As frontline providers during the COVID-19 pandemic, SHM wants to offer you as much support and information as possible. As the situation is changing daily, we understand it is difficult to keep up to date with the most recent regulatory changes issued by the Centers for Medicare and Medicaid Services (CMS). We have compiled some of the most recent updates and resources from CMS and will continue to provide you with updated policy and regulatory information as it is released.

Send a message to Congress and the Administration

Hospitalists across the country are reporting acute shortages of critical tools that are necessary to appropriately care for COVID-19 patients. PPE is needed to protect the clinicians themselves from falling ill so that they can continue to provide care in as safe a manner as possible.

Congress and the Administration needs to use every tool at their disposal to ramp up production and distribution of PPE and ventilators, including distributing supplies contained in the Strategic National Stockpile. We are calling on Congress and the Administration to use every tool at their disposal to increase the domestic supply of PPE and ventilators.

Please click here to send a message to your Senators and Congressional Representatives encouraging them to increase access to and production of PPE immediately.

We have no time to waste.

Quality Reporting Programs in Response to COVID-19

CMS has announced administrative relief for providers participating in Medicare quality reporting programs. Data reporting deadlines for Participants in both the Quality Payment Program (QPP) within the Merit-Based Incentive Payment System (MIPS), as well as participants in Medicare Shared Savings Program Accountable Care Organizations (ACOs) will have the deadline for data submission extended to April 30, 2020. If no data is reported by April 30, MIPS eligible clinicians will automatically receive a neutral payment adjustment for the 2021 MIPS payment year. CMS is currently evaluating relief options for 2020 data reporting.

Additional quality reporting programs that will have deadlines extended include the Hospital Inpatient Quality Reporting Program, Hospital Readmissions Reduction Program and the Hospital Value-Based Purchasing Program, among others. CMS is also evaluating additional relief efforts for 2020 data reporting.

To read the full list of programs included in this administrative reporting relief effort, click here to view the full press release.
**Telehealth Expansion**

To reduce the transmission of COVID-19 to vulnerable populations, the Centers for Medicare and Medicaid Services (CMS) have significantly increased access to telehealth services for Medicare and Medicaid beneficiaries.

On March 23, CMS released a comprehensive Telehealth Toolkit for General Practitioners, which you can access in full by clicking here. Included in this toolkit are Telehealth Implementation Guides, State Statute Guidance, Telehealth Technical Assistance and more. These resources are intended to help providers make as most use as possible of Telehealth, ensuring beneficiaries receive adequate care while minimizing the spread of COVID-19. CMS has also issued a Telehealth Toolkit for Managing End-Stage Renal Disease, which can be accessed by clicking here.

The amount of information included in these toolkits can be overwhelming, so we have linked to some of the most relevant resources below.

- [Telehealth Fact Sheet](#)
- [Telehealth Frequently Asked Questions](#)
- [HCPCS codes and the Physician Fee Schedule](#)
- [Telehealth Start-Up and Resource Guide](#)

**Telehealth and HIPPA**

Last week, the U.S. Department of Health and Human Services (HHS) Office of Civil Rights announced it would not be exercising penalties on physicians for using non-HIPPA compliant communications for telehealth. This change was announced to ensure physicians are able to rapidly scale up their use of telehealth without fear of penalty.

HHS and CMS have released several documents that outline these changes, and you can learn more by accessing the documents linked below:

- [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)
- [FAQs on Telehealth and HIPAA During the COVID-19 Nationwide Public Health Emergency](#)

**Section 1135 Waivers**

Due to the President’s Emergency Declaration, the Secretary of HHS is authorized to waive certain Medicare, Medicaid and Children’s Health Insurance Program (CHIP) requirements under Section 1135 of the Social Security Act.

Filing this waiver will enable states and territories flexibilities, including:

- Waiving prior authorization requirements in fee-for-service programs
- Permitting providers located out of state/territory to provide care to another state's Medicaid enrollees impacted by the emergency
- Temporarily suspend certain provider enrollment and revalidation requirements to increase access to care.
- Temporarily waive requirements that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have an equivalent licensing in another state
- Temporarily suspend requirements for certain pre-admission and annual screenings for nursing home residents

States that have successfully filed this waiver:

- Alabama
- New Hampshire
To view the most up-to-date states that have successfully filed a Section 1135 waiver, visit the Disaster Response Toolkit by clicking here. This link will be updated if and when additional states file this petition.

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**Thank You**

As frontline providers during the COVID-19 pandemic, we at SHM want to continue to thank you for your tireless work and service. You are providing truly lifesaving care, and it does not go unnoticed. SHM will continue to support you and provide resources as needed.

The SHM team wishes you safety and good health in this unprecedented time.