

Impact of COVID-19 on the Medicare Program: Current Responses & Future Implications

July 21, 2020





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HEALTH
MANAGEMENT
ASSOCIATES

Medicare Policy Response to
COVID-19; Current Actions and
Future Policy Directions

Jonathan Blum, Managing Principal
July 21, 2020

AGENDA

1. Background on CMS has implemented temporary policy due to COVID-19 policy
2. Description of themes for policies implemented to date and policy examples
3. Policy pros/cons for extension of policies after the Public Health Emergency
4. Will these policies become permanent parts of the health care landscape?

■ BACKGROUND

- + Since the outbreak of COVID-19, the Medicare program has waived, relaxed or modified more than 200 different policies
- + This represents arguably some of the most rapid changes to the Medicare program, that have been adopted by other payers (e.g., Medicaid or Commercial)
- + Many of these policy changes will be temporary, and are scheduled to sunset after the end of the pandemic
- + But many are likely to become permanent, especially if the pandemic remains ongoing or prove popular with Medicare beneficiaries and providers
- + HMA has a contract with the Commonwealth Fund and SCAN Foundation to catalog and assess all of CMS's policy actions to date

■ LEGISLATIVE AUTHORITY

- + The Medicare statute grants CMS the authority to waive certain Medicare regulations if several conditions are met:
 1. The President must declare a national emergency
 2. The HHS Secretary must declare a public health emergency (PHE)
- + CMS is not permitted to waive coverage or payment rules (Congress must act)
- + Waivers are applicable through the duration of the PHE, but CMS may be able to extend policies for an additional 60 days
- + Policy has been implemented through new legislation and interim final regulations

■ TIMELINE OF KEY POLICY ACTIONS

1. January 31, 2020: HHS Secretary Azar declared the Public Health Emergency
2. March 13, 2020: President Trump declared a National Emergency
3. March 18, 2020: Families First Coronavirus Response Act signed into law
4. March 27, 2020: CARES Act signed into law

PRIMARY FEDERAL POLICY STRATEGIES TO ASSIST HEALTH CARE PROVIDERS

Expanded
Health
Coverage

Examples: Medicaid FMAP increases; health coverage for COVID-19 treatment for uninsured

Provider
Funding

\$200 billion in provider relieve funds to be allocated by HHS; Advanced Medicare payments

Regulatory
Relief

200+ regulatory actions

■ REGULATORY WAIVER THEMES

1. Care Management and Benefits
2. Expand Medicare reimbursement for telemedicine services
3. Permit providers to provide care in alternative care sites
4. Suspend safety requirements
5. Modify conditions to participate in Medicare
6. Extend provider workforce
7. Reduce quality reporting requirements

■ EXAMPLE: CARE MANAGEMENT AND BENEFITS

Medicare Advantage Plans are not permitted to charge cost sharing for clinical laboratory tests for the detection of SARS-CoV-2, the administration of such tests, and specified COVID-19 testing-related services. MA plans may not impose any prior authorization or other utilization management requirements with respect to the coverage of COVID diagnostic tests, its administration and specified testing-related services for the duration of this guideline.

Authorization: Legislation

Duration: Public Health Emergency

Policy Benefits: Easier access to testing

Considerations: Some patient rights are curtailed; risk
of reduced quality of care

■ EXAMPLE: EXPAND MEDICARE REIMBURSEMENT FOR TELEMEDICINE SERVICES

CMS added 80 new PFS service codes to the telehealth list, such as: home visits, PT/OT/SLP visits, ED services, hospice routine care visits, inpatient and nursing follow-on care, and other services.

Authorization:	CMS Interim Final Regulations
Duration:	Public Health Emergency
Policy Benefits:	Expanded provider access during social distance requirements
Considerations:	Potential or reduced quality, surprise billing and cost-sharing

■ POLICY EXAMPLE: PERMIT PROVIDERS TO PROVIDE CARE IN ALTERNATIVE CARE SIGHTS

Hospitals, psychiatric hospitals, and CAHs may provide services in other healthcare facilities and may set up temporary expansion sites, provided that the location is approved by the State.

Authorization: Public Health Emergency Waiver

Duration: Public Health Emergency

Policy Benefits: More choice/flexibility in site of service to respond to pandemic

Considerations: Patient cost-sharing differs by care setting (inpatient vs. outpatient)

■ POLICY EXAMPLE: SUSPEND SAFETY REQUIREMENTS

CMS waived the requirement for dialysis providers to complete on-time preventive maintenance of dialysis machines and ancillary dialysis and to conduct on-time fire inspections.

- Authorization: Public Health Emergency Waiver
- Duration: Public Health Emergency
- Policy Benefits: Ensure resources can be most effectively used to respond to the pandemic
- Considerations: Patient safety measures are relaxed.

■ POLICY EXAMPLE: MODIFY CONDITIONS TO PARTICIPATE IN MEDICARE

CMS waived requirements for the organization and staffing of hospitals medical records departments, requirements for the form and content of the medical record, record retention requirements, and timeliness of record completion requirements.

Authorization: Public Health Emergency Waiver

Duration: Public Health Emergency

Policy Benefits: Ensure resources can be most effectively used to respond to the pandemic

Considerations: Risk of reduced quality and fraud, waste, and abuse.

■ POLICY EXAMPLE: EXTEND PROVIDER WORKFORCE

CMS waived requirements that Medicare patients be under the care of a physician to allow hospitals to use other practitioners, such as physician's assistant and nurse practitioners to the fullest extent possible.

Authorization:	Public Health Emergency Waiver
Duration:	Public Health Emergency
Policy Benefits:	Maintain or increase access to providers during pandemic
Considerations:	Potential risk of reduced quality of care

■ POLICY EXAMPLE: REDUCE QUALITY REPORTING REQUIREMENTS

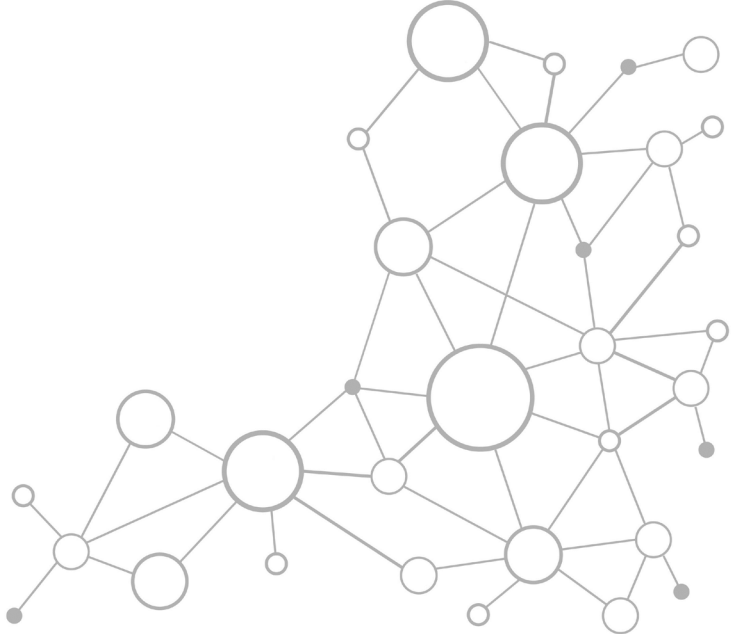
CMS clarified that Medicare Advantage and Part D plans will not have to submit 2020 HEDIS data and the 2020 CAHPS survey data. The 2020 Health Outcomes Survey, scheduled from April–July 2020, has been postponed to late summer. CMS will use last year's HEDIS and CAHPS scores and ratings from the 2020 Star Ratings for the 2021 Star Ratings.

Authorization:	Public Health Emergency Waiver
Duration:	Not specified
Policy Benefits:	Maintain or increase access to providers during pandemic
Considerations:	Potential risk of reduced quality of care

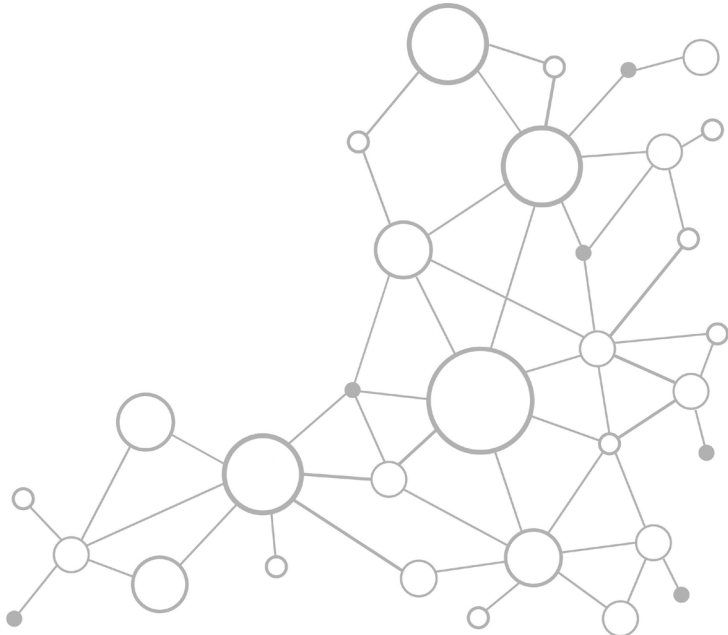
■ WILL THESE FLEXIBILITIES BE EXTENDED?

- + Under current law, most of them will only remain in place for the duration of the Public Health Emergency
 - + Congress will have to issue new legislation or CMS will have to issue regulations to give the chance for public comment
- + Waiving regulations has a consequence (e.g., higher patient cost-sharing, patient safety)
- + Ultimately, extension will depend on:
 - + Do Medicare beneficiaries find these new flexibilities attractive?
 - + Do providers believe they are necessary to best serve Medicare patients post COVID-19 pandemic?

Open Q&A

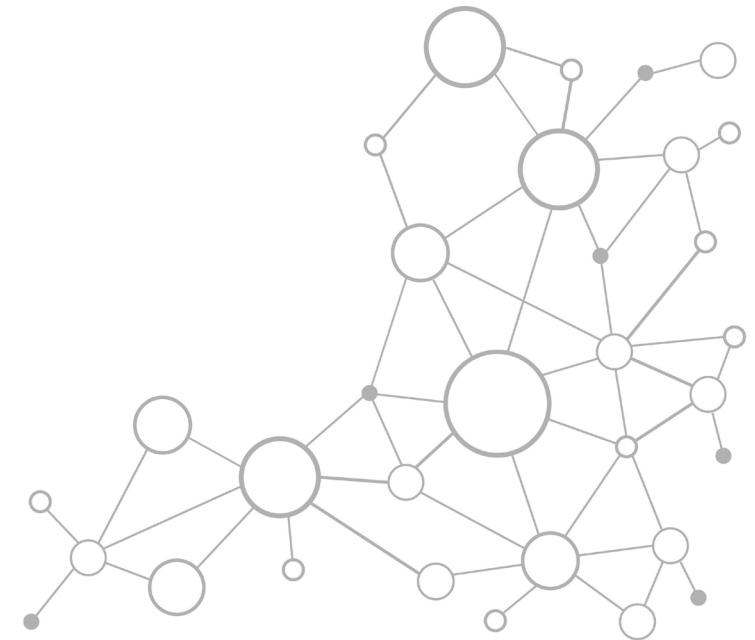


SOHO Updates



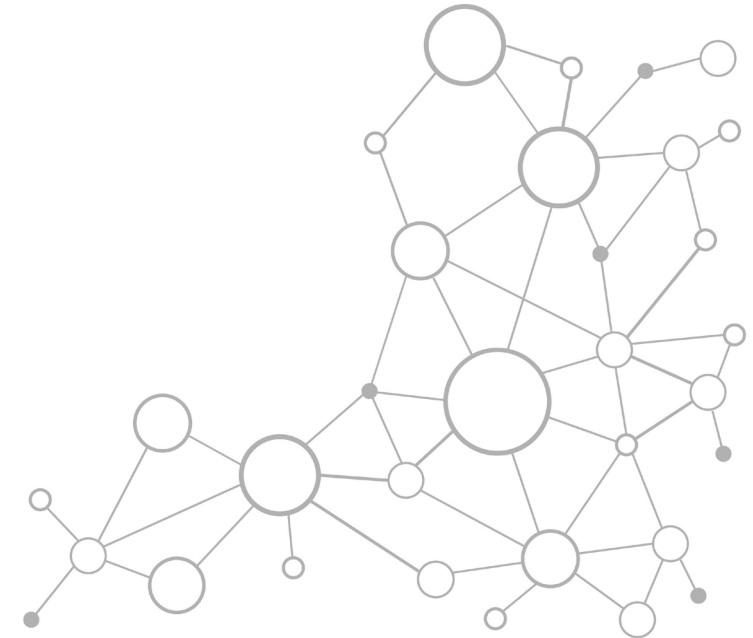
COVID Updates

James Uberti, MD | Medical Director, Quality & Performance



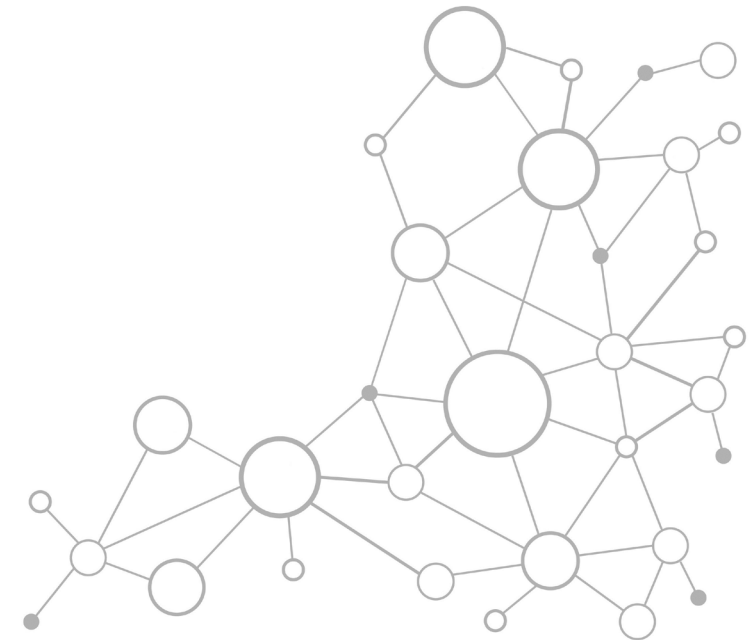
CT & MA Quarantine Requirements

- Height of summer travel season
- COVID-19 rates in our region being successfully managed
- Quarantine requirements issued by Governors Lamont and Baker
- THOfNE colleague policy for return to work



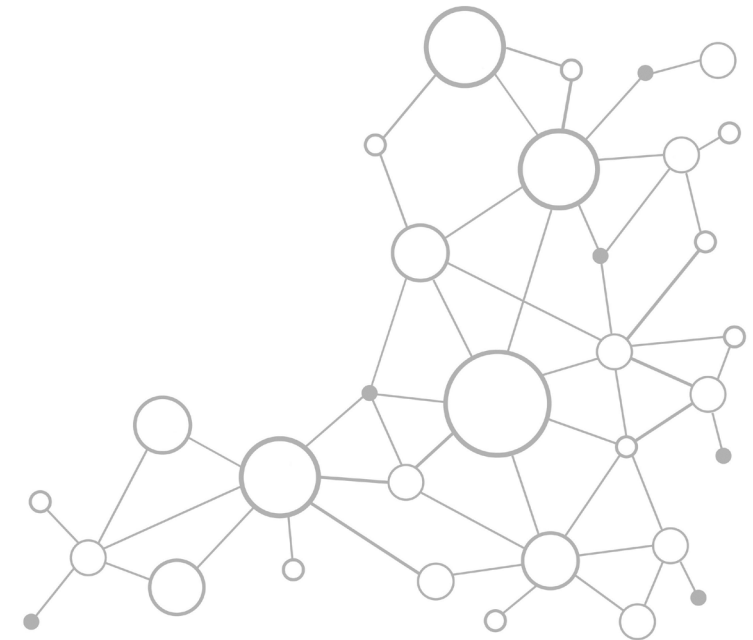
Quarantine Requirements: Massachusetts

- 14-day self-quarantine for all travelers upon arrival to MA (including MA residents returning home)
- Travelers arriving to MA from the following states are exempt from this directive:
 - Rhode Island
 - Connecticut
 - Vermont
 - New Hampshire
 - Maine
 - New York
 - New Jersey



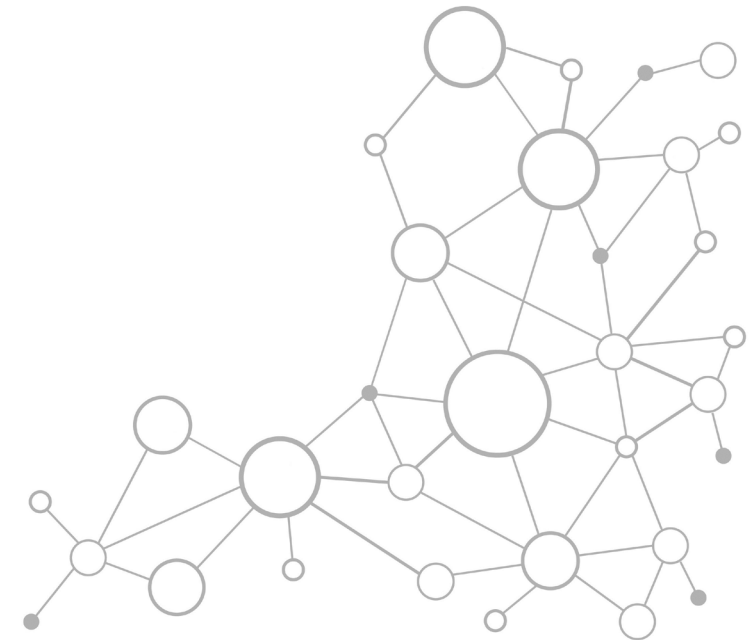
Quarantine Requirements: THOfNE Colleagues

- THOfNE colleagues returning from out of state must contact the Colleague Hotline to respond to series of questions (to determine the presence of symptoms)
- Colleagues identified as symptomatic
 - Required to have a COVID test
 - Must self-quarantine for 14 days
- Colleagues identified as asymptomatic
 - Required to have a COVID test
 - Permitted to return to work immediately with a mask



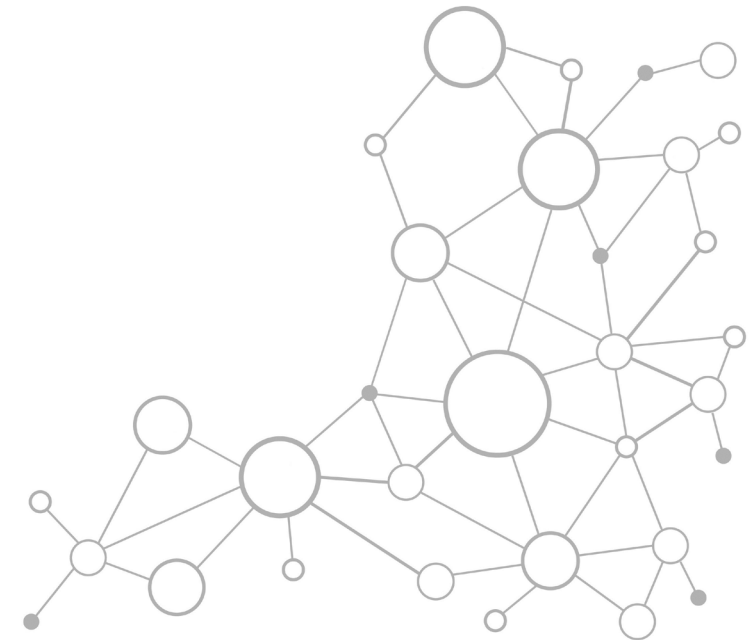
Payor Updates

John Sunde | Chief Contracting Officer



PPE Updates

Kathy Strauch | Project Manager, Business Development



PPE Updates: McKesson

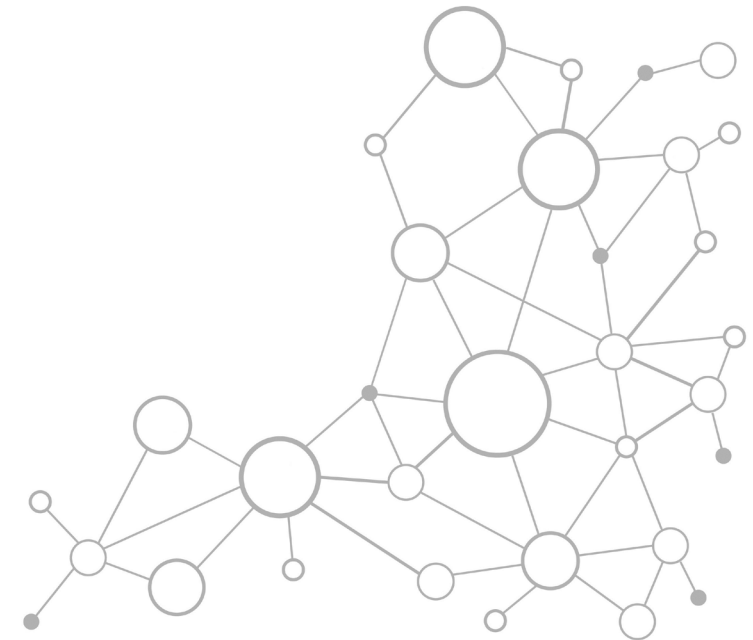
- Certain high demand items continue to be available without allocation
- Additional items will continue to be removed from allocations as supply outlook improves
- As government begins requiring where tests must go Quidel Sofia Covid tests go on allocation
 - Contact your rep to see your allocation and if approved for testing with Quidel
 - Note: this will delay new customers waiting on analyzers to begin testing

For questions or assistance with PPE, contact Kathy Strauch at Kathleen.Strauch@sfhcp.org



Upcoming Webinars

Lisa Farren | Director, Marketing and Communications



Upcoming Sessions

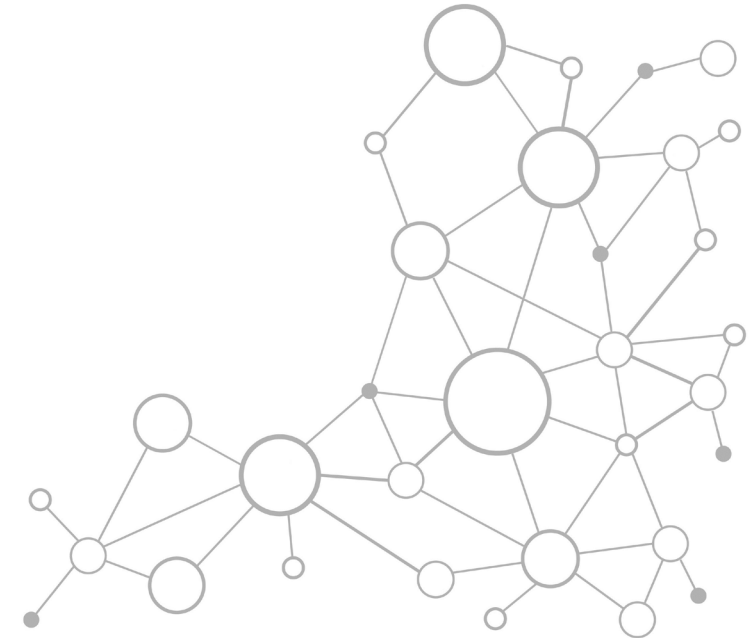
➤ Employer Based Trends in The Market

- Presented by Jeffrey Hogan, *Rogers Benefit Group*
- Tuesday, August 11th

➤ Save the Date: August 25th

➤ Suggestions for Future Topics: Email Lisa Farren

- Lisa.Farren@sfhcp.org



Thank you for joining us!

