This newsletter includes information about the most recent regulatory changes issued by the Centers for Medicare and Medicaid Services (CMS). SHM will continue to provide you with updated policy and regulatory information relevant to hospital medicine as it is released.

This issue contains:

- **Update: COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers**
- **New MIPS Improvement Activity**
- **CARES Act Provider Relief Fund**
- **Accelerated Payment Program and Advance Payment Program Updates**
- **Join a Call with CMS: Lessons from the Front Lines**

**Update: COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers**

On April 30, 2020, CMS issued additional blanket waivers to further reduce excessive administrative burden, expand access to telehealth services, increase hospital capacity and broaden access to COVID-19 testing. These waivers are retroactively effective as of March 1, 2020 and will extend throughout the duration of the public health emergency.

**New blanket waivers and flexibilities relevant to hospital medicine:**
• **Medical Staff**: CMS waived requirements to allow physicians whose privileges expire to continue practicing at the hospital and for new physicians to be able to practice before full medical staff/governing body review. CMS will also not penalize hospital payments for teaching hospitals that shift residents around to meet COVID-related needs or penalize non-teaching hospitals that accept these residents.

• **Increasing hospital capacity**: CMS will enable freestanding inpatient rehabilitation facilities (IRFs) to accept patients from acute care hospitals experiencing a surge and long-term acute care hospitals (LTACHs) can now accept any acute care hospital patients and be paid at a higher Medicare rate.

• **Expanding telehealth**: CMS further expanded the types of providers who can bill Medicare telehealth. Medicare will also begin paying for certain telehealth services using audio-only technology, waiving requirements for video, including for patient education. CMS will also continue to add approved telehealth services on a subregulatory basis.

• **Accountable Care Organizations (ACOs)**: CMS is also making adjustments to the financial methodology for ACOs to account for COVID-19 costs and to ensure ACOs are treated equitably regardless of the impact of COVID-19 on their communities. CMS is also enabling ACOs to maintain, instead of increase, their amount of financial risk in the next year agreement period.

To read the full details of the blanket waivers and flexibilities announced on April 30, view the CMS Blanket Waivers document [here](#) or view the new Interim Final Rule with comment period [here](#). To access the press release about these waivers, [click here](#).

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**New MIPS Improvement Activity**

CMS has created the COVID-19 Clinical Trials improvement activity in the Merit-based Incentive Payment System (MIPS). This improvement activity is designed to encourage clinicians to participate in COVID-19 clinical research trials and data reporting. Participating clinicians can earn credit by participating in a COVID-19 clinical trial that utilizes a drug or biological product to treat a patient with a COVID-19 infection. Clinicians must also report their findings.
through a clinical data repository or clinical data registry for the duration of their study.

To learn more about the COVID-19 Clinical Trials improvement activity, click here.

**NOTE:** SHM has created a resource document that compiles recent changes to the QPP, as they pertain to the COVID-19 pandemic. This resource has been updated to reflect the addition of this new improvement activity and can be accessed by clicking here.

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**CARES Act Provider Relief Fund**

On March 27, 2020, President Trump signed the bipartisan CARES Act into law. This legislation provides $100 billion in relief to the hospitals and other healthcare providers on the front lines of the COVID-19 response. Included in this legislation is the creation of the $50 billion Provider Relief Fund. This fund is to be distributed amongst Medicare facilities and providers impacted by COVID-19, based on eligible providers’ net patient revenue. These funds will be distributed on a rolling basis until the funds are exhausted. $10 billion is specifically allocated to provide relief for hospitals particularly affected by COVID-19. Additionally, this fund will be used to help offset the cost of treating uninsured COVID-19 patients.

To learn more about the Provider Relief Fund, please click here. To read an FAQ about distribution of COVID-19 relief and the CARES Act, please click here.

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**Accelerated Payment Program and Advance Payment Program Updates**

CMS had previously expanded the Accelerated Payment Program and the Advanced Payment Programs to ensure medical providers and suppliers had adequate financial resources in light of the COVID-19 pandemic. However,
CMS is currently reevaluating the amounts that will be paid under its Accelerated Payment Program. Additionally, CMS is suspending its Advance Payment Program to Part B suppliers, effective immediately. Funding is still accessible for frontline medical providers, primarily through the Provider Relief Fund, which was established as part of the CARES Act.

To learn more about the changes to these programs, click here to read the full press release.

**Full press release**

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## Join a Call with CMS: Lessons from the Front Lines

CMS is hosting weekly calls with physicians and other clinicians to share experiences, ideas, strategies, and insights related to COVID-19 responses across the county. These calls are a joint effort between CMS Administrator Seema Verma, Food and Drug Administration Commissioner Stephen Hahn, MD, and the White House Coronavirus Task Force.

The next call will be on Friday May 8 from 12:30 p.m. to 2:00 p.m. EST. Included below are links to join the next call.

- Conference lines are limited, so we encourage you to join via audio webcast, either on your computer or smartphone web browser
- Or, call 877-251-0301; Access Code: 9146779