The MMS will continue to monitor developments related to the coronavirus (COVID-19) and the response by state and federal agencies. For current information, including updates from the NEJM, visit the dedicated page on the MMS website: massmed.org/covid-19.

As a reminder, physicians may continue to email questions to the MMS for assistance. For information on developments related to the COVID-19 response and resources available from the state and federal agencies, send questions to dph@mms.org. For assistance with practice management and sustainability, telemedicine, and payer relations, send questions to pprc@mms.org.

Public Health

Dr. Bombaugh addresses COVID-19 patient surge, names key focus areas in pandemic response

Governor Charlie Baker announced today that the largest number of COVID-19 patients might present at Massachusetts hospitals very soon, as early as April 11, and persist until late April. This peak, estimated to include as many as 172,000 cases, will be a challenging moment for our providers and health care systems already strained by COVID-19 demands. In the video linked below, MMS President Dr. Maryanne Bombaugh addresses the incoming patient surge and how MMS is engaging state officials to mobilize resources—in every Massachusetts community—for this event. Watch now »
Long Term Care (LTC) facilities requesting workers for COVID-19 crisis

There is an immediate and critical need for long-term care staffing, especially nurses and nurses’ aides. Individuals looking for volunteer or paid opportunities in skilled nursing, assisted living and long term care facilities, and those facilities requesting workers can visit the COVID-19 Long Term Care Facility Staffing portal. The LTC facilities staffing portal allows the state to match, in real-time, the available pool of health care professionals with the facilities most in need.

Practice Management

HHS to begin immediate delivery of initial $30 billion of CARES Act provider relief funding

The Department of Health and Human Services (HHS) announced the immediate disbursement of the first $30 billion out of the $100 billion that Congress allocated to hospitals, physicians, and other health care providers in the Public Health and Social Services Emergency Fund in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. This initial $30 billion is being directed to hospitals and physician practices in direct proportion to their share of Medicare fee-for-service spending. All facilities and health professionals that billed Medicare FFS in 2019 are eligible for the funds. These are grants, not loans, and do not have to be repaid. Note that the funds will go to each organization's TIN which normally receives Medicare payments, not to each individual physician. The automatic payments will come to the organizations via Optum Bank with "HHSPAYMENT" as the payment description. The funds may be used either for health care-related expenses or for lost revenues that are attributable to novel coronavirus. Additional details about the allocation are available on the HHS website.

Within 30 days of receiving the payment, providers must sign an attestation confirming receipt of the funds and agreeing to the terms and conditions of payment. The portal for signing the attestation will be open the week of April 13, 2020 and will be linked from hhs.gov/providerrelief.
Massachusetts health plans coverage policies, foundation support

The Massachusetts Medical Society is working closely with health plans, state and local governments, and partners within the health care system to address local needs from the COVID-19 outbreak. Massachusetts health plan coverage policies and their respective foundations’ community support efforts can be found in the link below.

This information was culled from the America’s Health Insurance Plans (AHIP) website. Of note, on the evening of April 9, the Division of Insurance put forward guidance to health plans to waive cost-sharing for the treatment of COIVD-19. These new requirements do not yet appear on the document. Click here for those details. Click here for an overview of Massachusetts plans. The MMS is here to help you connect to the resources and support you need. For all your health plan updates, please contact us at pprc@mms.org.

Update from BCBSMA

The MMS continues to advocate for health plans’ response to key questions important to members. We are pleased to share the latest updates from Blue Cross Blue Shield of Massachusetts (BCBSMA):

1. BCBSMA now offers a **public health emergency credentialing and enrollment process**. All of the information around this expedited, time-limited process, including the short Public Health Emergency (PHE) application form, can be found on this COVID landing page.

2. In response to MMS advocacy, BCBSMA has informed the provider network that **audits and claims reviews will be on hold for the next 60 days, or for the duration of the state of emergency (whichever comes first)**. The following audits and claims review is on hold: Retrospective Facility (both in-patient and out-patient) and Professional Provider Audits, Forensic Claims prepayment reviews, and any other claim recovery activities.
BCBSMA will continue to evaluate paid claims for duplicate payments, as well as Coordination of Benefits and Subrogation. Details on this can be found at the bottom of this page.

If you have specific questions regarding payer issues, telemedicine or practice sustainability, please email pprc@mms.org.

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**Government Guidelines**

**Baker announces new DPH Advisory to wear masks in public**

Today, Gov. Baker announced that DPH will issue a new Advisory, consistent with CDC guidance, recommending that everyone wear masks or otherwise cover their face when out in public and unable to safely practice social distancing. The [CDC Guidance](https://www.cdc.gov), issued last week, was prompted by recent evidence that asymptomatic COVID-19 patients, and even those who eventually develop symptoms (“pre-symptomatic”), can transmit the virus to others before showing symptoms. This is highly recommended in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission.