

CMS Announces Tools and Flexibilities for Medicare Providers and State Medicaid Programs

- *CMS' new measures are designed to ease the burden on states and providers during the COVID-19 epidemic.*
- *The agency provided four optional toolkits to submit 1115, 1915(c), and 1135 waivers for extenuating circumstances related to COVID-19.*
- *CMS announced that it will eliminate some quality reporting deadlines and extend others.*

Yesterday, the Centers for Medicare and Medicaid Services (CMS) announced additional flexibility for certain provider quality reporting programs ([press release](#)) and new templates, checklists, and tools ([press release](#)) to help states and providers respond to the COVID-19 pandemic. To ease the burden on Medicare providers, CMS will **grant exceptions from reporting requirements and extensions for clinicians and providers participating in Medicare quality reporting programs** concerning upcoming measure reporting and data submission for those programs. The four new toolkits released yesterday outline how states can **access emergency administrative relief**, lower the threshold for Medicaid eligibility, enable the elderly and disabled to receive care in their homes, and financially support healthcare providers affected by the outbreak.

Quality Reporting Extensions

CMS is implementing "extreme and uncontrollable circumstances" policy exceptions with regard to quality reporting and value-based purchasing programs. Programs with April and May 2020 deadlines will be optional, and no data from January 1 through June 30, 2020 will be used in CMS calculations for those performance periods.

- **Provider Programs** — CMS will extend the deadline for 2019 reporting to April 30, 2020. Additionally, Merit-Based Incentive Payment System (MIPS)-eligible clinicians who have not submitted any MIPS data by April 30, 2020 will qualify for the automatic extreme and uncontrollable circumstances policy and will receive a neutral payment adjustment for the 2021 MIPS payment year. CMS continues to evaluate options for providing relief around participation and data submission for performance year 2020.
- **Hospital Programs** — CMS will not count data from January 1, 2020 through June 30, 2020 for hospital quality and value-based purchasing programs, and data does not need to be submitted during this period. Additionally, submission of fourth-quarter data from 2019 will be optional, but it will be counted if submitted.
- **Post-Acute Care (PAC) Programs** — For all PAC quality and value-based purchasing programs, data from January 1, 2020 through June 30, 2020 does not need to be submitted

to CMS for purposes of complying with quality reporting program requirements. For the Home Health Quality Reporting Program, data from January 1, 2020 through September 30, 2020 does not need to be submitted. Furthermore, fourth-quarter 2019 data does not need to be submitted, but it will be counted if submitted.

Toolkits

CMS developed toolkits for states to submit 1115, 1915(c), and 1135 waivers. Changes requested under these options will be effective retroactive to March 1. These are the four options:

- **1115 Waiver Opportunity and Application Checklist** — States will be able to waive federal rules to streamline enrollment into long-term care programs and home and community-based services, as well as access broad authorities to vary and target services based on population needs. More information can be found [here](#).
- **1135 Waiver Checklist** — CMS has pre-packaged relevant and commonly requested 1135 authorities into a checklist template to share with states. This will expedite their ability to apply for and receive approval for these waivers that are now available (i.e. more time for appeals and fair hearings, relax rules to enroll providers, and allow providers from out of state to bill for services delivered to Medicaid beneficiaries.) More information can be found [here](#).
- **1915(c) Appendix K Template** — This template accelerates state changes to 1915(c) home and community-based services waiver operations or to request emergency amendments. The template is pre-populated with commonly requested and relevant program changes (i.e. electronic delivery services, adding services for times of emergency, and adjustment to processing requirements to decrease state burden.) More information can be found [here](#).
- **Medicaid Disaster State Plan Amendment Template** — This document describes the changes that state can make related to eligibility, benefits, and payments. The template allows a state to submit one combined request for temporary changes that we expect states may wish to make in their programs (i.e. expanding temporary coverage, adding specialized benefits, expanding telehealth coverage, and increasing provider reimbursement.) More information can be found [here](#).