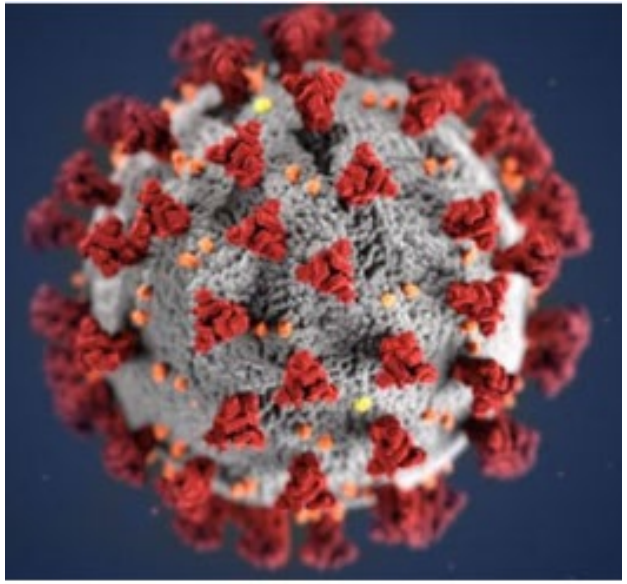
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

Center for Medicare and Medicaid Innovation Perspective



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Broad Medicare Flexibilities as of March 30, 2020

Telehealth

People with Medicare can now get telehealth services from their home, increasing their access to care.

Care by Phone

Patients can consult with a doctor, nurse practitioner, psychologist, and others and

Medicare will cover it.

Rapidly Expand Health Care Workforce

A physician who has to self-quarantine can be recruited to provide care virtually, or oversee care delivered by other clinicians through interactive video/ audio conferencing. And Medicare will pay for providers who are licensed in one state to provide care in a different state if they are needed. Health systems can provide care options that use population management strategies like triaging based on COVID status as well as clinical status, employing doctors, nurses and other staff to better manage high patient volumes. Clinicians who are not fully employed during the emergency can be repurposed to provide care in other areas.

Testing Patients Where They Are

If a person has a physician order for a lab test for COVID-19, they can go to a drive-up testing center. Or, a laboratory may be able to send someone to their home to collect a test sample.

Making the Most Use of Community Health Care Resources

Hospitals can transfer patients to different types of units and facilities to keep patients safe and free up beds.

COVID-only Care Centers

During the Public Health Emergency, hospitals and dialysis centers can set up COVID-only centers to help reduce transmission to others.

Expanding Hospital Capacity

Community resources like hotels, convention centers and surgery centers can be converted for hospital care.

Patients Over Paperwork

Administrative burdens have been reduced dramatically and permit frontline providers to triage patients and coordinate care despite high volume and extraordinary system stresses. By extending quality reporting deadlines and suspending medical necessity documentation, we are giving time back to doctors so they can focus on their patients. For example, provider documentation requirements for prior authorization are temporarily suspended. Additionally, we've made regulatory changes to provide temporary relief from many audit and quality reporting requirements so that providers, healthcare facilities, Medicare Advantage health plans, Part D prescription drug plans, and states can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.

Source: https://www.cms.gov/files/document/covid-flexibilities-overview-graphic.pdf

Additional Medicare Flexibilities – Hospital at Home

Press release

CMS Announces Comprehensive Strategy to Enhance Hospital Capacity Amid COVID-19 Surge

Nov 25, 2020 | Hospitals, Innovation models

Hospitals can request waivers related to Hospital Conditions of Participation, such as the requirement that nursing services be provided on premises 24 hours a day, 7 days a week and registered nurses be immediately available for care of any patient

68 systems, 142 hospitals in 32 states as of June 28, 2021

Source: https://www.cms.gov/newsroom/press-releases/cms-announces-comprehensive-strategy-enhance-hospital-capacity-amid-covid-19-surge; https://qualitynet.cms.gov/acute-hospital-care-at-home

Flexibilities for Innovation Center Models

- Focus on financial methodologies, quality reporting, and model timelines
- Principles for COVID-19 flexibilities:
  - Utilize flexibilities that already exist in current model design
  - Continue sufficient financial incentives that encourage higher quality outcomes to participate in value based arrangements
  - Ensure equity and consistency across models
  - Align as much as possible with national value based and quality payment programs
  - Minimize risk to both model participants, the Medicaid program, and the Medicare Trust Funds
  - Minimize delays in new model implementation while providing additional opportunities for participation in new models
  - Minimize reporting burden
  - Complements and builds off of new CMS COVID-19 PHE flexibilities as outlined in regulation and waivers

Source: https://www.cms.gov/files/document/covid-innovation-model-flexibilities.pdf

Oncology Care Model: COVID-19 Flexibilities

Innovation Center Model	Financial Methodology Changes	Quality Reporting Changes	Model Timeline Changes
Oncology Care Model (OCM)	• Option for OCM practices to elect to forgo upside and downside risk for performance periods affected by the PHE • For OCM practices that remain in one- or two-sided risk for the performance periods affected by the PHE, remove COVID-19 episodes from reconciliation for those performance periods	Make the following optional for the affected performance periods: • Aggregate-level reporting of quality measures • Beneficiary-level reporting of clinical and staging data Remove the requirement for cost and resource utilization reporting and practice transformation plan reporting in July/August 2020	• Extend model for 1 year through June 2022

Source: https://www.cms.gov/files/document/covid-innovation-model-flexibilities.pdf