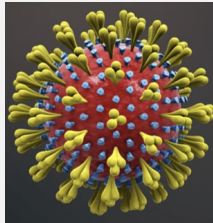


# COVID-19 Policy Updates

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This newsletter includes information about the most recent regulatory changes issued by the Centers for Medicare and Medicaid Services (CMS). SHM will continue to provide you with updated policy and regulatory information relevant to hospital medicine as it is released.

This issue contains: [Quality Payment Program Updates](#), [SHM Letter to Congress](#), [Updated Position Statement on PPE](#) and [Telemedicine](#).

## Quality Payment Program Updates

The 2019 Merit-based Incentive Payment System (MIPS) data submission deadline has been extended to April 30, 2020 at 8 p.m. ET. Additionally, the **MIPS automatic Extreme and Uncontrollable Circumstances policy will automatically apply to MIPS eligible clinicians who do not submit their MIPS data by the April 30 deadline.** This policy assigns a neutral score and payment adjustment to the groups. CMS has also updated the [QPP Participation Status Tool](#) so eligible clinicians can see if the policy has been automatically applied to them.

CMS also reopened the [MIPS extreme and uncontrollable circumstances application](#). **An application submitted between April 3 and April 30, 2020, citing COVID-19, will override any previous data submission and grant a neutral score and payment adjustment in the program.**

Hospitalists that receive facility-based scoring for the Quality and Cost categories but did not submit data in Improvement Activities will receive a neutral score under the Extreme and Uncontrollable Circumstances policy. Those that did submit data in Improvement Activities will be scored normally, unless they submit a MIPS extreme and uncontrollable circumstances application.

To learn more, [click here](#) to download a CMS fact sheet about the Quality Payment Program COVID-19 Response.

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## SHM Letter to Congress on Continued COVID-19 Response

On April 1, 2020, SHM sent a letter to Congressional leaders, urging Congress to take additional actions to protect frontline clinicians, expand the workforce and address financial concerns for hospitalists in light of the COVID-19 pandemic.

Included in this letter are requests to:

- Increase the supply and production of personal protective equipment (PPE) and ventilators
- Increase access to testing supplies and improve efficiency of testing equipment
- Ensure and expand provider availability via H-1B and J-1 visa reform
- Mitigate financial hardship for providers through appropriate reimbursement rates
- Reduce administrative burden

[Click here](#) to read the letter in full.

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## Updated Position Statement on Personal Protective Equipment (PPE)

Late last week, SHM updated its position on PPE by signing onto the Council of Medical Specialty Societies (CMSS) PPE position statement (April 2, 2020). The major elements of the statement are included below:

1. CMSS and its member societies urge federal, state and local authorities to ensure an adequate supply and distribution of PPE for every frontline healthcare professional in the United States. Physicians and other healthcare professionals can and should expect their institutions to provide appropriate means to limit occupational exposure.
2. Physicians and other healthcare professionals should be allowed to bring their own PPE to protect themselves, colleagues and patients when these items are in short supply at their institutions. CMSS supports the Joint Commission statement allowing the use of private PPE, but this option does not obviate an institution's responsibility to provide adequate PPE to all healthcare personnel.
3. The United States needs a simple, uniform mechanism for all healthcare facilities to report their PPE needs and other medical supply needs to help guide optimal distribution of supplies across the country.
4. Physicians and other healthcare professionals should not be at risk of having their employment terminated, or be otherwise disciplined, for speaking out, within their healthcare systems or publicly, on conditions and practices related to care of COVID-19 patients (including lack of PPE) that the physician and other healthcare professionals has direct knowledge of and deems to be in conflict with the health and safety of patients, themselves and others involved in providing care to patients.
5. CMSS supports the American Medical Association (AMA) statement that “no employer should restrict physicians’ freedom to advocate for the best interest of their patients.” Physicians and other healthcare professionals may appropriately decide that going public (including to the news media and on social media) with their concerns is necessary to achieve needed change for the health and safety of patients and clinicians, both within the healthcare facility and more broadly.

To read the full statement, [click here](#). To learn more, [click here](#) to read a *Medscape* article about the CMSS statement.

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## Telemedicine

CMS has released an informational video covering recent policy changes and a general overview of Medicare telehealth services in light of the declaration of emergency. [Click here](#) to access the video.



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