehealth; allow for additional workforce capacity; and eliminate certain administrative requirements. See this [AHA bulletin](#) for additional information.

The documents below provide summaries of the new and previously issued waivers. Additional information may be found on the CMS Waivers and Flexibility [webpage](#).

- [CMS | Blanket Waivers for Health Care Providers](#)
- [CMS | Flexibilities for Hospitals](#)
- [CMS | Flexibilities for Physicians and Other Clinicians](#)

On March 30, CMS issued [blanket waivers](#) of sanctions under the physician self-referral law during the COVID-19 public health emergency. On April 21, CMS issued [explanatory guidance](#) related to the scope and application of the blanket waivers to certain financial relationships.

### Billing and Payment Updates

CMS has recently updated the following documents relating to payments and billing:

- [CMS | Quality Payment Program Flexibilities](#)
- [CMS | Medicare Fee-for-Service Billing FAQs](#)
- [CMS | Letter to Clinicians Participating in MIPS](#)
- [CMS | Accelerated and Advanced Payments Fact Sheet](#)

### **CMS Issues FAQ On Health Plan Administrative Flexibilities**

In an April 21 [FAQ document](#), CMS encouraged health insurers to relax utilization management processes to ensure that healthcare staff and resources are focused on healthcare delivery and patients receive care without delay. CMS also encouraged insurers to work with out-of-network providers on rates to prevent balance billing, among other administrative flexibilities.

## **PPE, SUPPLIES & OTHER EQUIPMENT:**

### **UISS/Premier Members**

[Click here](#) to logon the website to get the latest Supplier updates from Premier's Disaster Preparedness and Response Community.

**Premier Letter to Suppliers** - On behalf of its members, Premier has asked its contracted suppliers for payment flexibility. Read [Premier's letter to its suppliers here](#).

**Mobility Exchange** – Premier's Surgical Services Committee is pleased to announce a new agreement has been awarded to Mobility Exchange LLC. Mobility Exchange joins Cardinal, Halyard, Medline, Precept Medical, Prestige Ameritech, S2S Global and TIDI in the portfolio. These products include goggles and face shields are being added to the Premier contract to provide additional product options during the COVID-19 pandemic. To view portfolio highlights, [click here](#).

**GoBioMed** - Premier's Nursing Services Committee is pleased to announce a new agreement has been awarded to GoBioMed Inc. GoBioMed joins Ecolab USA Inc., SC Johnson Professional Inc. and GOJO Industries Inc. in the portfolio. These products include soaps, lotions, and waterless hand rinses are being added to the Premier contract to provide additional product options during the COVID-19 pandemic. To view portfolio highlights, [click here](#).

GoBioMed has also worked with Premier's Facilities and Environmental Services Committee to announce a new agreement for reusable Level 1 protective gowns. To view portfolio highlights, [click here](#)

**PlatinumCode** - Premier's Surgical Services Committee is pleased to announce a new agreement has been awarded to PlatinumCode. PlatinumCode joins Cardinal, Halyard, Medline, Precept Medical, Prestige Ameritech, S2S Global and TIDI in the portfolio. These products include face shields and are being added to the Premier contract to provide additional product options during the COVID-19 pandemic. To view portfolio highlights, [click here](#).

PlatinumCode also announced a new agreement for exam gloves to include – Nitrile, Blue, Powder-Free and Textured and are being added to the Premier portfolio to provide additional product options during the COVID-19 pandemic. To view portfolio highlights, [click here](#).

### **UISS/Premier & Non-Premier Members**

Find information on Supplier updates below:

**Staples** - [Temperature verification](#) with Meridian Personnel Management Solutions for employees or visitors coming into hospitals, not for patient use.

[List of Potential COVID-19 Vendors](#) for PPE and other Supplies.

## **HERDS SURVEYS & CALLS:**

The daily **COVID-19 Patient and Bed Summary Survey** opens at 12:00pm and closes at 4:00pm.

DOH continues to hold a mandatory call once a day at 12:00pm to brief hospital

leadership and staff on issues with data and survey completion as well as to communicate any changes or directions for that day's survey

- Call-in number: **844-467-8050**

Survey questions continue to evolve to meet planning and operational needs. Please be sure to read the survey guidance each day for any new questions and information on how to enter data. Questions may be submitted by email to: [hospinfo@health.ny.gov](mailto:hospinfo@health.ny.gov).

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IHA continues to be in contact with our allied associations, DOH, the Governor's office and state lawmakers to address ongoing hospital concerns related to the coronavirus (COVID-19) pandemic.

We have created a dedicated email address - [covid@iroquois.org](mailto:covid@iroquois.org) - for you to **share REQUESTS, IDEAS, and CONCERNS that we will communicate directly to state and federal government.**

**Let us know** what best practices and processes your hospital has implemented to combat coronavirus.

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Iroquois Healthcare Association | (518) 383-5060 | [www.iroquois.org](http://www.iroquois.org)

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