



The suspended reporting requirement will affect value based purchasing and other performance based programs. It will also require consumers to use 'old data' for provider selections and decision-making on older data.

Providers should pay special attention to the CMS memo that outlines all of the variations by quarterly reporting for all healthcare providers as not all providers fall into the October 1, 2019 through June 30, 2020 reporting exception period. Providers not in this period but excepted under a different time period include Ambulatory Surgical Centers, PPS Exempt Cancer Hospitals, Inpatient Psychiatric Hospitals, and Merit Based Incentive Payment System Eligible Clinicians.

The providers excepted for October 1, 2019 - June 30, 2020 include:

- Hospitals Inpatient and Outpatient (Outpatient Claims excepted for January 1 - June 30 2020 only)
- Nursing Homes
- Home Health
- Hospice
- Dialysis
- Long Term Care Hospitals
- Inpatient Rehab

Often we are asked if this time period will be extended beyond June 30, and explain that it is too early to know, but we will keep you informed. To review the details on reporting by each entity, please click [Here](#) for the Centers for Medicare and Medicaid Services (CMS) memo outlining the reporting requirements.

**Suspension or Changes in Provider Regulations** Within the past 6 weeks there have been some very significant suspension of rules and regulations to accommodate the needs of providers to combat COVID-19 pandemic. The changes affect almost all provider organizations with some having more extensive changes than others. It is important to read through these changes as they provide relief from burdensome regulations during the pandemic. The changes are in CMS Memos of [March 30](#) and [April 30](#)

**EMTALA** CMS issued a revision to the March 30th Emergency Medical and Treatment Labor Act (EMTALA) Guidance in the midst of the COVID-19 Emergency. CMS revised the memo to provide guidance on drive through testing, clarification of expectations to the triage process and medical screening examination (MSE) and telehealth. In summary:

*"EMTALA Screening Obligation: Every hospital or CAH with a dedicated emergency department (ED) is required to conduct an appropriate medical screening examination (MSE) of all individuals who come to the ED, including individuals who are suspected of having COVID-19, regardless of whether they arrive by ambulance or are walk-ins. Every ED is expected to have the capability to apply appropriate COVID-19 screening criteria when applicable, to immediately identify and isolate individuals who meet the screening criteria to be a potential COVID-19 patient and to contact their state or local public health officials to determine next steps when an individual meeting the screening criteria is found.*

*EMTALA Stabilization, Transfer & Recipient Hospital Obligations: In the case of individuals with suspected or confirmed COVID-19, hospitals and CAHs are expected to consider the current guidance of CDC and public health officials in determining whether they have the capability to provide appropriate isolation required for stabilizing treatment and/or to accept appropriate transfers. In the event of any EMTALA complaints alleging inappropriate transfers or refusal to accept appropriate transfers, CMS will take into consideration the public health guidance in effect at the time."*

The revised CMS EMTALA Memo can be found by clicking [Here](#)

## and Caregivers

As hospitals and surgical centers begin to offer elective surgeries and other invasive procedures during this COVID-19 pandemic, patients, families, and caregivers turned to Project Patient Care to provide them guidance. In particular, the patients, families, and caregivers wanted to know how they could prepare for an elective surgery or procedure and how could they plan post-surgery or procedure.

As a result of this request, we worked with them to answer their questions and provide guidance. While there are still shortages of medical supplies and staffing during the pandemic, the patients have expectations that they should still receive high quality care in a safe environment. They know that to have a successful outcome during this COVID-19 pandemic, it will require greater coordination, communication, and support among the hospital or surgical facility; the healthcare provider at the facility; patients, families, caregivers; as well as post-acute care and rehab providers.

The recommendations provided by and for patients, families, and caregivers were given to ensure that they have accurate and actionable information prior to and following surgery or an invasive procedure. While they know that no one can assure them 100% that everything will go smoothly, they do believe these recommendations will contribute to successful outcomes.

The **Recommendations for and by Patients, Families, and Caregivers for Elective Surgeries and Invasive Procedures During COVID-19 Pandemic** document includes information for patients, families, and caregivers on how to prepare prior to their surgery or procedure. There is also guidance on how to prepare post-surgery or procedure based upon the location of their recovery at home, at home with home health, or in a post-acute care or rehab care facility.

The **Recommendations for and by Patients, Families, and Caregivers for Elective Surgeries and Invasive Procedures During COVID-19 Pandemic** can be found by clicking [Here](#) and scrolling to April 2020.

## Nursing Homes - CDC and CMS Reporting; Need PPE; COVID-19 Spread and Deaths

Recently CMS and the Center for Disease Control and Prevention (CDC) announced the requirement for nursing homes throughout the United States to report their COVID-19 cases and deaths to the CDC and in turn, CMS. CMS acknowledged that in many states there are also state and city COVID-19 reporting requirements that nursing homes must meet. Given the numerous outbreaks of COVID-19 in nursing homes in just about every state and the high incidence of COVID-19 deaths among nursing home residents, CMS has made reporting a requirement. With national, standardized reporting, CMS will also be able to provide public information on the occurrences for all nursing homes. As of this writing, the rules for reporting of data elements and time frames for reporting have not been released but are expected very soon.

Nursing homes are still in need of Personal Protective Equipment and are making their requests known to local, state, and national officials. There are approximately 15,000 nursing homes in the United States ranging in size and location and they are all in need. On April 30, the President announced that nursing homes throughout the U.S. will be receiving PPE - but by most estimates, it will only be enough PPE for 1 to 2 weeks at best. In order to avoid and control for COVID-19 outbreaks in nursing homes, PPE and COVID-19 test kits are necessary.

Within the nursing homes I have visited over the years, I have met dedicated, skilled, and compassionate leaders and staff. They care for their residents and several nursing homes have made high quality and safe care a top priority.

The awful storm is occurring with COVID-19 in nursing homes - many staff and residents are asymptomatic while having a COVID-19 infection; highly vulnerable population for COVID-19; nursing homes have been the last recipients of PPE and COVID-19 test kits; and people living, eating, and socializing with each other in close quarters. While there are prevention steps that can and should be taken, even in the highest quality and safety nursing homes, some are still experiencing COVID-19 cases and spread within the nursing home.

While not too technical, there was a **study recently in the New England Journal of Medicine (NEJM)** that showed how easy the spread of the virus can be in nursing homes. There was also a **NEJM editorial acknowledging the study** and also calling for greater efforts to reduce the spread in nursing homes.

## Masks - Why and How to Make Masks

Individuals are urged to wear masks and required in some states to wear a face-covering or mask when in a public place where they can't maintain a six-foot social distance. Individuals should wear a mask or face covering in public indoor spaces, such as stores. In Illinois, this order is effective May 1 and applies to anyone over the age of 2 "who are able to medically tolerate a face-covering or a mask."

The mask or face-covering mask provides some level of protection for you, but the greatest value of the mask is it protects other people you may encounter. By having the mask, if you have COVID-19 but are asymptomatic, it helps to stop the spread and is a widely used intervention in other countries. One of the most challenging aspects of COVID-19 is that people can feel fine, and yet are asymptomatic with COVID-19 infection and can infect other people.

However, wearing a mask alone does not prevent the spreading of COVID-19. The efforts to reduce COVID-19 spread should also include social distancing; hand hygiene; not touching face with hands; cough and sneeze into tissue (throw away) or sleeve; and routine washing of your face-covering mask.

Personal Protective Equipment is still in great shortage in hospitals, nursing homes, assisted living homes, and disability homes. CDC is urging you to not use N95 or KN95 respirators or surgical masks and leave them for first line healthcare workers and first responders to use. Rather CDC and public health officials are suggesting that you make or buy cloth masks.

Below are a few sites that show how easy it is to make the masks – some require sewing; others no sewing at all; and one requires staples --- all very doable!

- U.S. Surgeon General How to Make Your Own Face Covering (YouTube)  
– <https://youtu.be/tPx1yqvJgf4> Very easy, no sewing!

- CDC <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html> CDC examples with no sewing and some with sewing

- Fabric Store <https://www.joann.com/make-to-give-response/> Requires sewing  
social distancing; hand hygiene; not touching your

- No Sew; Staples <https://youtu.be/mai-UqdNRi8>

## New Symptoms Added for COVID-19

Since December, 2019, we all were working with the assumption that the COVID-19 symptoms were fever, dry cough, and shortness of breath or difficulty breathing. With new knowledge gained from health information gathered in the U.S., we now know the list of symptoms have expanded.

COVID-19 affects different people in different ways. Infected people have had a wide range of symptoms reported – from mild symptoms to severe illness.

Symptoms that may appear 2-14 days after exposure to the virus:

Fever

Cough

Shortness of breath or difficulty breathing

Chills

Repeated shaking with chills

Muscle pain

Headache

Sore throat

## Resources

There are many resources readily available from international, national, state, county/city government agencies. Typically resources are centralized with most in state and city departments of public health.

A few links:

**World Health Organization** - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

**Centers for Disease Control and Prevention (CDC)** - [www.cdc.gov](http://www.cdc.gov)

**Centers for Medicare and Medicaid Services (CMS)** - <https://www.medicare.gov/medicare-coronavirus>

**State of Illinois** - <https://www2.illinois.gov/sites/coronavirus/Pages/default.aspx>

**Illinois Department of Public Health** - <http://www.dph.illinois.gov/>

**City of Chicago** - <https://www.chicago.gov/city/en/sites/covid-19/home.html>

**National Association for Healthcare Quality (NAHQ) COVID-19 Quality Resources** - <https://nahq.org/education/covid-19-resource-center/>

### SERVING OTHERS DURING COVID-19 PANDEMIC

During the COVID-19 Pandemic, Project Patient Care is still doing volunteer work serving locally and internationally. Pat and Marty are serving on state and national committees on COVID-19. Pat is also working with Rotary and has developed a state-wide outreach program and recently collected for the VA over 4 dozen new blankets, sleeping bags, and tarps for homeless veterans.



Working with Rotarians, Pat delivered several dozen iPads to hospitals and nursing homes and thousands of PPE to nursing homes in Chicago. During early May, 110 more iPads will be delivered to Chicago area safety net hospitals and nursing homes in need. The iPads are being used by patients and residents to communicate with their families. Nursing homes are also using the iPads for Telehealth with their physicians. Pat is also working with Rotarians on COVID-19 hospital and clinic projects in India and Honduras.



### We Enjoy Hearing from YOU!

Please feel free to contact us at any time but during the COVID-19 'Stay at Home' period, we are all working remotely from our homes.

Contact us at:

Telephone: 312-445-6477 (office phone)

Cell Phone: 630-202-5579

E-mail: Pat Merryweather-

Arges [pmerryweather@projectpatientcare.org](mailto:pmerryweather@projectpatientcare.org)

Thank you!