



To: IHA Members

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

RE: COVID-19 Weekly Member Update: Regional Reopening, Federal Update & Nursing Home Considerations

STATE COVID-19 UPDATE:

Regional Reopening

Today, Governor Cuomo [officially extended](#) New York State on PAUSE - originally scheduled to expire today - for two more weeks to May 28. The new order also extends Cuomo's emergency powers until June 13.

Non-eligible regions can begin reopening before May 28 if they meet seven criteria based on CDC guidelines: a 14-day decline in hospitalizations or under 15 new hospitalizations on a three-day average; a 14-day decline in hospital deaths; new hospitalizations under two per 100,000 residents; 30% of hospital beds reserved for a spike in Covid-19 cases as well as 30% ICU beds; 30 per 1,000 residents to be tested for coronavirus monthly, based on weekly averages; and 30 contact tracers for every 100,000 people.

Five NYS regions have met those requirements and can begin phase one of reopening today.

Phase One: Starting May 15 - Central New York, Finger Lakes, Mohawk Valley, North Country and Southern Tier are allowed to reopen

- Construction
- Agriculture, Forestry, Fishing and Hunting
- Retail - (Limited to curbside or in-store pickup or drop off)
- Manufacturing
- Wholesale Trade

Phase Two: Not Open

- Professional Services
- Retail
- Administrative Support
- Real Estate / Rental & Leasing

Phase Three: Not Open

- Restaurants / Food Services

Phase Four: Not Open

- Arts / Entertainment / Recreation
- Education

The State's Regional Reopening Monitoring Dashboard, which tracks each region's eligibility criteria, can be found [HERE](#).

Governor Cuomo this week also announced that 12 more counties are now eligible to resume elective surgeries including: Albany, Cayuga, Chemung, Columbia, Clinton, Cortland, Montgomery, Orange, Otsego, Rensselaer, Schenectady and Warren counties. A total of 47 counties can now resume elective surgeries including Ambulatory Surgery Centers within the counties.

Nursing Home Testing Requirements

Executive Order [202.30](#), issued May 10, requires all nursing homes (NH) and all adult

care facilities (ACF) to test or make arrangements for the testing of all personnel for COVID-19, twice per week, pursuant to a plan submitted by May 13 via HERDS. Any positive test result shall be reported to DOH by 5:00 pm of the day following receipt of such test result.

The Executive Order also prohibits hospitals from discharging a patient to a NH or ACF without first performing a diagnostic test for COVID-19 and obtaining a negative result, and the NH or ACF certifying that it is able to properly care for the patient.

A DOH [DAL](#), distributed May 11, provides further guidance on NH and ACF personnel testing and reporting, and patient discharge requirements. A DOH [FAQ No. 1](#) dated May 12 outlines testing options and addresses personnel testing questions which have been raised.

DOH today issued [this letter](#) to NH and ACF administrators providing clarification to the DAL issued on May 11. The letter states, "EO 202.30 requires the operator and the administrator to provide to the Department by 5:00 pm May 15, 2020 a Certification of Compliance with all EOs, including the requirement to develop a plan for staff testing for COVID-19. The Department considers compliance with this requirement to include the submission of a plan for employee testing. The actual implementation of staff testing required by EO 202.30 does not have to occur by the 5:00 pm May 15, 2020 Certification due date. Facilities that provided their testing plan information through the May 13, 2020 HERDS survey, or that submitted their testing plans to the Department, are deemed to be in compliance with the requirement to submit a plan for staff testing and should submit their Certifications of Compliance by 5:00 pm May 15, 2020."

IHA remains very concerned over the implications this directive has on the healthcare delivery system including hospital, lab, and testing capacity, among others. IHA will continue to work with DOH to address outstanding concerns and implications including availability of testing supplies.

Additionally, DOH has [established](#) a Nursing Home Assistance and Coordination Center (NHACC) to respond to urgent requests from nursing homes. The NHACC number is 1-833-978-2581 and is available 24 hours a day, 7 days a week.

Pediatric Clinical Advisories and Prioritized Testing for COVID-19

DOH issued a [Health Advisory](#) on May 6 to alert providers to cases of children experiencing a potentially COVID-related illness with symptoms similar to an atypical Kawasaki disease and toxic shock-like syndrome. The advisory requires hospitals to report such cases via HERDS and perform a diagnostic and serological test to detect the presence of SARS-COV-2 or corresponding antibodies. See this DOH [Alert](#) for additional reporting information.

A Health Advisory issued May 13 establishes a preliminary [case definition](#) for Pediatric Multi-System Inflammatory Syndrome. CDC issued a [Health Advisory](#) on 5/14. Additional information and updates are available on this [DOH webpage](#).

Gov. Cuomo issued a statement on May 12 directing hospitals to prioritize COVID-19 [testing for children](#) displaying these symptoms.

FEDERAL COVID-19 UPDATE & HOSPITAL FUNDING:

HEROES Act

Earlier this week, House Democrats released a \$3 trillion COVID-19 relief package, also known as the HEROES Act, including:

- an additional \$100 billion in funding for hospitals and other providers;
- nearly \$1 trillion in direct funding for state and local governments;
- changes to the Medicare Advance/Accelerated Payments program;
- an increase in state Medicaid Disproportionate Share Hospital allotments and the Federal Medical Assistance Percentage; and
- a prohibition on finalizing the Medicaid Fiscal Accountability Rule.

The House is expected to pass the bill today; however, it is unlikely that the U.S. Senate will consider the bill in its current form. IHA is working closely with our Congressional delegation to ensure the final package includes IHA member priorities. We will provide additional analysis as new information is released.

Healthcare-related provisions in the HEROES Act include:

- \$175 billion for the Public Health and Social Services Emergency Fund
 - \$100 billion would be for reimbursing hospitals and other healthcare providers for expenses or lost revenue directly attributable to COVID-19, while the remaining \$75 billion would be allocated to bolster testing and contact tracing efforts.
- Temporarily increases Medicaid DSH allotments to states by 2.5%.
- Modifies the Medicare Advance and Accelerated Payment programs, allowing up to one year before recoupment of the loan begins, and would lower the recoupment to 25% of claims. The full repayment would be extended to two years after the payment is issued. After two years, remaining payments due would begin to accrue interest at a 1% rate, instead of the current rate of just over 10%.
- Increases each state's federal share of Medicaid payments by 14 percentage points starting July 1, 2020 through June 30, 2021. From July 1, 2021, through the end of the public health emergency, FMAP would revert to the 6.2 percentage point increase implemented under the Families First Coronavirus Response Act.
- Increases the Social Services Block Grant allotment to states with \$850 million set aside for childcare for essential workers. It would create a fund of nearly \$200 billion for certain payments to essential workers and their families. Eligible employees could be healthcare workers in inpatient and outpatient facilities, as well as grocery store workers, warehouse employees, taxi drivers, food production workers, journalists and others. \$180 billion of the fund would be directed to states, tribal governments and private employers; an additional \$10 billion would be available for federal employees.

COVID-19 1115(a) Medicaid Waiver

On May 11, New York State's Medicaid program submitted a \$2.75 billion request to the Centers for Medicare and Medicaid Services (CMS) to respond to the COVID-19 pandemic, proposing to repurpose the infrastructure built under the state's Delivery System Reform Incentive Payment (DSRIP) program and support the rapidly changing needs of the State's healthcare delivery system as a result of COVID-19.

To address the immediate needs made apparent by the COVID-19 pandemic, the State requests this emergency waiver to make three key initial investments to preserve essential providers that serve as the safety-net are developing emergency response capacity in the near term:

1. Emergency Capacity Assurance;
2. Rapid Facility Conversion; and
3. Regional Coordination and Workforce Deployment.

These efforts would be funded through two funding pools using constructs from New York's existing MRT Waiver with which New York providers are familiar:

- **Emergency Capacity Assurance Fund (ECAAF) (\$1.85 billion):** This pool will provide direct funding to stabilize providers and ensure the ongoing availability of provider capacity during and after this public health emergency. Specifically, this funding would be directed to supporting initiatives:
 - Preserving the Safety Net; and
 - Rapid Facility Conversion.
 - These funds will be disbursed directly to providers through a precise and rapid application process where providers will describe and attest to how they intend to spend the funds within pre-set priority areas and the specific timeframe over which the funds will be spent. Unspent funds identified in provider progress reports will be reallocated to emerging needs or other providers.
- **Regional Coordination and Emergency Deployment Fund (RCEDF) (\$900 million):** This pool will fund Performing Provider Systems ("PPSs") to support Regional Coordination and Workforce Redeployment efforts. This fund will be allocated based on attribution of Medicaid lives adjusted to account for concentrations of COVID-19 cases in the region and other factors pertinent to the emergency response, as applicable.

Eligible Providers: Existing PPSs (applicant) with their affiliated provider network are eligible; however, PPSs with a demonstrated ability to partner with CBOs and have an inclusive provider network will be given special consideration and weighted appropriately in the application process based on the domains included in this funding pool.

PPS' will be able to implement rapid capacity transformations under the following four domains:

- Serve as Regional Coordination Point
- Deploy Telehealth and other Technologies
- Enhance Care Coordination, Care Management and Care Transitions
- Workforce Redeployment and Training to rapidly respond to a public health emergency.

Federal Cyber Security Guidance and Threat Information

The FBI and DHS Cybersecurity and Infrastructure Security Agency (CISA) issued an [Alert](#) on May 5 warning of persistent threats targeting healthcare and essential services, and on May 11 released an [Advisory](#) outlining the top 10 most routinely exploited vulnerabilities.

DHS CISA recently updated its [telework guidance](#) to include new recommendations and best practices to support the increasing reliance on telework and telehealth capabilities. Other recent federal cyber security information includes:

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

FDA Finds Some N95s from China May Not Give Adequate Protection

The FDA revised the Emergency Use Authorization (EUA) it issued April 3 which authorized respirators made in China to be used as healthcare PPE if they met certain testing requirements. The [revised EAU](#) issued May 7 updates the testing criteria and NIOSH standards which these respirators must meet. Respirators which did not meet the updated standards have been removed from the EUA's [Appendix A: Authorized List](#).

The FDA issued a [letter](#) to healthcare providers and an [FAQ](#) document which describe the new criteria and identify products which failed to meet those standards. Key points from these documents include:

- Respirators that no longer appear in [Appendix A](#) may not reliably provide a minimum percent particulate filtration efficiency of 95 percent.
- Healthcare facilities should check the [NIOSH Respirator Assessment Results](#) webpage to determine whether non-NIOSH-approved respirators manufactured in China have been tested and to review the testing results. These results are updated frequently.
- Facilities with respirators that failed the NIOSH testing should review the FDA's [letter](#) to providers and may wish to consider a number of factors in deciding whether to use these products as face masks, including current need, inventory, facility practices, and acceptable uses. Health care facilities are reminded that face masks, including respirators that are relabeled as face masks, are not considered PPE for health care personnel.
- If you have respirators that were removed from the approved list and you want NIOSH to test their filtration efficiency, you can [request](#) a testing assessment.
- The authorization of a respirator under the EUA does not denote a permanent regulatory status. The use of the respirator is only authorized during the period of the COVID-19 public health emergency.
- Manufacturers whose products were removed from Appendix A that did not have NIOSH testing performed previously may have that testing conducted and submit the results to the FDA for review and possible authorization.

For additional information, see the following NIOSH respirator resources:

- [Approved N95 Respirators](#) Updated 5/12
- [Respirator Assessment Results](#) | [Request](#) Updated 5/13
- [Decontaminated Respirator Assessment Results](#) | [Request](#) Updated 5/7
- [Beyond Shelf Life Respirator Assessment Results](#) | [Request](#) Updated 5/7
- [Healthcare Respiratory Protection Resources](#) Updated 5/8

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.

Clinical

- [NYSDOH | Pediatric Multi-System Inflammatory Syndrome: Information Page](#) Updated 5/14
- [NYSDOH | Pediatric Multi-System Inflammatory Syndrome: Case Definition](#) Issued 5/13
- [NYSDOH | Multi-System Inflammatory Syndrome: Advisory](#) Issued 5/6
- [CDC | Multi-System Inflammatory Syndrome in Children: Health Advisory](#) Issued 5/14
- [CDC | Information for Pediatric Healthcare Providers](#) Updated 5/12
- [CDC | Framework for Providing Non-COVID-19 Clinical Care](#) New 5/12
- [CDC | Healthcare Infection Prevention and Control FAQs](#) Updated 5/11
- [CDC | Clinical Questions & Answers](#) Updated 5/6
- [CDC | Evaluating and Testing Persons for COVID-19](#) Updated 5/3

Testing

- [CDC | Testing by Laboratories: Questions & Answers](#) Updated 5/13
- [CDC | Laboratory Specimen Biosafety Guidelines](#) Updated 5/11
- [CDC | How to Get COVID-19 Diagnostic Tests and Tools](#) Updated 5/8
- [CDC | Information for Laboratories](#) Updated 5/9
- [CDC | Serology Testing for COVID-19](#) Updated 5/5
- [CDC | Guidelines for Collecting, Handling & Testing Specimens](#) Updated 5/5
- [CDC | Evaluating and Testing Persons for COVID-19](#) Updated 5/3
- [FDA | In Vitro Diagnostic Test Kit EUAs](#) Updated 5/11
- [FDA | Testing and Laboratory FAQs](#) Updated 5/13
- [FDA | EUA: Authorized Serology Test Performance](#) New 5/7
- [FDA | Revised COVID-19 Test Policy | Additional Information](#) Revised 5/4

PPE & Medical Supplies

- [NIOSH | Approved N95 Respirators](#) Updated 5/12
- [NIOSH | National Personal Protective Technology Laboratory](#) Updated 5/12
- [NIOSH | Respirator Assessment Results](#) Updated 5/13
- [NIOSH | Decontaminated Respirator Assessment Results](#) Updated 5/7
- [NIOSH | Beyond Shelf Life Respirator Assessment Results](#) Updated 5/7
- [NIOSH | Healthcare Respiratory Protection Resources](#) Updated 5/8
- [CDC | Purchasing Respirators from Another Country](#) Updated 5/11
- [CDC | PPE Burn Rate Calculator | Mobile App Version](#) Updated 5/4
- [FDA | PPE Emergency Use Authorizations](#) Updated 5/7
- [FDA | EAU: Non-NIOSH-Approved Respirators Made in China | Authorized List | Letter | FAQs](#) Revised 5/7
- [FDA | Ventilator & Device Emergency Use Authorizations](#) Updated 5/11
- [FDA | Therapeutics Emergency Use Authorizations](#) Updated 5/12

Non-Acute Care

- [NYSDOH | FAQs NH and ACF Personnel Testing per E.O.202.30](#) Issued 5/12
- [NYSDOH | DAL: NH and ACF Personnel Testing per E.O.202.30](#) Issued 5/11
- [NYSDOH | DAL: NH Assistance and Coordination Center](#) Issued 5/10
- [CDC | Interim Guidance for Outpatient Hemodialysis Facilities](#) Updated 5/4
- [CMS | Guidance on LTCF COVID-19 Notification Requirements](#) New 5/6

Telehealth

- [NYSDOH | Medicaid Comprehensive Telehealth Guidance](#) Updated 5/1
- [NYSDOH | COVID-19 Telehealth Services FAQs](#) Updated 5/1

Medicaid and Medicare

- [NYSDOH | COVID-19 Guidance for Medicaid Providers](#) Updated 5/1
- [CMS | Medicare Fee-for-Service Billing FAQs](#) Updated 5/1

Federal Declarations & Waivers

- [CMS | COVID-19 Waivers Homepage](#) Updated 5/11
- [CMS | Blanket Waivers for Health Care Providers](#) Updated 5/11

CMS COVID-19 UPDATE:

CMS Issues Additional Waivers for Hospitals and Other Facilities

New [blanket waivers](#) recently issued by CMS and effective for the duration of the COVID-19 public health emergency include:

- Expanding hospitals' ability to offer long-term care swing bed services;
- Waiving distance requirements, market share and bed requirements for Sole Community Hospitals;
- Waiving certain eligibility requirements for Medicare-Dependent, Small Rural Hospitals (MDHs); and
- Modifying life safety code requirements for hospitals, hospice, and LTC facilities.

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](#).

Alternate PPE Suppliers Listing – [This listing](#) shows alternative resources that may be able to help with PPE supplies. Please check all details with each vendor before placing any order.

Cardinal - Provided an [updated customer letter](#) in which they call out actions they have taken to support inventory replenishment of critical products as well as a list of those products that are on allocation.

UISS/Premier & Non-Premier Members

Find information on Supplier updates below:

B. Braun - provided a [preparedness update](#) outlining steps the company has taken to maintain supply through the COVID-19 crisis.

Medline - Medline provided an [updated customer letter](#) from its CEO.

Baxter - Baxter states that putting products on protective allocation through April helped Baxter understand the demand and increased manufacturing for a number of categories. [As of May 5, the following products are no longer on protective allocation:](#)

- Large volume parenteral (LVP) IV solution
- IV premixes (with exceptions listed)
- Nutrition products
- Irrigation products
- Inhaled gases
- IV administration and extension sets (with exception listed)

Medi-tech International - Offering a limited-time promotion on [Spand-Gel™ Hydrogel Sheets](#) for N95 aftercare relief. The sheets are configured in full and half face

masks to provide relief from the pain and discomfort that may result from wearing a mask for a prolonged period.

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.

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

We have created a dedicated email address - 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.

VISIT US ONLINE

Iroquois Healthcare Association | (518) 383-5060 | www.iroquois.org

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