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APG COVID-19 Urgent Alert

April 30, 2020

CMS Announces More Regulatory Changes in Response to the COVID-19 Public Health Emergency

This afternoon, the Centers for Medicare & Medicaid Services (CMS) [released](#) another set of regulatory waivers for healthcare facilities and providers during the COVID-19 public health emergency (PHE) in addition to a new interim final rule with comment period. The interim final rule included numerous policies aimed at providing financial relief and stability for accountable care organizations (ACOs) including:

- Forgoing an application cycle in 2020 for an agreement start date of January 1, 2021 and allow ACOs whose current agreement periods expire on December 31, 2020 the option to extend their existing agreement period by one year
 - Including Track 1+ Model ACOs
- Allowing ACOs in the BASIC track's glide path the option to elect to maintain their current level of participation for performance year (PY) 2021 starting June 18, 2020
 - Anticipated final date to make these elections is September 22, 2020
- Clarifying the applicability of the program's extreme and uncontrollable circumstances policy to mitigate shared losses for the period of the COVID-19 PHE by clarifying that the months affected extend to January 2020
- Adjusting program calculations to mitigate the impact of COVID-19 on ACOs

- Expanding the definition of primary care services for purposes of determining beneficiary assignment to include telehealth codes for virtual check-ins, e-visits, and telephonic communication
- Excluding from Shared Savings Program calculations all Parts A and B fee-for-service (FFS) payment amounts for an episode of care for treatment of COVID-19, triggered by an inpatient service, and as specified on Parts A and B claims with dates of service during the episode
- Adjusting benchmark expenditures for other factors in order to remove COVID-19-related expenditures from the determination of benchmark expenditures

CMS' newest round of waivers provides greater flexibility for telehealth services including:

- Allowing practitioners other than doctors, nurse practitioners, physician assistants, and certain others to deliver telehealth services including physical therapists, occupational therapists, and speech language pathologists
- Allowing hospitals to bill for services furnished remotely by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is at home when the home is serving as a temporary provider-based department of the hospital
- Expanding the list of services conducted by audio-only telephone between beneficiaries, their doctors, and other clinicians that are eligible for payment to include many behavioral health and patient education services
- Increasing payments for telephone visits to match payments for similar office and outpatient visits, retroactive to March 1, 2020
- Paying for Medicare telehealth services provided by rural health clinics and federally qualified health clinics
- Waiving the video requirement for certain telephone evaluation and management services and adding them to the list of Medicare telehealth services

APG will continue to analyze these new rules and regulations and will provide a more thorough summary soon.

APG Joins Coalition Letter to Congress on Stabilization of 2021 Medicare Advantage Rates

On April 20 and in conjunction with the Better Medicare Alliance, APG sent a [letter](#) to Congress requesting that the agency take steps to stabilize 2021 Medicare Advantage (MA) rates ahead of the June 1 deadline for 2021 MA bids. Recommendations in the letter

included excluding costs for vaccine and COVID-19 treatments from 2021 bids as well as guidance for plans on how to navigate the COVID-19 pandemic. These recommendations are designed to lessen the uncertainty around MA during this time and avoid increases in premiums and decreases in supplemental benefits in the coming year.

APG to Hold Webinar on the Future of APMs

In light of today's news announcing changes for ACOs and the everchanging landscape of alternative payment models during the COVID-19 pandemic, APG encourages members to join us and [CareJourney](#) for a [Deep Dive Webinar on the Future of APMs](#) on **Thursday, May 21 at 2:00 pm ET**. You can find more information [here](#) and register [here](#).

The panel of experts will discuss:

- *What is the future state of risk-based models in a post-COVID-19 world?*
- *What is the continued value offered by staying in risk-based models in the face of COVID-19?*
- *What factors should we consider when determining how to move forward in risk-based care?*

This webinar will provide you with unique insights into what's next in the world of risk-based care. Space is limited so we encourage you to register [today](#).

We are here to serve as a resource for you. Please don't hesitate to contact me [here](#) with any questions you may have or any situations within your practice that you want me to be aware of.

You can find more resources on our [COVID-19 web page](#). As always, please know that we are in constant contact with federal and agency officials and will share any additional news with you as soon as possible.

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