CMS San Francisco Association Call

December 8, 2020

CMS San Francisco
Today’s Agenda

1. CMCS Update
2. Chief Medical Officer's Update
3. CMS Flu Campaign
4. Innovations & Financial Management's Update
5. Closing Remarks
6. Open Discussion and Wrap-Up
CMCS Updates
Chief Medical Officer's Update
CMO Update

CMS San Francisco Hospital Associations

Ashby Wolfe, MD, MPP, MPH
Chief Medical Officer, San Francisco, Denver & Seattle
Centers for Medicare & Medicaid Services
December 8, 2020
This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference.

The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this presentation.
CMS Blanket Waivers

- Waivers and Flexibilities for Hospitals and other Healthcare Facilities
  - Skilled Nursing Facilities (SNFs)
  - Critical Access Hospitals
  - Acute Care Hospitals
  - Inpatient Psychiatric Services
  - Inpatient Rehabilitation Services
  - Long-Term Care Acute Hospitals
  - Home Health Agencies
  - Hospice

- Provider Licensing and Enrollment
- Suspension of Enforcement Activities
- Telehealth
- Signature Requirements
- Financial Relief for Medicare Providers

Details for these waivers can be found on the CMS website: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

The effective date for all blanket waivers will retroactively be applied as of March 1, 2020.

Updates for Quality Payment Program during COVID-19
For the 2020 Performance Year

• Clinicians significantly impacted by the public health emergency may submit an Extreme & Uncontrollable Circumstances Application to reweight any or all of the MIPS performance categories. Those requesting relief via the application will need to provide a justification of how their practice has been significantly impacted by the public health emergency.

• CMS added a new COVID-19 clinical trials improvement activity. There are two ways MIPS eligible clinicians or groups can receive credit for this new improvement activity:
  • A clinician may participate in a COVID-19 clinical trial and have those data entered into a data platform for that study; or
  • A clinician participating in the care of COVID-19 patients may submit clinical COVID-19 patient data to a clinical data registry for purposes of future study.
  • Read more about the COVID-19 clinical trials improvement activity in the 2020 Improvement Activities Inventory.

• Review the 2020 Exception Applications Fact Sheet and QPP Exception Applications webpage for more information about submitting an Extreme & Uncontrollable Circumstances Application.

## COVID-19 Flexibilities for CMMI Models


<table>
<thead>
<tr>
<th>Innovation Center Model</th>
<th>Financial Methodology Changes</th>
<th>Quality Reporting Changes</th>
<th>Model Timeline Changes</th>
</tr>
</thead>
</table>
| Medicare ACO Track 1+ Model | - Remove episodes of care for treatment of COVID-19  
- Medicare Shared Savings Program Extreme and Uncontrollable Circumstances policy applies to 2020 financial reconciliation | - 2019 Web Interface quality measure reporting deadline extended from March 31, 2020 to April 30, 2020  
- Medicare Shared Savings Program Extreme and Uncontrollable Circumstances policy applies to 2019 and 2020 reporting  
- Continue to monitor impact on 2020 quality reporting | - Voluntary election to extend agreement for 1 year through December 2021 |
| Next Generation ACO (NGACO) | - Reduce 2020 downside risk by reducing shared losses by proportion of months during the PHE.  
- Cap NGACOs’ gross savings upside potential at 5% gross savings  
- Remove episodes of care for treatment of COVID-19  
- Use retrospective regional trend, rather than prospective, for 2020  
- Remove 2020 financial guarantee requirement | - 2019 Web Interface quality measure reporting deadline extended from March 31, 2020 to April 30, 2020  
- 2019 quality audit canceled  
- Continue to monitor impact on 2020 quality reporting | - Extend model through December 2021 |
Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (IFC-4)

Issued October 28, 2020

• Creates flexibilities for states maintaining Medicaid enrollment during the COVID-19 PHE;
• Establishes enhanced Medicare payments for new COVID-19 treatments;
• Takes steps to ensure price transparency for COVID-19 tests, and
• Provides an extension of Performance Year 5 for the Comprehensive Care for Joint Replacement (CJR) model; and
• Creates flexibilities in the public notice requirements and post-award public participation requirements for a State Innovation Waiver under Section 1332 of the Patient Protection and Affordable Care Act during the COVID-19 PHE.

Additional information on this IFC can be found in the fact sheet here: https://www.cms.gov/newsroom/fact-sheets/fourth-covid-19-interim-final-rule-comment-period-ifc-4
Medicare: Beneficiaries with Medicare pay nothing for COVID-19 vaccines and their copayment/coinsurance and deductible are waived.

Medicare Advantage (MA): For calendar years 2020 and 2021, Medicare will pay directly for the COVID-19 vaccine and its administration for beneficiaries enrolled in MA plans. MA plans would not be responsible for reimbursing providers to administer the vaccine during this time. Medicare Advantage beneficiaries also pay nothing for COVID-19 vaccines and their copayment/coinsurance and deductible are waived.

Medicaid: State Medicaid and CHIP agencies must provide vaccine administration with no cost sharing for most beneficiaries during the public health emergency. Following the public health emergency, depending on the population, states may have to evaluate cost sharing policies and may have to submit state plan amendments if updates are needed.

Uninsured: For individuals who are uninsured, providers will be able to be reimbursed for administering the COVID-19 vaccine to individuals without insurance through the Provider Relief Fund, administered by the Health Resources and Services Administration (HRSA).

Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (IFC-4)

Vaccine Coverage provisions

COVID-19 Vaccine Policies & Guidance

We're giving you the information you need to be ready for the COVID-19 vaccine when it's available. If we can prepare a wide pool of providers to administer the COVID-19 vaccine, then we can ensure the vaccine is covered and available free of charge for every American.

Vaccine guidance: https://www.cms.gov/covidvax

Provider toolkit: https://www.cms.gov/covidvax-provider

General CMS COVID-19 Resources

For practice specific questions, please email: covid-19@cms.hhs.gov

If you have billing or coverage concerns, contact your Medicare Administrative Contractor https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List


COVID-19 Resources on Vulnerable Populations

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) has compiled the following Federal resources on the 2019 Novel Coronavirus (COVID-19) to assist our partners who work with those most vulnerable—such as older adults, those with underlying medical conditions, racial and ethnic minorities, rural communities, and people with disabilities. Please share these materials, bookmark the page, and check back often for the most up-to-date information.

Rural Health

Spotlight

New Rural Health Resources

Access a collection of essential rural health care resources, tools, and trainings that health care workers and organizations can utilize to prepare for and respond to COVID-19.

Find COVID-19 Resources for Rural Health Care

https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health
## Telehealth and Other Virtual Services

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>RHC</th>
<th>FQHC</th>
<th>CAH</th>
<th>Hospital</th>
<th>SNF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beneficiary Location for Telehealth Services</strong></td>
<td>Medicare can pay for many types of office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence. Additionally, the HHS OIG is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal health care programs.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Additional Telehealth Services Covered by Medicare</strong></td>
<td>Clinicians are allowed to provide more than 135 new telehealth services, including: emergency department visits, initial and subsequent observation, initial hospital care and hospital discharge day management, initial nursing facility visits, critical care services, intensive care services, therapy services. On October 14, 2020, using a new expedited process, CMS added 11 new services to the Medicare telehealth services list. Medicare will begin paying eligible practitioners who furnish these newly added telehealth services effective immediately and for the duration of the PHE. These new telehealth services include certain neurostimulator analysis and programming services, and cardiac and pulmonary rehabilitation services.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Virtual Check-Ins, Remote Evaluations, &amp; E-Visits</strong></td>
<td>Clinicians can provide virtual check-in, remote evaluation of patient-submitted video/images, and e-visit services to both new and established patients. These services were previously limited to established patients. Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits, virtual check-ins, and remote evaluations. A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Remote Patient Monitoring</strong></td>
<td>Clinicians can provide remote patient monitoring services to both new and established patients. These services can be provided for both acute and chronic conditions and can now be provided for patients with only one disease.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>RHC</th>
<th>FQHC</th>
<th>CAH</th>
<th>Hospital</th>
<th>SNF</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAQs About Visitation Considerations for Nursing Home Residents</td>
<td>CMS released a Frequently Asked Questions (FAQs) document with recommendations regarding nursing homes reopening to visitors, which can be found here: <a href="https://www.cms.gov/files/document/covid-visitation-nursing-home-residents.pdf">https://www.cms.gov/files/document/covid-visitation-nursing-home-residents.pdf</a></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ashby Wolfe, MD, MPP, MPH
Centers for Medicare & Medicaid Services
CMS San Francisco, Denver and Seattle

ashby.wolfe1@cms.hhs.gov
415-744-3501
National Influenza Vaccination Week

The National Influenza Vaccination Week (NIVW) is a national awareness week focused on highlighting the importance of influenza vaccination.
https://www.cms.gov/flu-provider
https://www.cms.gov/flu-shot-outreach-media-material

Flu shot outreach & media material

We have outreach and media materials for English and Spanish-speaking and other audiences that can help you to help others with flu shot outreach.

General market outreach

- “Protect Yourself From the Flu” tip sheet
- Videos (playlist):
  - Dad & Me-30 seconds (English)
  - Dad & Me-15 seconds (English)
  - Covered All Season Long-6 seconds (Spanish)
  - Covered All Season Long-15 seconds (Spanish)
- Print ad in English (PDF) & Spanish (PDF) (“It’s not too late” message)
- Editable flyer (PDF)
- English (PDF) & Spanish (PDF) drop-in articles
- Medicare flu prevention stickers
  - Single sticker (color)
  - Single sticker (black & white)
- Printable sticker sheets (these can be printed out in color or black & white, using 2 inch blank round labels)
  - English
    - Printable sticker sheet (PDF) (color)
    - Printable sticker sheet (PDF) (black & white)
  - Spanish
    - Printable sticker sheet (PDF) (color)
    - Printable sticker sheet (PDF) (black & white)

Videos for beneficiaries

- Medicare & You: Flu Prevention
Innovation & Financial Management Update
Calendar Year (CY) 2021 Medicare Physician Fee Schedule and Quality Payment Program Final Rules

Kirk Sadur, Division Director  
San Francisco Division of Innovation and Operations  
San Francisco & Seattle Innovation and Financial Management Group  

December 9, 2020
CY 2021 Medicare Physician Fee Schedule Final Rule
Telehealth Overview

- Specified by Section 1834 (m) of the Social Security Act and related regulations, Medicare telehealth services are services ordinarily furnished in person that are instead furnished via a telecommunications system and are subject to geographic, site of service, practitioner, and technological restrictions.

- In response to the PHE for the COVID-19 pandemic, CMS temporarily waived a number of these restrictions and adopted regulatory changes to expand access to Medicare telehealth.

- Before the COVID-19 public health emergency (PHE), only 15,000 fee-for-service beneficiaries each week received a Medicare telemedicine service.

- Over 24.5 million out of 63 million beneficiaries and enrollees have received a Medicare telemedicine service during the PHE.
Medicare Telehealth and Other Services Involving Communications Technology

CY 2021 final rule finalizes the following list of services to the Medicare telehealth list on a Category 1 (Permanent) basis:

• Group Psychotherapy (CPT Code 90853)

• Psychological and Neuropsychological Testing (CPT Code 96121)

• Domiciliary, Rest Home, or Custodial Care Services, Established Patients (CPT Codes 99334-99335)

• Home Visits, Established Patient (CPT Codes 99347-99348)

• Cognitive Assessment and Care Planning Services (CPT Code 99483)

• Visit Complexity Inherent to Certain Office/Outpatient Evaluation and Management (E/M) (HCPCS code G2211)

• Prolonged Services (HCPCS code G2212)
Medicare Telehealth and Other Services Involving Communications Technology

- CY 2021 Final Rule finalizes the addition of services to the Medicare telehealth list on a Category 3 basis:

- Category 3 describes services added to the Medicare telehealth list during the public COVID-19 PHE that will remain on the list through the calendar year in which the PHE ends

- Category 3 additions are specific to CPT code and include services such as:
  - Home visits
  - Emergency department visits
  - Therapy services
  - Psychological and Neuropsychological Testing
  - Critical Care Services
Medicare Telehealth and Other Services Involving Communications Technology

Other provisions finalized include:

• Telehealth services may be provided by auxiliary personnel when furnished incident to the professional services of the billing professional.

• When audio/video technology is used in furnishing a service when the beneficiary and the practitioner are in the same institutional setting, the service is not considered a telehealth service and would not be subject to any of the telehealth requirements.

• Finalizes payment for a new HCPCS G-code on an interim final basis to describe a “virtual check-in” that involves 11-20 minutes of medical discussion to determine whether an in person visit is necessary.
Virtual Supervision

After consideration of public comment, CMS is finalizing that direct supervision may be provided using real-time, interactive audio and video technology through the later of the end of the calendar year in which the PHE ends or December 31, 2021.
Payment for Office/Outpatient Evaluation & Management (E/M) and Analogous Visits

As finalized in the CY 2020 PFS final rule, CMS will be largely aligning its E/M visit coding and documentation policies with changes laid out by the CPT Editorial Panel for office/outpatient E/M visits, beginning January 1, 2021.

• This includes:
  o Code redefinitions that rely on time or medical decision making for selecting visit level, with performance of history and exam as medically appropriate
  o Revisions to the times used for rate-setting for the office/outpatient E/M visit code set
  o A new prolonged service code specific to office/outpatient E/M visits
  o Clarifies the definition of HCPCS add-on code previously finalized for office/outpatient E/M visit complexity, and refining our utilization assumptions for this code
Scope of Practice

Supervision of Diagnostic tests by Certain Non-physician Practitioners (NPPs)

- Makes permanent CMS' interim final policy during the COVID-19 PHE allowing supervision of diagnostic tests as allowed by state law and scope of practice by:
  - Nurse Practitioners
  - Clinical Nurse Specialists
  - Physician Assistants
  - Certified Nurse-Midwives
  - Certified Registered Nurse Anesthetists (added to list in final rule)
Scope of Practice

Therapy Assistants Furnishing Maintenance Therapy

• Make permanent CMS’ policy for the duration of the COVID-19 PHE that allows physical therapist and occupational therapists to delegate the furnishing of maintenance therapy services to a therapy assistant – as clinically appropriate.

Pharmacists Providing Services Incident to Physicians’ Services

• Reiterates CMS’ clarification that pharmacists can be auxiliary personnel under CMS’ “incident to” regulations

• Pharmacists may provide services incident to the services, and under the appropriate level of supervision of the billing physician or NPP, if payment for the services is not made under Medicare Part D
Scope of Practice

Medical Record Documentation

• Clarifies that the broad policy principle that allows billing clinicians to review and verify documentation added to the medical record for their services by other members of the medical team also applies to therapists

• Clarifies that therapy students, and students of other disciplines, working under a physician or practitioner who bills directly for their professional services to the Medicare program, may document in the record so long as it is reviewed and verified (signed and dated) by the billing physician, practitioner, or therapist
Resources

CMS Newsroom Press Release

CMS Newsroom Fact Sheet

Unpublished Final
CY 2021 Quality Payment Program
Final Rule
Reporting Pathways

**Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs)**

- CMS is not introducing any MVPs into the program for the 2021 performance period.
- Finalizes additions to the MVP framework’s guiding principles
- Finalizes a set of criteria to be considered when creating MVP candidates for the 2022 performance period and beyond

**APM Performance Pathway (APP)**

- Finalizes new reporting framework that is complementary to MVPs and like MVPs, is composed of a fixed set of measures for each performance category.
- The APP is available only to participants in MIPS APMs and can be reported by the individual eligible clinician, group, or APM Entity.
MIPS Program Policy Changes

Participation Options

• Sunset the APM Scoring Standard in the 2021 performance period.

• Allow MIPS eligible clinicians in a MIPS APM to participate as individuals, as a group, as a virtual group, or as an APM Entity in all MIPS performance categories

COVID-19 Flexibilities

• Double the Complex Patient Bonus to 10 bonus points to account for additional difficulty in treating patients during the COVID-19 PHE (for the 2020 performance period only).

• Allow APM Entities to submit an application to reweight MIPS performance categories as a result of extreme and uncontrollable circumstances beginning with the 2020 performance period.

Quality Performance Category

• Extend the use of the CMS Web Interface as a collection and submission type for reporting MIPS quality measures in 2021 and sunset the option beginning with 2022
# Performance Category Weights

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>45%</td>
<td>40%</td>
</tr>
<tr>
<td>Cost</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>
# Performance Thresholds

<table>
<thead>
<tr>
<th>Performance Year</th>
<th>Performance Threshold</th>
<th>Exceptional Performance Bonus</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>3 points</td>
<td>70 points</td>
</tr>
<tr>
<td>2018</td>
<td>15 points</td>
<td>70 points</td>
</tr>
<tr>
<td>2019</td>
<td>30 points</td>
<td>75 points</td>
</tr>
<tr>
<td>2020</td>
<td>45 points</td>
<td>85 points</td>
</tr>
<tr>
<td>2021</td>
<td>60 points</td>
<td>85 points</td>
</tr>
</tbody>
</table>
Resources

QPP 2021 Final Rule Resources Zip File

Electronic Code of Federal Regulations, Subpart O
Questions?
Round 2021 DMEPOS Competitive Bidding Program Single Payment Amounts and Contract Offers

OVERVIEW

The Centers for Medicare & Medicaid Services (CMS) competed 16 product categories in 130 competitive bid areas (CBAs) in Round 2021 of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP), although the product category for non-invasive ventilators was removed in April 2020 due to the coronavirus disease 2019 (COVID-19) public health emergency (PHE). Of the remaining 15 product categories that were bid for Round 2021, 13 of the product categories have been in previous rounds of the CBP, while off-the-shelf (OTS) back and knees braces were competed for the first time in Round 2021. There were 130 CBAs resulting in over 2,000 competitions. CMS received and has reviewed over 49,000 bids.
Closing Remarks
Open Discussion and Wrap-up