

Please reach out to your VillageMD market leader with questions and concerns.

On Capitol Hill:

- The Department of Health and Human Services (HHS) suspended Medicare Advanced Payments, in an attempt to protect providers from high Medicare interest rates and push providers toward other funding from the CARES Act.
- The Centers for Medicare and Medicaid Services (CMS) released extensive additional regulation on COVID-19 response. Regulations will:
 - increase testing reimbursement and pay state-approved Medicare providers for COVID-19 serology tests
 - provide new exceptions for the hospital value-based purchasing program
 - delay reporting requirements for post-acute care facilities
 - add a one-year delay of some requirements for the Merit-based Incentive Payment System (MIPS)
- CMS implemented changes to encourage continued participation in the Shared Savings Program and make sure differential COVID-19 effects do not unfairly reward or penalize Accountable Care Organizations (ACOs), including the following items highlighted by the National Association of ACOs (NAACOS):
 - Shared Savings Program calculations will be adjusted by removing payment amounts for episodes of care (defined as inpatient care for treatment of COVID-19) from performance-year expenditures, while making updates to the historical benchmarks and revenue calculations for determining loss-sharing limits for certain ACOs.
 - ACOs whose current agreement periods expire on December 31, 2020, have the option to extend their existing agreement periods by one year (ACOs extending their agreements for an additional year would remain under their existing historical benchmarks for an additional year).
 - ACOs in the Basic Track's glide path have the option to maintain their current level of participation for performance year 2021, thereby not assuming higher levels of risk.
 - The extreme and uncontrollable circumstances policy was altered to specify that the Public Health Emergency (PHE) began in January 2020.
 - Services provided virtually – through telehealth, virtual check-ins, e-visits or telephone – are included in the definition of primary care services used in the MSSP assignment methodology, effective January 1, 2020, and for any subsequent performance year that starts during the PHE.
 - Reimbursement for newly introduced audio-only telehealth services was increased.

- The video requirement for certain evaluation and management services delivered via telehealth is waived.
- COVID-19 testing regulatory requirements were eased, with increased availability of reimbursement.
- Physician groups and hospitals asked HHS to re-start Advanced Payments and asked Congress to forgive a portion of these loans.
- Provider reimbursement submission for uninsured COVID-19 patients will begin on May 6, 2020. Services not covered by traditional Medicare will not be covered under this program.
- America's Health Insurance Plans (AHIP) and the U.S. Chamber of Commerce asked for additional subsidies for individuals who are displaced from work, to remain on their insurance in the next funding package.
- Congress is continuing to work on the next phase of COVID-19 response and oversight:
 - Republicans are focused on employer liability issues for those companies returning to work.
 - Democrats are focused on more funding for workers and hot spots.

In the News:

- Confirmed COVID-19 cases have reached 1 million in the United States.
- Twenty-five states are set to reopen in some capacity next week.