

CMS Issues Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency

Category: Policy Blog

written by NCUIH | May 18, 2020

This interim final rule with comment period (IFC) instituted by the Centers for Medicare & Medicaid Services (CMS) has instated several Medicare policies on an interim basis. These policies have authorized COVID-19 serology tests, to allow any healthcare professional authorized under State law to order COVID-19 diagnostic laboratory tests and provides new specimen collection fees for COVID-19 testing under the Physician Fee Schedule and Outpatient Prospective Payment System, during the public health emergency (PHE) for the COVID-19 pandemic. CMS also adopted a relocation exception policy for on-campus and excepted off-campus provider-based departments of hospitals that relocate in response to the PHE.

In addition, CMS updated the Extraordinary Circumstances Exceptions policy under the Hospital Value-based Purchasing (VBP) Program to grant an exception to hospitals affected by an extraordinary circumstance without a request form, and granted exceptions under the updated policy to all hospitals participating in the Hospital VBP Program with respect to certain 4th quarter 2019 measure data that hospitals would otherwise be required to report in April or May of 2020, and measure data that hospitals would otherwise be required to collect during the 1st and 2nd quarters of 2020. Additionally, in response to the PHE, CMS is incorporating changes for Accountable Care Organizations participating in the Medicare Shared Savings Program by delaying 1 year the implementation of certain qualified clinical data registry measure approval criteria under the Quality Payment Program's Merit-based Incentive Payment System.

This IFC also allows states operating a Basic Health Program (BHP) to seek certification of a revised BHP Blueprint for temporary, significant changes that are directly tied to the COVID-19 pandemic. CMS has also issued a waiver of the "3-hour rule" required by section 3711(a) of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), as well as modifying the coverage and classification requirements for freestanding hospitals to exclude patients admitted solely to relieve acute care hospital capacity in a state that is experiencing a surge during the PHE. In addition, CMS is making changes to the Medicare regulations to revise payment rates for certain durable medical equipment and enteral nutrients, supplies, and equipment as part of implementation of section 3712 of the CARES Act. The policies in this IFC are applicable beginning on March 1, 2020 or January 27, 2020, depending on the policy.

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