June 24, 2020

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 NEJM, visit the dedicated page on the MMS website: massmed.org/covid-19.

Practice Management

CMS announces relief for clinicians participating in the Quality Payment Program in 2020

In response to the 2019 coronavirus emergency, the Centers for Medicare and Medicaid Services (CMS) announced flexibilities for clinicians participating in the Quality Payment Program (QPP) Merit-based Incentive Payment System (MIPS) in 2020:

- Clinicians significantly impacted by the public health emergency may submit an Extreme & Uncontrollable Circumstances Application to reweigh any or all of the MIPS performance categories. Those requesting relief via the application will need to provide a justification of how their practice has been significantly impacted by the public health emergency.

- Reminder: In April, CMS added a new COVID-19 clinical trials improvement activity. There are two ways MIPS eligible clinicians or groups can receive credit for this new improvement activity:
  - A clinician may participate in a COVID-19 clinical trial and have those data entered on a data platform for that study; or
A clinician participating in the care of COVID-19 patients may submit clinical COVID-19 patient data to a clinical data registry for purposes of future study.

For more information:

- Review the [2020 Exception Applications Fact Sheet](https://www.cms.gov/quality-patient-experience/qpp/exception-applications) and [QPP Exception Applications webpage](https://www.cms.gov/quality-patient-experience/qpp/exception-applications) for more information about submitting an Extreme & Uncontrollable Circumstances Application.
- Read more about the COVID-19 clinical trials improvement activity in the [2020 Improvement Activities Inventory](https://www.cms.gov/quality-patient-experience/qpp/clinical-trials).

Questions? Contact the Quality Payment Program at 1-866-288-8292 or by email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov). To receive assistance more quickly, please consider calling during non-peak hours—before 10:00 a.m. and after 2:00 p.m. EDT.

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Harvard Pilgrim Health Care announces $32 million in premium credits to employer groups and Medicare supplement members

Harvard Pilgrim Health Care announced that it will be providing $32 million in premium credits to all its fully-insured employer groups, as well as to Medicare Supplement members. This new phase of funding is focused on providing financial relief to Harvard Pilgrim’s employer groups and members, and to further address the complex health challenges the pandemic has brought to Black and Brown communities already experiencing significant health disparities and access to care issues.

Harvard Pilgrim will be providing the following relief and support:

- **Fully-insured Employer Groups**, regardless of size or location, will receive a 15% credit on their September premium invoice ($30 million total).
- **Medicare Supplement Members** will receive a 15% credit on their September invoice ($2 million total).
• **Medicare Advantage members’** copays for all primary and specialty care office visits will be waived starting July 1 until the end of 2020.

• **Independent Primary Care Practices** will have access to $3 million in financial support to assist with aspects of reopening their practices. To support the provider community, Harvard Pilgrim provided over $40 million in financial advances to providers throughout the region.

• **Community Health Centers** providing care to predominately Black and Brown communities, as well as centers that provide care for vulnerable populations, will receive $3 million to support equity and equality in health care access and to address health disparities.

• **COVID-19 testing and treatment cost-share waiving and no out-of-pocket expense for telehealth services** will continue to be provided through September 30, 2020. Harvard Pilgrim will reassess these policies as circumstances warrant.

Preliminary Medicare COVID-19 data snapshot

The Centers for Medicare and Medicaid Services (CMS) is calling for a renewed national commitment to value-based care rooted in Medicare claims data. The data released includes the total number of reported COVID-19 cases and hospitalizations among Medicare beneficiaries between January 1 and May 16, 2020. The snapshot breaks down COVID-19 cases and hospitalizations for Medicare beneficiaries by state, race/ethnicity, age, gender, dual eligibility for Medicare and Medicaid, and urban/rural locations.

The data shows that older Americans and those with chronic health conditions are at the highest risk for COVID-19 and confirms long-understood disparities in health outcomes for racial and ethnic minority groups and among low-income populations.

• For more information on the Medicare COVID-19 data, [click here](#).

• For an FAQ on this data release, [click here](#).

• For a blog by CMS Administrator Seema Verma, [click here](#).

• For a copy of the press release, [click here](#).
Updates to the Health IT Playbook

Telehealth is helping clinicians connect patients with critical health services during the COVID-19 emergency. The Office of the National Coordinator for Health Information Technology recently updated the Health IT Playbook to include HHS resources about telehealth implementation and policies that can inform provider use of telecommunication technology.

Webinar tomorrow: Getting started with the Provider Relief Fund for Medicaid and Children’s Health Insurance Program (CHIP) distribution

The U.S. Department of Health and Human Services, through the Provider Relief Fund, expects to distribute $15 billion to eligible Medicaid and CHIP providers. Join this webcast, hosted by the Health Resources and Services Administration (HRSA), to learn more about the application process. Please pre-register to reserve a spot.

- Date: Thursday, June 25
- Time: 2:00 p.m. – 3:00 p.m. EDT
- Register here

Meeting for providers tomorrow: DOI & CHIA on testing, telehealth, and prior authorization

The Division of Insurance (DOI) and the Center for Health Information and Analysis (CHIA) hosts regular meetings offering providers an opportunity to raise questions and concerns related to Governor Baker's emergency order commercial insurance provisions.

The next meeting will focus on testing, telehealth, and prior authorization, and will be recorded for later viewing.
COVID-19 telehealth services for Part B providers webinar

Please join National Government Services (NGS) for this hour-long session to learn about telehealth services during COVID-19. NGS will provide updates and address your questions.

- Date: Wednesday, July 1, 2020
- Time: 9:00 a.m. – 10:00 a.m. EDT
- Registration