

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop N2-20-16
Baltimore, Maryland 21244-1850



Office of Strategic Operations and Regulatory Affairs/Freedom of Information Group

Refer to: Control Number 031720207090

4/19/2021

Austin R. Evers
AMERICAN OVERSIGHT
1030 15th Street NW, B255
Washington, DC 20005

Dear Mr. Evers:

This letter is the third interim response to your Freedom of Information Act (5 U.S.C. § 552) request of 3/17/2020, which you sent to Hugh Gilmore, Director, Division of Freedom of Information Act, Centers for Medicaid and Medicare Services (CMS). CMS assigned your FOIA request the case number 031720207090. In this request, you sought the following records for the time period January 15, 2020 to the present:

All email communications (including email messages, complete email chains, email attachments, calendar invitations, and attachments thereto) sent by the following government officials:

1. Seema Verma, Administrator
2. Deputy Administrator (and Deputy Chief of Staff), Brady Brookes
3. Demetrios Kouzoukas, Principal Deputy Administrator
4. Kimberly Brandt, Principal Deputy Administrator

Containing any of the following key words:

1. Coronavirus
2. Corona
3. Virus
4. Disease
5. Pandemic
6. Epidemic
7. Outbreak

Mr. Austin Evers

April 19, 2021

Page 2

8. containment
9. “public health emergency”
10. “COVID-19”
11. “COVID 19”
12. COVID19
13. SARS
14. “2019-nCoV”
15. POTUS
16. Test
17. Tests
18. Testing
19. EUA
20. Emergency
21. Wuhan
22. Hoax
23. Hubei
24. Princess
25. Cruise
26. Kirkland
27. Seattle
28. “New Rochelle”
29. “BioGen Conference”
30. CPAC
31. AIPAC
32. RNA
33. “Extraction kits”
34. Roche
35. Vaccine
36. Antiviral
37. Antiretroviral
38. Quarantine
39. Distancing
40. Isolation
41. N95
42. Mask
43. Respirator

By agreement of both parties, the scope of documents was narrowed as follows:

1. Processing of attachments were deferred contingent upon AO’s being able to request specific attachments of interest upon review of the emails.
2. Custodians were narrowed to only include Verma, Brookes, and Kouzoukas.
3. Key search terms were limited as follows:

- a. **Cut 33 Key Terms:** Virus, Disease, Pandemic, Epidemic, Outbreak, Containment, “Public Health Emergency”, SARS, “2019-nCoV”, Test, EUA, Emergency, Princess, Cruise, Kirkland, Seattle, “New Rochelle”, “BioGen Conference”, CPAC, AIPAC, Wuhan, Hubei, RNA, “Extraction Kits”, Roche, Antiviral, Antiretroviral, Quarantine, Distancing, Isolation, N95, Mask, and Respirator
- b. **Maintain 2 Key Terms Without Any Limitation:** POTUS and Hoax
- c. **Limit 8 Key Terms:** For the Original Key Terms in Column A, below, limit responsive records to those that also include one or more of the Limiting Key Terms in Column B, below.

Column A: Original Key Terms	Column B: Limiting Key Terms
i. Coronavirus	i. Trump
ii. Corona	ii. Pence
iii. “COVID-19”	iii. VPOTUS
iv. “COVID 19”	iv. “White House”
v. COVID19	v. “the WH”
vi. Testing	vi. Jared
vii. Tests	vii. Kushner
viii. Vaccine	viii. Birx
	ix. Azar
	x. AMA
	xi. Giroir
	xii. Fauci
	xiii. Uninsured
	xiv. Medicaid
	xv. Exchanges
	xvi. Marketplace
	xvii. Marketplaces
	xviii. SEP
	xix. Enroll
	xx. Enrollment
	xxi. “Healthcare.gov”
	xxii. Oscar
	xxiii. Parente
	xxiv. UHC
	xxv. UHG
	xxvi. Optum
	xxvii. Wichmann
	xxviii. UnitedHealthcare
	xxix. UnitedHealth
	xxx. Election

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In this third interim response, we processed a total of one thousand two hundred and fifty-five (1,255) pages of records and determined that five hundred and seven (507) pages were responsive to your FOIA request. After careful review, we are releasing one hundred seventy-nine (179) pages in full, releasing two hundred and eighteen (218) pages in part, and withholding twenty-nine (29) pages in full. There were twenty-two (22) pages that were deemed responsive but duplicative. We have determined that fifty-nine (59) pages did not originate with CMS; therefore, they will be sent out for consultation.

The withholdings in full and in part are pursuant to Exemption (b)(5) (5 U.S.C. § 552(b)(5)) and Exemption (b)(6) (5 U.S.C. § 552(b)(6)). The specific exemption claimed is notated on each page as withheld in full.

We are continuing our review of records potentially responsive to your requests. As additional reviews and disclosure determinations are completed, CMS will release any nonexempt records to you on a rolling basis as agreed by the parties.

Sincerely yours,

Hugh Gilmore

Hugh Gilmore

Director

Freedom of Information Group

Enclosures- 426 pages

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] nr
Sent: 3/5/2020 6:13:44 PM +0000
To: 'Nicole Marcos (CMS/OL) (nicole.marcos@cms.hhs.gov)'
Subject: FW: FW: HHS PMO Meeting Notes - 3.5.20 11am

Confidential and deliberative, pre-decisional communication

From: Brookes, Brady (CMS/OA)
Sent: Thursday, March 5, 2020 12:38 PM
To: [REDACTED] (b)(6)
Cc: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Meredith Good-Cohn (CMS/OA) (Meredith.Good-Cohn@cms.hhs.gov) <Meredith.Good-Cohn@cms.hhs.gov>; Bobby Saxon (CMS/CCIIO) (bobby.saxon@cms.hhs.gov) <Bobby.Saxon@cms.hhs.gov>
Subject: HHS PMO Meeting Notes - 3.5.20 11am

HHS PMO Meeting – Daily 11 am 3.5.20

Paul opening remarks:

- Update on modeling meeting with OSTP yesterday [REDACTED] (b)(5) CMS has been added to the workgroup.
- ASFR gave an overview of the supplemental funding package. ASFR has created work streams to start getting the money out regarding grants, acquisition, etc.

[REDACTED] (b)(5)

- Pre-Clinical Trial Data:

- Vaccine: [REDACTED] (b)(5)

[REDACTED] (b)(5)

- Therapeutic: NIH is currently up and running in two sites [REDACTED] (b)(5)

[REDACTED] (b)(5)

[REDACTED] (b)(5) Additional trials not run by NIH are also ongoing, 2 are in China and they receive updates on these during weekly Friday calls with Gilead. Gilead has an additional simple trial that they are just getting started and

running themselves, (b)(5)
(b)(5)

Update on scientific priorities:

- Droplet/airborne conversation (b)(5)
(b)(5) CDC spoke to Giroir yesterday and discussions are ongoing. (b)(5)
(b)(5)
- CDC provided a quick update on the scale-up of diagnostic capacity update. They are continuing to ship out kits to labs so more labs are coming online every day.
 - IEA feedback: (b)(5)
(b)(5)
- Medical Counter Measure Development – BARDA released a BAA yesterday which is an announcement to solicit proposals from the community for development of vaccine and others. If they are chosen would receive partial funding from BARDA.

Updates to the Healthcare System

- A lot of new guidance's have been released in the past 72 hours. (b)(5)
(b)(5)

Updates on public health

- As of March 2nd, 85 international locations are reporting the virus. NC, is the one new state reporting in. Most cases are still linked to international travel. (b)(5)
(b)(5)
- CDC is hosting a clinician education call today and it is listed on the CDC website.
- CDC is continuing to work on contact tracing at the local level and to support state and local officials who are becoming overwhelmed.
- Grand Princess Cruise ship – 3,500 people on board. 1,000 are crew. 20 people are symptomatic. (b)(5)
(b)(5) The first case of a death in CA was an individual who got off that cruise ship. A lot of discussions happening today.

Updates to public reaction and engagement

-

(b)(5)

- Facebook reached out to FEMA

(b)(5)

- IEA –

(b)(5)

(b)(5)

Updates to Messaging

(b)(5)

Update to supply chain

- An RFP was released by SNS yesterday for N-95 masks. They also held a meeting yesterday with many local health officials and manufacturers. N-95 masks are a part of the normal supply chain at hospitals, but not for LTC facilities,

(b)(5)

(b)(5)

(b)(5)

Confidential and deliberative, pre-decisional communication

From: "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>
Sent: 3/20/2020 3:50:46 AM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov> (b)(6)
CC: "Marcos, Nicole (CMS/OL)" <Nicole.Marcos@cms.hhs.gov>; "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>; "Mack, Rosa (CMS/CMCS)" <Rosa.Mack@cms.hhs.gov>
Subject: RE: RE: March 19 Updates

Thanks, Carol!

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Thursday, March 19, 2020 9:29 PM
To: (b)(6); Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>
Subject: FW: March 19 Updates

Here are tonight's updates. OC updates will be sent separately.

OA Stakeholder Engagement

Today's Meetings 3/19 (Alina Czekai Stakeholder Engagement)

Weekly COVID-19 Call with Nurses

4000 nurses joined from across the country!

Key Questions:

(b)(5)

(b)(5)

Administrator Verma & Dr. Redfield Call with Nursing Home CEOs

Key Questions:

(b)(5)

Administrator Verma and CMS Leaders

(b)(5)

Tomorrow's Meetings 3/20

9 AM Call with American Society of Nephrology (CCSQ)

11:45 AM Call with Home Health Organizations

(b)(5)

1:00 PM Call with Dialysis Centers & Kidney Organizations

(b)(5)

4:00 PM Call with National Association of Behavioral Healthcare (psychiatric facilities)

(b)(5)

-

Component Level Stakeholder Outreach

DUALS: Today (3/19) we sent memos to allow certain health plans (called Medicare-Medicaid Plans) in NY to replace face-to-face care coordination activities with telephonic contact

By tomorrow

(b)(5)

(b)(5)

OMH: On 3/19, OMH sent COVID-19 Elective Surgeries and Non-Essential Procedures Recommendations to the Coverage to Care (32,311) and Minority Health (62,287) listservs.

CCSQ:

- Ongoing engagement with AHFSA regarding State Survey Agency questions and responses.
- Stakeholder Call with Nursing Association; organized by OA
- Kidney Community Emergency Response (KCER) Meeting:
 - As of yesterday, Wednesday, March 18, 2020, the World Health Organization (WHO) reports a total of 191, 127 confirmed cases (including 15,123 new cases in the last 24 hours) and 7,807 fatalities.
 - As of March 18, 2020, there were 10,755 cases within the United States (across 49 states), including 154 deaths. Please note that (b)(5) (b)(5) We discussed a number of ongoing questions such as transportation, discharge from hospital into nursing home and further information on telehealth. The facilities asked for an update on progress in the outbreak. They are seeing a doubling of the outbreak in their population every two days which will overwhelm isolation facilities in two weeks.

CM-CD: COVID-19 External Stakeholder/Partner Outreach workgroup: CM-CD is continuing to publish relevant COVID-19 Guidance to MAOs, Part D Sponsors, PACE Organizations, Cost Plans and Demonstrations via HPMS on a daily basis

Updates to Current Action Items:

(b)(5)

- Clearance Status: Draft under development – will need to go to policy clearance
- Coms/Social strategy: TBD
- Target Release date: (b)(5)

Q&As on Existing Medicare SEPs

- Clearance Status: Submitted to policy clearance on 3/19
- Coms/Social strategy: None per discussions with OC. CM (b)(5) (b)(5)
- Target Release date: (b)(5)

New Action Items:

(b)(5)

CMCS:

- **1135 Waivers:** 18 pending from AZ, CA, CO, DC, IL, IN, IA, LA, MS, MO, NH, NM, NC, ND, OK, SD, VA, and SD (b)(5)

(b)(5) Rollout: TBD

- **Home and Community-Based Waiver Disaster Authority (Appendix K):** (b)(5)

(b)(5)

CM FFS:

(b)(5)

CCIO

- Connecticut announced special enrollment period for uninsured individuals.
 - <https://agency.accesshealthct.com/access-health-ct-announces-a-new-special-enrollment-period-for-uninsured-connecticut-residents>

Action Items Closed Out:

CMCS: March 19:

- 1135 Waiver Approval Letter sent to WA State on 3/19. CMCS will continue working on the state's other multiple requests.
- WV's disaster and emergency authority (Appendix K) for Home and Community-Based waiver.
- Alabama received approval of request to activate CHIP Disaster SPA.

- California received approval of request to activate CHIP Disaster SPA.

CM FFS:

- New CPT lab code fact sheet, FAQs and press release for the new CPT COVID test code expected to be released today
- Received multiple inquiries related to telehealth flexibilities and how it impacts Shared Savings Program ACOs. We are responding to our ACOs that their health care providers are part of the Medicare Fee-for-Service program, and Coronavirus clinical, billing and coverage guidance regarding flexibilities apply to all ACO health care providers and the patients they serve. We also direct them to the Medicare Tele-Medicine Fact Sheet for additional guidance. We are using previously approved COVID language for our responses.

CCIO

- FAQs on Catastrophic Health Insurance Coverage and the Coronavirus – posted 3/18

Today's Meetings

OC: On March 18, CMS OC staff met with the State Health Insurance Assistance Program Directors (SHIP) to provide an overview of the partner toolkit for COVID-19 and ensure they were aware of COVID resources available from the Agency. The SHIPs were also asked to report out on capacity. (b)(5)

(b)(5)

The had two questions for CMS:

- Has there been talk of extending enrollment for Medicare? One person gave scenario of a few beneficiaries calling for Part D coverage. (b)(5)
- Would the 3-day hospital stay be waived for NH stays? (We sent the link to the guidance)

(b)(5)

OEDA-CDC-ASPR: OEDA met with CDC and ASPR staff to discuss data needs for modeling work that they have underway. OEDA has pulled together a few data resources that we shared with CDC/ASPR staff: (1) an address level file for addresses associated with 11+ Medicare beneficiaries with information like average age and prevalence of chronic conditions; (2) a hospital level file with capacity/occupancy data from the hospital cost reports; (3) wall street analyst reports related to hospital/nursing capacity.

OEDA-CDC: OEDA met with CDC staff about providing a CDC employee access to CMS's Virtual Research Data Center (VRDC) to conduct COVID-19 surveillance analytic work. (b)(5)

(b)(5)

CMCS: Individual SME/State calls with: LA, WA, and CA. Calls with SD and PA. MN call with Basic Health Program (BHP) SMEs.

CCSQ:

- MTG with NHINs and the CDC this morning they said that they have developed a NHSN module for COVID surveillance. The CDC issued a call for hospitals to test the module. We offered to get the word out as well and to train hospitals quickly if need be. The CDC is having a meeting today (3/19) to assess how many hospitals are testing and if they need the help at this point and will be following up later today with me. The CDC also anticipated (b)(5)

(b)(5)

- CCSQ/DCLIQ met with Roche Diagnostics 3/18/20
 - Discussion: Roche would like to perform COVID testing on their employees using the EUA kits they are manufacturing. They would follow CDC guidelines for testing. They would like an “exception” from CLIA – they do not hold a CLIA certificate
 - Next steps (b)(5)

New Meetings

CMS(OEDA)-CDC-ASPR

(b)(5)

(b)(5)

CMCS:

(b)(5)

CM FFS: Request from Clif Gaus and Allison Brennan, National Association of ACOs – request meeting with CM to discuss ACOs concerns related to impact of COVID-19 ACO industry. Meeting Date TBD.

CCSQ:

- Nephrology Association Meeting; (b)(5)
Organization; (b)(5)

(b)(5)

Additional Updates

CMCS:

- **Home and Community-Based Waiver Disaster Authority (Appendix K)**
 - CMCS has approved WV’s, PA’s, and 5 of WA’s requests for using disaster and emergency authority (Appendix K).
 - CMCS is reviewing CO, NC, LA NM, and RI Appendix K requests. The team is also reviewing the remaining WA Appendix K requests for other HCBS waivers not approved today.
- **Additional State Activity**
 - **Nebraska:** On 3/19 State requested TA on drafting their pending submission of a CHIP Disaster SPA.
 - **Pennsylvania:** On 3/19 State requested TA on the flexibilities available through a CHIP

Disaster SPA.

- **Other**

- CMCS has moved 4 standardized templates for states' use into through clearance and plans to release on (b)(5). The templates include:

(b)(5)

CSQ: FOIA Request from CNN: Request: Any communication from state regulators or members of the public (including but not limited to caregivers, family members, nursing home employees, operators) about any nursing home residents believed to potentially have COVID-19/coronavirus since February 1, 2020. This communication should include attachments and any responses from the agency, as well as correspondence among agency staff about any specific messages that meet these criteria.

-

Update from OPOLE

- The state hosted their weekly call with the PA PACE plans on March 18. Seventeen of the nineteen plans were in attendance. Representatives from CMS also attended the call in a listen only mode.
- **The following items were covered on the call:**
 - Release of the March 17 CMS HPMS memo. The state also indicated they would be releasing FAQs to address questions submitted by the POs that would dovetail with the CMS guidance.
 - Initial state feedback on the PACE organizations' Emergency Preparedness Plans included the directive for plans to make sure the plan includes: infection control, pandemic planning and sheltering place (in the home). Formal feedback from the state will be submitted to all organizations by (b)(5).
 - PACE organizations were encouraged to sign up for the LIFE listserv to continuously receive information related to COVID-19.
 - Questions from the PACE organizations included:
 - How will POs complete pre-assessments for prospective new enrollees? (This includes the physical visit to the enrollees house to determine the home is safe.) Can the PO do a video walk-through?
 - Is verbal consent with documentation allowed in place of a wet signature for telehealth?
 - Are PACE organizations permitted to bring participants into the therapy room for required therapy?
 - The CMS DHPO Philadelphia PACE team will continue to attend the weekly calls and provide a summary.
 - Last night and today, LEA sent out three critical COVID-19 related notices to local partners, stakeholders, and constituents across the country regarding:
 - COVID-19 Catastrophic Health Coverages FAQs

- Elective Surgeries and Non-Essential Procedures Recommendations
- Updated Medicaid & CHIP COVID-19 FAQs

Medicare Part C/D questions from plans (coordinating with CM):

- Health plans continue to have telehealth related questions and would like to know would a MAO submit diagnoses obtained from a video and audio enabled call/visit to CMS through the Risk Adjustment Processing System (RAPS).
- Plans are asking for clarification surrounding the lifting of prior authorizations for medically necessary/non-emergency/non-urgent services during a declared disaster (Ch. 4, section 150 of the Medicare Managed Care Manual) Does this pertain to all services, or is this relaxation of prior authorizations only applicable to the emergency itself (in this case, COVID-19 testing and treatment)?
- Will CMS grant extensions on expansions filings (already applied) for the purpose of plans to cure deficiencies, as state partners and others may not be available due to COVID-19?
- We continue to receive questions asking will CMS relax any operational requirements or extend due dates due to staffing and operational disruption caused by COVID 19?
- Should plans follow the guidance of the HPMS memo dtd March 10 which is specified for 30 days, or should plans follow timeframes established in the Public Health Emergency and the Section 1135 waivers Declarations?

PACE:

- The 3rd confirmed PACE participant testing positive for COVID-19 was reported today at Serenity Care PACE in Springfield, Massachusetts.
- We are starting to receive requests from PACE organizations to suspend PACE 1/3 financial audits. A PACE organization received a request from a contractor to upload documents in preparation for the audit by March 25. The entrance conference is scheduled for March 27.

ACA:

- We continue to receive questions on the possibility of a SEP in the FFM as a result of COVID-19.

From: (b)(6) NR
NR
Sent: 3/13/2020 12:53:06 AM +0000
To: "Couch, Marion (CMS/OA)" <Marion.Couch@cms.hhs.gov>
Subject: Fwd: Fwd: Letter to Vice President Pence re COVID-19
Attachments: image001.png; ATT00001.htm; image002.png; ATT00002.htm; image003.png; ATT00003.htm; image004.gif; ATT00004.htm; 031220 - FAH Letter to VP Pence.pdf; ATT00005.htm

Sent from my iPhone

Begin forwarded message:

From: "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>
Date: March 12, 2020 at 8:28:08 PM EDT
To: (b)(6)
Cc: "Couch, Marion (CMS/OA)" <Marion.Couch@cms.hhs.gov>
Subject: FW: Letter to Vice President Pence re COVID-19

From: Chip Kahn <CKahn@FAH.org>
Sent: Thursday, March 12, 2020 6:36 PM
To: Obenshain, Anne (ovp.eop.gov) <(b)(6)@ovp.eop.gov>
Cc: Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; Azar, Alex (OS/IOS) <Alex.Azar@HHS.GOV>; Hahn, Stephen (FDA) <Stephen.Hahn@fda.hhs.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: Letter to Vice President Pence re COVID-19

Tucker, thanks so much for your help with yesterday's White House meeting. Attached is a letter to the Vice President from the Federation which outlines our views on key issues that were discussed. I hope the letter is helpful. Again, deeply appreciate your assistance and work for the country. Best, Chip

Charles N. Kahn III
President and CEO
Federation of American Hospitals
750 9th Street, NW Suite 600
Washington, DC 20001
202-624-1534
<https://protect2.fireeye.com/url?k=c729f111-9b7cf802-c729c02e-0cc47adb5650-e1706a492141c06a&u=http://www.fah.org/@ChipKahn>

From:

(b)(6)

NR

NR

Sent:

3/10/2020 3:56:57 AM +0000

To:

"Couch, Marion (CMS/OA)" <Marion.Couch@cms.hhs.gov>; "Moody-Williams, Jean D. (CMS/CCSQ)" <jean.moodywilliams@cms.hhs.gov>; "Ling, Shari (CMS/CCSQ)" <Shari.Ling@cms.hhs.gov>

Subject:

Fwd: Fwd: comments

Attachments:

QSO20-14. COVID-19 Nursing Homes - REVISED.DOCX; ATT00001.htm

Sorry for late comments/. Since it's on line, can we update? My apologies

Sent from my iPhone

Begin forwarded message:

From: Deborah Birx

(b)(6)

Date: March 9, 2020 at 9:57:24 AM EDT**To:** (b)(6)**Subject:** comments

Seema

I couple of comments and a note about other PPE.

From: (b)(6) NR
NR

Sent: 3/6/2020 5:00:37 AM +0000
To: "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>
CC: "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>; "Bell, Damian (CMS/OC)" <Damian.Bell@cms.hhs.gov>; "Monroe, Johnathan (CMS/OC)" <Johnathan.Monroe1@cms.hhs.gov>
Subject: Re: Re: Atlanta Travel Details
I need awesome talkers

Sent from my iPhone

On Mar 5, 2020, at 8:18 PM, Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov> wrote:

Seema - we are still waiting for the WH travel memo but this is what I know so far about our trip tomorrow. I will be leaving on an 8am flight to advance the trip and will pick you up at the ATL airport when you land at 2:20pm.

CDC ATLANTA VISIT **ADMINISTRATOR'S VISIT SCHEDULE**

Friday March 5, 2020

11:00 AM: ADMINISTARTOR departs HHS en route to Washington D.C. Ronald Reagan National Airport (DCA).

11:20 AM: ADMINISTARTOR arrives DCA.

12:21 PM: ADMINISTARTOR, departs Washington D.C. Ronald Reagan National Airport (DCA) via Delta flight 2602 en route to Atlanta Airport (ATL).

Plane Manifest:

- Administrator
- Alex Azar
- Brett Giroir

2:22 PM: ADMINISTRATOR arrives ATL.

2:45 PM:ADMINISTRATOR departs airport traveling to the Centers for

Disease Control and Prevention (CDC).

- Driver: Sherard Mckie, *Drive time: 30 minutes*
- Address: 1600 Clifton Road
- Drop off: Visitor Center
- Once parked call White House Staffers Alexandra Campana (b)(6) or Joel Troutman (b)(6) (b)(6) . They will escort you to the conference room for the roundtable.

3:15 PM: ADMINISTRATOR arrives CDC and is escorted to round table by Meredith.

4:00 PM: COVID-19 Round Table commences.

Manifest:

- Anne Schuchat, Principal Deputy Director, CDC – delivers opening remarks and discusses the work of CDC.
- ADMINISTARTOR discusses CMS partnership with CDC and how CMS is pushing out CDC advice and CMS guidelines for hospitals and nursing homes.
- Surgeon General Adams then discusses hygiene practices and general health and safety.

(b)(5)

Attendees:

- Administrator Verma
- Anne Schuchat, Principal Deputy Director, CDC
- Alex Azar
- Brett Giroir
- GA Governor Kemp
- Surgeon General Jerome Adams
- Governor Kemp
- Senator David Perdue
- Senator Johnny Isakson
- GA Members of Congress (TBD)
- Commissioner of Insurance and Fire Safety
- Commissioner of Public Health
- Local health systems
- Professor at Emory University
- John Hauptert, FACHE, CEO, Grady Health System

5:15 PM: Round table concludes.

(b)(5)

6:15 PM: ADMINISTARTOR departs CDC.

7:40 PM: ADMINISTARTOR departs ATL en route to DCA.

9:24 PM: ADMINISTARTOR arrives DCA.

KEY POINTS OF CONTACT

CMS DC Staff:

Meredith Good-Cohn:

(b)(6)

CDC Staff –

**Brad -
Scott**

(b)(6)

Regional Staff

Sherard McKie (Driver)

(b)(5)

BACKGROUND

(b)(5)

REGIONAL HOT ISSUES

Immediate Jeopardies

Pinewood Nursing Center, (Whigham, Georgia)
115607 Skilled Nursing Facility

An Immediate Jeopardy was identified on January 29, 2020, at Pinewood Nursing Center, a 142-bed dually certified nursing home, located in Whigham, Georgia. The facility failed to provide Clozaril (an antipsychotic medication) and provide psychiatric services to a resident with known behaviors. The resident attacked twelve other vulnerable residents in the facility. Two residents required treatment in the Emergency Room. One resident sustained a nasal fracture. A second resident sustained lacerations. The Immediate Jeopardy was removed on February 25, 2020.

Atlanta Division of Innovation and Financial Management Group

(b)(5)

CMCS Draft Talking Points for ASV visit to CDC

(b)(5)

Page 20 redacted for the following reason:

(b)(5)

Page 21 redacted for the following reason:

(b)(5)

From:

(b)(6)

NR

NR

Sent:

3/17/2020 3:14:12 AM +0000

To:

"Monroe, Johnathan (CMS/OC)" <Johnathan.Monroe1@cms.hhs.gov>

CC:

"Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>; "Lynch, Calder (CMS/OA)" <Calder.Lynch@cms.hhs.gov>; "Corry, Thomas (CMS/OA)" <Thomas.Corry@cms.hhs.gov>; "Ceballos, Kelly L. (CMS/OC)" <Kelly.Ceballos@cms.hhs.gov>; "Bell, Damian (CMS/OC)" <Damian.Bell@cms.hhs.gov>

Subject:

Re: Re: Florida 1135 Press Release-8:30 am Rollout

Looks great.

Sent from my iPhone

On Mar 16, 2020, at 10:39 PM, Monroe, Johnathan (CMS/OC)
<Johnathan.Monroe1@cms.hhs.gov> wrote:

Ma'am,

As requested, below is the press release for your review. I believe you already saw it but this was what was scheduled to go tonight. Based on EOP guidance, (b)(5)

(b)(5)

(b)(5)

(b)(5)

Best,
Johnathan

(b)(5)

Page 23 redacted for the following reason:

(b)(5)

From: "Seema Verma (CMS/OA)" <Seema.Verma.OA@cms.hhs.gov>
Sent: 3/27/2020 2:41:14 PM +0000
To: CMS - All_Email_Users <All_Email_Users.CMS@ees.hhs.gov>
Subject: We Are OneCMS

We Are OneCMS

The public health emergency we're facing is unprecedented in our Agency's history, and many of you are answering the call of this challenge. We're working to ensure that every team has adequate staffing resources to effectively support our government's COVID-19 response and ensure that beneficiaries continue to receive continuous access to quality care. OPOLE clinicians are pitching in to support CCSQ efforts on outbreak prevention in nursing homes, and CCIIO is standing by to assist.

This week CMS announced new measures to help keep nursing home residents safe from COVID-19, along with waivers and flexibilities for hospitals and other health care facilities:

- [Findings at Kirkland nursing home & targeted plan for health care facility inspections](#)
- [Relief for clinicians, providers, hospitals & facilities participating in quality reporting programs](#)
- [COVID-19 checklists & tools for state Medicaid & CHIP programs](#)
- [Approved 1135 Medicaid waivers for 13 states](#)

I'd like to thank everyone at CMS whose hard work and commitment are helping us confront this public health emergency and deliver for those in our country that need us the most. I've seen you come together with dedication and determination, during long days and hours and remain flexible in a constantly evolving environment.

As we continue to work remotely, find ways to stay connected with your team and managers. Pay attention to guidance from your state and local governments and please take care of yourself and your loved ones.

Helpful Links:

- [Coronavirus FAQs for CMS staff](#)
- [Updated CDC guidance for older adults & at-risk patients](#)
- [CDC COVID-19 website](#)
- [CDC's COVID-19 self-checker](#)

- **FEMA website to dispel myths about COVID-19**

White House Guidance: 15 Days to Stop the Spread

From:

(b)(6)

NR

NR

Sent:

3/5/2020 4:54:29 AM +0000

To:

"Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>

CC:

"Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>; "Marcos, Nicole (CMS/OL)" <Nicole.Marcos@cms.hhs.gov>; "Mack, Rosa (CMS/CMCS)" <Rosa.Mack@cms.hhs.gov>; "Saxon, Bobby (CMS/CCIO)" <Bobby.Saxon@cms.hhs.gov>

Subject:

Re: Re: Updated COVID-19 Daily Report out from components

This is great! But of course I will have all kinds of questions now...:)! We can discuss at next update meeting.

Sent from my iPhone

On Mar 4, 2020, at 9:20 PM, Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov> wrote:

Seema/Brady

In addition to the updates provided earlier today, below is a daily report out from the remainder of the components. Safe travels tomorrow.

CMCS

- Today's Meetings:
 - On March 4, CMCS held an all-SMD call to provide information about the CMS response to COVID-19 and ask states' questions about CMS can support their response. There were 261 participants on the call.
 - CMCS described the disaster toolkit currently available that provides an inventory of Medicaid and CHIP flexibilities and authorities in the event of a disaster. States indicated that the document is helpful.
 - We spent the vast majority of the call listening to states raise questions regarding what flexibilities they have in the current situation without a 1135 waiver. Major themes included:
 - Quarantine including providing services in alternate settings
 - Workforce especially for personal care workers and state workers
 - Extending coverage for beneficiaries who are due for renewals
 - Waiving cost sharing
 - Medicare reimbursement rates
 - Coding
 - Prescriptions – longer supply of prescription drugs

- Cost estimates for legislator and state budgets projecting due to COVID-19

- New Meetings:

- N/A

- Action Items Closed Out:

- Drafted Medicaid/CHIP fact sheet.

- New Action Items:

- Providing answers to states' questions.

(b)(5)

(b)(5)

CCSQ

- Today's Meetings:

- CCSQ FO – Met with FDA to discuss testing protocols
 - CCSQ FO – Met with CDC to discuss patient triage and discharge protocols
 - CCSQ FO – Met with The Joint Commission
 - CCSQ QSOG joined the Administrator at a Press Round Table on Nursing Homes
 - CCSQ QSOG – Met with State Agencies to discuss Protocol for Suspending Routine Surveys and Targeting Immediate Jeopardy and Infection Control Surveys

- New Meetings:

- CCSQ iQIIG – Meeting with QIOs at 2:00 PM
 - 9 AM meeting at CDC where Virus Transmission Tracker is shared.

- Action Items Closed Out:

- Limiting Virus Transmission in Hospitals – guidance released
 - Limiting Virus Transmission in Nursing Homes – guidance released
 - Protocol for Suspending Routine Surveys and Targeting Immediate Jeopardy and Infection Control Surveys

OSSO

- Today's Meetings:

- OSSO – Federal Occupational Health – Conference call on March 3rd to discuss guidance on the use of masks for our Baltimore Health Clinic. The Baltimore Clinic is using the required protocols for providing masks for all respiratory illnesses within the health clinic.

(b)(5)

(b)(5)

- OSSO – Federal Occupational Health – Conference call on March 3rd to discuss FOH’s support for fit testing of respirator masks. FOH has acknowledged they will support us in the Regions. FOH is waiting on CMS to purchase necessary masks and for the names of federal staff and locations that need testing.
- OSSO – Internal Leadership Meeting – Met to discuss reporting, logistics, and top priority items.
- OSSO – CCSQ – Meeting to discuss training, fit testing, medical clearance, availability of masks for surveyors. Discussed that FOH will provide training and fit testing to Federal surveyors. CCSQ will

(b)(5)

(b)(5) CCSQ advised that there are 8,200 state surveyors that support CMS. OSSO advised that FOH does not provide services to non-federal employees. (b)(5)

(b)(5) CCSQ has an immediate need to get masks and fit testing out to two state surveyors that will be surveying on Friday, March 6th. OSSO has a small inventory of N-95 masks and has agreed to

(b)(5)

- Action Items Closed Out:
 - FOH is monitoring and ensuring that the Baltimore Clinic is following all required protocols.
- New Action Items:
 - OSSO to expedite N-95 masks to Seattle on (b)(5)
 - OSSO following-up with FOH (b)(5)
(b)(5)
 - OSSO (b)(5)
(b)(5)
 - CCSQ to send address for shipping of masks to Seattle.
 - CCSQ (b)(5)
(b)(5)

Medicare C/D

- Action Items Closed Out:
 - Medicare C/D – Coverage – Part D Vaccines. Addressed in Medicare Fact Sheet
 - Medicare C/D – Coverage – Identifying opportunities to pay for telehealth or other care. Addressed in the Medicare Fact Sheet
 - Medicare C/D – Coverage – Medicare Advantage cost sharing for lab test. Addressed in Medicare Fact Sheet

- Medicare C/D – Coverage – Guidance for Prior Authorization in MA & Part D. Addressed in Medicare Fact Sheet.

Medicare FFS

- New Meetings:
 - (b)(5) CDC Telemedicine Virtual Meeting

OL

- Today's Meetings:
 - OL held a Hill Courtesy Call with CCSQ for Authorizing Committee (Senate Finance Committee, House Energy and Commerce Committee, and Ways and Means Committee) staff to discuss today's survey and certification announcements. No Follow-up questions at this time.
- Action Items Closed Out:
 - OL sent out a broad Hill notification to all Congressional health staff and held a Hill Courtesy Call with CCSQ for Authorizing Committee staff to discuss today's survey and certification announcements.
 - During the Hill Courtesy call, CCSQ answered questions from the Senate Finance Committee Democratic staff regarding the risk of coronavirus for seniors in nursing homes, thus completing a request from these staff for a call.
 - OL spoke with staff from House Ways and Means Committee Chairman Neal's (D-MA) office regarding the Chairman's letter about nursing home certification to let them know we have received the letter and (b)(5)
(b)(5)
- New Action Items:
 - OL will coordinate with CCSQ (b)(5)
(b)(5)

CCIIO

- Today's Meetings:
 - CCIIO – Molina. General discussion on Open Enrollment experience/issuer participation, but discussed Molina's planned approach to guidance on testing and hospitalization. No follow up necessary.
 - CCIIO – National Association of Insurance Commissioners (NAIC). Discussed questions among commissioners regarding COVID-19 response and questions for CCIIO to address. NAIC noted that they have a webpage that includes a fact sheet and links to state guidance

bulletins or press releases
(https://content.naic.org/naic_coronavirus_info.htm). NAIC's Spring meeting is March 20-23, and they are (b)(5)

(b)(5)

- New Meetings:

- (b)(5) Delaware Secretary of Health – (b)(5)

(b)(5)

- (b)(5) Oscar - (b)(5)

(b)(5)

- (b)(5) Cigna - (b)(5)

(b)(5)

No updates from OEDA.

From: (b)(6) <NR>
(b)(6) <NR>
Sent: 3/5/2020 4:56:13 AM +0000
To: "Moody-Williams, Jean D. (CMS/CCSQ)" <jean.moodywilliams@cms.hhs.gov>
CC: "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>; "Corry, Thomas (CMS/OA)" <Thomas.Corry@cms.hhs.gov>; "Hittle, Matthew (CMS/OA)" <Matthew.Hittle@cms.hhs.gov>; "Zajac, Stephanie (CMS/OC)" <Stephanie.Zajac@cms.hhs.gov>
Subject: Re: Re: COVID-19 – Update #3
Great... (b)(5)
(b)(5)

Sent from my iPhone

On Mar 4, 2020, at 9:48 PM, Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov> wrote:

Seema, the nursing home industry wanted to let you know they heard your request this morning and rose to the occasion as noted below. I thanked them for their support. Jean

From: David Gifford <dgifford@AHCA.org>
Sent: Wednesday, March 4, 2020 8:15 PM
To: Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov>
Cc: Shulman, Evan T. (CMS/CCSQ) <Evan.Shulman@cms.hhs.gov>; Wright, David R. (CMS/CCSQ) <David.Wright@cms.hhs.gov>; Rae Anne Davis <rdavis@ahca.org>; Sara Rudow <srudow@ahca.org>
Subject: FW: COVID-19 – Update #3

Jean,
Administrator Verma and VP Pence emphasized that we needed to promote this widely. Here is the email we have sent out to all members tonight. It will also go out in our daily newsletter update. We have posted on our COVID-19 webpage. We also will be reaching out to members with a history of F880 citation and offering assistance include a copy of CEP you all distributed on infection control.

We also promoted this on our 4 pm media briefing that had 27 different news outlets on there including NYT, WAPI, NBC, NPR, AP, and CNN.

Can you let her know we followed up with her request.

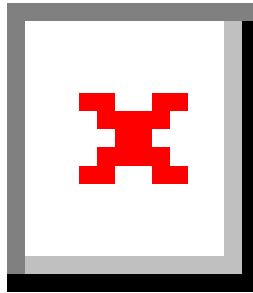
Giff

David Gifford
Dgifford@AHCA.org
401-487-3835

From: AHCA/NCAL <ahcancal@ahca.org>

Sent: Wednesday, March 4, 2020 8:01 PM
To: David Gifford <dgifford@AHCA.org>
Subject: COVID-19 – Update #3

To view this email as a web page, go [here](#).



The Centers for Medicare & Medicaid Services (CMS) issued three new Quality, Safety and Oversight memos today about COVID-19 - two apply to nursing homes and a third to hospitals that are listed below. We strongly encourage you to review.

1. QSO 20-14-Nursing Homes (NH) at <https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf>
2. QSO 20-12-ALL at <https://www.cms.gov/files/document/qso-20-12-allpdf.pdf-1>
3. QSO-20-13-Hospitals at <https://www.cms.gov/files/document/qso-20-13-hospitalspdf.pdf>

The first memo (QSO 20-14-NH) provide NEW and helpful guidance on:

- Screening visitors and who should be restricted;
- Screening employees and contractors and who should be asked to stay at home;
- When patients should be managed in the facility vs sent to the hospital;
- What to do when transferring residents with suspected COVID-19, and;
- What criteria to use in accepting patients from the hospital with COVID-19

The second memo (QSO 20-12-ALL) announces that CMS will re-prioritize surveys to conduct focus surveys about infection control for facilities that have had an infection control deficiency in the past to assure that they are in compliance with the new regulations. Specifically:

- Surveys of facilities/hospitals that have a history of infection control deficiencies at the immediate jeopardy level in the last three years, and;
- Surveys of facilities/hospitals/dialysis centers that have a history of infection control deficiencies at lower levels than immediate jeopardy.

The Agency also provided a copy of the critical elements pathway in QSO-20-12-ALL that will be used by the surveyors to assess compliance with current regulations. We encourage you to review and use these guidelines in your facility as a self-assessment tool.

We encourage all members to review closely the State Operating Manual's guidance for F-880 related to infection control and take steps to assure consistent hand washing (or use alcohol hand gels) and contact precautions for residents with respiratory infections.

The third memo (QSO 20-13-Hospitals) outlines guidance to hospitals on screening visitors, employees and when to admit and discharge residents.

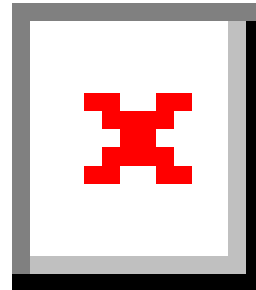
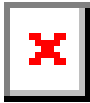
We strongly recommend facilities review these new guidance and also continue to keep up to date with CDC guidance on COVID-19 at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> for health professionals and facilities as they continue to update guidance on testing and management of residents with suspected and COVID+ test results.

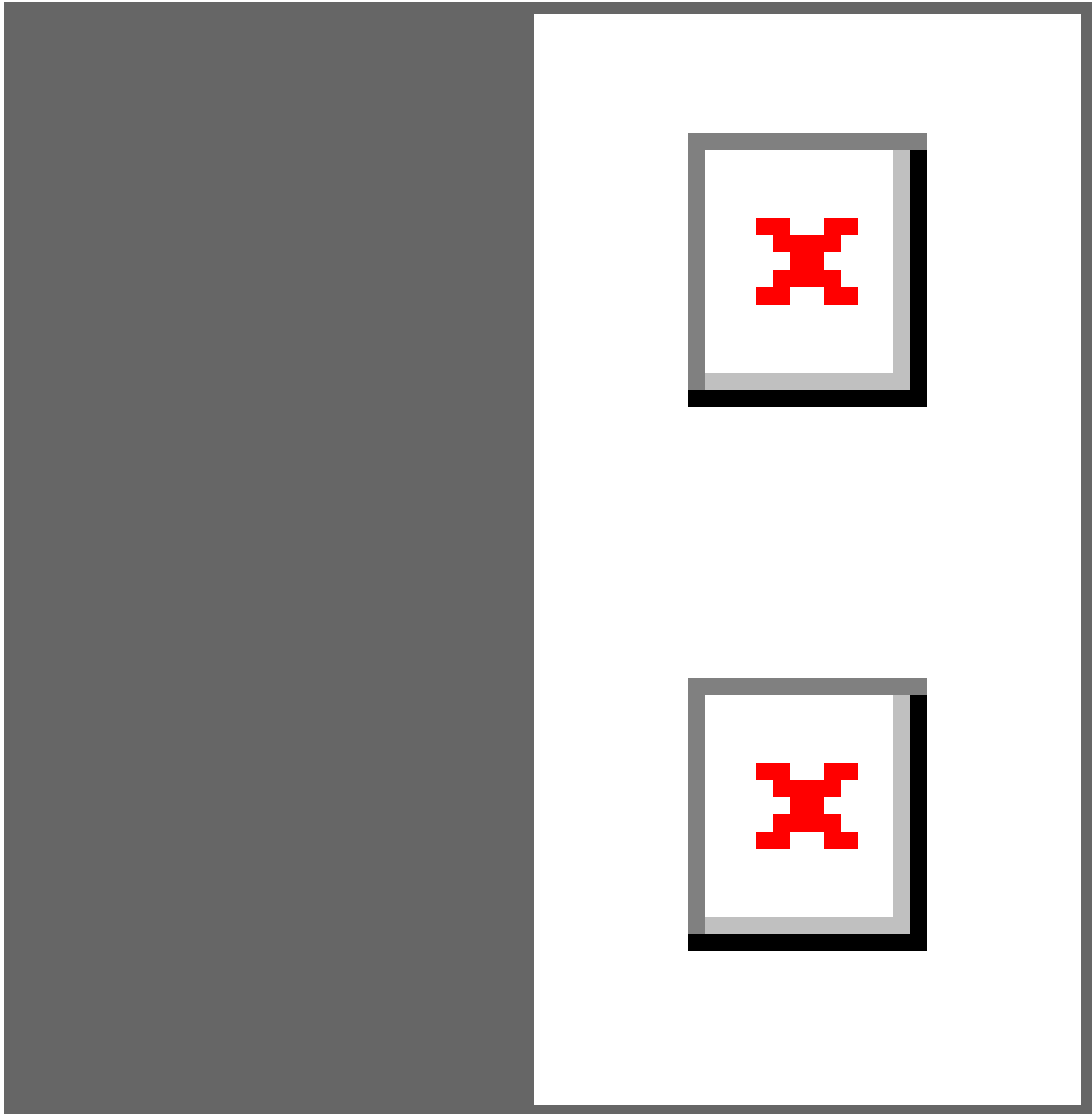
Please email COVID19@ahca.org with any questions.

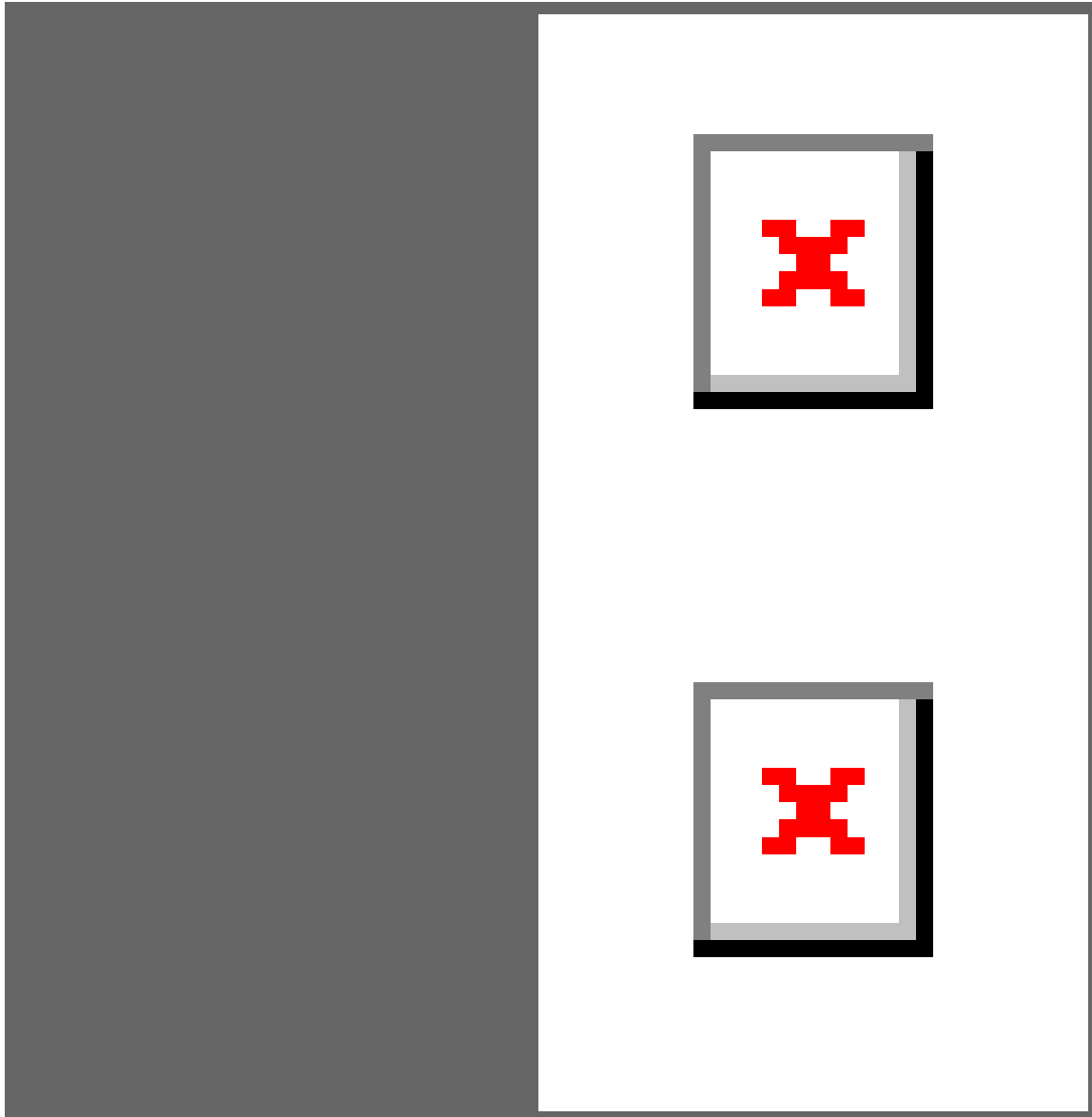
For additional information and resources on the virus, visit <https://protect2.fireeye.com/url?k=bd2c3312-e1781a39-bd2c022d-0cc47a6d17cc-5b8486a0e5367024&u=http://www.ahcancal.org/coronavirus>.

This message contains confidential information and is intended only for AHCA/NCAL membership. Dissemination, distribution or copying the contents of this email beyond this group is strictly prohibited

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This email was sent to: dgifford@ahca.org

This email was sent by: American Health Care Association
1201 L St. NW Washington, DC 20005 United States

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[Update Profile](#)

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This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd.**

From: (b)(6) NR
NR
Sent: 3/9/2020 1:02:09 AM +0000
To: (b)(6) @nsc.eop.gov; "Fauci, Anthony (NIH/NIAID) [E]" <afauci@niaid.nih.gov>
Subject: Fwd: Fwd: Revised Nursing Home Guidance
Attachments: QSO20-14. COVID-19 Nursing Homes - REVISED.DOCX; ATT00001.htm
Would you mind reviewing our updated guidance to nursing homes? This is upgrading the policies around visiting etc. Would like to send this out (b)(5)

Thanks.

Sent from my iPhone

Begin forwarded message:

From: "Shulman, Evan T. (CMS/CCSQ)" <Evan.Shulman@cms.hhs.gov>
Date: March 8, 2020 at 8:52:14 PM EDT
To: (b)(6)
Cc: "Hittle, Matthew (CMS/OA)" <Matthew.Hittle@cms.hhs.gov>, "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>, "Moody-Williams, Jean D. (CMS/CCSQ)" <jean.moodywilliams@cms.hhs.gov>, "Wright, David R. (CMS/CCSQ)" <David.Wright@cms.hhs.gov>
Subject: Revised Nursing Home Guidance

Seema,

Attached is the Nursing Home memo with revised guidance (changes are in red/italics). This includes suggestions from Shari and Patti Meier, but they are still reviewing the full document. We sent this to the CDC this afternoon and I just received their feedback (while on this call). I skimmed through their feedback and while they recommended some changes, they did not suggest any (b)(5)

Summary of revisions:

(b)(5)

We've also been in contact with the industry, and believe
Happy to answer any questions.

(b)(5)

Thanks,
Evan

Evan Shulman
Director, Division of Nursing Homes
Quality Safety and Oversight Group
Center for Clinical Standards and Quality
Centers for Medicare and Medicaid Services

From: (b)(6) NR
NR
Sent: 3/9/2020 11:58:35 AM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
CC: "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>; "Couch, Marion (CMS/OA)" <Marion.Couch@cms.hhs.gov>; "Czekai, Alina (CMS/CMMI)" <Alina.Czekai@cms.hhs.gov>; "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>
Subject: Re: Re: Checking in
I hope I can give the topper.

Sent from my iPhone

On Mar 9, 2020, at 7:09 AM, Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov> wrote:

This is a touch base to provide the CEOs and opportunity to share what they are seeing and what they may need from us. It is today at 3PM and AHA has invited their hospital members' CEOs. Alina plans to take detailed notes and send to the group right after the call. Marion is involved and I believe (b)(5)

From: (b)(6)
Sent: Monday, March 9, 2020 12:38 AM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Couch, Marion (CMS/OA) <Marion.Couch@cms.hhs.gov>
Subject: Fwd: Checking in

Heard about this call. What are we planning to say? Need agenda and talking points. I probably won't be able to attend, but would like to discuss this.

Sent from my iPhone

Begin forwarded message:

From: "Pollack, Rick" <rpollack@aha.org>
Date: March 8, 2020 at 2:31:32 PM EDT
To: "Seema Verma" (b)(6)
Cc: "Weger, Kristina" <kweger@aha.org>, "Foster, Nancy" <nfoster@aha.org>, "Nickels, Thomas" <tnickels@aha.org>, "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>
Subject: Checking in

Received a report from John Hauptert on discussions on Friday. Was in Boston headed for Atlanta...about to Board plane when I got word that meeting was cancelled. Went back to DC only to find it was on again but couldn't physically get back to Atlanta. So, we "deputized" John (Grady CEO) who is on our Board's executive committee.

He conveyed messages regarding infection control (which as we talked is always top of mind for our folks), making sure our members know about the *waivers available to hospitals under a public health disaster proclamation, and telehealth flexibility notwithstanding the additional changes in the emergency bill and those that I mentioned in that letter I sent over last week along with other recommendations.

Understand we have group assembled for phone call on Monday afternoon. I think that will be beneficial and appreciate your doing that.

Also, just so you know, last week we broadcast via satellite to four of our regional policy boards comprising hundreds of CEOs (part of our policy process) on the situation with Dr. Srinivasan from CDC phoning in to take questions. The broadcast originated from National Press Club building. Doing another one this Thursday morning with four more regions. One of those regions are the West Coast which obviously include Washington State, California and Oregon. The state hospital association CEOs also participate in these sessions. Not sure where our team stands in terms of any CDC presence but hoping we can have administration participation to keep lines of communication open. ***We'd certainly welcome your participation and I can have my team follow up with your staff on details. By the way, this is not a webcast...it is by satellite and completely interactive. However, if you prefer to work out questions in advance that I would ask we can make that work.***

Just to keep you up-to-date on what we are hearing from the field. Right now the biggest concerns are: access to tests; concern about supply chain holding up for PPE; and inconsistent direction--or lack thereof--from CDC and state health departments, particularly regarding movement from mitigation containment. In this regard, it will be important to have the additional guidance from CDC covering things like:

- Who can likely care for themselves at home and who should be hospitalized;
- Continuing updates on what personal protective equipment is needed, how to conserve it, substitute other products if appropriate, and clean and reuse of possible;
- Guidance for safe guarding the most vulnerable residential housing communities, nursing homes, and other living facilities.
- Guidance for safe care of children so parents can come to work if schools/day cares close.
- Guidance on alternate care sites.
- Guidance on crisis standards of care.

Finally, we have just heard from hospitals in Washington State and Northern California

about the need for waivers of the 3 day SNF rule for Medicare fee-for-service and prior authorization requirements for Medicare Advantage plans so that we can clear beds to be able to hospitalize coronavirus patients. In addition, we are awaiting details regarding ASPR's national disaster medical systems reimbursement program to fund hospital costs of caring for both patients who have COVID-19 but no insurance coverage and those who are under investigation for COVID-19 and need to be kept isolated to reduce the chance of community-wide spread of the disease.

I recognize that some of these items are not specifically under CMS...but sharing as you are a key member of the White House Task Force.

Separate issue: you may have seen media reports concerning "AHA estimates" relative to the situation in terms of people expected to get the disease and potential fatalities. Just to clarify that these are not AHA estimates. They were shared during one of preparedness webinars we have been having with our members by Dr. James Lawler from the University of Nebraska (<https://protect2.fireeye.com/url?k=d73d5824-8b69710f-d73d691b-0cc47a6d17cc-ead1edff822532d4&u=https://www.unmc.edu/intmed/divisions/id/faculty/lawler.htm>) who participated in the webinar. While the webinar was for our members only, some of the information was apparently picked up by the media. Here is what we have been sharing with the media in response: **"The AHA regularly hosts webinars and conference calls that include a variety of voices and opinions that seek to provide relevant information to professionals at hospitals and health systems that are on the front lines of preparing for and protecting their patients and communities. The slides referenced reflect the various perspectives of field experts and should not be attributed to the AHA."**

Let me know if you have any questions or advice on any of these matters.

Our point person in terms of content is Nancy Foster, vice president for quality and patient safety.

Kristin Wegner is about executive director of liaison with federal agencies.

Both of them, along with Tom Nickels, is copied on this message.

Let's stay in touch.

RICK POLLACK

President & Chief Executive Officer
American Hospital Association
800 10th Street NW – Suite 400
Two CityCenter
Washington, D.C. 20001-4956
(202) 626-4625 – Telephone
(202) 253-4068 – Fax
rpollack@aha.org

From: (b)(6) NR
NR
Sent: 3/19/2020 9:55:53 PM +0000
To: "Corry, Thomas (CMS/OA)" <Thomas.Corry@cms.hhs.gov>
CC: "Sokol, Lisa Y. (CMS/OC)" <Lisa.Sokol@cms.hhs.gov>
Subject: Re: Re: Two Inside Health Policy articles: ACOs, Providers: Mitigate COVID-19's Impact On Value-Based Pay AND CMS: Catastrophic Plans Can Cover COVID-19 Services Pre-Deductible

Let's not do this. Sorry for any miscommunication

Sent from my iPhone

On Mar 19, 2020, at 5:54 PM, Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov> wrote:

Last week you asked us to add the Surgeon General and Dr. Fauci to our news clips. (b)(5)

(b)(5)

Thomas Corry

Director of Communications

Office of Communications – Office of the Administrator

Centers for Medicare & Medicaid Services | 200 Independence Ave. SW, **303D.02** Washington, DC 20201

☎ (b)(6) cell) | ✉: Thomas.Corry@cms.hhs.gov

Confidential and deliberative, pre-decisional communication

From: (b)(6)
Sent: Thursday, March 19, 2020 5:51 PM
To: Sokol, Lisa Y. (CMS/OC) <Lisa.Sokol@cms.hhs.gov>; Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov>
Subject: Re: Two Inside Health Policy articles: ACOs, Providers: Mitigate COVID-19's Impact On Value-Based Pay AND CMS: Catastrophic Plans Can Cover COVID-19 Services Pre-Deductible

Why are we emailing this to people outside the agency?

Sent from my iPhone

On Mar 19, 2020, at 3:54 PM, Sokol, Lisa Y. (CMS/OC) <Lisa.Sokol@cms.hhs.gov> wrote:

ACOs, Providers: Mitigate COVID-19's Impact On Value-Based Pay

By [Michelle M. Stein](#) / March 19, 2020 at 2:45 PM

Stakeholders are urging CMS and lawmakers to make sure the COVID-19 pandemic doesn't derail providers in value-based pay arrangements, including in accountable care organizations, with some warning of potential mass exits from such arrangements due spending spikes driven by coronavirus care and treatment.

"Some ACOs have spent years investing in the infrastructure and cultural changes needed to succeed in value-based care models. Just as we're starting to see serious, positive results, a catastrophic pandemic like this could wipe out years' worth of shared savings and threaten our decade-long movement to accountable care models," said Clif Gaus, president and CEO of the National Association of ACOs. "We hope policymakers see the big picture and work to give assurance to ACOs during a once-in-a-lifetime pandemic."

CMS says ACO providers are part of the Medicare fee-for-service program and COVID-19 flexibilities apply to those providers. The agency says it is monitoring the evolving situation and expects ACOs to make the right decisions for their groups, providers and beneficiaries based on each ACO's circumstance.

"While providers are actively working to confront head on the threat of the coronavirus, they are also concerned that that they will be face serious financial consequences under these programs as a result of factors not under their direct control," America's Physician Groups and Premier say in a March 16 letter to CMS Administrator Seema Verma and HHS Secretary Alex Azar.

The groups seek financial and quality mitigation strategies for all quality programs and value-based care arrangements, saying the extreme and uncontrollable circumstance policies that are part of some programs aren't consistent and don't adequately provide needed protections to mitigate the impact of the coronavirus.

"The health care system will need to ramp up capabilities to care for a large population of older Americans that will experience longer acute length of stay, more intense acute care utilization, higher skilled nursing facility utilization, increased discharges to long-term care hospitals, and an increase in ED admissions and readmissions. These changes will have significant impacts on overall healthcare costs and quality," APG and Premier say.

They ask that, for value-based arrangements, CMS convert all risk-sharing programs into no-risk models for providers and suspend quality reporting in 2020 for alternative pay models, ACOs and the Merit-based Incentive Payment System.

"The anticipated impacts of coronavirus directly relate to quality measures in value-based arrangements (e.g. readmissions, length of stay measures). Additionally, quality rates related to chronic conditions and prevention may be impacted as healthier beneficiaries may be avoiding seeking health care," the groups say.

"We also ask that CMS implement a one-year agreement extension for all MSSP, including Track 1 Plus, and Next Generation ACO participants whose agreements are expiring this performance period. We encourage

CMS to explore how to mitigate the impact of coronavirus on benchmarks and target prices in future years,” the groups say.

The National Association of ACOs has also been in contact with the administration, and in a March 16 note to Verma asks that the agency modify the ACO extreme and uncontrollable circumstances policy to exclude spending for patients with COVID-19 from 2020 calculations, hold harmless ACOs in shared risk models like the Medicare Shared Savings Program and Next Generation ACOs, provide flexibility with upcoming program deadlines on quality reporting and MSSP and Direct Contracting applications and commit to a 2022 application cycle for the Direct Contracting model.

“These steps are necessary to prevent a mass exodus of ACOs from the current program,” NAACOS Clif Gaus said in the Monday note.

NAACOS, the American College of Physicians, American Academy of Family Physicians, American Hospital Association, American Medical Group Association, America’s Essential Hospitals, Association of American Medical Colleges, Federation of American Hospitals, Health Care Transformation Task Force and Medical Group Management Association sent a letter to Verma on March 18 asking for help, as well.

“In the immediate term, APM participants will be faced with difficult decisions about whether they can continue to afford to provide advanced preventative care, care coordination, and behavioral services, hallmarks of these models. Clinicians should be using every tool at their disposal to fight this epidemic; they should not fear having it count against them later. They need assurance from the administration that this will not be the case,” the letter says.

The letter says that any resources providers spend to mitigate the pandemic will cost them twice -- once when spent and again when spending is evaluated in the context of their value-based performance. The groups also mention the inadequacy of the extreme and uncontrollable circumstances protections.

“The Medicare Shared Savings Program (MSSP) for instance only mitigates shared losses and adjusts quality assessments; it does not adjust benchmarks or performance year expenditures, which will impact the program for many subsequent years,” the letter says.

The letter also asks for clinicians to be held harmless for performance-related and quality assessment penalties in 2020, and, requests extended timelines or additional application opportunities for Direct Contracting, Primary Care First and other models.

The groups ask for MIPS flexibilities, as well as up front funding and reinsurance options for alternative pay models.

The groups also reached out to House and Senate lawmakers, asking them to “preclude the financial impact or shared loss repayment for all ACOs and other value based program participants based on costs accrued related to COVID-19 care and during this public health crisis,” in a separate letter. -- Michelle M. Stein (mstein@iwppnews.com)

CMS: Catastrophic Plans Can Cover COVID-19 Services Pre-Deductible

By [Amy Lotven](#) / March 19, 2020 at 12:56 PM

The ACA's catastrophic health plans can cover services related to diagnosis and treatment of COVID 19 prior to a beneficiary hitting the deductible without risk of enforcement action, CMS says in new guidance out Wednesday. The memo aligns with [the IRS guidance on high-deductible health plans](#) issued last week, which affirmed that HDHPs can cover COVID-related services pre-deductible and still qualify for a health savings account, the agency points out in a separate memo targeted to Medicaid providers.

The new frequency asked questions memo clarifies that catastrophic plans do include coverage for the diagnosis and treatment of COVID-19, since they must cover all 10 essential health benefits, although cost-sharing may vary, and some plans may require prior authorization.

But catastrophic plans cannot cover EHBs until the deductible is met except for preventive services and three primary care visits a year.

Issuers had asked CMS whether, in light of the public health emergency posed by COVID, they could cover testing and treatment pre-deductible. The agency confirmed in the FAQ that, while issuers are generally not allowed to change their coverage mid-year, CMS would not take any enforcement action against a plan that opts to do so.

However, the agency says in a footnote that the enforcement relief does not extend to issuers that reduce other benefits in order to offset the increased generosity for COVID-related services.

CMS also encourages states to take the same non-enforcement approach with their carriers.

Catastrophic plans, which have a \$8,150 deductible for 2020, are available to exchange enrollees under 30 years of age, or to consumers who qualify for one of 14 hardship exemptions. Enrollees in the plans are not eligible for tax credits or for a health savings account.

Only a small percent of exchange enrollees purchases catastrophic plans. In 2019, the plans made up just 92,460 out of more than 11.4 million plan selections, according to CMS data. -- Amy Lotven (alotven@iwpnews.com)

From:

(b)(6)

NR

NR

Sent:

3/22/2020 5:49:51 PM +0000

To:

"Aramanda, Alec (CMS/OL)" <Alec.Aramanda1@cms.hhs.gov>

CC:

"Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>; "Brandt, Kimberly (CMS/OA)" <kimberly.brandt1@cms.hhs.gov>; "Kouzoukas, Demetrios (CMS/OA)" <demetrios.kouzoukas@cms.hhs.gov>; "Lynch, Calder (CMS/OA)" <calder.lynch@cms.hhs.gov>; "Pate, Randy (CMS/CCIIO)" <randy.pate@cms.hhs.gov>; "Nelson, Peter (CMS/OA)" <peter.nelson@cms.hhs.gov>; "Bhat, Nisha (CMS/OA)" <Nisha.Bhat@cms.hhs.gov>; "Hittle, Matthew (CMS/OA)" <matthew.hittle@cms.hhs.gov>; "Moody-Williams, Jean D. (CMS/CCSQ)" <jean.moodywilliams@cms.hhs.gov>; "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>; "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>; "Main, Jennifer E. (CMS/OA)" <Jennifer.Main@cms.hhs.gov>; "Boulanger, Jennifer L. (CMS/OL)" <Jennifer.Boulanger@cms.hhs.gov>; "Druckman, Jennifer (CMS/OL)" <Jennifer.Druckman@cms.hhs.gov>; "Newlin, Manda (CMS/OL)" <Manda.Newlin@cms.hhs.gov>; "Dawson, Andrew (CMS/OL)" <Andrew.Dawson@cms.hhs.gov>; "Stahlman, Mary Ellen (CMS/OL)" <maryellen.stahlman@cms.hhs.gov>; "Harris, William (CMS/OL)" <William.Harris@cms.hhs.gov>; "Hartinger, Alicia J. (CMS/OL)" <alicia.hartinger@cms.hhs.gov>

Subject:

RE: RE: DRAFT Outline of Senate Package

So most of the provisions we have done already, can someone go in and indicate which ones we are already doing and which ones are new?

The only leg language I have seen is from CCSQ, how is the rest of the team doing?

From: Aramanda, Alec (CMS/OL) <Alec.Aramanda1@cms.hhs.gov>**Sent:** Sunday, March 22, 2020 1:40 PM**To:** (b)(6)

Cc: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Brandt, Kimberly (CMS/OA) <Kimberly.Brandt1@cms.hhs.gov>; Kouzoukas, Demetrios (CMS/OA) <Demetrios.Kouzoukas@cms.hhs.gov>; Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>; Pate, Randy (CMS/CCIIO) <Randy.Pate@cms.hhs.gov>; Nelson, Peter (CMS/OA) <Peter.Nelson@cms.hhs.gov>; Bhat, Nisha (CMS/OA) <Nisha.Bhat@cms.hhs.gov>; Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>; Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov>; Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Main, Jennifer E. (CMS/OA) <Jennifer.Main@cms.hhs.gov>; Boulanger, Jennifer L. (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Druckman, Jennifer (CMS/OL) <Jennifer.Druckman@cms.hhs.gov>; Newlin, Manda (CMS/OL) <Manda.Newlin@cms.hhs.gov>; Dawson, Andrew (CMS/OL) <Andrew.Dawson@cms.hhs.gov>; Stahlman, Mary Ellen (CMS/OL) <MaryEllen.Stahlman@cms.hhs.gov>; Harris, William (CMS/OL) <William.Harris@cms.hhs.gov>; Hartinger, Alicia J. (CMS/OL)

<alicia.hartinger@cms.hhs.gov>

Subject: RE: DRAFT Outline of Senate Package

Hi everyone, we have the Senate bill text now and have a 2:30 pm deadline for comments. Notably, see the section below dealing with (b)(5) One question from the Administrator is regarding (b)(5) (b)(5) (b)(5) If not, now is our opportunity to comment and ask for a modification if necessary.

Thanks,

Alec

(b)(5)

From: Aramanda, Alec (CMS/OL)

Sent: Sunday, March 22, 2020 12:58 PM

To: (b)(6)

Cc: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Brandt, Kimberly (CMS/OA) <Kimberly.Brandt1@cms.hhs.gov>; Kouzoukas, Demetrios (CMS/OA) <Demetrios.Kouzoukas@cms.hhs.gov>; Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>; Pate, Randy (CMS/CCIO) <Randy.Pate@cms.hhs.gov>; Nelson, Peter (CMS/OA) <Peter.Nelson@cms.hhs.gov>; Bhat, Nisha (CMS/OA) <Nisha.Bhat@cms.hhs.gov>; Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>;

Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov>; Blackford, Carol W. (CMS/CM) (Carol.Blackford@cms.hhs.gov) <Carol.Blackford@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Main, Jennifer E. (CMS/OA) <Jennifer.Main@cms.hhs.gov>; Boulanger, Jennifer L. (CMS)/OL <Jennifer.Boulanger@cms.hhs.gov>; Druckman, Jennifer (CMS/OL) <Jennifer.Druckman@cms.hhs.gov>; Newlin, Manda (CMS/OL) <Manda.Newlin@cms.hhs.gov>; Dawson, Andrew (CMS/OL) <Andrew.Dawson@cms.hhs.gov>; Stahlman, Mary Ellen (CMS/OL) <MaryEllen.Stahlman@cms.hhs.gov>; Harris, William (CMS/OL) <William.Harris@cms.hhs.gov>; Hartinger, Alicia J. (CMS/OL) <alicia.hartinger@cms.hhs.gov>

Subject: DRAFT Outline of Senate Package

Seema,

Last night you asked for the list of what the Hill is considering in this latest round of COVID legislation. Below is what OL has been working on intensively since the second bill passed last week. **This list may not represent what is included in the final bill** since many provisions are still up in the air and others will likely be included later since the negotiation is still underway. An example of that is surprise billing which we were informed last night around midnight that it may be included though we've since heard it's unlikely now. All of which is to say it's a very fluid process. (b)(5)

(b)(5) Once we see the agreed upon bill, (b)(5)
(b)(5) - in more detail than below.

Thanks,

Alec

Provisions being considered for the emergency period:

(b)(5)

Page 8 redacted for the following reason:

(b)(5)

Page 9 redacted for the following reason:

(b)(5)

Page 10 redacted for the following reason:

(b)(5)

From:

(b)(6)

NR

NR

Sent:

4/1/2020 2:16:50 PM +0000

To:

"Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>

Subject:

Fwd: Fwd: implementation of the Public Health and Social Services Emergency Fund (PHSSEF)

Attachments:

image001.gif; ATT00001.htm; image002.gif; ATT00002.htm; image005.jpg; ATT00003.htm; CARES Act and PHSSEF Letter to Secretary Azar.033020.pdf; ATT00004.htm

Can u print

Sent from my iPhone

Begin forwarded message:

From: Chip Kahn <CKahn@FAH.org>**Date:** March 30, 2020 at 9:34:55 PM EDT**To:** "Seema Verma - CMS"

(b)(6)

Subject: implementation of the Public Health and Social Services Emergency Fund (PHSSEF)

Seema, attached is the Federation's letter to the HHS Secretary Alex Azar outlining our guidance on the implementation of the Public Health and Social Services Emergency Fund (PHSSEF). Hopefully, you will find our view on the operationalization of the fund useful and I am happy to discuss further. Frankly, the fund is the most important piece of the critical path to put Americans hospitals back on their feet again so that they can meet the challenge of COVID-19 and provide the future care our patients expect. Happy to discuss our perspective on the new fund and help in any way we can with your weighty tasks. All the best, Chip

Charles N. Kahn III

President and CEO

Federation of American Hospitals

750 9th Street, NW Suite 600

Washington, DC 20001

202-624-1534

<https://protect2.fireeye.com/url?k=16d70763-4a820eb3-16d7365c-0cc47a6a52de-103f3b9e05bf6e48&u=http://www.fah.org/>

From:

(b)(6)

NR

NR

Sent:

4/9/2020 2:52:05 PM +0000

To:

"Zajac, Stephanie (CMS/OC)" <stephanie.zajac@cms.hhs.gov>

Subject:

FW: FW: InsideHealthPolicy.com 04-08-2020

Attachments:

04-08-2020 InsideHealthPolicy.docx

[Retweet below on blues.](#) [Great news](#)

From: Sokol, Lisa Y. (CMS/OC)**Sent:** Thursday, April 9, 2020 9:03 AM**To:** Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>;

(b)(6)

Cc: Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC)

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Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Howard-Hymes, Adonis L. (CMS/OA)

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Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>; Perez-Rivera, Diana (CMS/OA)

<Diana.Perez-Rivera@cms.hhs.gov>

Subject: InsideHealthPolicy.com 04-08-2020

United, Blue Cross Of California Provide Advance Pay To Help Providers

By [Amy Lotven](#) / April 8, 2020 at 8:01 PM

UnitedHealth Group will inject \$2 billion of liquidity into providers' accounts through accelerated payments and other financial support to ease the pressure from the COVID-19 crisis, the insurer said. Blue Cross Blue Shield of California also said it will support its provider community with a \$200 million investment.

United's plan to accelerate payments for medical and behavioral care providers will apply to fully insured commercial, Medicaid Advantage and Medicaid. The group is also offering up to \$125 million in small business loans to clinical operators partnered with OptumHealth.

"I applaud UnitedHealthcare's actions to improve the liquidity of the health system during these very difficult times for care providers, particularly those dealing with the significant economic consequences caused by this pandemic," Sam Hazen, CEO of HCA Healthcare, said. "Many health

systems are having to make very difficult decisions due to the cost of preparing and responding to COVID-19 plus the reduction or elimination of elective procedures, so steps like this will meaningfully mitigate the need to make some of these decisions.”

Also, Blue Cross Blue Shield of California is working with financial partnerships to provide up to \$200 million to directly support providers through financial guarantees, advanced payments and contact restructuring to help health care professionals address the pandemic.

The insurer intends to offer favorable repayment terms to help providers get through the next six months, and details will be confirmed this week and communicated once they are finalized, Blue Shield said.

The company has also been piloting a new billing solution that allows providers to get the patient's portion of a claim once it's been adjudicated. The pilot was launched in Sacramento last fall and Blue Shield said it will accelerate its plan to move the program into other in-network facilities throughout the state.

“We are arranging hundreds of millions of dollars of support to clinicians and hospitals that are heroically serving Californians on the front lines of this fight,” Paul Markovich, president and CEO of Blue Shield of California, said in announcing the plan Monday (April 6). “We are providing financial solutions, reducing administrative barriers and offering new digital tools to help them face this unprecedented challenge.”

Blue Shield and United, like dozens of other plans, have already taken several steps to provide administrative relief to providers over the past few weeks

Last week, the American Hospital Association wrote to major insurers asking for financial support through accelerated payments and administrative relief. America's Health Insurance Plans CEO Matt Eyles on Monday told AHA that many plans also face financial challenges, but he noted that plans have offered several forms of assistance, by extending telehealth services, agreeing to cover some COVID-related expenses and removing barriers such as prior authorization. He implored hospitals to join insurers in pushing for policies to stabilize the insurance market. -- Amy Lotven (alotven@iwpress.com)

Hospitals, HHS At Odds On \$100B Fund As Dems Say More Is Coming

By [Chelsea Cirruzzo](#) / April 8, 2020 at 6:43 PM

Hospitals and HHS are at odds on how to spend a \$100 billion fund authorized for health care providers by the third coronavirus stimulus package, coming as House Democrats push for another \$100 billion for hospitals and other health systems in a fourth stimulus package.

The \$100 billion fund was authorized in the third coronavirus stimulus package last month. Hospitals have continuously called on HHS to hand the funds over directly to providers. Meanwhile, House Speaker Nancy Pelosi (D-CA) and Senate Minority Leader Chuck Schumer (D-NY) said Wednesday (April 8) that Democrats will prioritize getting an additional \$100 billion for hospitals, community health centers and health systems. According to the lawmakers, that money would go towards resources, including COVID-19 tests and personal protective equipment.

CMS Administrator Seema Verma on Tuesday (April 7) said \$30 billion of the CARES Act funding will be distributed this week and divvied up to providers based on their Medicare revenue. She also said an additional batch of funding [will be allocated towards those whose payments don't usually come from Medicare, like, children's hospitals and some nursing homes](#).

Meanwhile, HHS Secretary Alex Azar earlier this month said the administration plans to use a

portion of the funding to reimburse providers who treat the uninsured with COVID-19. That announcement [came just after the White House declined to open a special enrollment period for the federal exchanges](#).

Hospitals have been less than pleased with how the administration is handling the funding, with one group calling on the administration to prioritize getting uninsured people into coverage and to dispense the money directly to hospitals. Some health policy analysts say the funding lacked clear guidance from the start.

America's Essential Hospitals said Tuesday that the allocation method outlined by Verma tilts funding away from hospitals that cover uninsured and Medicaid patients. Last week, the American Hospital Association criticized Azar's plan to use part of the fund for the uninsured, instead calling on HHS to open a special enrollment period for the federal exchanges or encourage states to expand Medicaid.

"Hospitals and health systems also support the proposals from members of Congress for a new, separate fund to specifically address the costs associated with treatment of the uninsured," AHA President and CEO Rick Pollack said, but added that hospitals have lost a steady stream of revenue due to cancelled elective surgeries and were in need of relief funding immediately.

Last month, the hospital lobby outlined its plans on how the fund should be used, with most groups [agreeing that much of the funding should go directly to providers](#).

The Kaiser Family Foundation on Tuesday estimated that, under Azar's plan, up to 40% of the \$100 billion would go towards paying for the treatment of the uninsured. The estimate was calculated with the assumption that 20% to 60% of people in the United States will ultimately become infected with the disease with 15% requiring hospitalization. Of those, Kaiser estimates between 2% to 7% of those people would be uninsured. Paying hospitals for uninsured patients would eat up \$13.9 billion to \$41.8 billion of the fund, researchers Larry Levitt, Karyn Schwartz and Eric Lopez said.

The researchers added that a larger share of the fund might go towards states with higher uninsured rates, which is likely to be states that did not expand Medicaid.

"This would leave less funding for hospitals in states with lower uninsured rates that did expand Medicaid and, in some cases, also instituted new open enrollment periods in state-based exchanges," they said.

Schwartz told *Inside Health Policy* that Azar is trying to guarantee that hospitals will get paid no matter how many uninsured patients come in but noted that the fund is finite, a concern echoed Wednesday by the American Medical Group Association, which called for funding to be dispensed immediately.

On April 3, Moody's Investors Service released a note calling the \$100 billion fund insufficient to cover all the lost revenue hospitals are facing from postponed elective procedures and additional surge expenses, although it will provide some relief.

"Based on data from the Centers for Medicare and Medicaid Services (CMS), \$100 billion is the approximate national spend on hospital services per month," the group said.

Schwartz said policymakers should focus on policies that would make it easier for people to get coverage, meaning less of that fund would need to go toward paying for the uninsured.

She also said the lack of guidance for HHS in the bill text leaves unanswered questions, like whether hospitals would be paid for treating an uninsured patient who comes into a hospital exhibiting symptoms and tests negative for COVID-19 or whether uninsured patients would face any

costs from individual providers they see during a hospital visit.

“Typically, when you come into the hospital, you get separate bills from separate physicians,” she said. “It’s possible that uninsured patients will still pay out-of-pocket costs for hospitalization.”

Azar said last week that consumers would be getting first-dollar coverage and providers would be made whole for providing treatments.

Tara Straw, a senior policy analyst with the left-leaning group Center on Budget and Policy Priorities, also said that Congress and HHS should be focused on getting people covered, similarly noting that it’s unclear how much of the COVID-19 response fund could end paying for other illnesses, such as pneumonia, for the uninsured.

“We don’t want people to go into a hospital and not test positive for coronavirus and then not be paid for,” she said.

Instead, she said states should focus on enrolling people into appropriate avenues of coverage, whether it’s Medicaid or the exchanges. “I think the hospitals are saying that too,” she said, pointing to AHA’s statement.

The first coronavirus stimulus package allowed states to provide coverage for COVID-19 testing for uninsured patients under their Medicaid program, although states would have to request this option via a waiver from CMS. According to a CMS spokesperson, only Arizona has been approved to implement this new option in its Medicaid program, but the agency is reviewing additional state requests.

Joseph Antos, a scholar in health care and retirement policy at the American Enterprise Institute, said he still anticipates much of the funding will go towards hospitals.

“There’s some marginal concern that a sizable portion of the \$100 billion would end up not going to the hospitals,” he said. “That’s probably not correct.”

He called AHA’s concerns an allocation issue coming from a lack of guidance in how the money would be used. “They’re quibbling over what is a really small amount of money that is going to be spent,” he said.

However, he did call on HHS to quickly issue further guidance on how the money is being allocated, noting that the language in the law was vague on how the money should be handled, failing to acknowledge the cost of uninsured people.

When asked whether guidance would be issued on how the money will be allocated, an HHS spokesperson pointed to Azar’s statement from last week on using the fund to pay for treating the uninsured.

On top of vague congressional guidance, Antos notes that the Trump administration has refused to open a special enrollment period on the federal exchanges to mitigate the number of uninsured.

“I think that is genuinely a failure,” he said. Antos said he anticipates the fourth stimulus package will include more funding for hospitals but said Congress would need to issue more concrete guidance on how that funding should be allocated. -- *Chelsea Cirruzzo* (ccirruzzo@iwpnews.com)

Court Pauses Two Suits Challenging Medicaid Work Requirement Waivers

By [James Romoser](#) / April 8, 2020 at 6:12 PM

Two lawsuits challenging Medicaid work requirements and other coverage restrictions in Indiana and Michigan are on hold during the coronavirus emergency.

The federal judge overseeing the cases agreed to pause them at the request of Medicaid officials in both states who said they want to focus all of their attention on the pandemic. Advocates for beneficiaries who brought the lawsuits -- as well as CMS, the main defendant in both cases -- consented to the litigation being put on hold.

In the Michigan case, U.S. District Judge James Boasberg [issued a partial ruling last month that struck down](#) the state's plan to impose work requirements as a condition of Medicaid coverage. That ruling did not address two other provisions of Michigan's 1115 waiver that beneficiaries are also challenging as illegal: heightened premiums and a "healthy behavior" policy that requires beneficiaries to complete activities like health risk assessments.

Those two provisions are scheduled to take effect Oct. 1. But Michigan said in court papers that they are likely to be delayed beyond that date because of the Families First Coronavirus Response Act, which provides enhanced federal Medicaid funding to states during the pandemic as long as they do not kick anyone off Medicaid or impose new restrictions on beneficiaries. The two challenged provisions likely would count as new restrictions.

In the Indiana case, beneficiaries are challenging 1115 waiver provisions that authorize work requirements, premiums, the elimination of non-emergency medical transportation, the elimination of retroactive coverage, and six-month lockout periods for beneficiaries who fail to complete a redetermination process. Indiana [has agreed not to implement its work requirements while the lawsuit is pending](#), but the other policies are in effect.

Boasberg previously ruled against similar waivers in three other states: Arkansas, Kentucky and New Hampshire. The Arkansas ruling was affirmed by the U.S. Court of Appeals for the D.C. Circuit, though CMS still could seek further review. The Kentucky case was dismissed after the state's newly elected Democratic governor abandoned the waiver. The New Hampshire case is pending at the D.C. Circuit, though CMS acknowledged in court papers that the D.C. Circuit's decision in the Arkansas case controls the outcome of the New Hampshire case.

The Michigan case is *Young v. Azar*, No. 1:19-cv-3526, and the Indiana case is *Rose v. Azar*, No. 1:19-cv-2848. Both are in the U.S. District Court for the District of Columbia. -- [James Romoser \(jromoser@iwpnews.com\)](mailto:jromoser@iwpnews.com)

HHS Gives \$1.3 Billion To Community Health Centers, But They Want More

By [Chelsea Cirruzzo](#) / April 8, 2020 at 6:09 PM

HHS on Wednesday (April 8) awarded \$1.3 billion in grants to 1,387 community health centers as part of the third coronavirus stimulus package that was passed into law late last month, but health centers say more is needed in an upcoming fourth package.

House Speaker Nancy Pelosi (D-CA) and Senate Minority Leader Chuck Schumer (D-NY) said Wednesday (April 8) that Democrats will prioritize getting an additional \$100 billion for hospitals, community health centers and health systems in the upcoming fourth stimulus package.

Wednesday was the second time the Health Resources and Services Administration dispensed funds to community health centers to tackle coronavirus. Late last month, HRSA awarded \$100

million in grants to over 1,300 health centers [from the first coronavirus stimulus package signed in early March](#).

The second installment of funding comes from a section of the CARES Act allocating supplemental funding for community health centers and not from a \$100 billion fund for health care providers over which hospitals and HHS have been squabbling.

The National Association of Community Health Centers on Tuesday (April 7) called for further relief in an upcoming fourth stimulus package. The group says it estimates health centers will lose \$7.6 billion in revenue over the next six months due to fewer visits, which the group chalks up to stay-at-home orders, delays in non-essential services and personal protective equipment shortages.

Earlier this month, the group called for \$3.1 billion in immediate direct payments to community health centers from the \$100 billion fund for health care providers from the third package.

However, the group also has called for an additional \$7.6 billion in funding over the next six months to assist with testing and prevention of COVID-19. The group also wants to put that funding towards revenue losses to enable health centers to remain open.

The group has long called for long-term funding for community health centers and other extenders; [the most recent coronavirus stimulus package extended funding through Nov. 30](#). -- *Chelsea Cirruzzo* (ccirruzzo@iwpnews.com)

CMS: Open Payments Dispute Timeframe Won't Change Due To COVID-19

By [Michelle M. Stein](#) / April 8, 2020 at 6:06 PM

Despite the COVID-19 pandemic, CMS says it still must publicize Open Payments data by the end of June -- which means stakeholders will need to review the information before May 15 on payments from drug and device manufacturers and group purchasing organizations to certain providers if they want to do so prior to publication.

"Given this statutory requirement for Open Payments data publication, and resource constraints that limit CMS's ability to deviate from the established schedule for the covered recipient pre-publication review and dispute period, the covered recipient pre-publication review and dispute period will remain April 1, 2020 -- May 15, 2020," CMS says in a note to stakeholders.

CMS says that while it can't extend the pre-publication review and dispute period for the Open Payments program, post-publication review and dispute actions can be completed throughout the calendar year.

The review is voluntary, but the agency notes that only disputes logged before May 15 will be shown in the June 2020 data release. Disputes that come in after May 15 will be shown in a data refresh, according to CMS, and stakeholders can review and dispute their data through the end of the year if necessary.

"CMS understands the healthcare community is working tirelessly to respond to the COVID-19 pandemic and appreciates the dedication of healthcare providers during this time. We remain committed to ensuring covered recipients are aware of and take advantage of their opportunity to review their data and dispute it if needed," CMS says. -- *Michelle M. Stein* (mstein@iwpnews.com)

At-Home COVID-19, Antibody Tests Seen As Key To Economic Recovery

By [Beth Wang](#) / April 8, 2020 at 5:11 PM

Public health and policy experts say at-home COVID-19 infection and antibody test kits need to be developed rapidly and disseminated broadly so people with mild symptoms can take action to self-isolate and access telemedicine while people with antibodies and potential immunity to the disease can resume normal activities.

Consumer lab test companies are currently pursuing Emergency Use Authorization from FDA. And though the agency has yet to approve any at-home kit to test for COVID-19, FDA has said it does see the public health value in expanding the tests' availability.

FDA told diagnostic test makers at a Wednesday (April 8) Virtual Town Hall that it hopes "to have positive news soon" with regard to at-home testing EUA.

However, there are concerns about specimen stability, transport and appropriate collection materials, an FDA spokesperson told *Inside Health Policy* Tuesday evening (April 7).

"It is critical to ensure that home collection and transport of specimens to labs still provide for accurate test results," the agency spokesperson wrote in an email. "False results can lead to significant adverse public health consequences, especially during an unprecedented public health emergency such as this."

The spokesperson added that FDA is interested in receiving and reviewing validation data to demonstrate that home collection does not negatively affect performance of diagnostic tests. The agency also encourages test developers to reach out to FDA to begin pre-EUA discussions even if they don't yet have validation or documentation completed.

"FDA has been working with several developers who are already studying home collection and transport," the spokesperson said.

The agency also has been working on validating serology tests, which can test blood of recovered COVID-19 patients or others who may have had the disease but were asymptomatic, to see whether those individuals have antibodies in their blood that make them immune to the disease.

Recently, HHS Assistant Secretary for Health Brett Giroir [said tens of millions of serology tests could be available](#) and widely deployed by May, if the currently available tests are validated.

"[O]ver 70 test developers have notified the agency that they have serological tests available for use. However, some firms are falsely claiming that their serological tests are FDA approved or authorized, or falsely claiming that they can diagnose COVID-19. The FDA will take appropriate action against firms making false claims or marketing tests that are not accurate and reliable," the agency wrote in a Tuesday email update.

Widespread dissemination and use of at-home antibody and virus test kits would be a huge benefit to public health, especially if the antibody test is coupled with an immunity passport, according to a Tuesday *Health Affairs* blog written by Avalere Health's FDA practice lead Gillian Woollett, Johns Hopkins Carey Business School Associate Professor of Accounting Ge Bai, and New York University School of Global Public Health Associate Clinical Adjunct Professor Bryce Pyenson.

An antibody test could allow people who have recovered from the disease, whether they were asymptomatic or not, to resume normal activities and interact with those who are sick, possibly even taking a more active role by caring for those with COVID-19, or donating antibody-rich plasma, the

experts say.

An at-home COVID-19 test also could help those with early or mild symptoms to take more informed actions, such as self-isolating, which could also slow the spread of the disease and flatten the curve.

“Importantly, a confirmed population of ‘recovered’ individuals would allow many to return to work, lead to partial lifting of ‘stay-at-home’ or ‘shelter-in-place’ orders, and would help get the economy back to normal, with no loss in protection for the most vulnerable,” the blog authors say.

[*IHP* previously reported that a number of companies have developed](#) at-home test kits for consumer use and are pursuing EUA from FDA, including Everlywell, LetsGetChecked and Nurx.

Bai, Pyenson and Woollett name even more tests that are in development, including one from Jonathan Rothberg’s 4Catalyzer, a medical device incubator.

According to a March 28 article on *WHYY.org*, researchers at the University of Pennsylvania are developing an at-home test that would detect COVID-19 in less than an hour. 4Catalyzer’s Eric Kabrabs is one of the project leads.

Kabrabs told *WHYY.org* his team is talking to manufacturers and hopes to have the go-ahead from FDA within weeks. By the time they get authorization, the company hopes to be able to produce 10 million tests per month, which would be made affordable or free in partnership with drug stores and grocery stores.

The test differs from other at-home tests in that it allows the user to collect the sample, run the test and interpret the results, which can be done by anyone with no training or special equipment, 4Catalyzer told *IHP* in an email.

4Catalyzer says the COVID-19 test will be paired with a cloud-connected mobile app through which users enter basic demographic information and their test results. This should help facilitate simple, fast and scalable reporting to federal and state health agencies, the company says.

4Catalyzer says it has had an “incredibly positive interaction” with FDA.

“We’ve found them to be highly responsive, and to be valuable partners in ensuring that the test we produce is as safe, effective, and easy-to-use as possible. We appreciate the FDA’s leadership in recognizing that this emergency situation calls for certain modifications to the process in the interest of rapidly getting tests out there to the people that need them. The FDA is doing a phenomenal job of balancing all of these considerations in their response to this global crisis,” 4Catalyzer wrote.

Bai, Pyenson and Woollett also note in their blog that the Seattle Coronavirus Assessment Network has been delivering at-home sample collection kits for viral testing at no cost for Seattle residents, who can sign up to receive a swab-collection kit at SCANPublicHealth.org.

Developers of virus and antibody tests should provide immunization passports for people whose tests show they are free of the virus and have immunity, the experts say in the *Health Affairs* blog.

A passport could be delivered through a secure app that connects results to personal identification markers, like a fingerprint or an iris scan.

“To be most effective, the right apps need to be developed in tandem with the tests, so that employers, health care workers, and others can easily confirm an individual’s immune status,” the blog says.

The experts add that though home testing would be voluntary, it could be widely used, especially if

the tests are offered at no cost to users.

The government could contract with select manufactures for a fixed amount in exchange for mass production of tests and a passport app.

“We suggest implementation begin with demonstrations in cities or states that were early victims of the pandemic, as these geographies would be most likely to have a large portion of infected as well as recovered and immune individuals,” Bai, Pyenson and Woollett say.

They add that health care workers on the front line should have priority access to such tests before they’re made available to the general population through Amazon or other online retailers. Early demonstrations could also be conducted through the U.S. Military or National Guard.

“A federal implementation task force could be formed within HHS to oversee the funding, distribution, and surveillance of the home tests. The Task Force would, of course, use a rapid learning approach,” they say. -- *Beth Wang* (bwang@iwpnews.com)

DeGette Asks FDA To Warn Against Prescribing Chloroquine For COVID-19

By [John Wilkerson](#) / April 8, 2020 at 3:45 PM

The chair of the House Energy & Commerce oversight subcommittee asked FDA to warn doctors against prescribing hydroxychloroquine for treating COVID-19, unless as part of clinical trials, to safeguard supplies for autoimmune patients.

“Until further information can be ascertained to prove the efficacy of these drugs for the treatment of COVID-19, I urge FDA to issue a Dear Health Care Provider Letter to warn providers against prescribing HCQ or CQ for non-FDA-approved indications for use,” Rep. Diana DeGette (D-CO) states in a letter to FDA Commissioner Stephen Hahn.

DeGette also wants to know whether supplies of hydroxychloroquine and its predecessor, chloroquine, in the national stockpile can be used for on-label indications. The drugs are approved to prevent malaria and treat lupus and rheumatoid arthritis.

“If so, is FDA coordinating with the Assistant Secretary for Preparedness and Response (ASPR) to use the SNS supplies to alleviate the drug shortage of HCQ?” DeGette asks.

President Donald Trump caused a run on the drugs by repeatedly telling the public to take them for COVID-19. The drugs are not approved for COVID-19, and the clinical trial on which Trump originally based his belief is widely described as deeply flawed. Hydroxychloroquine is being tested in several clinical trials to determine whether it kills coronavirus.

Despite the lack of evidence, federal agencies took measures to ease its broader use after Trump promoted the drug. On March 28, FDA issued an emergency use authorization (EUA) for the drugs to treat COVID-19. According to *Bloomberg*, the Centers for Disease Control and Prevention published dosing guidance, based on anecdotal evidence, for treating COVID-19 with the drugs. That initial guidance, titled Information for Clinicians on Therapeutic Options for Patients with COVID-19, followed Trump’s promotion of the drugs, but CDC later took down the COVID-19 dosing guidelines and now simply states there are no clinical data available to support the drug’s use to prevent or treat COVID-19.

“[T]here are no currently available data from Randomized Clinical Trials (RCTs) to inform clinical guidance on the use, dosing, or duration of hydroxychloroquine for prophylaxis or treatment of

[COVID-19],” the CDC website states.

Several state pharmacy boards [have restricted sales of the drug to varying degrees](#). -- John Wilkerson (jwilkerson@iwpnews.com)

HHS Waives Penalties For Business Associates That Share Health Data

By [Chelsea Cirruzzo](#) / April 8, 2020 at 12:47 PM

HHS on Tuesday (April 7) further loosened its enforcement of the Health Insurance Portability and Accountability Act in a notice stating that the department will not impose penalties on business associates of covered entities that share protected health information for public health activities during the pandemic.

HHS defines these activities as: reporting communicable diseases to public health authorities; carrying out public health investigations at a public health authority’s request; participating in prescription drug monitoring activities; and notifying a person exposed to a communicable disease, among others.

Information may also be shared for oversight purposes, including to health oversight agencies conducting audits or inspections.

A business associate is an entity or individual who performs activities that involve the disclosure of protected health information on behalf of, or to, a covered entity, according to HHS Office for Civil Rights. Business associates must comply with some parts of HIPAA but are also bound by contracts with their covered entity, including provisions that may prevent them from sharing information.

The notice put into place on Tuesday immediately allows HHS to exercise enforcement discretion with business associates which share protected health information for public health purposes.

According to HHS, the sharing of health data must be done in “good faith,” such as to CMS or the Centers for Disease Control and Prevention, and the business associate must notify the covered entity within 10 days.

Robert Belfort, a partner with Manatt, Phelps and Phillips, LLP, told *Inside Health Policy* that he assumes the notice was triggered by federal officials attempting to gain information from a business associate that was unable to hand data over without permission from the covered entity. The notice allows health authorities to circumvent that process and give business associates more freedom to share information.

Belfort said this means electronic medical record vendors who have contracts with multiple covered entities can give information to government entities without contacting the entities for every single contract for permission. In turn, he said, the data could be used to do public health surveillance to track COVID-19. Some of the data provided by business associates might be aggregated from multiple providers, he said.

However, Belfort also anticipates questions and concerns arising, as the initial phase of the COVID-19 emergency concludes, as to about what the government plans to do with the data it has accrued. He says the United States, nonetheless, isn’t acting as invasively as other countries in capturing data. On top of that, he said, the emergency may prompt a willingness by more groups to expand on data-sharing.

“We’ve never before had a compelling case [as coronavirus] that even people that are really

protective of privacy would give serious consideration,” he said.

HHS last month waived sanctions and penalties against covered entities that don't comply with portions of the HIPAA Privacy Rule. HIPAA already allows covered entities to disclose protected health information, without authorization, [to public officials for the purpose of controlling disease](#). -- Chelsea Cirruzzo (ccirruzzo@iwpnews.com)

Marks Suggests Using Animal Models For Gene Therapy Is Undesirable

By [Kelly Lienhard](#) / April 8, 2020 at 10:33 AM

FDA biologics center chief Peter Marks said the testing of gene editing therapy, specifically CRISPR-Cas9-associated protein 9 (CRISPR-Cas9) in animal models, which some companies have relied on, is “less than ideal” because testing requires guides specific to human DNA.

Marks suggested the possible use of organoids and humanized mice as alternate solutions for model systems.

“Preclinical in vitro and in vivo studies are recommended to support the scientific rationale and safety for administration of an investigational genome editing product in a clinical trial,” an FDA spokesperson told *Inside Health Policy*. “The investigational product should be evaluated in a biologically responsive species or model when feasible. However, differences in the genomic sequences between animals and humans, may warrant the use of a surrogate product with appropriate scientific justification.”

Genome editing, like CRISPR-Cas9, has the potential to be effective on myriad of diseases like cancer, HIV, mental illness, cystic fibrosis, sickle cell disease and more. However, safety concerns have been raised because the long-term effects on humans are largely unknown.

Intellia Therapeutics, a genome editing biotechnology company, told *IHP* that the company has relied on various animal models for preclinical CRISPR-Cas9 testing.

“These models are well-established in the genome editing industry and are the basis of investigational genome editing therapies in human clinical trials today,” an Intellia representative said.

According to Intellia, animal models relying on mice, rats and non-human primates help create a “robust” data package required to support a clinical trial by FDA.

For example, in Intellia's lead investigational gene therapy (NTLA 2000) that aims to treat the rare disease transthyretin amyloidosis, the company began by testing human guides in humanized mice, on par with Marks' suggestion.

However, following this study, the guide was tested in an animal model using primates, which Intellia believes “offers the closest representation possible of what we anticipate seeing in humans.” This animal model test was included in a pre-investigational new drug (pre-IND) meeting between Intellia and FDA, and Intellia expects to submit a completed IND for the therapy in mid-2020, subject to coronavirus impact.

“Intellia continues to comply with regulatory agency guidance to ensure we have established the optimal safety profile for our first drug candidate,” the company representative stated.

Other gene therapy companies that have successfully used animal models include Sangamo

Therapeutics and Lysogene.

Sangamo used a non-human primate model for its hemophilia B genome editing therapy, according to the company's website, and Lysogene tested its gene therapy candidate for the treatment of mucopolysaccharidosis type IIIA disease in large animal species. Both therapies are now in the process of clinical trial testing.

Clustered regularly interspaced short palindromic repeats and CRISPR-Cas9 is a recent approach to genome editing adapted from a naturally occurring genome editing in bacteria. The regenerative medicine community says this new method is more efficient, accurate and budget-friendly than alternate genome editing tactics.

CRISPR-Cas9 works by creating a small piece of RNA with a short sequence that binds to the target sequence of genome DNA and the Cas9 enzyme. The RNA recognizes the DNA sequence while the enzyme slices the DNA strand. Researchers can then use the natural DNA machinery to make changes to the strand by replacing preexisting segments with a customized one.

Ethical questions have also arisen around the novel therapy. While most changes are limited to cells other than egg and sperm cells, such as in Intellia's NTLA 2000, there have been other therapies that alter germline and embryonic cells and could be passed down through generations. There are also concerns about using the technology to enhance human traits.

[Former FDA chief Scott Gottlieb condemned embryo genome editing](#) in 2018 after He Jiankui, a Chinese researcher, successfully altered the genes of a set of twin girls using the CRISPR-Cas9 gene editing tool. Jiankui aimed to use CRISPR-Cas9 to create an HIV-free embryo born to HIV-positive parents.

"To successfully advance tools like Cas9 to improve health; we'll need more than just laws to ensure these tools aren't misused and abused," Gottlieb wrote on Twitter in November 2018. "Certain uses of science should be judged intolerable, and cause scientists to be cast out ... the use of CRISPR to edit human embryos or germ line cells should fall into that bucket. Anything less puts the science and the entire scientific enterprise at risk." -- *Kelly Lienhard* (klienhard@iwpress.com)

From: (b)(6) NR
NR

Sent: 3/15/2020 4:35:44 PM +0000

To: "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>

CC: "Lynch, Calder (CMS/OA)" <Calder.Lynch@cms.hhs.gov>; "Bonelli, Anna (CMS/OA)" <Anna.Bonelli@cms.hhs.gov>; "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>; "Brandt, Kimberly (CMS/OA)" <Kimberly.Brandt1@cms.hhs.gov>; "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>

Subject: Re: Re: Weekend State and Medicaid COVID Activity

Ok. Thanks for turning around so quickly. Plan on providing talkers on this.

Sent from my iPhone

On Mar 15, 2020, at 11:50 AM, Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov> wrote:

+ Carol

Confidential and deliberative, pre-decisional communication

From: Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>

Sent: Sunday, March 15, 2020 11:50 AM

To: (b)(6)

Cc: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Bonelli, Anna (CMS/OA) <Anna.Bonelli@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Brandt, Kimberly (CMS/OA) <Kimberly.Brandt1@cms.hhs.gov>

Subject: Weekend State and Medicaid COVID Activity

Pre-Decisional and Deliberative Communication

Seema,

We'll report these up but I wanted to make sure you had some visibility into the state requests that have been filtering in over the weekend. We've had activity on both the 1115 and 1135 front. (b)(5)

(b)(5)

I also want to make sure you are aware that, as the house bill is drafted now, (b)(5)

(b)(5)

(b)(5)

State requests:

1135 Waiver Activity

- **Florida** submitted an 1135 waiver request on Friday night.
 - The request includes:
 - Blanket waiver of prior authorization
 - Waiver of PASSR (nursing home pre-admission screening)
 - Ability to postpone fair hearings
 - Waiver of screening requirements for provider enrollment
 - (b)(5)
- Based on state communication and press reports, (b)(5)
(b)(5)
- **Rhode Island** has submitted a letter requesting to delay renewals and extend timelines for fair hearings or conducting them virtually. (b)(5)
(b)(5)

1115 Waiver Activity

- **Florida** also submitted a request for 1115 authority. (b)(5)
(b)(5)
Request includes:
 - Extend annual certification periods
 - Allow for a simplified Medicaid application process with self-attestation
 - Waive cost sharing requirements for both FFS and managed care recipients
 - Exceed service limits (hospital days, physician visits, etc.)
 - Expand telemedicine
 - Expand provider qualifications – (e.g., enrolling first responders to collect specimens for testing)
 - Adopt/expand hospital presumptive eligibility determinations to additional groups covered under the SPA
 - Expand eligibility for the uninsured just for testing and treatment of COVID-19
- We also received a comprehensive 1115 request from **Colorado**, (b)(5)
(b)(5)

(b)(5)

- **Tennessee** has also expressed a verbal interest in submitting an 1115 for authority to pay for testing and treatment for uninsured COVID patients. (b)(5)

(b)(5)

Other

- **Washington** SMD has reached out regarding HIPAA flexibilities related to virtual mental health visits. They are working with ONC on this apparently. Also received outreach from SAMSHA urging us to help. I looped in Kim (b)(5)

(b)(5)

--

Calder Lynch

Deputy Administrator and Director
CMS / Center for Medicaid & CHIP Services
Office: (202) 690-7428

From:

(b)(6)

NR

NR

Sent:

3/31/2020 11:13:24 AM +0000

To:Scott Tittle <stittle@ncal.org>**Subject:**

Re: Re: Concerns About Testing Priority for LTC Facilities

Can you send the report you are referencing?

Sent from my iPhone

On Mar 30, 2020, at 11:56 PM, Scott Tittle <stittle@ncal.org> wrote:

Yes, we've seen it, but problem is threefold: first because there are not enough tests, most labs and hospitals are only testing people in priority one. Second, we are hearing private labs aren't following the current priority listing you've put out here which is a significant problem that must be fixed. Third, a new CDC report shows 57% of nursing home residents that tested positive did not have any symptoms, but were shedding virus at levels that can infect others for up to 7 days before developing symptoms. Thus, they conclude that a symptom based approach to priority testing in nursing homes will not work. We need staff and residents in LTC regardless of symptoms to be included in priority 1 so that infection doesn't spread further and overwhelm hospitals.

On Mar 30, 2020, at 8:55 PM, (b)(6) wrote:

[Did you see this, we put this out about a week ago, or maybe longer.](#)

Begin forwarded message:

From: Scott Tittle <stittle@NCAL.org>

Date: March 30, 2020 at 5:44:38 PM EDT

To: (b)(6)

Subject: Concerns About Testing Priority for LTC Facilities

Administrator Verma – Please find attached a letter from AHCA/NCAL President and CEO Mark Parkinson to Vice President Pence regarding very concerning information we have learned that private labs are telling long term care operators that they are not a top priority for COVID-19 testing. This is a very urgent matter as long term care operators are not able to best prevent and contain the virus without being able to properly identify it. Mark Parkinson and Dr. David Gifford, SVP of Quality and Regulatory Affairs, are available for any additional information or questions. Thank you, Scott

Scott B. Tittle

American Health Care Association (AHCA) / National Center for

Assisted Living (NCAL)
Executive Director, NCAL
1201 L Street, NW
Washington, DC 20005
202-898-2827 (w)

Improving Lives by Delivering Solutions for Quality Care

<image001.png>

Get the latest updates:

<https://protect2.fireeye.com/url?k=5036b717-0c629e3c-50368628-0cc47a6d17cc-ce143367fd7ee3f2&u=https://protect2.fireeye.com/url?k=6bc494c0-3790bdeb-6bc4a5ff-0cc47a6d17cc-4b2f99cd21f7371e&u=https://protect2.fireeye.com/url?k=827602c8-de230b18-827633f7-0cc47a6a52de-68de8610cf92e53f&u=http://www.ahcancal.org/coronavirus>

Email: COVID19@ahca.org

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This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd.**

<LTC_priority 1 testing request_AHCA.pdf>
<priority-testing-patients.pdf>

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This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd.**

From: (b)(6) NR
NR
Sent: 3/9/2020 4:38:47 AM +0000
To: "Pollack, Rick" <rpollack@aha.org>
CC: "Weger, Kristina" <kweger@aha.org>; "Foster, Nancy" <nfoster@aha.org>; "Nickels, Thomas" <tnickels@aha.org>; "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>
Subject: Re: Re: Checking in
Thanks. I will try to get on call.

Sent from my iPhone

On Mar 8, 2020, at 2:31 PM, Pollack, Rick <rpollack@aha.org> wrote:

Received a report from John Hauptert on discussions on Friday. Was in Boston headed for Atlanta...about to Board plane when I got word that meeting was cancelled. Went back to DC only to find it was on again but couldn't physically get back to Atlanta. So, we "deputized" John (Grady CEO) who is on our Board's executive committee.

He conveyed messages regarding infection control (which as we talked is always top of mind for our folks), making sure our members know about the *waivers available to hospitals under a public health disaster proclamation, and telehealth flexibility notwithstanding the additional changes in the emergency bill and those that I mentioned in that letter I sent over last week along with other recommendations.

Understand we have group assembled for phone call on Monday afternoon. I think that will be beneficial and appreciate your doing that.

Also, just so you know, last week we broadcast via satellite to four of our regional policy boards comprising hundreds of CEOs (part of our policy process) on the situation with Dr. Srinivasan from CDC phoning in to take questions. The broadcast originated from National Press Club building. Doing another one this Thursday morning with four more regions. One of those regions are the West Coast which obviously include Washington State, California and Oregon. The state hospital association CEOs also participate in these sessions. Not sure where our team stands in terms of any CDC presence but hoping we can have administration participation to keep lines of communication open. ***We'd certainly welcome your participation and I can have my team follow up with your staff on details. By the way, this is not a webcast...it is by satellite and completely interactive. However, if you prefer to work out questions in advance that I would ask we can make that work.***

Just to keep you up-to-date on what we are hearing from the field. Right now the biggest concerns are: access to tests; concern about supply chain holding up for PPE; and inconsistent direction--or lack thereof--from CDC and state health departments, particularly regarding movement from mitigation containment. In this regard, it will be important to have the additional guidance from CDC covering things like:

- Who can likely care for themselves at home and who should be hospitalized;
- Continuing updates on what personal protective equipment is needed, how to conserve it, substitute other products if appropriate, and clean and reuse of possible;
- Guidance for safe guarding the most vulnerable residential housing communities, nursing homes, and other living facilities.
- Guidance for safe care of children so parents can come to work if schools/day cares close.
- Guidance on alternate care sites.
- Guidance on crisis standards of care.

Finally, we have just heard from hospitals in Washington State and Northern California about the need for waivers of the 3 day SNF rule for Medicare fee-for-service and prior authorization requirements for Medicare Advantage plans so that we can clear beds to be able to hospitalize coronavirus patients. In addition, we are awaiting details regarding ASPR's national disaster medical systems reimbursement program to fund hospital costs of caring for both patients who have COVID-19 but no insurance coverage and those who are under investigation for COVID-19 and need to be kept isolated to reduce the chance of community-wide spread of the disease.

I recognize that some of these items are not specifically under CMS...but sharing as you are a key member of the White House Task Force.

Separate issue: you may have seen media reports concerning "AHA estimates" relative to the situation in terms of people expected to get the disease and potential fatalities. Just to clarify that these are not AHA estimates. They were shared during one of preparedness webinars we have been having with our members by Dr. James Lawler from the University of Nebraska (<https://protect2.fireeye.com/url?k=d73d5824-8b69710f-d73d691b-0cc47a6d17cc-ead1edff822532d4&u=https://www.unmc.edu/intmed/divisions/id/faculty/lawler.htm>) who participated in the webinar. While the webinar was for our members only, some of the information was apparently picked up by the media. Here is what we have been sharing with the media in response: **"The AHA regularly hosts webinars and conference calls that include a variety of voices and opinions that seek to provide relevant information to professionals at hospitals and health systems that are on the front lines of preparing for and protecting their**

patients and communities. The slides referenced reflect the various perspectives of field experts and should not be attributed to the AHA.”

Let me know if you have any questions or advice on any of these matters.

Our point person in terms of content is Nancy Foster, vice president for quality and patient safety.

Kristin Wegner is about executive director of liaison with federal agencies.

Both of them, along with Tom Nickels, is copied on this message.

Let's stay in touch.

RICK POLLACK

President & Chief Executive Officer

American Hospital Association

800 10th Street NW – Suite 400

Two CityCenter

Washington, D.C. 20001-4956

(202) 626-4625 – Telephone

(202) 253-4068 – Fax

rpollack@aha.org

From: (b)(6) NR
NR
Sent: 3/9/2020 4:37:43 AM +0000
To: "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>; "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>; "Couch, Marion (CMS/OA)" <Marion.Couch@cms.hhs.gov>
Subject: Fwd: Fwd: Checking in
Heard about this call. What are we planning to say? Need agenda and talking points. I probably won't be able to attend, but would like to discuss this.

Sent from my iPhone

Begin forwarded message:

From: "Pollack, Rick" <rpollack@aha.org>
Date: March 8, 2020 at 2:31:32 PM EDT
To: "Seema Verma" (b)(6)
Cc: "Weger, Kristina" <kweger@aha.org>, "Foster, Nancy" <nfoster@aha.org>, "Nickels, Thomas" <tnickels@aha.org>, "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>
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Finally, we have just heard from hospitals in Washington State and Northern California about the need for waivers of the 3 day SNF rule for Medicare fee-for-service and prior authorization requirements for Medicare Advantage plans so that we can clear beds to be able to hospitalize coronavirus patients. In addition, we are awaiting details regarding ASPR's national disaster medical systems reimbursement program to fund hospital costs of caring for both patients who have COVID-19 but no insurance coverage and those who are under investigation for COVID-19 and need to be kept isolated to reduce the chance of community-wide spread of the disease.

I recognize that some of these items are not specifically under CMS...but sharing as you are a key member of the White House Task Force.

Separate issue: you may have seen media reports concerning "AHA estimates" relative to the situation in terms of people expected to get the disease and potential fatalities. Just to clarify that these are not AHA estimates. They were shared during one of preparedness webinars we have been having with our members by Dr. James Lawler from the University of Nebraska (<https://protect2.fireeye.com/url?k=d73d5824-8b69710f-d73d691b-0cc47a6d17cc-ead1edff822532d4&u=https://www.unmc.edu/intmed/divisions/id/faculty/lawler.ht>

[m\)](#) who participated in the webinar. While the webinar was for our members only, some of the information was apparently picked up by the media. Here is what we have been sharing with the media in response: **“The AHA regularly hosts webinars and conference calls that include a variety of voices and opinions that seek to provide relevant information to professionals at hospitals and health systems that are on the front lines of preparing for and protecting their patients and communities. The slides referenced reflect the various perspectives of field experts and should not be attributed to the AHA.”**

Let me know if you have any questions or advice on any of these matters.

Our point person in terms of content is Nancy Foster, vice president for quality and patient safety.

Kristin Wegner is about executive director of liaison with federal agencies.

Both of them, along with Tom Nickels, is copied on this message.

Let's stay in touch.

RICK POLLACK

President & Chief Executive Officer

American Hospital Association

800 10th Street NW – Suite 400

Two CityCenter

Washington, D.C. 20001-4956

(202) 626-4625 – Telephone

(202) 253-4068 – Fax

rpollack@aha.org

From: (b)(6) NR
NR
Sent: 3/31/2020 11:32:45 AM +0000
To: "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>
Subject: Fwd: Fwd: REVISED nursing home action recommendations
Attachments: Actions to Control COVID-19 Transmission in Nursing Homes FINAL.docx; ATT00001.htm

Sent from my iPhone

Begin forwarded message:

From: (b)(6)
Date: March 31, 2020 at 7:12:01 AM EDT
To: Deborah Birx <(b)(6)@nsc.eop.gov>, "Fauci, Anthony (NIH/NIAID) [E]" <afauci@niaid.nih.gov>, Joe Grogan <(b)(6)@who.eop.gov>, "Redfield, Robert R. (CDC/OD)" <olx1@cdc.gov>, "Stephen Hahn (FDA)" <sh1@fda.hhs.gov>
Subject: Fwd: REVISED nursing home action recommendations

See attached, these are the recommendations the joint CDC CMS team developed. (b)(5)

Sent from my iPhone

Begin forwarded message:

From: "Hittle, Matthew (CMS/OA)" <Matthew.Hittle@cms.hhs.gov>
Date: March 31, 2020 at 6:57:19 AM EDT
To: (b)(6)
Cc: "Brandt, Kimberly (CMS/OA)" <Kimberly.Brandt1@cms.hhs.gov>, "Moody-Williams, Jean D. (CMS/CCSQ)" <jean.moodywilliams@cms.hhs.gov>, "Ling, Shari (CMS/CCSQ)" <Shari.Ling@cms.hhs.gov>, "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>
Subject: REVISED nursing home action recommendations

Seema – this newest version incorporates (b)(5)
(b)(5)

Matthew Hittle
Senior Advisor
Office of the Administrator
Centers for Medicare & Medicaid Services
Desk: 202-690-6754
Cell: 443-844-2410

Deliberative, pre-decisional communication

From: (b)(6) NR
NR
Sent: 3/30/2020 1:44:59 AM +0000
To: "Bhat, Nisha (CMS/OA)" <Nisha.Bhat@cms.hhs.gov>; "Ceballos, Kelly L. (CMS/OC)" <Kelly.Ceballos@cms.hhs.gov>; "Alexander, Alec (CMS/OA)" <alec.alexander@cms.hhs.gov>
CC: "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>; "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>; "Corry, Thomas (CMS/OA)" <thomas.corry@cms.hhs.gov>; "Aldana, Karen (CMS/OC)" <karen.aldana@cms.hhs.gov>; "Toomey, Mimi C. (CMS/OC)" <Mimi.Toomey@cms.hhs.gov>
Subject: RE: RE: Updated Flexibilities press release
Attachments: COVID19 provider fact sheets -03.29.20-445 pmSv.docx

I missed it. Thanks. Great job on the provider docs! That was a lot of work. Here are some edits and suggestions of what we need to add to top

From: Bhat, Nisha (CMS/OA) <Nisha.Bhat@cms.hhs.gov>
Sent: Sunday, March 29, 2020 9:42 PM
To: (b)(6); Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Alexander, Alec (CMS/OA) <Alec.Alexander@cms.hhs.gov>
Cc: Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Toomey, Mimi C. (CMS/OC) <Mimi.Toomey@cms.hhs.gov>
Subject: RE: Updated Flexibilities press release

It's in the provider fact sheets and CPI team has reviewed—

(b)(5)

(b)(5)

From: (b)(6)
Sent: Sunday, March 29, 2020 9:25 PM
To: Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Bhat, Nisha (CMS/OA) <Nisha.Bhat@cms.hhs.gov>; Alexander, Alec (CMS/OA) <Alec.Alexander@cms.hhs.gov>
Cc: Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Toomey, Mimi C. (CMS/OC) <Mimi.Toomey@cms.hhs.gov>
Subject: RE: Updated Flexibilities press release

(b)(5)

From: Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>
Sent: Sunday, March 29, 2020 8:55 PM
To: (b)(6)
Cc: Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Toomey, Mimi C. (CMS/OC) <Mimi.Toomey@cms.hhs.gov>
Subject: RE: Updated Flexibilities press release

Thanks, we'll get to work with the team on this now.

Kelly

From: (b)(6)
Sent: Sunday, March 29, 2020 8:33 PM
To: Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>
Cc: Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>;

Toomey, Mimi C. (CMS/OC) <Mimi.Toomey@cms.hhs.gov>

Subject: RE: Updated Flexibilities press release

Here is the press release, (b)(5)
(b)(5). See attached.

From: Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>

Sent: Sunday, March 29, 2020 7:31 PM

To (b)(6)

Cc: Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Toomey, Mimi C. (CMS/OC) <Mimi.Toomey@cms.hhs.gov>

Subject: Updated Flexibilities press release

Administrator –

I am sending along an updated press release for the flexibilities rollout.

I am sending a clean version and one that includes edits if you want to look through them.

The green highlighted language is meant to denote language that is very similar and we could cut or combine if you wanted to.

Thanks,

Kelly

From: (b)(6) NR
NR
Sent: 3/31/2020 12:37:18 PM +0000
To: Deborah Birx (b)(6) @nsc.eop.gov>; "Fauci, Anthony (NIH/NIAID) [E]" <afauci@niaid.nih.gov>; Joe Grogan (b)(6) @who.eop.gov>; "Redfield, Robert R. (CDC/OD)" <olx1@cdc.gov>; "Stephen Hahn (FDA)" <sh1@fda.hhs.gov>; "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>
Subject: Re: Re: REVISED nursing home action recommendations. Confidential, deliberative

(b)(5)

Sent from my iPhone

On Mar 31, 2020, at 7:12 AM (b)(6) > wrote:

See attached, these are the recommendations the joint CDC CMS team developed. (b)(5)

Sent from my iPhone

Begin forwarded message:

From: "Hittle, Matthew (CMS/OA)" <Matthew.Hittle@cms.hhs.gov>
Date: March 31, 2020 at 6:57:19 AM EDT
To: (b)(6)
Cc: "Brandt, Kimberly (CMS/OA)" <Kimberly.Brandt1@cms.hhs.gov>, "Moody-Williams, Jean D. (CMS/CCSQ)" <jean.moodywilliams@cms.hhs.gov>, "Ling, Shari (CMS/CCSQ)" <Shari.Ling@cms.hhs.gov>, "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>
Subject: **REVISED nursing home action recommendations**

Seema – this newest version incorporates (b)(5)
(b)(5)

Matthew Hittle
Senior Advisor
Office of the Administrator
Centers for Medicare & Medicaid Services
Desk: 202-690-6754
Cell: (b)(6)

Deliberative, pre-decisional communication

<Actions to Control COVID-19 Transmission in Nursing Homes FINAL.docx>

From: (b)(6) <(b)(6)> NR
NR
Sent: 3/31/2020 11:12:01 AM +0000
To: Deborah Birx (b)(6) @nsc.eop.gov; "Fauci, Anthony (NIH/NIAID) [E]" <afauci@niaid.nih.gov>; Joe Grogan (b)(6) @who.eop.gov; "Redfield, Robert R. (CDC/OD)" <olx1@cdc.gov>; "Stephen Hahn (FDA)" <sh1@fda.hhs.gov>
Subject: Fwd: Fwd: REVISED nursing home action recommendations
Attachments: Actions to Control COVID-19 Transmission in Nursing Homes FINAL.docx; ATT00001.htm

See attached, these are the recommendations the joint CDC CMS team developed. (b)(5)

Sent from my iPhone

Begin forwarded message:

From: "Hittle, Matthew (CMS/OA)" <Matthew.Hittle@cms.hhs.gov>
Date: March 31, 2020 at 6:57:19 AM EDT
To: (b)(6)
Cc: "Brandt, Kimberly (CMS/OA)" <Kimberly.Brandt1@cms.hhs.gov>, "Moody-Williams, Jean D. (CMS/CCSQ)" <jean.moodywilliams@cms.hhs.gov>, "Ling, Shari (CMS/CCSQ)" <Shari.Ling@cms.hhs.gov>, "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>
Subject: **REVISED nursing home action recommendations**

Seema – this newest version incorporates (b)(5)
(b)(5)

Matthew Hittle
Senior Advisor
Office of the Administrator
Centers for Medicare & Medicaid Services
Desk: 202-690-6754
Cell: (b)(6)

Deliberative, pre-decisional communication

From: (b)(6) NR
NR
Sent: 3/9/2020 4:30:45 AM +0000
To: "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>
CC: "Wallace, Mary H. (CMS/OC)" <Mary.Wallace@cms.hhs.gov>; "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>; "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>; "Corry, Thomas (CMS/OA)" <Thomas.Corry@cms.hhs.gov>; "Aldana, Karen (CMS/OC)" <Karen.Aldana@cms.hhs.gov>
Subject: Re: Re: Interesting Stats from Mary/OC
Let's pass this to OVP and Katy.

Sent from my iPhone

On Mar 8, 2020, at 11:28 PM, Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov> wrote:

Seema,
Mary provided these to us on our outreach. Paul asked the question about them last week at the PMO meeting. I thought (b)(5)
Thanks,
Brady

Consumer Feedback Metrics:

- Email:
 - *For reference the standard email open rate is low 20%.
 - For Medicare we sent 10.8 million emails and the open rate was 35% which is very high.
 - CMS sent about 32 million emails to Marketplace ([HeathCare.gov](https://www.healthcare.gov)) consumers. The open rate for our 3M existing consumers (currently in coverage) was 31% which is high. For our prior experience groups (28.7M) the open rate was 18%.
- Call Centers:
 - 1-800 MEDICARE is only getting between 300- 500 calls a day (Very low). Most questions are about what Medicare covers. We have also gotten some questions as a result of the email going out on prevention measures.
 - [HealthCare.gov](https://www.healthcare.gov) Call center is also getting a very low number of calls – less than 300 a day
- Social Media - We have done several posts on various social media channels – Here is a sample set of feedback from Friday 3/6
 - On our social media channels. Yesterday, we posted several items about #COVID19 from @SeemaCMS, including an FAQ, nursing home oversight information, telemedicine and thank you's to several private companies working on testing supplies and coverage.
 - On LinkedIn, we posted about the 3 fact sheets released. We saw 68 comments across all of our handles. Relevant comments mostly on testing (including availability of "rapid" testing), a Thank you ☺, and some questions why we're promoting private companies.

- Do all nursing homes have rapid testing now? Are you currently doing rapid testing at all Nursing Homes in every county in every state? Are folks in states who don't have #Medicaid expansion going to be able to get tested?
- How many tested?
- And where are the tests, exactly???
- Shouldn't we have a test that doesn't take 3-4 days to get an answer?
- Thank you Seema Verma. From my standpoint just reading daily news updates on the virus at least they have a series of screens & tests to see if ones infected or just exposed. We do look for answers from our most trusted agencies.
- 1st I don't believe you should be promoting any business, 2nd Quest has committed Medicare fraud several times
- Across the twittersphere.
 - In the past 24 hrs, 300+ comments where we're mentioned along with hashtags #COVID19 or #Coronavirus. Comments generally continue to be negative towards the government's slow response and lack of screening/testing capabilities. Some newer comments include why vaccine won't be covered under Part B and continued confusion about cost of the test to Medicare beneficiaries along with some distrust of labs doing the testing:
 - @CMSGov says will cover #COVID19 vaccine (once developed) under part D, not part B like influenza vaccine. Will mean many doctors cannot offer vaccine in office. Big public health implications. What's the rationale? @SeemaCMS @SecAzar @gorskoni @DrDenaGrayson @charlesornstein
 - Great to hear that @LABCORP and @QuestDX are making COVID-19 testing available. A key decision will be made by @CMSGov however, in how much these tests are going to cost Medicare (and by extension, private payers). I hope the labs don't try to maximize profits, leave many out.

Confidential and deliberative, pre-decisional communication

Baltimore, MD 21244
410/786-3151
Kimberly.brandt1@cms.hhs.gov

Confidential and deliberative, pre-decisional communication

<Survey Suspension Proposal 031520.CLEAN.docx>

From: (b)(6) NR
NR
Sent: 3/19/2020 9:53:19 PM +0000
To: "Bassano, Amy (CMS/CMMI)" <amy.bassano@cms.hhs.gov>; "Smith, Brad (CMS/OA)" <Brad.Smith@cms.hhs.gov>
Subject: Fwd: Fwd: Two Inside Health Policy articles: ACOs, Providers: Mitigate COVID-19's Impact On Value-Based Pay AND CMS: Catastrophic Plans Can Cover COVID-19 Services Pre-Deductible

Sent from my iPhone

Begin forwarded message:

From: "Sokol, Lisa Y. (CMS/OC)" <Lisa.Sokol@cms.hhs.gov>
Date: March 19, 2020 at 3:54:22 PM EDT
To: "Adams, Jerome (HHS/OASH)" <Jerome.Adams@hhs.gov>, "Aldana, Karen (CMS/OC)" <Karen.Aldana@cms.hhs.gov>, "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>, "Ceballos, Kelly L. (CMS/OC)" <Kelly.Ceballos@cms.hhs.gov>, (b)(6), "Corry, Thomas (CMS/OA)" <Thomas.Corry@cms.hhs.gov>, "Fauci, Anthony (NIH/NIAID) [E]" <afauci@niaid.nih.gov>, "Kanellis, Elaine (CMS/OC)" <Elaine.Kanellis@cms.hhs.gov>, "Monroe, Johnathan (CMS/OC)" <Johnathan.Monroe1@cms.hhs.gov>
Cc: "Fortin-Garcia, Carolina (CMS/OC)" <Carolina.Fortin-Garcia@cms.hhs.gov>, "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>, "Harper, Bernice J. (CMS/OEDA)" <Bernice.Harper@cms.hhs.gov>, "Joy-Bush, Keya A. (CMS/OC)" <keya.joy-bush@cms.hhs.gov>, "Marcos, Nicole (CMS/OL)" <Nicole.Marcos@cms.hhs.gov>, "Perez-Rivera, Diana (CMS/OA)" <Diana.Perez-Rivera@cms.hhs.gov>, "Sokol, Lisa Y. (CMS/OC)" <Lisa.Sokol@cms.hhs.gov>
Subject: Two Inside Health Policy articles: ACOs, Providers: Mitigate COVID-19's Impact On Value-Based Pay AND CMS: Catastrophic Plans Can Cover COVID-19 Services Pre-Deductible

ACOs, Providers: Mitigate COVID-19's Impact On Value-Based Pay

By [Michelle M. Stein](#) / March 19, 2020 at 2:45 PM

Stakeholders are urging CMS and lawmakers to make sure the COVID-19 pandemic doesn't derail providers in value-based pay arrangements, including in accountable care organizations, with some warning of potential mass exits from such arrangements due spending spikes driven by coronavirus care and treatment.

"Some ACOs have spent years investing in the infrastructure and cultural changes needed to succeed in value-based care models. Just as we're starting to see serious, positive results, a catastrophic pandemic like this could wipe out years' worth of shared savings and threaten our decade-long movement to accountable care models," said Clif Gaus, president and CEO of the National Association of ACOs. "We hope policymakers see the big picture and work to give assurance to ACOs during a once-in-a-lifetime pandemic."

CMS says ACO providers are part of the Medicare fee-for-service program and

COVID-19 flexibilities apply to those providers. The agency says it is monitoring the evolving situation and expects ACOs to make the right decisions for their groups, providers and beneficiaries based on each ACO's circumstance.

"While providers are actively working to confront head on the threat of the coronavirus, they are also concerned that they will be face serious financial consequences under these programs as a result of factors not under their direct control," America's Physician Groups and Premier say in a March 16 letter to CMS Administrator Seema Verma and HHS Secretary Alex Azar.

The groups seek financial and quality mitigation strategies for all quality programs and value-based care arrangements, saying the extreme and uncontrollable circumstance policies that are part of some programs aren't consistent and don't adequately provide needed protections to mitigate the impact of the coronavirus.

"The health care system will need to ramp up capabilities to care for a large population of older Americans that will experience longer acute length of stay, more intense acute care utilization, higher skilled nursing facility utilization, increased discharges to long-term care hospitals, and an increase in ED admissions and readmissions. These changes will have significant impacts on overall healthcare costs and quality," APG and Premier say.

They ask that, for value-based arrangements, CMS convert all risk-sharing programs into no-risk models for providers and suspend quality reporting in 2020 for alternative pay models, ACOs and the Merit-based Incentive Payment System.

"The anticipated impacts of coronavirus directly relate to quality measures in value-based arrangements (e.g. readmissions, length of stay measures). Additionally, quality rates related to chronic conditions and prevention may be impacted as healthier beneficiaries may be avoiding seeking health care," the groups say.

"We also ask that CMS implement a one-year agreement extension for all MSSP, including Track 1 Plus, and Next Generation ACO participants whose agreements are expiring this performance period. We encourage CMS to explore how to mitigate the impact of coronavirus on benchmarks and target prices in future years," the groups say.

The National Association of ACOs has also been in contact with the administration, and in a March 16 note to Verma asks that the agency modify the ACO extreme and uncontrollable circumstances policy to exclude spending for patients with COVID-19 from 2020 calculations, hold harmless ACOs in shared risk models like the Medicare Shared Savings Program and Next Generation ACOs, provide flexibility with upcoming program deadlines on quality reporting and MSSP and Direct Contracting applications and commit to a 2022 application cycle for the Direct Contracting model.

"These steps are necessary to prevent a mass exodus of ACOs from the current program," NAACOS Clif Gaus said in the Monday note.

NAACOS, the American College of Physicians, American Academy of Family Physicians, American Hospital Association, American Medical Group Association, America's Essential Hospitals, Association of American Medical Colleges, Federation of American Hospitals, Health Care Transformation Task Force and Medical Group Management Association sent a letter to Verma on March 18 asking for help, as well.

"In the immediate term, APM participants will be faced with difficult decisions about whether they can continue to afford to provide advanced preventative care, care

coordination, and behavioral services, hallmarks of these models. Clinicians should be using every tool at their disposal to fight this epidemic; they should not fear having it count against them later. They need assurance from the administration that this will not be the case,” the letter says.

The letter says that any resources providers spend to mitigate the pandemic will cost them twice -- once when spent and again when spending is evaluated in the context of their value-based performance. The groups also mention the inadequacy of the extreme and uncontrollable circumstances protections.

“The Medicare Shared Savings Program (MSSP) for instance only mitigates shared losses and adjusts quality assessments; it does not adjust benchmarks or performance year expenditures, which will impact the program for many subsequent years,” the letter says.

The letter also asks for clinicians to be held harmless for performance-related and quality assessment penalties in 2020, and, requests extended timelines or additional application opportunities for Direct Contracting, Primary Care First and other models.

The groups ask for MIPS flexibilities, as well as up front funding and reinsurance options for alternative pay models.

The groups also reached out to House and Senate lawmakers, asking them to “preclude the financial impact or shared loss repayment for all ACOs and other value based program participants based on costs accrued related to COVID-19 care and during this public health crisis,” in a separate letter. -- *Michelle M. Stein* (mstein@iwpnews.com)

CMS: Catastrophic Plans Can Cover COVID-19 Services Pre-Deductible

By [Amy Lotven](#) / March 19, 2020 at 12:56 PM

The ACA’s catastrophic health plans can cover services related to diagnosis and treatment of COVID 19 prior to a beneficiary hitting the deductible without risk of enforcement action, CMS says in new guidance out Wednesday. The memo aligns with [the IRS guidance on high-deductible health plans](#) issued last week, which affirmed that HDHPs can cover COVID-related services pre-deductible and still qualify for a health savings account, the agency points out in a separate memo targeted to Medicaid providers.

The new frequency asked questions memo clarifies that catastrophic plans do include coverage for the diagnosis and treatment of COVID-19, since they must cover all 10 essential health benefits, although cost-sharing may vary, and some plans may require prior authorization.

But catastrophic plans cannot cover EHBs until the deductible is met except for preventive services and three primary care visits a year.

Issuers had asked CMS whether, in light of the public health emergency posed by COVID, they could cover testing and treatment pre-deductible. The agency confirmed in the FAQ that, while issuers are generally not allowed to change their coverage mid-year, CMS would not take any enforcement action against a plan that opts to do so.

However, the agency says in a footnote that the enforcement relief does not extend to issuers that reduce other benefits in order to offset the increased generosity for COVID-related services.

CMS also encourages states to take the same non-enforcement approach with their

carriers.

Catastrophic plans, which have a \$8,150 deductible for 2020, are available to exchange enrollees under 30 years of age, or to consumers who qualify for one of 14 hardship exemptions. Enrollees in the plans are not eligible for tax credits or for a health savings account.

Only a small percent of exchange enrollees purchases catastrophic plans. In 2019, the plans made up just 92,460 out of more than 11.4 million plan selections, according to CMS data. -- Amy Lotven (alotven@iwpnews.com)

From:

(b)(6)

NR

NR

Sent:

4/9/2020 3:08:39 PM +0000

To:

"Lynch, Calder (CMS/OA)" <calder.lynch@cms.hhs.gov>

Subject:

FW: FW: CMS TOP NEWS STORIES – April 9, 2020

Attachments:

04-09-2020 CMS Top News Stories.docx

(b)(5)

From: Sokol, Lisa Y. (CMS/OC)**Sent:** Thursday, April 9, 2020 8:23 AM**To:** Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Brookes, Brady (CMS/OA)

<Brady.Brookes@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; (b)(6)

(b)(6); Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov>; Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Kanellis, Elaine (CMS/OC)

<Elaine.Kanellis@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>

Cc: Fortin-Garcia, Carolina (CMS/OC) <Carolina.Fortin-Garcia@cms.hhs.gov>; Good-Cohn, Meredith

(CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Harper, Bernice J. (CMS/OEDA)

<Bernice.Harper@cms.hhs.gov>; Joy-Bush, Keya A. (CMS/OC) <keya.joy-bush@cms.hhs.gov>; Marcos,

Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Perez-Rivera, Diana (CMS/OA) <Diana.Perez-

Rivera@cms.hhs.gov>; Sokol, Lisa Y. (CMS/OC) <Lisa.Sokol@cms.hhs.gov>

Subject: CMS TOP NEWS STORIES – April 9, 2020**CMS TOP NEWS STORIES – April 9, 2020****[Senators Urge CMS To Address Medicare Program Interest Rates](#)***Bloomberg Law* (4/8) – [Full Text link](#)

Bloomberg Law reports Sens. Jeanne Shaheen (D-NH) and Bill Cassidy (R-LA), “along with a bipartisan group of ~32 other senators, are urging CMS to waive or modify interest rates for health-care providers seeking financial aid amid the pandemic through Medicare’s Accelerated and Advance Payments Program.” The lawmakers wrote to HHS Secretary Alex Azar and CMS Administrator Seema Verma, “Hospitals, physicians and other health-care providers have significant concerns about the 10.25 percent interest rate.”

[U.S. Surpasses 430,000 Coronavirus Infections](#)*Wall Street Journal* (4/9, Talal Ansari, Liza Lin and Laurence Norman) – [Full Text link](#)

The Wall Street Journal reports the number of coronavirus cases in the US now exceeds 430,000. Meanwhile, the country saw its deadliest day yet during the pandemic, with 1,973

fatalities from the virus in a 24-hour period.

More Coverage: Print and Online. [US Coronavirus Cases Hit 400,000](#) (The Hill, 4/8, Tal Axelrod), [U.S. Sees Another Record Number Of Coronavirus Deaths In One Day](#) (Forbes, 4/8, Isabel Togoh), [U.S. Records Deadliest Day As Coronavirus Cases Near 400,000](#) (U.S. News & World Report, 4/8), [Optimism Is Less Distant As Global Coronavirus Battle Rages On](#) [Latest Updates: Coronavirus Outbreak In The U.S. The Coronavirus Outbreak](#) (New York Times, 4/8, Dan Barry), [U.S. Authorities Believe Rising Coronavirus Death Toll Is Indicator Of Past Failures, But Hope Americans Have Learned](#) (Washington Post, 4/8, Lateshia Beachum, Alex Horton and David A. Fahrenthold)

Companies Seek To Pool Medical Records To Create Coronavirus Patient Registry

Wall Street Journal (4/8, Patience Haggin) – [Full Text link](#)

The Wall Street Journal reports that many software and healthcare companies are hoping to create a COVID-19 registry of patient data from pooled medical records throughout the US in an effort to study disease spread, vulnerability of population groups, and effectiveness of proposed treatment.

The Health 202: Coronavirus Means Americans Are Finally Embracing Virtual Health Care

Washington Post (4/8, Paige Winfield Cunningham) – [Full Text link](#)

The Washington Post reports that “millions of Americans being quarantined may be what finally gets telemedicine widespread acceptance in the United States,” as “the pandemic is prompting a seismic shift among policymakers, providers and patients as they contemplate how to ensure Americans can get needed care even as most of the country practices social distancing.” According to the story, “experts say two chief barriers have stood in the way of delivering more care via video. One, many patients and providers remain skeptical. And two, regulations are standing in the way.” But “now the coronavirus and subsequent need to stay at home is spurring demand like never before. Telehealth providers are reporting massive spikes in use of their services in recent weeks.”

HHS Awards \$1.3 Billion To Health Centers To Help Treat Virus

Bloomberg Law (4/8) – [Full Text link](#)

Bloomberg Law reports, “Community health centers, which provide primary care for 28 million people, will get \$1.3 billion to prevent, diagnose, and treat Covid-19, the HHS announced Wednesday.” The funds will be distributed to “1,387 centers and will help them maintain or increase capacity and staffing, the Department of Health and Human Services said.”

More Coverage. [HHS Sends \\$1.3B To Health Centers For Telehealth, Other](#)

[Improvements](#) (mHealth Intelligence, 4/8), [Michigan Awarded More Than \\$32M In Federal Funding To Battle Coronavirus Pandemic](#) (MLive (MI), 4/8), [HHS To Give \\$1.3 Billion To Community Health Centers](#) (Modern Healthcare, 4/8), [Trump Admin Unveils \\$50M Of COVID-19 Relief Dollars For NJ](#) (NJBIZ (NJ), 4/8, Daniel J. Munoz), [\\$22 Million In Coronavirus Aid Awarded To WV Health Centers](#) (Charleston (WV) Gazette-Mail, 4/8, Rick Steelhammer), [Four Clinics In Pima County To Receive Federal Funds For Coronavirus Response](#) (Arizona Daily Star, 4/8, Stephanie Casanova)

Over 7 Million Americans To Lose Health Insurance During Coronavirus Pandemic, 1.5 Million Have Already Lost Coverage, New Study Predicts

Newsweek (4/8) – [Full Text link](#)

Newsweek reports some “7 million Americans are expected to lose their health insurance during the coronavirus pandemic, while more than 1.5 million are already estimated to have lost coverage, according to a new study” published in the Annals of Internal Medicine. The study authors wrote, “Coverage losses are likely to be steepest in states that have turned down the Patient Protection and Affordable Care Act’s Medicaid expansion. In expansion states, the share of persons who have lost or left a job who lacked coverage was 22.1% versus 8.3% for employed persons – a difference of 13.8 percentage points.”

The U.S. Can’t Afford Not To Provide Health Insurance For Everyone – And This Pandemic Proves It

Newsweek (4/8, Beatrix Hoffman, PhD) – [Full Text link](#)

Beatrix Hoffman, PhD, professor of history at Northern Illinois University, writes in Newsweek that Americans “cannot wait any longer to fix our broken health care system.” The country “must stop rationing health care by income and insurance coverage. Health coverage for all will not end pandemics, but will prevent a great deal of the economic pain and fear they engender, and will improve our ability to respond as a society. We can afford to cover everyone, and today’s public health emergency shows us that we can’t afford not to.”

To Support Older Adults Amidst The COVID-19 Pandemic, Look To Area Agencies On Aging

Health Affairs (4/8, Amanda L. Brewster, Traci L. Wilson, Suzanne R. Kunkel, Sandy Markwood, and Tanya B. Shah) – [Full Text link](#)

Amanda L. Brewster, Traci L. Wilson, Suzanne R. Kunkel, Sandy Markwood, and Tanya B. Shah write for Health Affairs that the coronavirus outbreak “underscores the critical importance of community services to support health and social care for aging populations. Data from 211 help lines, for example, show dramatic increases in social needs, with requests for home-delivered meals, food pantries, and rent assistance rising many-fold compared with the same period last year.” The authors say a “crucial system of support and coordination is the 622 Area Agencies on Aging (AAAs) across the US which provide key services for older adults in their communities, including home-delivered meals, personal care services, health promotion and chronic disease management, transportation, and social engagement.”

[Competitive Bidding Reduced Medicare Spending On Diabetes Testing Supplies Without Negatively Affecting Beneficiary Outcomes](#)

Health Affairs (4/8, Brian O'Donnell, Eric Rollins and James Mathews) – [Full Text link](#)

Brian O'Donnell, Eric Rollins and James Mathews write for Health Affairs that “studies have consistently shown that Medicare’s payment rates for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) were excessive and that these products were particularly susceptible to fraud and abuse. In response, Congress required the Centers for Medicare and Medicaid Services (CMS) to use competitive bidding to set payment rates for certain DMEPOS products.” Since CMS started “using competitive bidding in 2011, Medicare spending on DMEPOS products has fallen dramatically.” Some have suggested “beneficiaries have lost access to needed products and experienced worse health outcomes,” but CMS insists “competitive bidding has not had any adverse effects on beneficiary health outcomes, and the Office of Inspector General has issued a series of reports suggesting stable access.”

[The CMS Hospital Star Rating System: Fixing A Flawed Algorithm](#)

Health Affairs (4/8, Daniel Adelman) – [Full Text link](#)

Daniel Adelman writes for Health Affairs that the primary “algorithm used in the Centers for Medicare and Medicaid Services (CMS) Hospital Star Ratings is flawed. In fact, it can cause a hospital’s overall score to decrease even when it improves along every quality measure,” which “runs counter to the goal of designing a rating system that incentivizes hospitals to improve by rewarding hospitals when they perform better.” Adelman says, “A flawed hospital rating system can drive patients away from good hospitals and toward worse-performing hospitals, with potentially dire consequences to public health.”

Coronavirus – Hospital/Nursing Home News

[Nursing Homes In US Seeing Surge In Coronavirus Cases](#) 📺

CBS Evening News (4/8) – [Video link](#)

The CBS Evening News reported that across the US, “we’re seeing an alarming rise in coronavirus cases at nursing homes.” Over “half the nursing homes in New Jersey have at least one case. Three patients have died at a nursing home in Missouri. And at a home near Richmond, Virginia, 33 have died.” Meanwhile, over “80 nursing home residents” were “evacuated in ambulances from a Riverside, California facility after 39 cases of coronavirus, and after nurses, presumably fearing for their own safety, refused to show up.”

[Nursing Homes Lose Fight Over CMS’s Predispute Arbitration Rule](#)

Bloomberg Law (4/8) – [Full Text link](#)

Bloomberg Law reports, “Long-term care facilities must comply with a new agency rule governing their use of predispute arbitration agreements as a condition of receiving Medicare and Medicaid payments, a federal court in Arkansas said.” This “rule is a valid exercise of the agency’s authority, was adopted according to federal procedural rules, and doesn’t conflict with the Federal Arbitration Act, the U.S. District Court for the Western District of Arkansas said Tuesday.” The article says the court ruled in favor of HHS “in a lawsuit brought by Northport Health Servs. of Arkansas LLC and other nursing homes.”

[Keeping Our Hospitals Afloat Means Supporting All Hospital Workers](#)

Washington Post (4/8) – [Full Text link](#)

In an editorial, the Washington Post says that “health-care workers from all over the country are spilling into New York to help handle the crush of coronavirus patients,” and “this migration of health-care workers emphasizes that we need to prepare for more than shortages in vital supplies such as ventilators and personal protective equipment (PPE). We need to be ready for shortages in people.” The Post argues that “hospitals depend on more than doctors and nurses,” as “other vital providers include physician assistants, pharmacists and first responders,” as well as respiratory therapists. In addition, “perhaps least appreciated are those not directly involved in clinical care but whose work ensures that hospitals remain clean, safe and efficient,” such as “environmental service workers who take patients their meals, clean linens and operating rooms, and staff hospital cafeterias.” The Post concludes that “we should do even more to support our hospitals: find better child-care solutions for workers, provide all workers with PPE, and make sure our formal and informal efforts remember all the people going to work for us – even the ones we don’t always recognize.”

Coronavirus – State News

[Bleak Records In N.Y. And N.J., But Leaders See Coronavirus Curve Flattening – Latest Updates: Coronavirus Outbreak In New York The Coronavirus Outbreak](#)

New York Times (4/8)

The New York Times reports “deaths from the coronavirus spiked to new highs in” New York “for a second straight day on Wednesday, underscoring the outbreak’s continued grip on the” state “even as other figures showed that its impact was beginning to slow.” An additional “779 people in New York State died of the virus, Gov. Andrew M. Cuomo [D] reported, compared with 731 the day before.” The state, “with 149,316 confirmed cases, has had more people test positive for the virus than any country outside the United States, including Italy and Spain, the two other countries the pandemic has hit hardest.”

More Coverage: Print and Online. [Mayor Says Virus Has Hit Black, Hispanic New Yorkers Hard](#) (Associated Press, 4/8), [Cuomo Reports A New Single-day Record 779 NY Coronavirus Deaths](#) (The Hill, 4/8, Nathaniel Weixel), [Coronavirus Hospitalizations In New York Drop Significantly For Fourth Day In A Row](#) (Forbes, 4/8, Sergei Klebnikov), [New York City’s](#)

[Latinx Residents Hit Hardest By Coronavirus Deaths](#) (NPR, 4/8, Colin Dwyer), [Hospitalizations Drop As New York Sees Largest Single-Day Death Toll Increase](#) (U.S. News & World Report, 4/8), [Speed Of Coronavirus Deaths Shocks Doctors As New York Toll Hits New High](#) (Reuters, 4/8, Nick Brown, Gabriella Borter), [Most New York Coronavirus Cases Came From Europe, Genomes Show](#)[Latest Updates: Coronavirus Outbreak In The U.S. The Coronavirus Outbreak](#) (New York Times, 4/8, Carl Zimmer)

'We Are Flattening The Curve': Cuomo Says Shutdowns Are Working To Curb The Spread Of The Coronavirus, But It's 'Not A Time To Get Complacent'

Business Insider (4/8, Jeremy Berke)

Jeremy Berke writes for Business Insider that "New York Gov. Andrew Cuomo had a rare bit of positive news in his daily coronavirus updates from Albany." Cuomo said on Wednesday, "We are flattening the curve, thank God." The governor "said the reason New York is seeing a drop off in new confirmed cases is because of the strict business and store closures and social distancing measures put in place, and urged residents to keep abiding by these rules – as things could change quickly."

A New York Anesthesiologist Laments His Coronavirus Patient's Last Words Before Intubation: 'Who's Going To Pay For It?'

Business Insider (4/8, Rhea Mahbubani)

Rhea Mahbubani writes for Business Insider that according to Derrick Smith, "the coronavirus has turned the United States healthcare system's pockmarks into garish scars. In a much-shared Facebook post on April 3, he described a COVID-19 patient's last words: 'Who's going to pay for it?'" Mahbubani adds that "Smith told Business Insider that it's 'profoundly sad that people are worrying about their finances during even possibly their dying moments.'"

Officials In At Least 6 States Are Accusing The Federal Government Of Quietly Diverting Their Orders For Coronavirus Medical Equipment

Business Insider (4/8, Mia Jankowicz)

Mia Jankowicz writes for Business Insider that the federal government is being "accused of intercepting shipments of vital medical equipment ordered by state authorities to shore up their supplies in the face of the coronavirus crisis." Last month, "President Donald Trump had told states to seek their own supplies and minimize their requests from the national stockpile, which has resulted in local authorities scrambling to place large orders of ventilators, masks, and other personal protective equipment."

How New Mexico Jump Started Aggressive COVID-19 Testing

Talking Points Memo (4/8, Tierney Sneed)

Tierney Sneed writes for Talking Points Memo that in most of the US, "even those with COVID-19 symptoms are struggling to get tested for the virus. But in New Mexico, an extremely rural and low income state, the governor announced last week that certain residents without

symptoms can now get tested.” Sneed says the state’s “expansion of its testing eligibility – which now allows testing for asymptomatic people who are exposed to COVID-19 or who live in group living facilities like nursing homes – is a testament to how quickly the state was able to scale up its testing.”

[In New York’s Sickest County, Hasidic Jews Feel The Extra Scrutiny](#)

Talking Points Memo (4/8, Matt Shuham)

Matt Shuham writes for Talking Points Memo that two New York towns “which are known for their thriving community of Hasidic Jews,” Monsey and Spring Valley, “are at the epicenter of Rockland County’s coronavirus outbreak.” Shuham adds that “the county, with 6,400 cases as of Wednesday, is sicker per capita than anywhere in New York.”

Coronavirus – Additional News

[A Leading Model Now Estimates Tens Of Thousands Fewer Covid-19 Deaths By Summer](#)

Washington Post (4/8, Philip Bump and William Wan)

The Washington Post reports that “even while maintaining policies aimed at limiting person-to-person contact, the” Trump Administration “projected between 100,000 and 240,000 Americans would die of covid-19.” One slide, which used “data from the Institute for Health Metrics and Evaluation [IHME] at the University of Washington, showed a predicted peak in the daily death toll from the disease arriving in the middle of April.” NIAID Director Anthony Fauci said, “Models are as good as the assumptions you put into them, and as we get more data, then you put it in and that might change.” On Tuesday night, “the IHME estimate shifted. ... While the model last week projected nearly 94,000 deaths by late summer, its new estimate puts the toll by August at 60,400 – a decline of 26 percent from the model’s previous estimate.”

More Coverage. [New Data Suggest U.S. Coronavirus Death Toll May Not Be As High As Feared](#) (Los Angeles Times, 4/8, Noah Bierman, Noam N. Levey), [US Coronavirus Deaths Pass 14,000, But Future Projections Are Better Than Expected](#) (CNN, 4/8, Holly Yan, Steve Almasy, Madeline Holcombe and Omar Jimenez), [Model Predicts US May See Tens Of Thousands Fewer Coronavirus Deaths Than Expected](#) (The Hill, 4/8), [Trump Touts Improving Coronavirus Models: ‘Soon We’ll Be Over That Curve’](#) (Washington Times, 4/8, Tom Howell Jr. and David Sherfinski)

[CDC Issues New Guidance For Essential Workers Exposed To Coronavirus](#)

The Hill (4/8, Peter Sullivan)

The Hill reports the CDC “on Wednesday issued new guidelines aimed at getting workers who have been exposed to the coronavirus in critical fields back to work faster.” Under the previous “guidance, workers were told to stay at home for 14 days if they were exposed to someone who had tested positive for coronavirus.” However, “the new guidelines will allow critical workers who have been exposed” to “go back to work as long as they are asymptomatic and follow

conditions like taking their temperature before going to work, wearing a face mask at all times and practicing social distancing at work as much as possible.” CDC Director Robert Redfield said during a news briefing, “One of the most important things we can do is keep our critical workforce working.”

More Coverage: Print and Online. [Trump Administration Says Frontline Workers Can Go Back To Work Sooner After Virus Exposure](#) (Politico, 4/8, Brianna Ehley), [New CDC Guidance For Essential Workers During Coronavirus](#) (Associated Press, 4/8), [White House Announces New Guidance For How Critical Employees Can Return To Work](#) (NPR, 4/8, Laurel Wamsley), [CDC Allows Critical Workers Who Test Positive For Coronavirus To Continue Working](#) (Washington Examiner, 4/8, Rob Crilly)

Outcry Over Racial Data Grows As Virus Slams Black Americans

Associated Press (4/8)

The AP reports that “as the coronavirus tightens its grip across the country, it is cutting a particularly devastating swath through an already vulnerable population – black Americans.” Democratic legislators “and community leaders in cities hard-hit by the pandemic have been sounding the alarm over what they see as a disturbing trend of the virus killing African Americans at a higher rate, along with a lack of overall information about the race of victims as the nation’s death toll mounts.” President Trump and NIAID Director Anthony Fauci “acknowledged the higher death rate among African Americans during Tuesday’s White House briefing.” The piece adds that the Lawyers’ Committee for Civil Rights Under Law, “along with hundreds of medical professionals, sent a letter to Health and Human Services Secretary Alex Azar on Monday urging him to ensure his agency will ‘collect, monitor, and disseminate racial data’ for the coronavirus.”

More Coverage. [Mississippi Shows Wide Racial Gap In Impact Of Coronavirus](#) (Associated Press, 4/8), [Editorial: COVID-19 Is Disproportionately Killing Minorities. That’s Not A Coincidence](#) (Los Angeles Times, 4/8), [This Is Not An Equal Opportunity Virus](#) (Washington Post, 4/8, Michele L. Norris), [The Novel Coronavirus Is Devastating Black Communities. This Was Predictable.](#) (Intelligencer (NY), 4/8, Zak Cheney-Rice), [California Releases Limited Racial Breakdown Of Coronavirus Patients And Deaths](#) (Los Angeles Times, 4/8, Ben Poston, Tony Barboza), [CDC Hospital Data Point To Racial Disparity In COVID-19 Cases](#) (NPR, 4/8, Allison Aubrey Joe Neel), [Congressional Black Caucus Calls On CDC To Report Racial Data](#) (The Hill, 4/8, J. Edward Moreno), [The Trump Administration Blames Covid-19 Black Mortality Rates On Poor Health. It Should Blame Its Policies.](#) (Vox, 4/8), [Focus The Covid-19 Fight In Black Cities](#) (New York Times, 4/8, Charles M. Blow), [Coronavirus Has Exposed The World To Health Disparities In Black America: So What Now?](#) (Forbes, 4/8, Lisa Fitzpatrick), [COVID-19 Hitting Louisville African Americans, Asians Harder, But Not At Nation’s Levels](#) (Louisville (KY) Courier-Journal, 4/8)

Hundreds Of Young Americans Have Now Been Killed By The Coronavirus, Data Show

Washington Post (4/8, Chris Mooney, Brady Dennis and Sarah Kaplan)

The Washington Post reports on its front page that “at least 759 people under age 50 across the United States...have perished amid the deepening pandemic, according to a Washington Post analysis of state data.” The Post found 9 cases where people under the age of 20 died in

the current pandemic. According to the Post, “the risk appears to rise with every decade of age.” The Post “found at least 45 deaths among people in their 20s,” a minimum of “190 deaths among people in their 30s, and at least 413 among people in their 40s,” although “the true number of deaths among young people is probably higher,” as “not all states provide data on coronavirus deaths sorted by age group.”

Tim Scott Asks Trump Administration To Warn Minority Communities Of Coronavirus Risks

McClatchy (4/8)

McClatchy reports Sen. Tim Scott (R-SC) said he discussed with the Administration the need for better outreach to, in McClatchy’s words, “help spread the word to communities of color that they are at a higher risk for contracting the novel coronavirus.” Scott said, “We should use the biggest microphones we have to share this information.” Scott said he asked National Institute of Allergy and Infectious Diseases Director Anthony Fauci, “Since African Americans have a higher percentage of folks with high blood [sic] pressure, should we be wearing masks more often or not? Should I be more aggressive in encouraging social distancing protocols?” Scott also sent a letter to Health and Human Services Secretary Alex Azar asking the agency address the “patchwork of demographic data that will inevitably hinder our ability to comprehensively analyze or assess disparities in order to aid in our response efforts.”

What Congress Must Do Now To Confront The Coronavirus

New York Times (4/8, Elizabeth Warren)

In an op-ed for the New York Times, Sen. Elizabeth Warren (D-MA) outlines what Congress should include in the next coronavirus package, arguing that “containing the health crisis must be our first priority.” According to Warren, the next package “should include more aid for workers and small businesses, closer oversight of government spending and assurances of free and fair elections.” She urges Congress to start working immediately “to save lives and to rescue our economy.”

The U.S. Needs Masks To Fight Coronavirus. But Supplies From China Fell As Demand Rose.

USA Today (4/8, Dian Zhang, Erin Mansfield, Dinah Voyles Pulver)

USA Today reports that a USA Today analysis of trade data found that in February, “as Americans rushed to buy face masks,” US imports of masks from China were down to the “lowest level in years,” even as US mask exports to China hit “their highest February levels in a decade.” Economists attributed the decline in imports to President Trump’s tariffs, demand in China, and loss of production due to COVID-19. The increased exports were partly due to President Trump “downplaying” the outbreak’s risks, as well as the Centers for Disease Control and Surgeon General Dr. Jerome Adams telling people to not buy masks. Additionally, Health and Human Services officials “didn’t place the first order for N95 respirators until mid-March, according to The Associated Press, citing federal contracting records.”

Birx Says Drop In US Death Projection Is Due To Americans Changing Their Behavior Through Social Distancing

CNN (4/8, Nikki Carvajal)

CNN reports White House Coronavirus Response Coordinator Dr. Deborah Birx said Wednesday that the number of deaths from coronavirus projected by models, in CNN's words, "dropped dramatically in recent days." Birx attributed the change to "how important behavioral change is, and how amazing Americans are at adapting to and following through on these behavioral changes." Birx and Dr. Anthony Fauci also "pushed back on conspiracy theories suggesting that coronavirus deaths in the US are being inflated."

More Coverage. [Dr. Deborah Birx Warns Of 'Acute Second Wave' Of Coronavirus Infections Without Social Distancing](#) (Washington Times, 4/8, David Sherfinski), ['Really Critical': Deborah Birx Warns Of 'Very Acute Second Wave' If People Begin Going Out](#) (Washington Examiner, 4/8, Zachary Halaschak)

Caught Napping By Coronavirus

Wall Street Journal (4/8, Daniel Henninger)

Daniel Henninger, in a column in the Wall Street Journal, writes that Surgeon General Jerome Adams was correct in comparing the pandemic to Pearl Harbor, as the US was extremely unprepared for a known threat. Henninger calls for a federal forum for broader scientific discussion and productive dissent. He also argues that mixing data presentations with President Trump's press sessions creates a muddle.

For H.I.V. Survivors, A Feeling Of Weary Déjà Vu – Latest Updates: The Coronavirus Outbreak

New York Times (4/8, Jacob Bernstein)

Jacob Bernstein, in a column in the New York Times, writes that the pandemic is stirring up familiar feelings for survivors of the AIDS crisis. The similarities between the two include politicians not deferring to expert scientific opinion, and National Institute of Allergy and Infectious Diseases Director Dr. Anthony Fauci – whose "calm demeanor and attempt to float above politics has been a source of heated debate among AIDS activists" – overseeing both responses. President Trump's touting the antimalarial drug hydroxychloroquine as a treatment for Covid-19, despite a lack of proof, has "horrified" survivors of the AIDS crisis, who regret the harmful effects of untested treatments activists pushed for. Additionally, "Covid-19's disproportionate ability to kill the poor, the uninsured and the elderly has also played into disheartening arguments against reacting aggressively" that "enraged a number of H.I.V. survivors" and feel that they're being treated as disposable due to their age, as they felt treated before due to their sexuality.

'Never Seen Anything Like It': Cars Line Up For Miles At Food Banks – Latest Updates: Markets And Business The Coronavirus Outbreak

New York Times (4/8, Nicholas Kulish)

In a front-page article, the New York Times reports, “Demand for food assistance is rising at an extraordinary rate,” but food banks are dealing with “shortages of both donated food and volunteer workers.” Demand is being driven by lost jobs – close to 10 million Americans reported losing theirs in the second half of March – and low savings – prior to the pandemic the Fed found that four in 10 American adults could handle an unexpected \$400 expense. Additionally, school closings affect those “who relied on free or subsidized school breakfasts and lunches to keep their children fed.” Meanwhile, charities “rely on a volunteer labor force, one that skews heavily toward retirees” – who are now sheltering at home. Meanwhile, “many of the organizations that typically donate large volumes of food,” such as restaurants, hotels and casinos, are shut down. Additionally, consumers are buying so much at grocery stores that there is less “unsold inventory that is approaching its best-by date,” which is typically donated.

Fake Cops Are Stopping Drivers For Violating Coronavirus Stay-At-Home Orders

USA Today (4/8, Trevor Hughes)

USA Today reports the pandemic “seems to have emboldened an unusual number of” police impersonators, particularly in Northern Colorado, who the authorities say are stopping drivers about violating stay-at-home orders. “In all cases of the fake traffic stops, the drivers were allowed to continue on their way after being questioned by the imposters, police said.” However, traffic stops are dangerous, exposing officers to the risk of being hit by a car “and because officers don’t know what to expect from the vehicle they’re approaching.”

As Covid-19 Cases Mount, Flight Attendants Grow Increasingly Fearful Of Flying

Washington Post (4/8, Lori Aratani)

The Washington (DC) Post reports flight attendants have expressed “anxiety and fear” as they continue to work through the coronavirus outbreak. The Post says the “fear has deepened” after news that a 65-year-old American Airlines flight attendant died after contracting COVID-19, and a 68-year-old JetBlue flight attendant died shortly after. The Post says the number of flight attendants who have contracted the illness is not yet known, but the Association of Flight Attendants-CWA “said more than 150 members have reported testing positive for covid-19 and an estimated 300 suspect they have contracted the virus.”

Insurers Can’t Cover The Cost Of The Pandemic Shutdown – And Shouldn’t Be Asked To

Washington Post (4/8, Megan McArdle)

Megan McArdle, in a column in the Washington Post, argues against business interruption insurers being forced to pay for losses incurred by the pandemic shutdown. McArdle argues that the policies don’t cover pandemics and that the insurers shouldn’t be punished for not doing anything wrong. Additionally, the insurers don’t have the money to cover the losses; they’d just go bankrupt. McArdle argues that only “a stable national government that can cover today’s losses by borrowing against tomorrow’s income” can provide insurance against events such as pandemics and wars. Additionally, she argues the government is morally obligated to, as everyone’s health is being protected by the economic shut down, “everyone should pay for it: through borrowing now and taxes later.”

Coronavirus Could Put 1.5 Million U.S. Families On Cusp Of Homelessness

Reuters (4/8, Ellen Wulffhorst)

Reuters reports housing experts say that the economic impact of the coronavirus pandemic may put 1.5 million US families on the edge of homelessness, joining “some 8 million existing US households” already on the verge of losing their homes by paying half or more of their income on rent. The number of residents seeking US unemployment benefits skyrocketed last week to over 6 million, a record high, and did not include workers in the informal economy who “are not eligible for jobless benefits.” National Low Income Housing Coalition head Diane Yentel called on Congress to approve \$100 billion in emergency rental assistance for those in need, asking what would happen when “we have millions of people who on a good day are on the cusp of losing their homes in the middle of a pandemic, when our collective health depends on our ability to stay home?”

There Are No ‘America First’ Solutions To Global Problems Like Pandemics

Washington Post (4/8, Max Boot)

Writing for the Washington Post columnist Max Boot says that the coronavirus pandemic is driving people apart, “largely because of a lack of American leadership.” Boot asserts that Trump has “little interest in fostering a unified response domestically,” and “even less interest in marshaling international cooperation.” Boot says that Trump is “predictably using the present crisis to undermine” international organizations, and “pursue his national agenda.” Boot argues that “major threats...do not respect national boundaries,” and so trying to “impose an ‘America First’ solution on a global crisis will hurt America first and foremost.”

COVID-19 – ‘America First’ Policy May Mean More Americans Sick

The Hill (4/8, Sam Worthington)

Writing for The Hill, InterAction CEO Sam Worthington says that America’s social distancing, handwashing, working from home and self-quarantining will help in the US, but such strategies aren’t possible in vulnerable countries around the globe. Worthington argues that these vulnerable communities will “bear the full brunt of the pandemic,” and once America is past the crisis, there is a real risk of the disease “boomeranging back” to the country. Worthington says America needs to “take a global approach – the long-term safety and health of our country are dependent on it.” Worthington asserts that an “America-first approach is a dangerous betrayal to the American people and the millions around the globe who will die if we don’t help stop the virus.”

When Will Life Return To Normal? Expert Says US Testing Is Too Far Behind To Know, Expects Second Wave Of Cases

USA Today (4/8, Adrianna Rodriguez)

USA Today reports Harvard epidemiologist Marc Lipsitch said that testing for the coronavirus in the US is still too far behind to know for sure when restrictions should be lifted, and that the US

may see a second wave of cases once social distancing measure are relaxed. Lipsitch explained he believed a large portion of the US population must be immune to the virus through vaccination or infection before the country can be reopened, and suspects testing numbers are only a fraction of the real cases in the US. USA Today reports the FDA was “slow to approve private sector testing,” which limited America’s testing capabilities, but earlier this month authorized the first test for COVID-19 that measures antibodies in the blood.

We Made This Disaster For Ourselves

Washington Post (4/8, Molly Roberts)

Writing for the Washington Post, editorial writer Molly Roberts says that human behavior helped create the condition for the coronavirus pandemic. Global Virome Project boss Dennis Carroll explains that humans are multiplying very quickly, increasing the amount of contact we have with each other, while also transforming more of the world into our own habitat, raising the collision rate between various animals and ourselves. The increasing disruption of wildlife and further livestock production is also causing risk. Roberts says our “globalized system is in part to blame for this disease ballooning, and yet at the same time our lack of global spirit is to blame for our inability to deflate the blimp before it explodes.”

The Covid-19 Pandemic Will End. America’s Next Health Crisis Is Already Starting.

Washington Post (4/8)

In an opinion piece for the Washington Post, Dr. Michael L. Barnett, an assistant professor of health policy and management at the Harvard T.H. Chan School of Public Health and a primary care physician at Brigham and Women’s Hospital, writes: “A second, hidden pandemic will follow covid-19. The question isn’t so much whether it will happen, but how bad it will be.” Barnett continues, “Loss of health-care access is a well-known cause of further death and illness after natural disasters. Covid-19 does not carry the physical destruction of a hurricane. But the reduction in access to health care could rival the aftermath of a large hurricane, and it wouldn’t just hit one stretch of coast or one island.”

After ICU, Coronavirus Patients’ Ordeal Is Far From Over

Wall Street Journal (4/8, Mark Maremont and Jennifer Levitz)

On its front page, the Wall Street Journal reports that patients sick with the coronavirus and put on a ventilator may still face a difficult road of recovery even after they have recovered enough to leave the ICU. Initial recovery after surviving an extended period on a ventilator may take weeks or months, and even years later survivors may have physical, emotional, or cognitive issues. Many coronavirus patients may face these kind of lengthy stays on ventilators while sedated, putting them at greater risk for post-ICU health issues.

Power Up: FDA Says ‘The Food Supply In This Country Is Safe’ Despite Empty Grocery Shelves

Washington Post (4/8, Jacqueline Alemany)

The Washington Post reports FDA Deputy Commissioner Frank Yiannas spoke with Power Up on Tuesday to discuss the spike in demand for food in the US during the COVID-19 pandemic and the agency's response." According to Yiannas, "The American people should be rest assured that the food supply in this country is safe – both for people and for animals." Yiannas added, "There are no widespread or nationwide shortages of food despite localized reports that you're seeing."

More Coronavirus Vaccines And Treatments Move Toward Human Trials – Latest Updates: Coronavirus Outbreak In The U.S. The Coronavirus Outbreak

New York Times (4/8, Knavel Sheikh And Katie Thomas)

The New York Times reports, "Just three months after the start of the coronavirus pandemic, several biotech companies are beginning trials of promising vaccines and treatments." On Wednesday, Novavax, "a Maryland-based biotech company, said it would begin human trials in Australia in mid-May for its vaccine candidate." And the stem-cell company Mesoblast "said it was starting a 240-patient clinical trial, supported by the National Institutes of Health, that would test whether cells derived from bone marrow could help patients who developed a deadly immune reaction to the coronavirus."

The Unholy Alliance Of Trump And Dr. Oz

New York Times (4/8, Frank Bruni)

In his column for the New York Times, Frank Bruni raises concerns that President Trump is "getting advice about the pandemic" from Dr. Mehmet Oz, who has been making "a blizzard of appearances on Fox News." Of particular concern, Bruni says, is Oz's promotion of "the anti-malarial treatment hydroxychloroquine as a potential wonder drug for Covid-19." In Bruni's view, "Oz is to medicine what Trump is to politics: someone who has bent the discipline to the dictates of entertainment in pursuit of ever more celebrity, ever more power, and has warped and cheapened it in the process."

Coronavirus Social Distancing Buying Valuable Time For Scientists In Hunt For Cure: Biochemist

Fox News (4/8, James Rogers)

Fox News reports Hebrew University of Jerusalem Structural Biochemistry Professor Isaiah Arkin said there is "a clear correlation to infection rates to places that enacted social distancing," which "results in lowering infectivity appreciably." Arkin, a biochemist, "also noted that, while the virus has many variants, he has not seen evidence the different strains are making it more harmful." NIAID Director Anthony Fauci also "told Fox News Wednesday that U.S. lockdown efforts are having an impact." Fauci said, "We need to keep pushing on the mitigation strategies because there's no doubt that that's having a positive impact on the dynamics of the outbreak."

There's Hope That The Pandemic Is Slowing. That Doesn't Mean It's Time To Let Up.

Washington Post (4/8)

In an editorial, the Washington Post says “glimmers of hope are emerging that the coronavirus pandemic is slowing,” but “no one should draw the conclusion that it is time to let up.” Rather, “the changing dynamics of infection and hospitalization show that social distancing to break the virus transmission is working where attempted, and ought to be redoubled.” The Post says that “if people relax, the consequences could be a dangerous second wave.” The editorial board adds that while speaking about serology tests, “Assistant Secretary of Health and Human Services Brett P. Giroir reassured members of the media on Tuesday that ‘we will have millions on the market by May.’” The Post adds that former FDA Commissioner Scott Gottlieb “said the percent of the population infected and showing antibodies in Europe is between 1 percent and 15 percent, but he thinks it may be lower in the United States.”

Coronavirus Crisis Highlights Trump’s Resistance To Criticism – And His Desire For Fervent Praise

Washington Post (4/8, Ashley Parker and Anne Gearan)

On its front page, the Washington Post says in an analysis that the pandemic “has crystallized several long-standing undercurrents of the president’s governing ethos: a refusal to accept criticism, a seemingly insatiable need for praise – and an abiding mistrust of independent entities and individuals.” The piece mentions that on Monday, President “Trump was asked about a new report by Christi Grimm, the top official in the Department of Health and Human Services’s Office of Inspector General, which found hospitals faced significant testing and medical supplies shortages.”

Trump’s Wasted Briefings

Wall Street Journal (4/8)

In an editorial, the Wall Street Journal says that while the coronavirus briefings started as a good tool to educate the public, they are now all about President Trump. The Journal argues the briefings should be limited to 45 minutes and Vice President Pence should lead them.

In Trump’s Marathon Briefings, The Answers And The Message Are Often Contradictory – Latest Updates: Coronavirus Outbreak In The U.S. The Coronavirus Outbreak

New York Times (4/8, Peter Baker)

In an analysis, the New York Times says that President “Trump does not need adversaries to dispute his statements – he does that all by himself.” During “his daily briefings on the coronavirus pandemic, the president has routinely contradicted himself without ever acknowledging that he does so.” In the process, Trump “sends confusing signals that other politicians, public health officials and the rest of the country are left to sort out.”

Congress Should Protect Every Job In The Country During This Crisis

Washington Post (4/8, Josh Hawley)

In an opinion piece for the Washington Post, US Sen. Josh Hawley (R-MO) writes that “America is experiencing a moment of crisis, but it need not be a period of decline.” Rather, “Americans are ready for a comeback. And Congress must help to unleash it.” Hawley says that amid the coronavirus pandemic, “we cannot afford to make a few fixes to existing programs and hope for the best. We must think differently and be bold.” Hawley writes, “Here is what I propose: Because the government has taken the step of closing the economy to protect public health, Congress should in turn protect every single job in this country for the duration of this crisis. And Congress should help our businesses rehire every worker who has already lost a job because of the coronavirus.”

Nikki Haley: Focus On Your Governor, Not Trump

New York Times (4/8, Nikki R. Haley)

In an opinion piece for the New York Times, former South Carolina Governor Nikki Haley (R) writes that “the coronavirus presents enormous national challenges that call for a strong federal response.” However, “we should not lose sight of the essential role that states and governors must play. America is better served when presidents respect the diversity of states instead of dictating uniform solutions.” Haley says that “as our highest nationally elected leader, of course President Trump has enormous responsibility in this unprecedented crisis, and he is marshaling the federal response on a massive scale.” However, “in implementing plans to save people’s lives and keep our economy afloat, look no further than the governors.”

FDA Commissioner Says ‘Mitigation Is Working’ In Battle Against Coronavirus

Fox News (4/8, Victor Garcia)

Fox News reports FDA “Commissioner Dr. Stephen Hahn told ‘The Story’ Wednesday efforts to contain the spread of coronavirus appear to be having an effect.” Hahn said, “The big picture here, I think is, as we’ve heard from the coronavirus task force, is that mitigation is working. I think that’s our number one offense and defense against this virus. And it’s really gratifying to see some encouraging results from mitigation.” He added, “I think the other thing that we will dig into as more and more data and information comes to us is, ‘What are the effects of the incredible work by our providers and the care that’s provided in our hospitals?’”

Editorial: Trump Whacks At The Inspectors General Appointed To Keep Him Honest

Los Angeles Times (4/8)

In an editorial, the Los Angeles Times says that “during President Trump’s impeachment trial, there were warnings that if he were acquitted for abusing his power to induce a foreign country to investigate a political rival, he would be emboldened to continue to put his own interests above the nation’s and resist any meaningful oversight of his administration.” The President’s “assault this week on the independence of inspectors general...confirms those dire prophecies.” On Monday, Trump “publicly berated the inspector general at the Department of Health and Human Services, who had the temerity to issue a report documenting the shortages of COVID-19 tests and protective equipment at hospitals across the country.” The Times says “Trump’s disdain for the role of inspectors general is part of his larger insistence that all departments of

government, including the Justice Department, show fealty to him above all.”

Donald Trump’s Relentless War On Accountability

USA Today (4/8)

In an editorial, USA Today says “Americans have historically embraced fighting corruption, the reason why Donald Trump’s promise to ‘drain the swamp’ resonated so strongly in 2016.” That is “what makes it all the more shocking to see the president take a sledgehammer to government institutions designed by law to ruthlessly ferret out fraud and waste – the offices of inspectors general.” USA Today says “Trump tweeted Tuesday that... Christi Grimm, principal deputy inspector general of the Department of Health and Human Services, was a President Barack Obama holdover and called her work ‘another fake dossier.’” The paper concludes, “Trump’s contempt for the office of inspector general and the accountability it provides to Congress and the American people has been on full display. It raises an obvious question: Why does he want to muzzle the watchdogs?”

Dr. Fauci: ‘We’re Starting To See Glimmers Of Hope’ But Distancing Strategies Must Be ‘Intensified’

Fox News (4/8, Talia Kaplan)

Fox News reports Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, “said Wednesday that even though ‘we’re starting to see some glimmers of hope,’ the United States needs to ‘keep pushing on the mitigation strategies.’” Fauci, “a member of the White House Coronavirus Task Force, said on ‘America’s Newsroom’ that those mitigation strategies, including social distancing, need to continue because ‘there is no doubt that that’s having a positive impact on the dynamics of the outbreak.’” He “acknowledged that the number of deaths continues to increase, but noted that at the same time ‘seemingly paradoxically but not, we’re saying that we’re starting to see some glimmers of hope because the deaths generally lag by a couple of weeks behind what’s fueling the outbreak, namely the number of new cases and the number of hospitalizations.’”

More Coverage. [Coronavirus Outbreak Should Begin To Turn Around After ‘Bad Week For Deaths,’ White House Advisor Dr. Fauci Says](#) (CNBC, 4/8, Berkeley Lovelace Jr.), [Fauci: ‘Looks Like’ US Deaths Will Be Lower Than Original Projection](#) (The Hill, 4/8, Peter Sullivan), [Fauci: U.S. \(Axios, 4/8, Fadel Allasan\)](#), [Fauci: Projections Show U.S. Coronavirus Deaths Could Come In Lower Than Earlier Estimated](#) (Washington Times, 4/8, David Sherfinski), [Fauci ‘Cautiously Optimistic’ Virus Could Plateau Next Week](#) (Bloomberg Law, 4/8), [Fauci: ‘It’s Going To Be A Bad Week’ For Coronavirus Deaths](#) (Washington Examiner, 4/8, Zachary Halaschak)

Column: Trump’s ‘I’m Not Responsible’ Presidency

Los Angeles Times (4/8, Doyle McManus)

In a column for the Los Angeles Times, Doyle McManus contrasts how Gen. Dwight D. Eisenhower prepared to accept responsibility if the planned D-day invasion of France in 1944 failed with how President Trump is handling the current pandemic sweeping the US. McManus writes, “With the United States now in a war against the coronavirus, President Trump has

taken the opposite approach – constantly blaming others and denying any responsibility for problems under his command.” McManus argues, “Eisenhower won two presidential elections thanks partly to his stature as the hero of D-day. Trump had better hope voters don’t hold him to the same standard in November.”

New Polls Show A Majority Of Americans Disapprove Of Trump’s Handling Of The Coronavirus Outbreak

USA Today (4/8, Nicholas Wu)

USA Today reports new polls “released this week show most Americans disapprove of President Donald Trump’s handling of the coronavirus pandemic – a marked shift as the death toll climbs in the United States.” In a CNN poll “released Wednesday, 52% disapproved of how Trump was combatting the virus, up from about 48% disapproval in early March’s CNN poll.” A poll from Reuters and Ipsos “showed similar results,” with data indicating “53% disapproved and 42% approved of Trump’s handling of the pandemic, a shift from the 46% disapproving and 48% approving in their poll from March 30-31.”

More Coverage. [Majority Says Obama Would Handle Coronavirus Better Than Trump, Who Tops Biden: Poll](#) (The Hill, 4/8, Aris Folley), [Voters Believe Obama Would Be Better Than Trump At Handling Coronavirus Outbreak, New Poll Finds](#) (Forbes, 4/8, Jack Brewster), [Majority Of Americans Disapprove Of Trump’s Handling Of Coronavirus, Say Response Is Lacking: Poll](#) (Washington Times, 4/8, Andrew Blake), [Dr. Anthony Fauci, Governors Top New Poll On Coronavirus Response](#) (New York Post, 4/8, Bob Fredericks), [Polls Suggest Public Approval Of Trump’s Job Combating Coronavirus Fading](#) (Fox News, 4/8, Paul Steinhauser)

Hannity’s Latest Propaganda Actually Exposes Trump’s Epic Failures

Washington Post (4/8, Greg Sargent)

In an opinion piece for the Washington Post, Greg Sargent writes that in a recent broadcast in which he provided a timeline of the major actions by the US government during the coronavirus outbreak, Sean Hannity “has unintentionally done us all a public service. He has reminded us just how vast the gulf was between many members of Trump’s administration, who did urgently want to take coronavirus seriously, and Trump, who serially and pathologically refused to do so.”

Anthony Fauci Sets Stage For Mandatory – Lucrative! – Vaccine

Washington Times (4/8, Cheryl K. Chumley)

In an opinion piece for the Washington Times, Cheryl K. Chumley writes that Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases and a member of the Trump Administration’s coronavirus task force, “has a vested interest in seeing” a coronavirus vaccine come to fruition. Chumley says “for certain folk, certain insider folk, vaccines are also great economic and political investments. Especially when they come as saving grace solutions to wildly spread fears – especially when they come as required, mandated protections for global populations.”

Masked Crowds Fill Wuhan's Streets, Trains As Lockdown Ends

Associated Press (4/8)

The AP reports that "Wuhan ended its 76-day lockdown Wednesday morning, allowing residents to again travel in and out of the city without special authorization through the use of a mandatory smartphone app powered by a mix of data-tracking and government surveillance showing they are healthy and have not been in recent contact with anyone confirmed to have the virus." The economic impacts "of the outbreak in Wuhan and across China have yet to be calculated but are expected to be severe." Current "estimates of job losses range into the tens of millions, with the government offering aid to small and medium size businesses that furnish the most employment."

No Sign Europe's COVID-19 Epidemic Is At Peak, EU Disease Monitoring Agency Says

Reuters (4/8, Kate Kelland)

Reuters reports "the COVID-19 disease pandemic is still infecting and killing large numbers of people across Europe and there is no sign yet that the peak of the region's outbreak has been reached, the EU's disease monitoring agency said on Wednesday." Specifically, "a risk report by the European Centre for Disease Control and Prevention (ECDC) said its mortality monitoring system showed that deaths from all causes, including COVID-19, are above expected rates in Belgium, France, Italy, Malta, Spain, Switzerland and Britain, mainly in over 65s."

Italy's Daily Coronavirus Death Toll Falls, But New Cases Accelerate

Reuters (4/8, Crispian Balmer)

Reuters reports that "deaths from the COVID-19 epidemic in Italy rose by 542 on Wednesday, a lower tally than the 604 the day before, but the number of new cases pushed higher to 3,836 compared with a previous 3,039." According to Reuters, "The total death toll since the outbreak came to light on Feb. 21 rose to 17,669, the Civil Protection Agency said, the highest in the world."

More Coverage. [For All Its Coronavirus Blunders, Italy Offers Hope For Other Democracies](#) (Wall Street Journal, 4/8, Eric Sylvers)

Spain's Coronavirus Deaths Pass 14,500, But Real Toll May Be Bigger

Reuters (4/8, Nathan Allen, Elena Rodriguez)

Reuters reports "Spain's official coronavirus death toll edged higher again on Wednesday, but questions persisted over the veracity of numbers and the main business lobby warned the economy may slump up to 9% this year." Spain's Ministry of Health "said 757 people died over the past 24 hours, up from 743 the previous day, marking the second daily rise in a row and bringing the total death toll to 14,555." The percentage pace of increases each day "has roughly halved from the end of March to about 5%."

UK Reports 938 Coronavirus Deaths, Largest Single-day Jump

The Hill (4/8, Justine Coleman)

The Hill reports the U.K. confirmed “938 coronavirus deaths Wednesday, the largest single-day jump since the outbreak hit the country.” It also marks the first time the daily death toll surpassed 900.

Lost In Beijing: The Story Of The WHO

Wall Street Journal (4/8, Lanhee J. Chen)

In an op-ed for the Wall Street Journal, Lanhee J. Chen, Ph.D., the David and Diane Steffy Research Fellow at the Hoover Institution, argues that the World Health Organization is compromised and broken, contrasting the over \$400 million contributed to the group by the US last year to China’s \$44 million contribution.

First European Countries Prepare To Ease Coronavirus Lockdown Restrictions

Wall Street Journal (4/8, Eric Sylvers, Margherita Stancati and Bojan Pancevski)

The Wall Street Journal reports Italy, Austria and Denmark are among the first European countries preparing to gradually ease coronavirus lockdown measures.

China’s Coronavirus Battle Is Waning. Its Propaganda Fight Is Not. Latest Updates: The Coronavirus Outbreak

New York Times (4/8, Vivian Wang)

The New York Times reports that “in recent days, foreign leaders, even in friendly nations like Iran, have questioned China’s reported infections and deaths. A top European diplomat warned that China’s aid to the continent was a mask for its geopolitical ambitions, while a Brazilian official suggested the pandemic was part of China’s plan to ‘dominate the world.’” According to the Times, “China’s critics, including the Trump administration, have blamed the Communist Party’s authoritarian leadership for exacerbating the outbreak by initially trying to conceal it.” The Times says that at the same time, China is “trying to rewrite its role, leveraging its increasingly sophisticated global propaganda machine to cast itself as the munificent, responsible leader that triumphed where others have stumbled.” The Times reports that Chinese officials “have specifically compared their response to that of the United States, which has reported dire shortages of testing kits and ventilators.”

Europe Poised To Repeat Austerity Mistakes In Coronavirus Response

New York Times (4/8)

The New York Times editorializes the European Union is “ill-suited” for the coronavirus crisis, but “within its limitations, the Union has managed to do quite a bit.” However, “Europe could do better,” and “its rich north and poorer south need solidarity in response to an unprecedented

crisis.” The Times says “the question to ask is what’s the point of any union if it cannot find unity when it is needed most, when what it does, or fails to do, will shape its identity for a long time to come, and possibly its fate.”

Some Doctors Moving Away From Ventilators For Virus Patients

Associated Press (4/8)

The AP reports, “As health officials around the world push to get more ventilators to treat coronavirus patients, some doctors are moving away from using the breathing machines when they can,” because “some hospitals have reported unusually high death rates for coronavirus patients on ventilators, and some doctors worry that the machines could be harming certain patients.” The piece says that “the evolving treatments highlight the fact that doctors are still learning the best way to manage a virus that emerged only months ago,” and “they are relying on anecdotal, real-time data amid a crush of patients and shortages of basic supplies.”

More Coverage. [Ventilators Are Overused For Covid-19 Patients, Doctors Say](#) (STAT, 4/8)

‘Scotch Tape And Baling Wire’: How Some Hospitals And Companies Are Responding To Meet America’s Ventilator Shortage

USA Today (4/8, Kevin McCoy)

USA Today reports, “As the coronavirus pandemic appears near a peak in parts of the U.S., hospitals are training medical staff on how to run ventilators while companies and doctors are retrofitting devices in case facilities run out of the breathing machines.” For example, “In New York City, doctors at Mount Sinai Health System have repurposed machines used to treat sleep apnea to help some COVID-19 patients when ventilators are in short supply,” and “in Massachusetts, the online education company edX has launched a special class to teach medical professionals who don’t specialize in critical care how to operate ventilators,” while “in a Connecticut-California agreement, Xerox Holdings and Vortran Medical Technology plan to produce single-use, disposable ventilators.”

A Bridge Between Life And Death: Most COVID-19 Patients Put On Ventilators Will Not Survive

USA Today (4/8, John Bacon)

USA Today reports, “While governors, mayors and hospital officials conduct much-publicized, life-and-death struggles to acquire ventilators, for most COVID-19 patients the oxygen-providing apparatus will merely serve as a bridge from life to death.” The piece explains that “ventilators won’t fix the ailments that put patients on them, but they can provide support until other treatments work or the patient’s body overcomes the disease. And physicians are determined to use the tool in the last-ditch effort to keep patients alive.”

Coronavirus Pandemic May Not Fade In Summer Weather The Coronavirus Outbreak

New York Times (4/8, James Gorman)

The New York Times reports a new report by the National Academies of Sciences, Engineering and Medicine, “sent to the White House’s science adviser, says research on how the coronavirus behaves in hot weather is too inconclusive to rely on for predicting a summer break from contagion.” The report, which took into account various research reports, “concluded that the studies, of varying quality of evidence, simply did not offer a clear forecast of what would happen to the spread of the novel coronavirus in the summer. It may not diminish significantly.”

More Coverage. Coronavirus Unlikely To Significantly Diminish With Warm Weather, National Academies Of Sciences Panel Finds (Washington Post, 4/8, Andrew Freedman), **Top Science Panel: Coronavirus Unlikely To Significantly Subside With Warmer Weather** (The Hill, 4/8, Zack Budryk)

Alexander, Blunt Call On Azar To Declare Antibody Tests Free For Patients

Politico (4/8, David Lim)

Politico reports Sens. Lamar Alexander (R-TN) and Roy Blunt (R-MO) “are calling on HHS Secretary Alex Azar to declare that antibody tests, used to detect if someone has ever been infected with the coronavirus, will be free for Americans.” The lawmakers contend “Congress’ \$2.2 trillion coronavirus stimulus package allows Azar to declare the antibody tests to be covered in addition to diagnostic tests for the virus. The antibody tests could help determine the true size of the U.S. outbreak and determine who has immunity against reinfection.” The article says that on Wednesday, former FDA Commissioners Mark McClellan and Scott Gottlieb warned that “antibody testing is not a slam dunk to determine whether a person could return to the workplace.” Major questions remain “about how the virus behaves and how much immunity a person gains after being infected.”

Abortion Providers In Texas Seek Exemptions From Governor’s Pandemic Order

Washington Post (4/8, Robert Barnes)

The Washington Post reports, “Instead of taking their case to the U.S. Supreme Court, abortion providers in Texas asked a district judge there for more limited relief from an executive order restricting the procedure during the coronavirus pandemic.” The providers “were reacting to an order Tuesday from a panel of the U.S. Court of Appeals for the 5th Circuit that left in place the directive order issued by Gov. Greg Abbott (R) curtailing nonessential medical procedures, abortion among them.” Rather than “asking the Supreme Court to overturn the 5th Circuit, attorneys for clinics and abortion rights organizations asked the district court to exempt women seeking abortions induced by medication, which require little use of medical equipment, and women who face a deadline in receiving the procedure.”

How Hydroxychloroquine Became Conservative Media’s Coronavirus Miracle Drug

New Republic (4/8, Alex Shephard)

Alex Shephard writes for New Republic that “President Trump’s championing of the anti-malarial drug hydroxychloroquine as a potential miracle cure for Covid-19 – despite a lack of clinical trials and a lengthy list of side effects, such as cardiac arrest – has become one of the

most controversial aspects of his administration's response to the coronavirus outbreak." This "has led to shortages, hospitalizations, and at least one accidental death. And his position is being repeated all over conservative news." Shephard also mentions the dispute between NIAID Director Dr. Anthony Fauci and Trump economic adviser Peter Navarro.

US Intelligence Reportedly Predicted Coronavirus 'Could Be A Cataclysmic Event' As Far Back As November

Business Insider (4/8, Isaac Scher)

Isaac Scher writes for Business Insider that "US intelligence officials were aware of the novel coronavirus outbreak in China as early as November, according to sources familiar with a secret report released that month by the military's National Center for Medical Intelligence, an arm of the Pentagon's Defense Intelligence Agency." Scher says "sources told ABC News that US intelligence circles knew of the looming pandemic; two officials who spoke with ABC News saw the report, which warned that a viral outbreak could harm US military personnel in Asia."

Small Business Administration Official Blasts Big Banks, Accusing Them Of Dragging Their Feet On Coronavirus Assistance For Struggling Companies

Business Insider (4/8, Graham Rapier)

Graham Rapier writes for Business Insider that Joseph Amato, "a district director for the Small Business Administration, chastised Wall Street banks' handling of the \$349 billion loan program for small businesses." In an online post "by Faith Jones, a lawyer and speaker in Las Vegas...Amato, who joined the SBA in 2017, accused banks of dragging their heels."

More US Voters Believe Trump Is A Better Leader During The Coronavirus Outbreak Than Joe Biden, According To A New Poll

Business Insider (4/8, Sonam Sheth)

Sonam Sheth writes for Business Insider that a plurality of "voters believe President Donald Trump is a better leader during the novel coronavirus outbreak than former Vice President Joe Biden, a new Politico/Morning Consult poll found." Data indicate "44% of respondents said Trump had shown better leadership, compared with 36% who chose Biden."

Treasury Secretary Mnuchin Says 'We Very Much Support Oversight' One Day After Trump Fired The Stimulus Watchdog

Business Insider (4/8, Jake Lahut)

Jake Lahut writes for Business Insider that one "day after President Trump raised eyebrows by abruptly firing the watchdog in charge of overseeing the \$2 trillion coronavirus stimulus package, Treasury Secretary Steven Mnuchin tried to reassure markets that there will still be strong oversight of the taxpayer funds." During "his CNBC appearance, Mnuchin [primarily] addressed concerns over how Americans will get their stimulus checks and how businesses without good banking relationships will benefit from the package."

Obama Calls Out The Lack Of A ‘Robust System Of Testing’ For Coronavirus In The US

Business Insider (4/8, John Haltiwanger)

John Haltiwanger writes for Business Insider that on Wednesday, former President Obama “offered veiled criticism of the Trump administration’s failure to establish a ‘robust system of testing’ for the novel coronavirus.” Obama tweeted, “Social distancing bends the curve and relieves some pressure on our heroic medical professionals. But in order to shift off current policies, the key will be a robust system of testing and monitoring – something we have yet to put in place nationwide.” NIAID Director Dr. Anthony Fauci, “the US’s top expert on infectious disease, in March told House lawmakers the US must admit it’s ‘failing’ in terms of testing for the virus.”

Democrats Are Demanding At Least \$500 Billion In Additional Emergency Coronavirus Relief Spending To Aid Hospitals, State Governments And Shore Up Food Stamps

Business Insider (4/8, Joseph Zeballos-Roig)

Joseph Zeballos-Roig writes for Business Insider that “Democrats are calling for at least \$500 billion in new emergency spending to ramp up federal aid to hospitals and state governments and to shore up food stamps.” This “demand came shortly after the Trump administration sought another \$250 billion in additional relief for small businesses. The recent \$2 trillion stimulus law already included around \$350 billion in aid under the Paycheck Protection Program.”

Trump Tells Sean Hannity The US Has Plenty Of Ventilators And Cites Hannity’s Own Show To Back Up That Claim

Business Insider (4/8, Eliza Relman)

Eliza Relman writes for Business Insider that President Trump “told Fox News host and unofficial White House adviser Sean Hannity that states across the country have plenty of ventilators – and he cited Hannity’s show to back up his claim.” Relman says, “This comes as governors are pleading for more life-saving breathing-assistance machines as coronavirus infections spike in their states and they prepare for hospitalization rates that could overwhelm their healthcare systems.”

More Coverage. Trump Claims Hospitals Are In ‘Great Shape’ With Ventilators Because Hannity Said So (Talking Points Memo, 4/8)

Essential Workers Like Nurses And Grocery-Store Employees Would Get A \$25,000 Raise For Working Through The Pandemic Under A New Plan From Senate Democrats

Business Insider (4/8, Bryan Pietsch)

Bryan Pietsch writes for Business Insider that crucial “frontline workers including nurses and grocery store employees could get a \$25,000 raise if a new plan from Senate Democrats becomes law.” The proposal “calls for the creation of a COVID-19 ‘Heroes Fund,’ to ‘reward,

retain, and recruit essential workers.”

Will Trump And His Enablers Ever Face Accountability For The Coronavirus Massacre?

Mother Jones (4/8, David Corn)

David Corn writes for Mother Jones that it is “not too early to wonder if Donald Trump and those who joined him in discounting and downplaying the coronavirus threat or who were part of his lethal mismanagement of the crisis or who echoed his false statements and absurd claims of winning will ever pay a price for conduct that has led to a current death toll of 12,000, which could end up a magnitude of order greater.”

The Unique Wreckage Of The Coronavirus On Undocumented Domestic Workers

Mother Jones (4/8, Fernanda Echavarri)

Fernanda Echavarri writes for Mother Jones about a Northern Virginia woman who has been cleaning people’s homes for years. However, amid the coronavirus outbreak, all of her clients canceled the service, and most refused to pay her. The woman said, “I tried to not let it get to me, but it made me feel like a used rag that was just thrown in the trash.”

Congress Should Give Trump A \$10 Billion Stimulus Payment To Resign

Slate (4/8, Ben Mathis-Lilley)

Ben Mathis-Lilley writes for Slate that why not try offering President Trump “a payment to go away now, rather than leaving him to stumble over body bags for nine more months until Inauguration Day? Ten billion dollars might do the trick, especially for someone whose hotel properties are bleeding money under the total business shutdown he and the coronavirus combined to inflict on the country. Officially, it would be his own decision, one last great act of being in charge and making deals (\$11 billion? You got it, sir!).”

CDC Site Deletes Anecdotal Reports Of Docs Using Trump’s Touted Anti-Malaria Drugs

Talking Points Memo (4/8, Cristina Cabrera)

Cristina Cabrera writes for Talking Points Memo that the CDC “quietly deleted large chunks of its guidelines on hydroxychloroquine and chloroquine, two anti-malaria drugs President Donald Trump has claimed to be potentially effective treatment for COVID-19 (they have not been proven to treat the virus).” One researcher pointed out “on Tuesday that the CDC’s advisory on coronavirus treatment no longer includes details of how ‘some U.S. clinicians have reported anecdotally different hydroxychloroquine dosing,’ and that hydroxychloroquine and chloroquine are ‘reportedly well-tolerated in COVID-19 patients.’”

Dr. Birx Warns Of ‘Very Acute’ Second COVID-19 Wave If People Stop Social Distancing

Talking Points Memo (4/8, Cristina Cabrera)

Cristina Cabrera writes for Talking Points Memo that “Dr. Deborah Birx, one of the leading health professionals on the White House Anti-Coronavirus Task Force, urged Americans to stick to the 30-day social distancing guidelines on Wednesday even as the COVID-19 outbreak curve begins to flatten.” She “told NBC ‘Today Show’ host Savannah Guthrie that public health officials were seeing encouraging signs of the viral spread slowing down as a result of social distancing.”

De Blasio: ‘Real Death Toll’ Of COVID-19 In NYC Is ‘Even Higher’ Due To Home Deaths

Talking Points Memo (4/8, Cristina Cabrera)

Cristina Cabrera writes for Talking Points Memo that on Wednesday, New York City Mayor Bill de Blasio (D) “warned...that the city’s actual death toll from the COVID-19 outbreak is much higher than official numbers show because many people die from the illness at home rather than the hospital.” De Blasio said, “We’re talking about something like 100, 200 people per day. ... Think of what this means for the families, think of the pain they’re going through. There’s no question the coronavirus is driving it.”

Fox News Hosts Are Eager To Claim COVID-19 Victory

Talking Points Memo (4/8, Summer Concepcion)

Summer Concepcion writes for Talking Points Memo that “Fox News hosts are now riding high on CDC Director Robert Redfield’s prediction that there will be a ‘much lower’ COVID-19 death toll than what the Trump administration previously projected as people are ‘taking the social distancing recommendations to heart.’” Concepcion says, “Sean Hannity, Laura Ingraham and Tucker Carlson collectively took to their primetime shows Tuesday night to declare that the worst is over regarding the COVID-19 outbreak: Hannity says [the] ‘book has now been rewritten’ thanks to Trump’s ‘aggressive measures.’”

Trump Tells America To Forget About Global Pandemic Once It’s Over

Talking Points Memo (4/8, Cristina Cabrera)

Cristina Cabrera writes for Talking Points Memo that President Trump “offered a bold proposal Wednesday for when COVID-19 is done infecting and killing Americans by the thousands: Forget it ever happened.” The President “has been champing at the bit to get Americans to go back to work after the U.S. economy suffered a massive beating from the pandemic, thereby imperiling Trump’s reelection prospects.”

We’ve Heard Trump’s Coronavirus Excuses Before

Slate (4/8, William Saletan)

William Saletan writes for Slate wondering why “thousands of Americans [are] dead from the coronavirus, while other countries – including some that are right next door to China – have fared much better.” Saletan says, “President Donald Trump has lots of excuses. He says no president could have foreseen this calamity. He blames our unpreparedness on other public officials. He claims that since we were attacked by the ‘foreign virus,’ he’s done an ‘incredible

job' to prevent more fatalities." Former President George W. Bush made similar arguments regarding 9/11. Trump dismissed those arguments four years ago. Trump "outlined specific reasons why the president should be held accountable for lives lost on his watch. Those reasons are even more applicable today. If Bush was culpable, so is Trump."

Global Poverty Could Increase For The First Time In 30 Years Thanks To The Coronavirus

Slate (4/8, Joshua Keating)

Joshua Keating writes for Slate that the "economic devastation wrought by COVID-19 is still coming into focus in the United States, China, and Europe, but for the world's poorest countries, it's likely to be exponentially worse." By the time it ends, "the crisis could wipe out a decade of progress against global poverty and lead to the first overall increase in extreme poverty in 30 years, according to a new analysis. As many as half a billion people could fall below the poverty line."

Anthony Fauci Says He's 'Cautiously Optimistic' That Coronavirus Outbreaks In The US Will Plateau In The Next Week

Business Insider (4/8, Morgan McFall-Johnsen)

Morgan McFall-Johnsen writes for Business Insider that the "coronavirus outbreak in US cities could start to level off in the next week, according to" NIAID Director Dr. Anthony Fauci, who "spoke with Howard Bauchner, editor of the Journal of the American Medical Association, on Wednesday in a livestreamed interview. He said he expects the US to soon start reaping the rewards of lockdowns and social distancing efforts." Fauci stated, "I think we're going to start to see soon, within the next week or so, kind of a plateauing out and a turning around. ... We've got to be cautiously optimistic, not be overconfident. But I think we're going to start seeing that."

Anthony Fauci's Vision For Battling A Second Wave Of Coronavirus In The Fall: Be Prepared Like We Should Have Been In January

Business Insider (4/8, Morgan McFall-Johnsen)

Morgan McFall-Johnsen writes for Business Insider that while "the US could pass the peak of its coronavirus outbreak in the next week, it won't be the end of the battle." During "a livestreamed interview on Wednesday, Dr. Anthony Fauci said he and the rest of the White House coronavirus task force are still trying to figure out what to do after April 30, when federal stay-at-home guidelines are set to expire." McFall-Johnsen adds, "For the next few months and into the fall, Fauci wants the US to get more prepared than it was when the new coronavirus arrived."

Pharmaceutical Profits And Public Health Are Not Incompatible

New York Times (4/8, Daniel Hemel and Lisa Larrimore Ouellette)

In an opinion for the New York Times, Daniel Hemel, an assistant professor at the University of Chicago Law School and Lisa Larrimore Ouellette, an associate professor at Stanford Law

School, discuss how the COVID-19 pandemic “has revived a decades-old debate over pharmaceutical policy, with both sides doubling down on long-held views.” The latest flare-up in this battle began when HHS Secretary Alex Azar refused to pledge that any COVID-19 vaccines and treatments would be affordable for those who needed it, saying “we can’t control that price because we need the private sector to invest.” While “advocates for broader drug access insist that pharmaceutical companies must not be allowed to reap large profits from Covid-19 vaccines and treatments,” free-market advocates “argue that pharmaceutical businesses must be allowed to set prices beyond some patients’ reach.” They warn about the consequences of scaling back patent protection.

Bloomberg Law

Senators Urge CMS to Address Medicare Program Interest Rates

By Kim Chipman

April 8, 2020, 2:02 PM

Sens. Jeanne Shaheen and Bill Cassidy, along with a bipartisan group of ~32 other senators, are urging CMS to waive or modify interest rates for health-care providers seeking financial aid amid the pandemic through Medicare’s Accelerated and Advance Payments Program.

“Hospitals, physicians and other health-care providers have significant concerns about the 10.25 percent interest rate,” senators write in letter Wednesday to the heads of HHS and CMS

Link to [letter](#)

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Wall Street Journal

U.S. Surpasses 430,000 Coronavirus Infections

Disproportionate impacts are seen for U.S. people of color; China lifts Wuhan lockdown; other countries extend shutdowns

By Talal Ansari, Liza Lin and Laurence Norman

Updated April 9, 2020 12:25 am ET

U.S. cases of the new coronavirus grew to more than 430,000 Wednesday, as the country recorded its deadliest day yet.

There were 1,973 deaths from Covid-19 in the U.S. during the 24-period ended 8 p.m. Wednesday, according to a Wall Street Journal analysis of data from Johns Hopkins University.

In the previous 24-hour period, 1,939 people died from the illness caused by the virus—nearly 50% more than any other day of the pandemic.

Contributing to Tuesday's national record, New York, New Jersey, Louisiana and Illinois reported their highest daily death tolls from Covid-19, the respiratory disease caused by the new coronavirus, reflecting a steep climb in U.S. fatalities even as officials in some of the hard-hit states cautiously advised their outbreaks were beginning to slow.

Globally, the number of reported coronavirus cases neared 1.5 million, with more than 88,000 deaths, according to the Johns Hopkins data, although the exact figure could be higher. Lack of widespread testing, false negatives and differences in reporting standards have made it challenging to track the extent of the virus.

The pandemic has killed more than 14,600 people in the U.S.—more than the 2009 H1N1 pandemic killed over a 12-month period, according to data from the U.S. Centers for Disease Control and Prevention.

New data show the pandemic is exacting an especially heavy toll in some regions on people of color. Black and Hispanic New Yorkers make up [a disproportionate share of fatalities](#) from Covid-19, according to newly released data by New York state.

“We’re seeing folks who have struggled before really being hit particularly hard by the coronavirus,” said New York City Mayor Bill de Blasio at a press conference Wednesday.

New York’s racial data followed a report from Chicago that found black residents accounted for 71% of the city’s coronavirus deaths although they make up just 29% of the population. [In Michigan](#), black people made up 40% of the state’s reported deaths but 14% of the state’s population, according to state and federal data. Similarly, in Louisiana, black people make up 70% of Covid-19 deaths, while representing 32% of the state’s population.

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said Wednesday that the African-American community is at higher risk for diseases, including the new coronavirus. He urged both young and elderly African-Americans to take extra precautions and continue mitigation efforts.

“We are not going to solve the issue of health disparities this month or next month. This is something we should commit ourselves for years to do,” Dr. Fauci said. “But what we can do now, today is to prevent people who are put at higher risk because of their demographic group from getting into a situation which is much, much more deleterious than the general population.”

New York Gov. Andrew Cuomo said more people in his state died of coronavirus on Tuesday than any other day, with 779 deaths, bringing the statewide death toll to 6,268. A surge in critically ill patients in New York City is forcing major hospitals to make worst-case scenario plans for who will live and die, [as the coronavirus peaks](#) and strains emergency supplies.

Despite the developments, Mr. Cuomo said social distancing was helping bring down hospitalizations. “There is good news in what we’re seeing, that what we have done and we are doing is actually working,” he said.

In another heartening sign, an emergency field hospital in Seattle meant to treat non-Covid-19 patients will be dismantled and sent to a state with a greater need, Washington Gov. Jay Inslee said.

“Don’t let this decision give you the impression that we are out of the woods,” Mr. Inslee said Wednesday. “We have to keep our guard up and continue to stay home unless conducting essential activities to keep everyone healthy.”

Secretary of State Mike Pompeo said Wednesday that since the end of January, the U.S. had repatriated more than 50,000 Americans from more than 90 countries; they were stranded as governments trying

to contain the coronavirus outbreak sealed borders and prohibited many flights

In a bid to address testing shortages, the Trump administration said Wednesday it would allow pharmacists to administer tests for coronavirus. Testing efforts so far have been dogged by delays, shortages, and restrictions limiting who can get tested.

With the virus's economic fallout rippling across America, Europe, Iran, India and elsewhere—millions of people have been thrown out of work—top U.S. lawmakers said they planned to move to provide hundreds of billions of dollars in [new funding for small-business loans](#).

Discussion on additional aid comes as lawmakers, business advocates and entrepreneurs say a federal program administered by the Small Business Administration [has failed to distribute funds quickly](#) to help companies weather the fallout.

Meanwhile, President Trump replaced Glenn Fine, the Pentagon's acting inspector general, who had been charged with monitoring the roughly \$2 trillion federal pandemic stimulus law, administration officials said. It is [the second high-profile ousting of an inspector general](#) in recent days, and the latest bid by Mr. Trump to exert increased control over personnel across the government.

Unemployment benefits promised under the stimulus law—which may be more generous than what employers could offer—have tipped the scales for some companies [in favor of laying off employees](#).

The economic pressure on Americans continues to build. Nearly a third of U.S. apartment renters [didn't pay any of their April rent](#) during the first week of the month, according to figures from the National Multifamily Housing Council and a consortium of real-estate data providers.

Still, U.S. [stocks rose](#) Wednesday, even as European markets edged lower on grim economic forecasts.

European Union finance ministers suspended talks early Wednesday on a half-trillion-euro (\$544 billion) aid package, unable to resolve differences within the bloc over how to share the rising costs of the health crisis.

In France, which has recorded more than 10,000 Covid-19 deaths, the central bank Wednesday forecast

the biggest drop in economic activity since the end of World War II.

British Prime Minister Boris Johnson is “improving” after spending two nights in intensive care, “sitting up in bed and engaging positively with the clinical team,” U.K. Chancellor of the Exchequer Rishi Sunak said Wednesday. Mr. Johnson was admitted to a hospital Sunday suffering from coronavirus symptoms.

In Wuhan, China, the city of 11 million where the outbreak first began, trains and flights [began leaving](#) early Wednesday for major destinations across the country. Wuhan’s reopening comes as China’s National Health Commission reported 62 new infections, with all but three coming from overseas returnees.

Wuhan accounts for about 61% of China’s more than 80,000 coronavirus cases, though epidemiologists, U.S. intelligence sources and Wuhan residents suspect that Chinese authorities [substantially undercounted infections and deaths](#) over the past several months.

As Wuhan restarts normal life, government leaders managing lockdowns in other countries were watching for lessons on how to reopen their societies without triggering a second wave of infections.

Italy and Spain, the hardest-hit European countries, headed into Easter weekend in strict lockdown, even as official daily counts of coronavirus infections and deaths were slowing.

Austria began a gradual easing of its month-old lockdown this week, and the Czech Republic and Denmark planned to follow suit after Easter.

In Iran, which also reports declining Covid-19 death rates, lawmakers and health officials have warned that the planned reopening of government offices and smaller businesses this weekend risks triggering a new wave of infections.

###

Wall Street Journal

Companies Seek to Pool Medical Records to Create

Coronavirus Patient Registry

Database would make medical histories for U.S. Covid-19 patients available to government and academic researchers

By Patience Haggin

Updated April 8, 2020 7:12 pm ET

Several health-care and software companies are seeking to create a registry of Covid-19 patients by pooling medical records from across the country, aiming to study how the disease is spreading, which population groups are most vulnerable and how effective proposed treatments are, people familiar with the matter said.

San Francisco-based Datavant Inc., which specializes in compiling medical data from a variety of sources, began spearheading one such effort in late March, one of the people said. Health-care technology companies [Allscripts Healthcare Solutions](#) Inc. [MDRX -4.70%](#) and [Change Healthcare](#) Inc. [CHNG 3.66%](#) said they have committed to donate data for the effort. Health insurance provider [Anthem](#) Inc. [ANTM 10.25%](#) has been contacted about contributing medical claims data, an Anthem spokeswoman said.

The initiative is one of several sources of data the federal government is considering to monitor the spread of coronavirus in the U.S., another person familiar with the matter said.

Datavant's proposed registry would be free for government and academic researchers to access, and would aim to include every patient who has been tested for Covid-19, the disease caused by the new coronavirus.

The registry wouldn't include patient names or other identifying details, but would include detailed information about their past and current conditions and medications, drawing on data that originates from hospitals, pharmacies and health-insurance companies. The consortium is aiming to have data covering 80% of U.S. medical claims, including those submitted to private insurers as well as Medicaid and Medicare Advantage.

Researchers or government officials could use the data to investigate an array of questions about the illness, such as the effectiveness of hydroxychloroquine and antivirals as potential treatment. President Trump has [suggested the use of hydroxychloroquine](#) as a treatment or preventive measure, though some public-health experts have advised against it until studies are conducted.

The data could also yield insights on which demographic groups tend to get the most extreme cases and require ventilator support, and which are resistant to infection, one of the people familiar with the matter said. Researchers also could use the data to understand infection rates among health-care workers and the effects of local policies such as social-distancing and stay-at-home orders.

Datavant is in touch with at least one federal agency, the Food and Drug Administration, about its initiative, the person said.

“The FDA recognizes the potential for many different real-world data sources to complement traditional clinical studies and speed the process of evaluating the impact of potential Covid-19 therapies,” an FDA spokesman said in a statement. “To that end, the agency is advancing relationships with partners in the public and private sectors to rapidly collect and analyze information in areas such as illness patterns and treatment outcomes.”

Change Healthcare’s president of network solutions, Kris Joshi, said in a statement, “We are facing an unprecedented health-care crisis, and data is a critical element in discovering how Covid-19 is progressing, what kind of interventions are effective and ultimately how we can remediate the situation.”

The Anthem spokeswoman said the company hasn’t committed to participating in the initiative. “Anthem takes the security of its data and the personal information of health plan members very seriously,” she said in a statement.

Merging several big data sources to create a single record for each patient will be a challenge. Datavant’s software could help accomplish that. To protect privacy, patients’ identifying details such as names and social security numbers will be “transformed through an irreversible process” into encrypted keys. Researchers will receive patient records tied to an anonymous patient ID.

The company hopes to attract additional data providers, including life-insurance providers and consumer DNA-testing companies, after the effort’s initial launch, one of the people familiar with the matter said.

Consumer DNA-testing company 23andMe Inc. is already providing data to scientists who are racing to determine whether [gene variations make some people more susceptible](#) to serious Covid-19 infection.

Cloud-based data-management company Snowflake Inc. said it is in discussions to host the database free of charge.

In addition to patients who were tested for Covid-19, the Datavant-led database might also include patients with common symptoms for the disease. It would indicate the institution where a patient was treated to help researchers study the effects of conditions at overcrowded hospitals.

Corrections & Amplifications

A spokeswoman for Anthem Inc. said the company had been contacted about contributing medical-claims data but hadn't committed to participating in the registry initiative. An earlier version of this article incorrectly cited her as saying the company was considering participating. (April 8, 2020)

###

Washington Post

The Health 202: Coronavirus means Americans are finally embracing virtual health care

By [Paige Winfield Cunningham](#)

April 8 at 7:31 AM

THE PROGNOSIS

Millions of Americans being quarantined may be what finally gets telemedicine widespread acceptance in the United States.

The pandemic is prompting a seismic [shift](#) among policymakers, providers and patients as they contemplate how to ensure Americans can get needed care even as most of the country practices social distancing.

“I think this may be just what we needed to get us to adopt telemedicine,” Farzad Mostashari, former national coordinator for health information technology during the Obama administration, told me. “There were all these barriers. ... In the midst of this pandemic, it’s amazing what can happen.”

The coronavirus crisis is exposing broad inconsistencies in the use of telehealth in the United States, as primary-care doctors beg patients to stay at home unless they have urgent symptoms requiring an in-person evaluation.

Until now, the nation’s health-care system was slow to adopt new technologies allowing doctors, nurses and other medical providers to see or monitor patients remotely. State Medicaid programs and private insurers have vastly varying rules around paying for telehealth. Until the pandemic, Medicare refused to pay for nearly all medical services rendered remotely. Just 1 in 10 Americans use telehealth services, [research suggests](#).

Experts say two chief barriers have stood in the way of delivering more care via video. One, many patients and providers remain skeptical. And two, regulations are standing in the way.

Now the coronavirus and subsequent need to stay at home is spurring demand like never before. Telehealth providers are reporting massive spikes in use of their services in recent weeks.

Banyan Medical Systems, a virtual-care provider that partners with nearly 800 hospitals, has seen a 900 percent increase in patients using telehealth services, according to its chief executive Tony Buda. Its technology is being used not just by patients trying stay home – but also by hospitalized patients in California, Michigan and Florida who are being cared for in isolation rooms.

“The pandemic has made [providers] realize they can deliver care without being physically present,” Buda told me. “So we’re seeing a shift in thinking about virtualization of care delivery.”

The electronic medical record company Epic, which also provides telehealth software, says its clients across the country are experiencing a surge in demand. They include:

— North Carolina’s Novant Health, whose chief medical officer Keith Griffin said its video visits have gone from 200 a week to more than 12,000 a week.

— UC San Diego Health, where more than half of primary-care visits are now conducted via telehealth, up from 6 percent.

— New York University’s Langone Medical Center, which went from 20 virtual-care clinicians to 1,300 over a few days, and is now conducting more than 70 percent of its visits virtually.



Seema Verma, administrator of the Centers for Medicare and Medicaid Services, speaks during a coronavirus task force news conference. (Michael Reynolds/EPA/Bloomberg News)

That second barrier — regulations — is also loosening. Policymakers have taken rapid steps to expand payments for telehealth services and ease restrictions on the types of technology that can be used.

Lifting extensive telehealth restrictions in the Medicare program was one of the first steps the Trump administration took in responding to the pandemic. Seema Verma, administrator of the Centers for Medicare and Medicaid Services, [announced](#) in March that Medicare would begin broadly reimbursing providers for virtual services.

Roger Severino, civil rights director for the Department of Health and Human Services, said providers could use popular apps such as Skype or FaceTime without worrying about being penalized for violating medical privacy laws.

The new — albeit temporary — Medicare rules are a welcome relief for primary-care doctors, especially because of the increased risk of exposing elderly patients to the virus.

“It’s a total game-changer,” Mostashari said, adding that CMS should get “huge credit for really jumping on it and realizing how critical it was going to be for the health of beneficiaries.”

“They really have made it possible for this to become a routine part of primary care,” he said.

Helping patients stay home is also a major concern for providers serving Medicaid patients, as they try to help hospitals preserve precious space for covid-19 patients by keeping other patients out of emergency departments.

While state Medicaid programs already had less stringent telehealth rules compared with Medicare, no two states have written the same rules, resulting in a patchwork of different regulations and payment rates that can be confusing to doctors and nurses. Especially in states with the most restrictive rules, providers are facing severe financial hardship as they see their in-office visits decrease by as much as 70 percent.

Sally Goza, president of the American Academy of Pediatrics and a Georgia pediatrician, told me her office saw 41 patients on April 1. On the equivalent weekday one year ago, there were 90 visits. She said she feels lucky to be working in a state that does pay for certain telehealth visits for Medicaid patients — but many providers aren’t so fortunate.

“We’ve already furloughed some of our staff,” Goza said. “We are trying not to furlough anyone else. Our providers have all decreased salaries ... we are the last people who will be paid if there’s money at the end.”

Every state Medicaid program does provide some payments for live video visits with certain providers, according to [a report](#) by the Center for Connected Health Policy in California.

But there's wide variation in what types of visits are allowed and with what types of providers. For example, Pennsylvania's Medicaid program will only pay doctors, certified nurse practitioners and certified nurse midwives for telehealth visits, while Virginia's Medicaid program includes 16 different kinds of eligible providers.

Twenty-two states pay Medicaid providers for monitoring patients remotely. Fourteen states pay providers for what's known as "store-and-forward," where providers and patients can record messages that are saved so they can be accessed later.

Just eight state Medicaid programs — including Alaska, Arizona, Maryland, Minnesota, New York, Texas, Virginia and Washington — pay for both types of services, both remote monitoring and store-and-forward. And payments vary dramatically in a program already known for drastically lower rates for in-person care.

"There are providers in some states are getting paid \$13 for a telehealth visit," Goza said.

###

Bloomberg Law

HHS Awards \$1.3 Billion to Health Centers to Help Treat Virus

By [Shira Stein](#)

April 8, 2020, 12:28 PM

- Funds for preventing, diagnosing, treating Covid-19
- Can also be used to increase capacity and staffing

Community health centers, which provide primary care for 28 million people, will get \$1.3 billion to prevent, diagnose, and treat Covid-19, the HHS announced Wednesday.

The funding will be divided among 1,387 centers and will help them maintain or increase capacity and

staffing, the Department of Health and Human Services said.

The agency secured the funding from the Coronavirus Aid, Relief and Economic Security Act (CARES Act), which President Donald Trump signed into law March 27.

Health centers provide access to care for the uninsured and other vulnerable populations. About 23% of patients at community health centers are uninsured and 49% are on Medicaid, according to the [Kaiser Family Foundation](#).

Of the newly granted funds, California will get \$192.4 million, New York and Texas each will get about \$76 million, and Florida will receive \$63 million, according to the [HHS](#).

The HHS [previously](#) awarded \$100 million to the health centers to help them expand Covid-19 testing and screening.

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###

Newsweek

OVER 7 MILLION AMERICANS TO LOSE HEALTH INSURANCE DURING CORONAVIRUS PANDEMIC, 1.5 MILLION HAVE ALREADY LOST COVERAGE, NEW STUDY PREDICTS

BY [JASON LEMON](#)

4/8/20 AT 3:52 PM EDT

More than 7 million Americans are expected to lose their health insurance during the coronavirus pandemic, while more than 1.5 million are already estimated to have lost coverage, according to a new study.

The analysis, published Tuesday in the prestigious *Annals of Internal Medicine* academic journal, was conducted by researchers at Harvard Medical School and the City University of New York's Hunter College. The research estimated health insurance losses based on already reported unemployment claims, combined with the projected increase in jobless claims over the coming weeks.

With about 1.5 million American workers already estimated to have lost coverage after becoming unemployed, an additional 5.7 million are projected by the researchers to lose their coverage by the end of June, as unemployment claims are expected to climb. The researchers noted that conservative states that have opposed expanding the Affordable Care Act (ACA), commonly known as Obamacare, are likely to be the hardest hit.

"Coverage losses are likely to be steepest in states that have turned down the Patient Protection and Affordable Care Act's Medicaid expansion. In expansion states, the share of persons who have lost or left a job who lacked coverage was 22.1% versus 8.3% for employed persons—a difference of 13.8 percentage points," the study's authors wrote.

"In nonexpansion states, the uninsurance rate among such unemployed persons was 38.4% versus 15.8% for employed persons—a difference of 22.6 percentage points. In other words, nearly 1 in 4 newly unemployed workers in nonexpansion states are likely to lose coverage, bringing their overall uninsurance rate to nearly 40%," they noted.

Unemployment claims have surged to new records amid the pandemic. During the week ending March 21, a massive 3.3 million people applied for unemployment insurance, dwarfing the 665,000 claims that came at the height of the Great Recession in 2009. But a week later, that record was broken again when twice as many workers—6.6 million—filed for unemployment for the week ending March 28. The next report, for the week ending April 4, will be released on Thursday, and some analysts expect the number of new claims to be about the same as the previous week.

"The COVID-19 epidemic highlights the folly of tying health coverage to jobs. Our health care system saddles people with medical bills when they're least able to afford them because they've been laid off or are too sick to work," the study's co-author Dr. Steffie Woolhandler, a primary care doctor and professor at Hunter College and lecturer at Harvard Medical School, said in a statement emailed to *Newsweek*.

"Health insurance in the U.S. is like an umbrella that melts in the rain," the physician added.

Lawmakers and activists have raised concerns about the drastic loss of health insurance for millions of Americans, offering varying solutions. The problem is compounded by the fact that tens of millions of Americans were already uninsured or under-insured, potentially preventing them from seeking medical care even amid the pandemic. While Congress passed legislation to make coronavirus testing free, uninsured individuals may still be required to pay for treatment if they test positive.

The presumptive Democratic presidential nominee, former Vice President Joe Biden, has argued that enrollment for insurance through the ACA must be reopened as the pandemic continues, while also calling for treatment for coronavirus patients to be free. His former rival, Vermont Senator Bernie Sanders, who [dropped out of the race](#) on Wednesday, has pushed for expanding Medicare and Medicaid to cover the uninsured.

In an interview with *The Nation* published on Tuesday, Sanders said the federal government should expand the programs to "either cover or supplement all of the insurance programs in this country—the bottom line being that, in this crisis, people should not have to take money out of their pockets for health care."

Dr. David Himmelstein, a co-author of the new study who is an internist and professor at Hunter College as well as a lecturer at Harvard Medical School, proposed a plan like that put forward by Sanders to address the problem.

"In this emergency, Congress should make all of the uninsured automatically eligible for Medicare," Himmelstein told *Newsweek*.

President Donald Trump has said that the government will cover those who are uninsured by refunding hospitals for their coronavirus treatment. He announced last Friday that the part of the \$2.2 trillion stimulus money approved by Congress in March will go for this purpose.

"That should alleviate any concern uninsured Americans may have about seeking the coronavirus treatment," the president said at a press briefing.

###

Newsweek

The U.S. Can't Afford Not to Provide Health Insurance for Everyone—And This Pandemic Proves It

BY BEATRIX HOFFMAN

04/08/20 AT 6:00 AM EDT

Even as they put their own lives on the line, health care workers are confronted with another, agonizing fear: that they will have to make choices about who lives and who dies. Rationing of masks and ventilators has become an increasing reality during this worldwide pandemic.

We can prevent or at least reduce the possibility of this happening again in the future by stockpiling lifesaving medical equipment and redirecting national and global resources toward public health preparedness. During the reckoning that will come, we must also take a hard look at how the U.S. already rations health care, and rations in ways that made us more vulnerable to disaster.

Rationing is the systematic allocation of a limited resource. Since resources are not infinite, all health care systems ration in one way or another. We are used to hearing about how other countries ration by putting people on waiting lists, for example. The U.S. health care system [rations](#) by putting up economic barriers to care and excluding millions from stable health coverage.

Even before the pandemic, [27.9 million people](#) in the United States had no health insurance at all. We are the only industrialized nation that tolerates leaving any of our citizens uninsured. While being uninsured keeps many from getting the care they need, even Americans with health insurance face the financial barriers of premiums, copayments and deductibles, and the fear of [medical bankruptcy](#). The high price of essential drugs like insulin ([costing many times](#) more than in other countries) means that people ration their own medications or go without.

And Americans with health insurance also face losing that insurance if they lose their jobs—a fear that is becoming devastatingly real. On March 20, my sister was laid off due to the coronavirus pandemic. Less than a day later, she received the notice that her health coverage would stop at the end of the month. As a historian of the U.S. health system, I was infuriated to hear this, but not surprised. [Millions](#) are now in the same position: no job, no health care.

Besides the economic barriers faced by individuals, the U.S. health care system also rations by allocating resources based on financial and political considerations, rather than medical need. Hospitals that are not profitable [close down](#). Politicians in 14 states have refused to expand Medicaid to more residents, even though Medicaid expansion [improves both access to care and health outcomes](#). The annual health expenditures in the U.S. per person is \$10,000, and one-third of that money is spent on [paperwork and billing](#), not on providing medical care.

This American way of rationing has made us more vulnerable to the coronavirus disaster. We are already paying the highest health costs in the world, but get far less for our money. [Compared to other affluent countries](#), we have fewer doctors and fewer hospital beds per capita, and Americans have higher rates of chronic health problems. The lack of coordination between our public and private health systems meant we were not prepared to make and distribute enough tests or to trace the contacts of sick people. People everywhere are afraid of getting the virus; in the U.S., this terror is compounded by [fear of what the treatment will cost](#).

Our health care system will also make it harder for us to recover from this disaster and to plan for the future. The current number of about 30 million uninsured will go much higher. Even when a vaccine is developed, our fragmented, inequitable system will make it harder to ensure that everyone will get it without charge. In many other countries, medical school is free or highly subsidized, but our heroic health professionals will still face the burden of paying off crushing student loans. How will we encourage more young people to enter these essential fields and help us prepare for future pandemics?

We cannot wait any longer to fix our broken health care system. The United States must stop rationing health care by income and insurance coverage. Health coverage for all will not end pandemics, but will prevent a great deal of the economic pain and fear they engender, and will improve our ability to respond as a society. [We can afford to cover everyone](#), and today's public health emergency shows us that we can't afford not to.

I can't stop thinking about the nurses, EMTs, doctors, and others who are putting themselves at grave risk, while also having to potentially make terrible choices for their patients. At the very least, let's never again force them to have to think about whether their patients can pay for their care.

###

Health Affairs

To Support Older Adults Amidst The COVID-19

Pandemic, Look to Area Agencies On Aging

[Amanda L. Brewster, Traci L. Wilson, Suzanne R. Kunkel, Sandy Markwood, Tanya B. Shah](#)

April 8, 2020

Editor's Note: The April 2020 issue of Health Affairs journal includes the article, "[Linking Health And Social Services Through Area Agencies On Aging Is Associated With Lower Health Care Use And Spending](#)" by Amanda Brewster and colleagues. In response to the latest world events, we asked the authors to put their work in the context of the current coronavirus crisis.

The COVID-19 pandemic underscores the critical importance of community services to support health and social care for aging populations. [Data from 211 help lines](#), for example, shows dramatic increases in social needs, with requests for home-delivered meals, food pantries, and rent assistance rising many-fold compared with the same period last year. Community organizations are [already noting](#) mental health challenges for people experiencing social isolation and stress. Meeting the interrelated health and social needs of older adults over this time will require intense and sustained effort on the part of many health care and social care providers. For this reason, at the same time that acute hospital capacity scales up to care for people who become critically ill, capacity for the community-based services must also scale up to help people stay safe at home.

Roles Of Area Agencies On Aging

One crucial system of support and coordination is the 622 Area Agencies on Aging (AAAs) across the US which provide [key services](#) for older adults in their communities, including home-delivered meals, personal care services, health promotion and chronic disease management, transportation, and social engagement. AAAs represent a cornerstone of the service system that meets fundamental needs for older adults living at home. Conversations with AAA leaders in areas that have already experienced substantial COVID-19 spread, such as Seattle and San Francisco, show that AAAs are key contributors to local responses – including getting meals to people at home, providing information and assistance, attempting to address social isolation, and freeing up capacity in hospitals [and nursing homes](#) through providing care transitions programs and organizing home and community-based services for nursing home-eligible Medicaid beneficiaries.

While the intensity of the threat to older adults' health and independence is new, developing innovative services to protect those goals is what AAAs have always done. [Recent research](#) published in the new April 2020 issue of *Health Affairs* by members of our team demonstrates how the work of AAAs can flow through to notable reductions in potentially avoidable health care use and spending in their service areas. Examining change over time, when AAAs obtained funding to support their participation in Livable Community Initiatives – an umbrella term for multi-sector coalitions to promote well-being,

health, and capacity to remain independent in the community – potentially avoidable nursing home use fell by nearly 1 percentage point in the AAA service area. When AAAs began partnerships with hospitals, Medicare spending fell by \$136 per beneficiary in the AAA service area. When AAAs began partnerships with mental health organizations, potentially avoidable nursing home use fell by 0.5 percentage points in the service area. In the broader search for effective and efficient mechanisms to address health-related social needs, tapping into AAAs’ expertise and integrated care networks makes sense. With COVID-19 projected to strain the health care system in unprecedented ways, preventing unnecessary use of health care has taken on new urgency.

AAAs have nearly a half century of expertise in the coordination and provision of social support services, and maintain strong cross-sectoral partnerships. Our prior research shows that in many communities, AAAs serve as a lynchpin, [connecting varied organizations](#) that provide health care and social services for older adults in their communities. On a national scale, results from the 2019 National Survey of Area Agencies on Aging, show that 74 percent of AAAs partner with hospitals, 72 percent partner with departments of health, and 83 percent partner with emergency preparedness agencies. (Full results of the survey will be published in summer 2020). In every community, many separate organizations provide supportive services for older adults; their collective effectiveness depends on their individual capacities—and how well they coordinate their work. Coordination is even more critical in an emergency situation where needs and resources are rapidly changing.

Examples From The Field

To understand how the COVID-19 pandemic is influencing the needs of older adults and the capacity of AAAs to respond, the National Association of Area Agencies on Aging (n4a) has been interviewing agency leaders from states that experienced high early caseloads, including Washington state, California, and Massachusetts. These conversations reveal that longstanding partnerships with other organizations in their cities and counties have supported rapid planning and adaptation of their services. For example, AAAs and their nutrition providers quickly shifted congregate meals – which convene older adults to eat together to enhance both nutrition and social engagement – to take-out formats, and are now scaling up home-delivered meals to reach more people using new regulatory flexibilities and the additional \$750 million in emergency funding provided by the federal government.

Wellness checks are a core part of meal delivery, so agencies are figuring out how to accomplish that goal while minimizing risk of infection—for themselves and their clients. For older adults receiving personal care assistance in their homes, agencies and clients have had to make decisions about whether individuals should continue to receive services, balancing whether it would be worse for their health to be left alone or to risk exposure to the virus from direct care workers. Like health care providers, AAAs began providing services by telephone wherever possible, such as wellness checks and re-assessments, though some programs like fall prevention group classes had to be paused completely. Some AAAs may be able to scale up home-based services as part of their Medicaid HCBS contracts, helping to reduce the burden on acute and post-acute care facilities.

What More Is Needed

In scaling up to meet the increased needs among older adults in their communities and homes, one challenge stands out: workforce. Not only is need for assistance by home-bound older adults rising, but some key programs to support these individuals such as home-delivered meals rely on retired volunteers – who are now advised to stay home for their own protection. AAAs and their partners in hard-hit areas have already begun exploring options to recruit staff from shuttered programs in their counties and cities, as well as the potential to offer employment to new populations such as college students and people who lost jobs in retail and hospitality industries. To quickly fill roles requiring background checks, some AAAs have tried enlisting teachers (already vetted through background checks) who were off work due to school closures. In addition to expanded need and diminished supply of volunteers from traditional pools, agencies are also aware that in some situations, family caregivers – who provide the vast majority of assistance for aging relatives – may have changes to their ability to provide assistance as well. Even with creative solutions and recruitment of new volunteers, additional funding and [supports for the direct care](#) workers who provide in-home assistance will be necessary.

Aside from workers to scale up service delivery, AAAs and their community partners are also looking for innovation and technologies to help support older adults dealing with [social isolation](#). Web-based technology may be able to help, but the most vulnerable members of the older adult population often lack devices and/or confidence in using them.

With unprecedented challenges facing both health and social care providers, it is more important now than ever to leverage capacity in every part of every organization that contributes to caring for population health. As established hubs, AAAs can help provide essential services and also play key coordinating roles as new volunteers, funders, workers and partners join the effort to support the health and well-being of older adults and our communities.

###

Health Affairs

Competitive Bidding Reduced Medicare Spending On Diabetes Testing Supplies Without Negatively Affecting Beneficiary Outcomes

[Brian O'Donnell, Eric Rollins, James Mathews](#)

April 8, 2020

Over many years, studies have consistently shown that Medicare’s payment rates for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) were excessive and that these products were particularly susceptible to fraud and abuse. In response, Congress required the Centers for Medicare and Medicaid Services (CMS) to use competitive bidding to set payment rates for certain DMEPOS products.

Since CMS began using competitive bidding in 2011, Medicare spending on DMEPOS products has fallen dramatically. These declines have generated controversy, with some suggesting that beneficiaries have lost access to needed products and experienced worse health outcomes. One industry-supported [study](#) concluded that the use of competitive bidding for one group of DMEPOS products—diabetes testing supplies—led to higher rates of mortality and hospital inpatient admissions. In contrast, CMS has [asserted](#) that competitive bidding has not had any adverse effects on beneficiary health outcomes, and the Office of Inspector General (OIG) has [issued](#) a series of [reports](#) suggesting stable access.

The Medicare Payment Advisory Commission (MedPAC)—an independent legislative branch agency that advises Congress on the Medicare program—commissioned its own [evaluation](#) of whether the use of competitive bidding for diabetes testing supplies negatively affected beneficiaries’ health outcomes. MedPAC found no evidence that using competitive bidding for these products negatively affected health outcomes.

These findings bolster MedPAC’s support for using competitive bidding to set payment rates for additional DMEPOS products.

Competitive Bidding Dramatically Reduced Medicare Spending On DMEPOS Products

Between 2010 (the year before competitive bidding began) and 2017, Medicare spending for products subject to competitive bidding fell by 62 percent, from \$7.5 billion to \$2.8 billion (exhibit 1). Spending on diabetes testing supplies declined even faster—falling by 88 percent. In contrast, over the same period, Medicare spending on DMEPOS products that were not subject to competitive bidding increased by 44 percent.

Exhibit 1: Medicare fee-for-service spending on DMEPOS products, 2010 and 2017 (in billions)

	Expenditures in 2010 (\$)	Expenditures in 2017 (\$)	Percent change (%)
Products Subject To Competitive Bidding (Total)	7.5	2.8	-62
<i>Products Other Than Diabetes Testing Supplies</i>	5.9	2.6	-56
<i>Diabetes Testing Supplies</i>	1.6	0.2	-88
Products Not Subject To Competitive Bidding	3.3	4.7	44

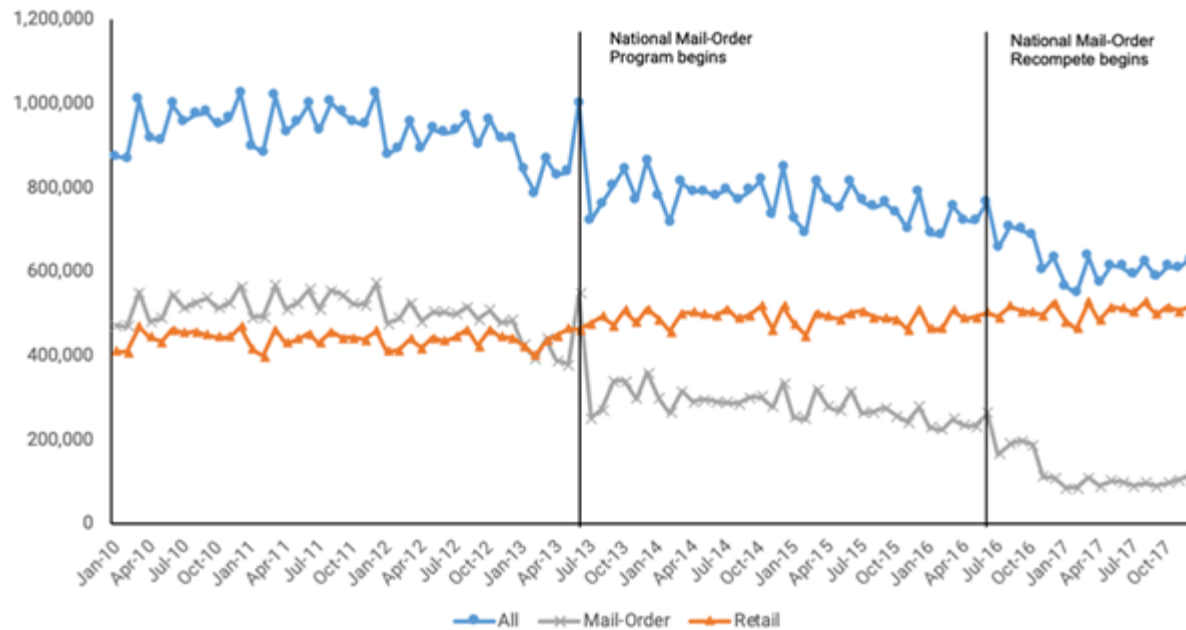
Source: MedPAC analysis of 2010 and 2017 Physician/Supplier Procedure Summary files. Notes: Figures in table include beneficiary cost sharing. The “subject to competitive bidding” category includes all products that were included in any round of bidding. Totals for products subject to competitive bidding include spending in both competitive bidding and non-competitive bidding areas.

Among the 25 competitively bid products with the highest spending in 2017, the median payment rate decrease was nearly 50 percent from 2010 to the most recent round of bidding. Medicare’s payment rate for blood glucose test strips, the highest-expenditure product in the diabetes testing supply category, declined by about 75 percent, dropping from about \$33 to \$8 for a box of 50 test strips.

Medicare Paid For Fewer Diabetes Test Strips After Competitive Bidding Began

MedPAC found that the number of claims for test strips declined after CMS added them to a round of bidding referred to as the National Mail-Order Program in July 2013. The decline was driven entirely by mail-order test strips, as the use of test strips obtained in retail settings actually increased (exhibit 2). Retail test strips were not directly included in competitive bidding, but beginning in July 2013, Congress required CMS to set the payment rate for test strips acquired in a retail setting equal to the mail-order rate to ensure that suppliers did not have a financial incentive to favor one distribution channel over the other.

Exhibit 2: The number of beneficiaries per month with a claim for test strips decreased substantially after the start of competitive bidding

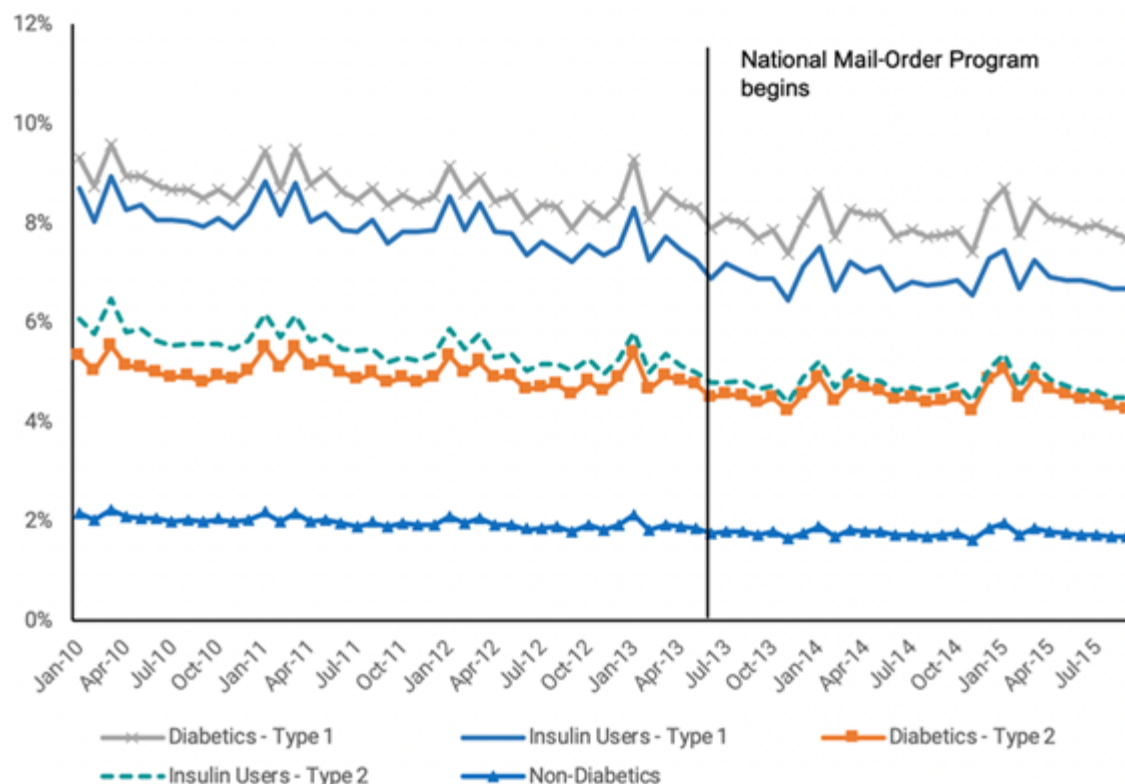


Source: Acumen LLC analysis for MedPAC. Note: The National Mail-Order Recompete began in July 2016 and included the same products as the National Mail-Order Program.

No Evidence That Competitive Bidding For Test Strips Negatively Affected Outcomes

MedPAC found no evidence that rates of emergency department use, inpatient hospital use, or mortality increased after the start of the National Mail-Order Program. MedPAC stratified beneficiaries by whether they had type 1 or type 2 diabetes and whether they regularly used insulin to understand whether competitive bidding affected particular subgroups of beneficiaries who are more reliant on test strips. For example, beneficiaries who regularly use insulin might adjust their insulin dose based on their blood glucose levels, which they determine using test strips and a glucose monitor, and are therefore more likely to be harmed by a disruption in the supply of test strips. However, MedPAC found no evidence that competitive bidding negatively affected health outcomes even for these more vulnerable beneficiaries. For example, exhibit 3 shows trends in hospitalizations before and after competitive bidding began. There has been a long-term decline in hospitalizations that is likely related to factors beyond competitive bidding (for example, a broader trend toward performing more services on an outpatient basis), but the lack of any noticeable increase in hospital use in the months after the National Mail-Order Program began suggests competitive bidding did not negatively affect beneficiary outcomes. (MedPAC's [report](#) contains similar figures for mortality and emergency department use, along with information on diabetes-related health outcomes.)

Exhibit 3: Hospitalization rates for people with diabetes and regular insulin users remained steady after competitive bidding for test strips began in July 2013



Source: Acumen LLC analysis for MedPAC. Note: Rates reflect the share of beneficiaries who had a hospitalization in a given month.

Despite no evidence at a national level that competitive bidding negatively affected health outcomes, MedPAC further examined the health outcomes of two subgroups of beneficiaries—those who stopped receiving test strips or switched the brand of test strips they used after competitive bidding began.

More Beneficiaries Stopped Receiving Test Strips After Competitive Bidding Began, But MedPAC Found No Evidence That This Increase Negatively Affected Beneficiary Outcomes

MedPAC found that many beneficiaries stopped receiving test strips after the start of competitive bidding. About 22 percent of beneficiaries who had a claim for test strips in June 2013 (the month before the National Mail-Order Program began) did not have a claim in the following six months. By contrast, in 2012 and 2014, between 14 percent and 15 percent of beneficiaries who had a test strip claim in June did not have a claim in the following six months. Beneficiaries may stop receiving test strips for a range of reasons (for example, they died, no longer need them, or due to changing clinical guidelines), but the timing of the large increase in those who stopped receiving test strips in the second half of 2013 suggests it is associated with competitive bidding.

To examine the effects of this large increase, MedPAC compared the health outcomes for beneficiaries who stopped receiving test strips in 2013 (right after competitive bidding began) to the outcomes for beneficiaries who stopped receiving test strips in 2012 or 2014. MedPAC found that beneficiaries who stopped receiving test strips—across all three years—had worse outcomes than those who continued to receive test strips. However, the beneficiaries who stopped receiving test strips in 2013 had better outcomes than those who stopped receiving them in 2012 or 2014, suggesting that many beneficiaries who stopped receiving test strips after competitive bidding began might not have needed them to effectively manage their diabetes. (MedPAC’s [report](#) contains detailed outcomes data for these groups of beneficiaries.) While the effects of stopping could have occurred after six months (for example, if beneficiaries had several months’ worth of test strips on hand prior to competitive bidding), MedPAC’s longer-term trend analyses, such as those displayed in exhibit 3, suggest that beneficiary outcomes were not negatively affected beyond six months.

To supplement this finding, MedPAC examined the health outcomes of all beneficiaries who received test strips in June 2013 (including both those who stopped and those who continued receiving test strips after competitive bidding began). If the beneficiaries who stopped receiving test strips truly needed them to manage their diabetes, this group would experience worse health outcomes. However, MedPAC found that the spike in beneficiaries who quit receiving test strips in 2013 did not translate into higher rates of emergency department use, inpatient hospital use, or mortality, relative to 2012 or 2014. These findings held regardless of whether the analyses included all test strip users or were limited to the more vulnerable population of test strip users who regularly used insulin.

No Evidence That Health Outcomes Were Negatively Affected Among Beneficiaries Who May Have Switched Brands Of Test Strips After Competitive Bidding Began

Some stakeholders are concerned that competitive bidding, by limiting the number of suppliers and forcing them to compete based on price, may have resulted in beneficiaries switching to a different brand of test strips. They [believe](#) that this switching might negatively affect outcomes for a number of reasons, such as unfamiliarity with the new products or because the new products could be less reliable.

Medicare claims do not indicate which brand of test strips were supplied, so MedPAC identified beneficiaries who may have switched brands by looking for beneficiaries who received a new glucose monitor. Since test strips are typically designed to work with a specific model of glucose monitor, beneficiaries who switch to a different brand of test strips will often need to get a new glucose monitor. MedPAC found a large increase in the number of beneficiaries who obtained a new glucose monitor around the start of competitive bidding, which suggests that a significant number of beneficiaries may have switched to a different brand of test strips (exhibit 4).

However, MedPAC found no evidence that this large increase in beneficiaries who may have switched test strip brands affected the rates of emergency department use, inpatient hospital use, or mortality. Instead, the health outcomes for these beneficiaries were very similar to those who did not switch. (See MedPAC [report](#) for full outcome data.)

Exhibit 4: The large increase in beneficiaries who obtained a new glucose monitor when competitive bidding began suggests that many beneficiaries switched test strip brands



Source: Acumen LLC analysis for MedPAC. Note: The figure reflects the number of beneficiaries who had an allowed claim for a glucose monitor per month. The National Mail-Order Recompete began in July 2016 and included the same products as the National Mail-Order Program.

Implications

Medicare's payment rate and number of paid claims for blood glucose test strips declined substantially as a result of competitive bidding. Test strips have also been singled out by some as an example of how competitive bidding may hurt beneficiaries. However, MedPAC found no evidence—across multiple subpopulations—that the use of competitive bidding for test strips negatively affected beneficiary outcomes.

One likely reason why beneficiary health outcomes remained steady as the number of test strip claims declined is that competitive bidding reduced fraud and abuse. Before competitive bidding began, the OIG documented substantial amounts of [abusive](#) or [questionable billing](#) for test strips and issued

related [Special Fraud Alerts](#). After competitive bidding began, the OIG found that questionable billing for test strips declined by [87 percent](#). In addition, while Medicare covers test strips for all diabetics, groups such as the [Society of General Internal Medicine](#) and the [American Academy of Family Physicians](#) recommend against daily home glucose monitoring for many diabetics because the practice has no benefit for certain individuals and could even be harmful. Therefore, the use of competitive bidding likely reduced the prevalence of suppliers billing for test strips for beneficiaries who did not need or use them.

These findings led MedPAC to support expanding competitive bidding to include additional DMEPOS products. CMS currently has the authority to include some additional products in competitive bidding. However, the agency is statutorily prohibited from using competitive bidding for certain products, and its authority to use competitive bidding for other products is unclear. If Congress expanded CMS's authority, the agency could then make a clinical and economic judgement whether competitive bidding should be used for a specific product and what additional safeguards, if any, are needed to ensure beneficiaries continue to have sufficient access.

MedPAC also recognizes that the competitive bidding program will need to be modified as it matures and more products are added. MedPAC [supports](#) many of the reforms CMS is currently making, such as the use of lead item pricing and bid surety bonds, and has [suggested](#) other changes, such as making it easier for hospitals to provide DMEPOS products to patients at discharge. Nonetheless, at a time of expanding budget deficits and questions about the long-term sustainability of the Medicare program, MedPAC believes that the competitive bidding program is an example of a program that has reduced costs without harming beneficiary outcomes. In addition, competitive bidding may have potential applications beyond DMEPOS products. In the future, MedPAC could explore what role competitive bidding may play in restraining the growth in Medicare spending in other sectors of the program.

###

Health Affairs

The CMS Hospital Star Rating System: Fixing A Flawed Algorithm

[Daniel Adelman](#)

April 8, 2020

The core algorithm used in the Centers for Medicare and Medicaid Services (CMS) Hospital Star Ratings is flawed. In fact, it can cause a hospital's overall score to decrease even when it improves along every quality measure. This runs counter to the goal of designing a rating system that incentivizes hospitals to

improve by rewarding hospitals when they perform better. A flawed hospital rating system can drive patients away from good hospitals and toward worse-performing hospitals, with potentially dire consequences to public health.

Health care administrators, already under unprecedented financial pressure, face the impossible task of explaining to their boards and communities why their hospital's poor rating is not their fault. And physicians, already facing epidemic burnout rates, risk becoming even more demoralized when they are unfairly penalized.

A New Hospital Ratings Website

My forthcoming [paper](#) in [Operations Research](#) demonstrates the flaws of the current system and offers a proposed solution. Here at the University of Chicago Booth School of Business, we've developed [a website](#) that demonstrates the new way of calculating hospital overall scores and rankings developed in my paper. Using publicly available CMS data from February 2019 Hospital Compare, it computes scores and rankings for nearly 4,000 hospitals in the United States. Users can adjust the peer grouping used, selecting any combination of hospital criteria such as: teaching versus non-teaching, size, and socioeconomic status of patients. Users can then do side-by-side comparisons by hospital of my approach versus the existing CMS Hospital Star Ratings.

My new approach doesn't address every concern raised about the CMS Hospital Star Ratings System (see, for example, [Karl Bilimoria and Cynthia Barnard](#)), but it does offer improvement in the core algorithm that computes the weights on measures in determining a hospital's overall score.

How Do The CMS Hospital Ratings Penalize Hospitals That Improve?

Underlying the calculations of hospital overall scores is a statistical model called a "latent variable model." It posits that there is a single hidden driver, or factor, of hospital quality within a given group of measures, be it mortality, readmissions, patient safety, and so forth. Although this hidden factor cannot be observed, evidence for it is ascertained by the correlations between measures, which we in fact observe. Hence, when two measures are more highly correlated with one another, they are more likely to be driven by the same hidden factor. In reality, though, hospitals are complex organizations with many factors of quality, not just one.

Consider the following example from my paper. Suppose you have data on four measures across US hospitals for each of two years. In Year 1, measures A and B have correlation 0.5001, while measures C and D have correlation 0.4999. In Year 2, the correlations are slightly perturbed to equal the reverse, so

A and B have correlation 0.4999, while C and D have correlation 0.5001. In both years, all other correlations are 0. Effectively, nothing has changed from Year 1 to Year 2.

Now consider your hospital shown in exhibit 1. (Imagine these are like student grade percentages across four different academic courses, in which A/B are science subjects, and C/D are in humanities.) Your hospital has improved significantly along every measure from Year 1 to Year 2. However, the CMS Hospital Star Ratings System would effectively lower your hospital’s overall score from a letter grade of C (75 percent) in Year 1, to a letter grade of D (65 percent) in Year 2.

Exhibit 1: Your hospital’s performance on four measures over two years

Measure	Year 1	Year 2
A	75 percent	100 percent
B	75 percent	100 percent
C	50 percent	65 percent
D	50 percent	65 percent

Source: Author’s calculations.

How is this possible? Recall that the Latent Variable Model posits that there is only one hidden factor of quality. However, in this example, there must be two factors, one for A/B and one for C/D. We know this because if there were only one factor for both A/B and C/D, there would be correlation across them, but there is not. So, the Latent Variable Model must make a choice, either select the factor for A/B or the factor for C/D. Because it uses maximum likelihood estimation, it chases where the correlation is largest: In Year 1 it chooses A/B—with a correlation of 0.5001 versus the correlation of 0.4999 for C/D—and in Year 2 it chooses C/D—again with a correlation of 0.5001, versus 0.4999 for A/B. Never mind that the difference in correlation is negligible. I call this a “knife-edge.”

This phenomenon helps explain instability seen over time in the CMS Hospital Star Ratings, about which [stakeholders have been complaining](#). Exhibit 2 shows the measure loadings for the Safety of Care group used by the CMS Hospital Star Ratings from December 2017 and July 2018. (After stakeholders complained, CMS decided not to publicly release the associated ratings for July 2018.) These represent estimated correlations between measures and the hypothesized single hidden factor. From one ratings

period to the next just months later, the loadings shifted dramatically from the composite safety measure PSI (or patient safety indicator) 90 to complications from hip and knee replacement, with almost all the measure weight shifting from one to the other. This behavior is similar to my “knife-edge” example.

Exhibit 2: CMS Hospital Star Ratings loadings for the Safety of Care group of measures

Measure	Dec 2017	Jul 2018
CLABSI	0.02	0.02
CAUTI	0.001	-0.004
SSI-Colon	0.05	-0.04
SSI-Abd Hyst	0.05	-0.01
MRSA	0.07	0.03
C.Diff	0.01	0.03
Comp THA/TKA	0.21	0.96
PSI-90-Safety	0.94	0.17

Source: Centers for Medicare and Medicaid Services. [Overall hospital quality star rating on Hospital Compare December 2017/July 2018 updates and specifications report, Yale CORE](#). Baltimore (MD): CMS.

A Better Way

Recently, there have been calls from many stakeholders for an “explicit” approach. Indeed, even just taking a simple average, that is, weighing the measures equally, would eliminate this dysfunctional behavior. Your hospital’s overall score would go from 62.5 percent in Year 1 to 82.5 percent in Year 2.

However, there are reasons why the different measures should not be weighted equally. Assuming all measures have equal clinical significance to a patient, if C/D impacts twice as many patients as A/B, then there is a rational basis for the weight on C/D to be at least twice the weight on A/B. This volume concept by itself still leaves ambiguity in what the weights should be. Assuming they should add up to 100 percent, you could place 66.67 percent weight on C/D and 33.33 percent weight on A/B. Or, you could place 80 percent weight on C/D and 20 percent weight on A/B, and so forth. In all cases, C/D is weighted at least twice as much as A/B.

Why not require the weight on C/D to be exactly twice that of A/B? Doing so would fix the weights to be 33.33 percent on A/B and 66.67 percent on C/D, because it is the only such solution that adds up to 100 percent. This eliminates all other possible solutions, some of which could incorporate information about how the hospital compares to its competitors. By requiring that the weight for C/D be at least, instead of exactly, twice the weight for A/B, the method respects patient volumes while still allowing

comparisons between different hospitals. You could also add lower-bound constraints on measure weights, or other constraints deemed important. My framework is flexible.

I propose comparing each hospital against a better performing, “virtual” hospital, while retaining the volume-based constraints. This virtual hospital is constructed as a combination of other hospitals that have superior performance on key measures. The details are discussed in my paper, but the idea is to form an efficient frontier of hospitals that perform best along one or more measures, and find the measure weights that score the hospital as close as possible to it. The approach solves a separate optimization model for each hospital. Hospitals may end up with different sets of measure weights, but they each can be assured that no other weights could score them closer to the efficient frontier of best-performing hospitals.

Going back to our example, exhibit 3 shows how your hospital performed over two years, as compared with competitors. To keep things simple, I am grouping measures together as A/B and C/D. It turns out that everyone performed poorly on C/D in Year 1.

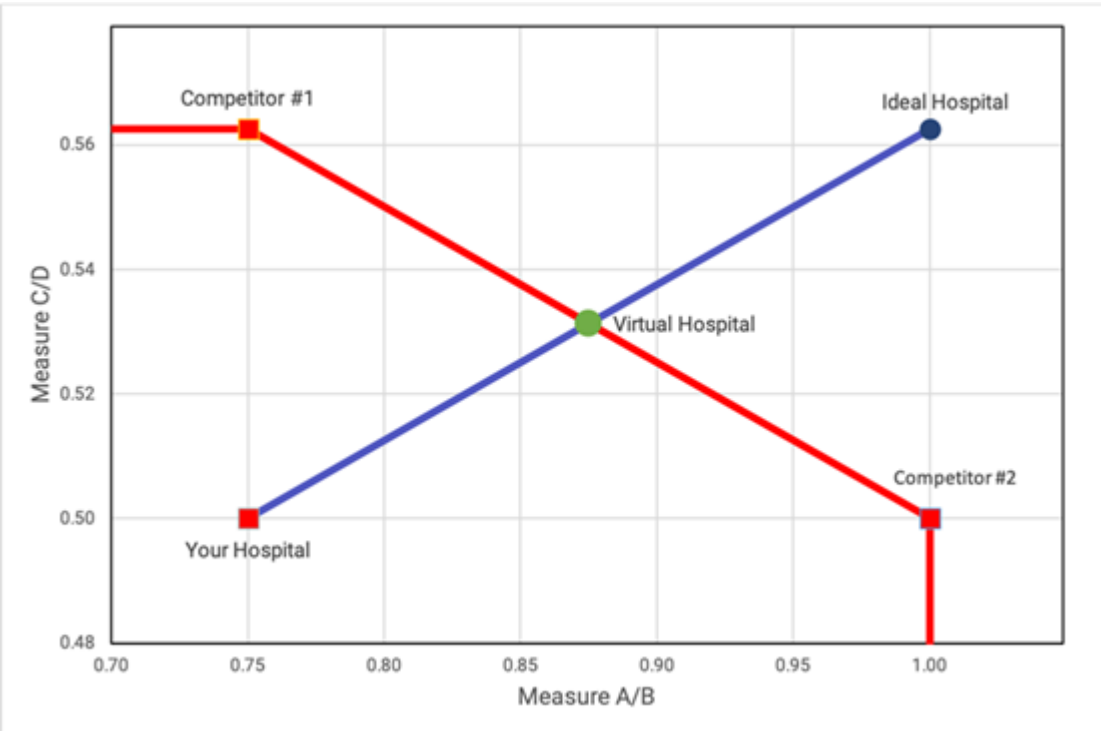
Exhibit 3: Hospital measure results over two years

YEAR 1			YEAR 2		
Hospital	A/B	C/D	Hospital	A/B	C/D
Your Hospital	75 percent	50 percent	Your Hospital	100 percent	65 percent
Competitor #1	75 percent	56.25 percent	Competitor #1	90 percent	75 percent
Competitor #2	100 percent	50 percent	Competitor #2	100 percent	40 percent

Source: Author’s example.

How should measure weights be computed for your hospital? Looking at exhibit 4, find the point in green where the blue line intersects the red efficient frontier. This is the virtual hospital. By construction, it is a better hospital than your hospital along both measures because the blue line from your hospital connects to the “ideal hospital,” a fictitious hospital that performs the best along every measure—in this case 100 percent on A/B and 56.25 percent on C/D. The virtual hospital is a convex combination of competitor no. 1 and competitor no. 2, that is, they are joined by a line segment. All hospitals on this line segment become our benchmarks, called “reference hospitals,” in evaluating your hospital. Implicitly, once we identify this line segment of best-performing hospitals, the evaluation of your hospital does not consider any other hospitals, for example, hypothetical ones falling underneath the efficient frontier.

Exhibit 4: Your hospital as compared with the efficient frontier for Year 1



Source: Author’s calculations.

Now find the measure weights such that your hospital’s overall score is as close as possible to the best-scoring reference hospital on the efficient frontier under the same weights. For various choices of weights, exhibit 5 shows the gap in scores between the best scoring hospital and your hospital. For simplicity, we exclude the scores of the virtual hospital because they always fall between those of competitor no. 1 and competitor no. 2. (The weights shaded in grey violate the volume-based constraints, and thus are not feasible.)

Exhibit 5: Gap in Year 1 scores between the best-scoring hospital and your hospital for various weights

Weights		SCORES			Gap in Scores
Measure A/B	Measure C/D	Your Hospital	Competitor #1	Competitor #2	Max - Your Hospital
100.0%	0.0%	75.0%	75.0%	100.0%	25.0%
33.3%	66.7%	58.3%	62.5%	66.7%	8.3%
20.0%	80.0%	55.0%	60.0%	60.0%	5.0%
10.0%	90.0%	52.5%	58.1%	55.0%	5.6%
0.0%	100.0%	50.0%	56.3%	50.0%	6.3%

Source: Author’s calculations. Note: Scores highlighted in red are the best among all three hospitals for the given weights.

As you can see in yellow, this gap is minimized at 5 percent, when the weights are 20 percent for measure A/B and 80 percent for measure C/D, and results in a score of 55 percent for your hospital. No other measure weights can do better! And in case you are wondering, after repeating this analysis separately for each of your competitors, they score higher than you do under the final weights assigned to them (see exhibit 6)—as well they should because as shown in exhibit 3, they dominate your hospital along every measure in Year 1.

Exhibit 6: Hospital overall scores over two years using the Efficient Frontier approach

Hospital	Year 1	Year 2
Your Hospital	55%	76.67%
Competitor #1	60%	80%
Competitor #2	66.67%	60%

Source: Author’s calculations.

These weights do not maximize your hospital’s overall score subject to the volume constraints. To achieve this, you would put as much weight as possible on measure A/B, 33.33 percent, and then 66.67 percent on measure C/D so that they sum to 100 percent. As shown in exhibit 5, these weights would give your hospital a higher score of 58.33 percent. However, these weights do not represent any comparison against your competitors. In particular, they score your hospital too far away from competitor no. 2 as computed using the same weights, that is, 58.33 percent versus 66.67 percent, a difference of 8.33 percent.

Under my solution, your hospital scores even closer, within 5 percent of the best-scoring hospital on the Efficient Frontier, and in fact every reference hospital on the Efficient Frontier scores 60 percent below the proposed weights for your hospital. Sure, this lowers your score down to 55 percent, but it scores you as close as possible to, and equalizes the comparison against, your competitors who dominate you under the same set of weights. This is the fundamental minimax principle that underlies my proposed Efficient Frontier approach.

In Year 2, assume the ratio of patients impacted by C/D is still twice as many as A/B—one would not expect a significant shift in this ratio from year to year. Your new overall score is 76.67 percent. Congratulations! You’ve improved your hospital, and your new score correctly rewards you by increasing. Under all scenarios in which measure C/D is weighted at least twice as much as measure

A/B, competitor no. 1 always scores the highest. Thus, your hospital (and competitor no. 2) scores as close as possible to competitor no. 1. This happens when the weight on measure C/D is as low as possible, to minimize the impact of your hospital's poor performance on measure C/D. The lowest possible, while also satisfying the volume constraint, is 66.67 percent, which implies 33.33 percent for measure A/B.

This approach, under reasonable conditions, is guaranteed to improve a hospital's overall score when the hospital improves its performance along every measure. Thus, it provides hospitals correct incentives to improve over time and eliminates the knife-edge behavior demonstrated above.

Addressing The Missing Measure Problem

Another problem that my proposed approach addresses is that of missing measures. As my paper documents, hospitals report different subsets of measures, with larger hospitals tending to report more than smaller hospitals. This could be because of issues around data collection and quality, small sample sizes, or hospital choice.

Under the current latent variable model, the loadings used when calculating a hospital's score do not adjust according to the measures available. In contrast, in my proposed approach measure weight shifts onto the measures a hospital actually reports, or that potentially may be imputed through some other means by CMS. As a result, hospitals are given credit, or penalized, for measures that the latent variable model can effectively ignore. While this gives incentives for hospitals to report only measures they do well on, such incentives already exist under the current approach and could be addressed with more stringent CMS reporting rules.

Summing Up: A Proposal to Replace The Latent Variable Model

The current latent variable model approach leads to a system that does not properly incentive hospitals that improve and lacks transparency, as it is hard to interpret or forecast the measure weights that result. The resulting system also does not adequately adjust for a hospital's missing measures.

My proposal offers a more "explicit" way to compute hospital overall scores. It incorporates constraints on measure weights with comparisons against an efficient frontier of best hospital performance. Because it is based on an optimization framework, it offers more flexibility, stability, and interpretability than the existing approach, and it provides correct incentives to hospitals.

Despite the many complaints lodged against the CMS Hospital Star Ratings system, I am optimistic that it can improve over time. There are many other problems that remain unresolved. If nothing else, I hope this research will inspire others to develop innovative methodologies to help build a better health care quality measurement system for all of us.

I invite you to explore my [website](#). I also invite you to comment on this post and to send your thoughts to hospital-ratings@chicagobooth.edu.

###

CBS Evening News

Nursing Homes In US Seeing Surge In Coronavirus Cases

Video: [Nursing Homes In US Seeing Surge In Coronavirus Cases](#) 

CBS Evening News with Nora O'Donnell

April 8, 2020

The CBS Evening News reported that across the US, “we’re seeing an alarming rise in coronavirus cases at nursing homes.” Over “half the nursing homes in New Jersey have at least one case. Three patients have died at a nursing home in Missouri. And at a home near Richmond, Virginia, 33 have died.” Meanwhile, over “80 nursing home residents” were “evacuated in ambulances from a Riverside, California facility after 39 cases of coronavirus, and after nurses, presumably fearing for their own safety, refused to show up.”

Video link:

<https://playvideo.bulletinintelligence.com/2df51ab80c9c48d9925ae09239af4917?pubid=hhssec>

###

Bloomberg Law

Nursing Homes Lose Fight Over CMS’s Predispute

Arbitration Rule

By [Mary Anne Pazanowski](#)

April 8, 2020, 9:14 AM

- Rule places conditions on receipt of federal money
- Doesn't prohibit noncomplying arbitration agreements

Long-term care facilities must comply with a new agency rule governing their use of predispute arbitration agreements as a condition of receiving Medicare and Medicaid payments, a federal court in Arkansas said.

The rule is a valid exercise of the agency's authority, was adopted according to federal procedural rules, and doesn't conflict with the Federal Arbitration Act, the U.S. District Court for the Western District of Arkansas said Tuesday.

The court granted summary judgment for the Health and Human Services Department in a lawsuit brought by Northport Health Servs. of Arkansas LLC and other nursing homes.

In 2016, the Centers for Medicare and Medicaid Services, a part of HHS, adopted a rule banning nursing homes from requiring patients or their representatives to agree to arbitrate any disputes that arose while the patient was being treated at the facility.

A federal district court in Mississippi [blocked](#) the government from enforcing that rule.

Instead of appealing the decision, CMS retooled the rule. The 2019 version places "procedural" conditions on predispute arbitration agreements, like requiring nursing homes to fully explain the rule in the patient's or representative's language and making clear that admission isn't dependent on agreeing to arbitrate disputes.

But the new rule doesn't prohibit the use of predispute arbitration agreements—a key difference that led the court to uphold the later rule.

The FAA states that arbitration agreements must be enforced to the same extent as any other contract. Thus, an arbitration agreement can be invalidated only for reasons that would invalidate a contract.

The 2019 rule doesn't conflict with the FAA because a nursing home's failure to comply with its requirements doesn't prevent the enforcement of arbitration agreements between nursing homes and residents, the court said.

A nursing home still can use predispute arbitration agreements and ask courts to compel arbitration when disputes arise, even if their agreements don't comply with the rule. They simply face a potential loss of federal income for their noncompliance, it said.

Judge Timothy L. Brooks wrote the opinion.

Kirkland & Ellis LLP and Hardin, Jesson & Terry PLC represented the nursing homes. The U.S. Department of Justice represented HHS.

The case is [Northport Health Servs. of Ark., LLC v. U.S. Dep't of Health & Human Servs.](#) , 2020 BL 129434, W.D. Ark., No. 5:19-CV-5168, 4/7/20 .

To contact the reporter on this story: Mary Anne Pazanowski in Washington at mpazanowski@bloomberglaw.com

To contact the editors responsible for this story: Rob Tricchinelli at rtricchinelli@bloomberglaw.com; Patrick L. Gregory at pgregory@bloomberglaw.com

###

Washington Post

We need to be ready for shortages in people

By [Editorial Board](#)

April 8, 2020 at 8:00 a.m. EDT

HEALTH-CARE WORKERS from all over the country are [spilling](#) into New York to help handle the crush of coronavirus patients. In overwhelmed emergency rooms, they're joining forces with health-care workers [returning from retirement](#), and those practicing [outside their specialties](#). New York may be a preview of what is to come in hot spots across the country. This migration of health-care workers emphasizes that we need to prepare for more than shortages in vital supplies such as ventilators and personal protective equipment (PPE). We need to be ready for shortages in people.

As Gov. Andrew M. Cuomo (D) urges health-care workers to help meet the surge in New York, governors across the country are preparing for their own crises by slashing red tape. Since medical licenses are regulated mostly at the state level, it's largely up to states to eliminate regulatory hurdles for qualified medical professionals to be able to offer their talents in an emergency. [Most states](#) have relaxed medical license regulations by granting temporary licenses to out-of-state physicians, waiving licensing fees or activating interstate compact laws that can expedite medical licensing between states. [Some states](#) are temporarily licensing doctors who are licensed and in good standing in foreign countries. All states should streamline the temporary licensing process as much as possible. States should also take steps recommended by the [National Governors Association](#) and the [Department of Health and Human Services](#), such as providing emergency child care for health-care workers, clearing the way for telemedicine and ensuring that students training to join the health-care workforce can stay on track.

All these are important measures to try to keep our hospitals afloat. But hospitals depend on more than doctors and nurses. Other vital providers include physician assistants, pharmacists and first responders. Respiratory therapists are especially crucial right now. There was a [shortage even before the pandemic](#), and their work with patients' lungs now puts them at higher risk.

Perhaps least appreciated are those not directly involved in clinical care but whose work ensures that hospitals remain clean, safe and efficient. Environmental service workers who take patients their meals, clean linens and operating rooms, and staff hospital cafeterias make far less money than physicians and are least likely to be prioritized for PPE. Like medical professionals, they risk their well-being just by showing up to work these days. They often possess specialized knowledge that makes them less replaceable than one might assume — custodial workers in hospitals, for example, must follow specific sanitation protocols to ensure patients' safety.

"Stay home for us while we go to work for you," health-care workers urge. That is the least we can do. We should do even more to support our hospitals: find better child-care solutions for workers, provide all workers with PPE, and make sure our formal and informal efforts remember all the people going to work for us — even the ones we don't always recognize.

###

From: "Verma, Seema (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 4/2/2020 5:25:34 PM +0000
To: CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>
Subject: FW: FW: Public Health Strategy to Inform Back-to-work Planning
Attachments: COVID-19 Public Health Back-to-work Strategy 20200331.pdf

From: Glenn Donnelly [REDACTED] (b)(6) >
Sent: Tuesday, March 31, 2020 12:28 PM
To: Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>; Auchincloss, Hugh (NIH/NIAID) [E] <auchincloss@niaid.nih.gov>; Barasch, Kimberly (NIH/NIAID) [C] <kimberly.barasch@nih.gov>; Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>; Gilles, Sharon (NIH/NIAID) [E] <sharon.gilles@nih.gov>
Subject: Public Health Strategy to Inform Back-to-work Planning

National Public Health Emergency Leaders,

Please, find attached a Public Health strategy which provides novel options to control the risk of resurgent COVID-19 when the decision is made to for the nation to return to work.

These recommendations are compatible with the current narrative but identify and resolve specific gaps that have not been publicly discussed.

I have been impressed by the careful expertise you have demonstrated in your advice to our leaders and the population.

I am at your disposal if I can be of further assistance.

Very respectfully,

Glenn

Glenn M. Donnelly, DO, MPH

318-828-3856

Dr. Glenn M. Donnelly earned his Doctor of Osteopathic Medicine degree in 2001 from the Chicago College of Osteopathic Medicine and is board certified by the American Board of Preventive Medicine in Aerospace Medicine since 2007. He received his Master of Public Health degree in 2005 from the University of Texas School of Public Health, and he has been involved in disaster and emergency response and management for 13 years. Although his primary employer has been the United States Air Force, the ideas herein do not necessarily reflect the official position of any portion of the United States Air Force, the United States government, or any organization.

From: (b)(6) NR
NR
Sent: 3/31/2020 12:46:12 PM +0000
To: "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>
Subject: Re: Re: REVISED nursing home action recommendations. Confidential, deliberative

Agree.

Sent from my iPhone

On Mar 31, 2020, at 8:38 AM, Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov> wrote:

(b)(5)

Brett P. Giroir, MD
ADM, US Public Health Service
Assistant Secretary for Health (ASH)
200 Independence Avenue, SW
Washington, DC 20201
Office Phone: 202-690-7694

From: (b)(6) >
Sent: Tuesday, March 31, 2020 8:37 AM
To: Deborah Birx (b)(6) <nsc.eop.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Joe Grogan (b)(6) <who.eop.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; Stephen Hahn (FDA) <sh1@fda.hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Subject: Re: REVISED nursing home action recommendations. Confidential, deliberative

(b)(5)

Sent from my iPhone

On Mar 31, 2020, at 7:12 AM, (b)(6) wrote:

See attached, these are the recommendations the joint CDC CMS team developed. (b)(5)

Sent from my iPhone

Begin forwarded message:

From: "Hittle, Matthew (CMS/OA)"
<Matthew.Hittle@cms.hhs.gov>
Date: March 31, 2020 at 6:57:19 AM EDT
To: (b)(6)
Cc: "Brandt, Kimberly (CMS/OA)"
<Kimberly.Brandt1@cms.hhs.gov>, "Moody-Williams, Jean D.
(CMS/CCSQ)" <jean.moodywilliams@cms.hhs.gov>, "Ling, Shari
(CMS/CCSQ)" <Shari.Ling@cms.hhs.gov>, "Good-Cohn,
Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>
Subject: REVISED nursing home action recommendations

Seema – this newest version incorporates

(b)(5)

(b)(5)

Matthew Hittle
Senior Advisor
Office of the Administrator
Centers for Medicare & Medicaid Services
Desk: 202-690-6754
Cell: (b)(6)

Deliberative, pre-decisional communication

<Actions to Control COVID-19 Transmission in Nursing Homes
FINAL.docx>

From:

(b)(6)

NR

NR

Sent:

3/30/2020 10:32:42 PM +0000

To:

"Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>; Deborah Birx
<(b)(6)@nsc.eop.gov>; Joe Grogan <(b)(6)@who.eop.gov>

Subject:

Fwd: Fwd: Concerns About Testing Priority for LTC Facilities

Attachments:

image001.png; ATT00001.htm; LTC_priority 1 testing request_AHCA.pdf;
ATT00002.htm

Can we discuss at our meeting tomorrow?

Sent from my iPhone

Begin forwarded message:

From: Scott Tittle <stittle@NCAL.org>

Date: March 30, 2020 at 5:44:38 PM EDT

To:

(b)(6)

Subject: Concerns About Testing Priority for LTC Facilities

Administrator Verma – Please find attached a letter from AHCA/NCAL President and CEO Mark Parkinson to Vice President Pence regarding very concerning information we have learned that private labs are telling long term care operators that they are not a top priority for COVID-19 testing. This is a very urgent matter as long term care operators are not able to best prevent and contain the virus without being able to properly identify it. Mark Parkinson and Dr. David Gifford, SVP of Quality and Regulatory Affairs, are available for any additional information or questions. Thank you, Scott

Scott B. Tittle

American Health Care Association (AHCA) / National Center for Assisted Living (NCAL)

Executive Director, NCAL

1201 L Street, NW

Washington, DC 20005

202-898-2827 (w)

Improving Lives by Delivering Solutions for Quality Care

From:

(b)(6)

NR

NR

Sent:

3/13/2020 4:48:02 PM +0000

To:

"Ceballos, Kelly L. (CMS/OC)" <Kelly.Ceballos@cms.hhs.gov>

CC:

"Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>; "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>; "Aldana, Karen (CMS/OC)" <karen.aldana@cms.hhs.gov>; "Corry, Thomas (CMS/OA)" <thomas.corry@cms.hhs.gov>; "Monroe, Johnathan (CMS/OC)" <johnathan.monroe1@cms.hhs.gov>

Subject:

RE: RE: Summary of CMS Public Health Action on COVID-19

Super helpful

From: Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>**Sent:** Friday, March 13, 2020 12:44 AM**To:**

(b)(6)

Cc: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>

Subject: Summary of CMS Public Health Action on COVID-19**Importance:** High

Administrator –

Following our discussion this evening, I am sending along a list of the agency's work on COVID-19 that have been released this year.

I am also attaching a Word document if the team would like to print this out for you.

Please note that I have included three items that we plan to release tomorrow and can be deleted if you'd like. If there other changes you'd like, please let me know.

Thanks,

Kelly

Summary of CMS Public Health Action on COVID-19 to date:

To be released:

(b)(5)

Released:

March 12, 2020: CMS issued Frequently Asked Questions (FAQs) to aid state Medicaid and Children's Health Insurance Program (CHIP) agencies in their response to the 2019 Novel Coronavirus (COVID-19) outbreak. CMS is taking this action in its continuing efforts to protect the health and safety of providers and patients, including those who are covered by Medicaid and CHIP.

<https://www.cms.gov/newsroom/press-releases/cms-publishes-first-set-covid-19-frequently-asked-questions-faqs-state-medicaid-and-childrens-health>

March 12, 2020: CMS posted the payment amounts determined by Local Medicare Administrative Contractors (MACs) for claims they receive for COVID-19 Test Pricing in their respective jurisdictions until Medicare establishes national payment rates.

<https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf>

March 10, 2020: CMS issued guidance to home health agencies and dialysis facilities with

actionable information for healthcare workers on screening, treatment and transfer procedures to follow when interacting with patients in response to the 2019 Novel Coronavirus (COVID-19) outbreak.

<https://www.cms.gov/newsroom/press-releases/cms-sends-more-detailed-guidance-providers-about-covid-19>

March 10, 2020: CMS issued a frequently asked questions to ensure State Survey Agencies and accrediting organizations charged with inspecting nursing homes and other health care facilities, understand that non-emergency survey inspections are suspended. This shift in survey prioritization enables State Inspectors to address the spread of the 2019 Novel Coronavirus Disease (COVID-19).

<https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-guidance-state-survey-agencies>

March 10, 2020: CMS issued guidance on Medicare Advantage (MA) and Part D health and prescription drug plans informing them of the flexibilities they have to provide healthcare coverage for testing, treatments, and prevention of 2019 Novel Coronavirus Disease (COVID-19). Leading insurance companies and their industry associations announced they will be treating COVID-19 diagnostic tests as covered benefits and will be waiving cost sharing that would otherwise apply to the test.

<https://www.cms.gov/newsroom/press-releases/cms-issues-guidance-help-medicare-advantage-and-part-d-plans-respond-covid-19>

March 10, 2020: CMS issued guidance on the range of facemasks that can be temporarily used based on recent changes to CDC and FDA facemask and respirator guidance in light of COVID-19 and supply demands. These are steps the White House Task Force is taking to ensure a maximum supply of facemasks and respirators are available that allow healthcare providers to safely treat patients without exposing themselves or others to COVID-19.

<https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-key-protective-mask-guidance-healthcare-workers>

On March 9, 2020: CMS delivered detailed guidance on the screening, treatment and transfer procedures healthcare workers must follow when interacting with patients to prevent the spread of COVID-19 in a hospice setting. CMS also issued additional guidance specific to nursing homes to help control and prevent the spread of the virus.

<https://www.cms.gov/newsroom/press-releases/cms-issues-clear-actionable-guidance-providers-about-covid-19-virus>

On March 9, 2020: CMS issued a fact sheet with additional guidance for healthcare providers and patients about the telehealth benefits in the agency's Medicare program. Expanded use of virtual care, such as virtual check-ins, are important tools for keeping beneficiaries healthy, while helping to contain the community spread of the COVID-19 virus.

<https://www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-lifeline-patients-during-coronavirus-outbreak>

On March 9, 2020: CMS published guidance to hospitals with emergency departments (EDs) on patient screening, treatment and transfer requirements to prevent the spread of infectious disease and illness, including COVID-19. Medicare-participating hospitals are to follow both CDC guidance for infection control and Emergency Medical Treatment and Labor Act (EMTALA) requirements.

<https://www.cms.gov/newsroom/press-releases/cms-issues-call-action-hospital-emergency-departments-screen-patients-coronavirus>

March 6, 2020: CMS issued frequently asked questions and answers (FAQs) for healthcare providers regarding Medicare payment for laboratory test and other services related to the 2019-Novel Coronavirus (COVID-19). <https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-assist-medicare-providers>

March 5, 2020: CMS issued a second Healthcare Common Procedure Coding System (HCPCS) code for certain COVID-19 laboratory tests, in addition to three fact sheets about coverage and benefits for medical services related to COVID-19 for CMS programs.

<https://www.cms.gov/newsroom/press-releases/cms-develops-additional-code-coronavirus-lab-tests>

March 4, 2020: CMS issued a call to action to healthcare providers nationwide and offered important guidance to help State Survey Agencies and Accrediting Organizations prioritize their inspections of healthcare. <https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus>

February 13, 2020: CMS issued a new HCPCS code for providers and laboratories to test patients for COVID-19. <https://www.cms.gov/newsroom/press-releases/public-health-news-alert-cms-develops-new-code-coronavirus-lab-test>

February 6, 2020: CMS gave CLIA-certified laboratories information about how they can test for SARS-CoV-2. <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and/notification-surveyors-authorization-emergency-use-cdc-2019-novel-coronavirus-2019-ncov-real-time-rt>

February 6, 2020: CMS issued a memo to help the nation's healthcare facilities take critical steps to prepare for COVID-19. <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and/information-healthcare-facilities-concerning-2019-novel-coronavirus-illness-2019-ncov>

From: (b)(6) NR
NR
Sent: 3/19/2020 9:50:58 PM +0000
To: "Sokol, Lisa Y. (CMS/OC)" <Lisa.Sokol@cms.hhs.gov>; "Corry, Thomas (CMS/OA)" <Thomas.Corry@cms.hhs.gov>
Subject: Re: Re: Two Inside Health Policy articles: ACOs, Providers: Mitigate COVID-19's Impact On Value-Based Pay AND CMS: Catastrophic Plans Can Cover COVID-19 Services Pre-Deductible

Why are we emailing this to people outside the agency?

Sent from my iPhone

On Mar 19, 2020, at 3:54 PM, Sokol, Lisa Y. (CMS/OC) <Lisa.Sokol@cms.hhs.gov> wrote:

ACOs, Providers: Mitigate COVID-19's Impact On Value-Based Pay

By [Michelle M. Stein](#) / March 19, 2020 at 2:45 PM

Stakeholders are urging CMS and lawmakers to make sure the COVID-19 pandemic doesn't derail providers in value-based pay arrangements, including in accountable care organizations, with some warning of potential mass exits from such arrangements due spending spikes driven by coronavirus care and treatment.

"Some ACOs have spent years investing in the infrastructure and cultural changes needed to succeed in value-based care models. Just as we're starting to see serious, positive results, a catastrophic pandemic like this could wipe out years' worth of shared savings and threaten our decade-long movement to accountable care models," said Clif Gaus, president and CEO of the National Association of ACOs. "We hope policymakers see the big picture and work to give assurance to ACOs during a once-in-a-lifetime pandemic."

CMS says ACO providers are part of the Medicare fee-for-service program and COVID-19 flexibilities apply to those providers. The agency says it is monitoring the evolving situation and expects ACOs to make the right decisions for their groups, providers and beneficiaries based on each ACO's circumstance.

"While providers are actively working to confront head on the threat of the coronavirus, they are also concerned that that they will be face serious financial consequences under these programs as a result of factors not under their direct control," America's Physician Groups and Premier say in a March 16 letter to CMS Administrator Seema Verma and HHS Secretary Alex Azar.

The groups seek financial and quality mitigation strategies for all quality programs and value-based care arrangements, saying the extreme and uncontrollable circumstance policies that are part of some programs aren't consistent and don't adequately provide needed protections to mitigate the impact of the coronavirus.

"The health care system will need to ramp up capabilities to care for a large population of older Americans that will experience longer acute length of stay, more intense acute care utilization, higher skilled nursing facility utilization, increased discharges to long-term care hospitals, and an increase in ED admissions and readmissions. These changes will have significant impacts on overall healthcare costs and quality," APG and Premier say.

They ask that, for value-based arrangements, CMS convert all risk-sharing programs into no-risk models for providers and suspend quality reporting in 2020 for alternative pay models, ACOs and the Merit-based Incentive Payment System.

“The anticipated impacts of coronavirus directly relate to quality measures in value-based arrangements (e.g. readmissions, length of stay measures). Additionally, quality rates related to chronic conditions and prevention may be impacted as healthier beneficiaries may be avoiding seeking health care,” the groups say.

“We also ask that CMS implement a one-year agreement extension for all MSSP, including Track 1 Plus, and Next Generation ACO participants whose agreements are expiring this performance period. We encourage CMS to explore how to mitigate the impact of coronavirus on benchmarks and target prices in future years,” the groups say.

The National Association of ACOs has also been in contact with the administration, and in a March 16 note to Verma asks that the agency modify the ACO extreme and uncontrollable circumstances policy to exclude spending for patients with COVID-19 from 2020 calculations, hold harmless ACOs in shared risk models like the Medicare Shared Savings Program and Next Generation ACOs, provide flexibility with upcoming program deadlines on quality reporting and MSSP and Direct Contracting applications and commit to a 2022 application cycle for the Direct Contracting model.

“These steps are necessary to prevent a mass exodus of ACOs from the current program,” NAACOS Clif Gaus said in the Monday note.

NAACOS, the American College of Physicians, American Academy of Family Physicians, American Hospital Association, American Medical Group Association, America’s Essential Hospitals, Association of American Medical Colleges, Federation of American Hospitals, Health Care Transformation Task Force and Medical Group Management Association sent a letter to Verma on March 18 asking for help, as well.

“In the immediate term, APM participants will be faced with difficult decisions about whether they can continue to afford to provide advanced preventative care, care coordination, and behavioral services, hallmarks of these models. Clinicians should be using every tool at their disposal to fight this epidemic; they should not fear having it count against them later. They need assurance from the administration that this will not be the case,” the letter says.

The letter says that any resources providers spend to mitigate the pandemic will cost them twice -- once when spent and again when spending is evaluated in the context of their value-based performance. The groups also mention the inadequacy of the extreme and uncontrollable circumstances protections.

“The Medicare Shared Savings Program (MSSP) for instance only mitigates shared losses and adjusts quality assessments; it does not adjust benchmarks or performance year expenditures, which will impact the program for many subsequent years,” the letter says.

The letter also asks for clinicians to be held harmless for performance-related and quality assessment penalties in 2020, and, requests extended timelines or additional application opportunities for Direct Contracting, Primary Care First and other models.

The groups ask for MIPS flexibilities, as well as up front funding and reinsurance options for alternative pay models.

The groups also reached out to House and Senate lawmakers, asking them to

“preclude the financial impact or shared loss repayment for all ACOs and other value based program participants based on costs accrued related to COVID-19 care and during this public health crisis,” in a separate letter. -- *Michelle M. Stein* (mstein@iwpnews.com)

CMS: Catastrophic Plans Can Cover COVID-19 Services Pre-Deductible

By [Amy Lotven](#) / March 19, 2020 at 12:56 PM

The ACA’s catastrophic health plans can cover services related to diagnosis and treatment of COVID 19 prior to a beneficiary hitting the deductible without risk of enforcement action, CMS says in new guidance out Wednesday. The memo aligns with [the IRS guidance on high-deductible health plans](#) issued last week, which affirmed that HDHPs can cover COVID-related services pre-deductible and still qualify for a health savings account, the agency points out in a separate memo targeted to Medicaid providers.

The new frequency asked questions memo clarifies that catastrophic plans do include coverage for the diagnosis and treatment of COVID-19, since they must cover all 10 essential health benefits, although cost-sharing may vary, and some plans may require prior authorization.

But catastrophic plans cannot cover EHBs until the deductible is met except for preventive services and three primary care visits a year.

Issuers had asked CMS whether, in light of the public health emergency posed by COVID, they could cover testing and treatment pre-deductible. The agency confirmed in the FAQ that, while issuers are generally not allowed to change their coverage mid-year, CMS would not take any enforcement action against a plan that opts to do so.

However, the agency says in a footnote that the enforcement relief does not extend to issuers that reduce other benefits in order to offset the increased generosity for COVID-related services.

CMS also encourages states to take the same non-enforcement approach with their carriers.

Catastrophic plans, which have a \$8,150 deductible for 2020, are available to exchange enrollees under 30 years of age, or to consumers who qualify for one of 14 hardship exemptions. Enrollees in the plans are not eligible for tax credits or for a health savings account.

Only a small percent of exchange enrollees purchases catastrophic plans. In 2019, the plans made up just 92,460 out of more than 11.4 million plan selections, according to CMS data. -- *Amy Lotven* (alotven@iwpnews.com)

From:

(b)(6)

(b)(5)

Sent:

3/17/2020 1:10:23 AM +0000

To:

"Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>

CC:

"Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>; "Marcos, Nicole (CMS/OL)" <Nicole.Marcos@cms.hhs.gov>; "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>; "Mack, Rosa (CMS/CMCS)" <Rosa.Mack@cms.hhs.gov>

Subject:

Re: Re: March 16 Updates

This should be the agenda for tomorrow's meeting. Lots of stuff that didn't get discussed.
Thanks

Sent from my iPhone

On Mar 16, 2020, at 8:51 PM, Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov> wrote:

The daily updates for March 16th are below. Updated tracker is attached.

Upcoming Guidance:

(b)(5)

Today's Meetings

- **CMCS:** Call with NAMD Board; individual call with MN, TN, and RI
- **OSSO:** Conference call with FOH to discuss schedule for mask fit testing at all 10 locations. OSSO obtained preferred days/week from surveyors and FOH is scheduling. Fit testing performed in New York on Friday, 3/13 and in Dallas today.

-

New Meetings

(b)(5)

New Action Items

(b)(5)

- **CMCS: 1135 Waiver Activity**
 - **Florida** submitted an 1135 waiver request on Friday night, 3/13 and CMS expects to approve this on (b)(5)
 - **Washington** submitted an official 1135 waiver request on Sunday night, 3/15. The request is comprehensive and spans multiple authorities and statutes. It also includes 1115 waiver requests.

(b)(5)

(b)(5)
- **OSSO:** Continue to track medical clearance for CCSQ surveyors. 89 surveyors out of 107 have completed their medical clearances. Coordinating the scheduling for fit testing in all 10 locations based on surveyor's availability. New York fit testing was held on Friday, 3/13. Dallas scheduled for (b)(5) and Atlanta being scheduled for (b)(5). Track fit testing completion for CCSQ surveyors. 20 surveyors out of 107 have completed fit testing. Of those 7 failed due to the "one size fits all" mask not fitting properly for individuals needing smaller masks. Continue to analyze mailroom process considerations.

Action Items Closed Out:

- **CCSQ:** Laboratory Guidance; CLIA Memo; closed will not be sending additional guidance. Included in updated survey suspension memo. Telemedicine Technical Assistance; CCSQ is not leading this effort.
- **CM FFS:**
 - March 13: Released TDL for MACs for 1135 waivers
 - March 16: released MLN Matters Article [SE20011](#), Medicare FFS Response to Public Health Emergency on the Coronavirus (COVID-19)
 - released a special edition of [MLN Connects](#), which included

information on:

- COVID-19 Emergency Declaration
- COVID-19 Nursing Home Visitors Guidance
- **OSSO:** OSSO shipped additional PPE supplies to all 10 locations for delivery on (b)(5) Implemented changes to random security screening procedures effective today.
Submitted budget on COVID-19 requirements through June 2020.

Additional Information

- **OPOLE:** The state of PA is directing that all Living Independence for the Elderly (LIFE) provider locations (PACE) operating within Pennsylvania to shut down their day center operations. This is effective beginning tomorrow (March 17, 2020) and will continue until further notice.
- VOANS Senior Community Care in CO tested a PACE participant who was showing symptoms for COVID-19 and is awaiting the results.
- Of the twenty new Exchange cases, sixteen were related to DMI extension requests. Three Exchange cases contain requests for a Special Enrollment Period. One Exchange case references potential fraud. Consumer was told they needed to pay \$35 for Coronavirus coverage and asked for SSN and debit card information. CPI has been notified regarding the fraud case. Two Medicare CTM cases were received from providers. One provider with facilities in 32 states is asking if they can do prescription refills including narcotics to patients after a phone consult. Another provider requested a fact sheet for visiting patients at home who have COVID-19. *See email for chart and additional information.*
- **CCHIO:**
 - 3/13: Cigna announced additional measures regarding COVID including waiving cost-sharing for office visits and telehealth screenings, related to COVID-19 testing through May 31, 2020. Cigna will also be providing free delivery of up to 90-day supplies for Rx maintenance medications.
<https://www.cigna.com/newsroom/news-releases/2020/cigna-takes-additional-actions-to-protect-customers-and-communities-against-covid-19>
 - Alabama DOI requests that health insurance carriers waive any cost-sharing for COVID-19 lab tests and for in-network provider office visits and urgent care center visits, as well as for emergency room visits when testing for coronavirus. Additionally, ALDOI requests that carriers provide an out-of-network option at the cost available for those in network, encourages telehealth, and cover the cost of a COVID-19 vaccine at no cost-sharing for covered members once the vaccine is developed and available to the public.
<https://www.aldoi.gov/pdf/legal/2020-02%20-%20Coverage%20for%20COVID-19%20-%20CORONAVIRUS.pdf>
 - New Jersey Governor Murphy asked CMS to establish a special

enrollment period for consumers to enroll in an individual market plan. <https://www.nj.com/news/2020/03/murphy-asks-feds-to-reopen-insurance-enrollment-in-nj-amid-coronavirus-outbreak.html>

- Pennsylvania Governor Wolf sent a formal letter to the Secretary and Administrator requesting that CMS establish a special enrollment period for consumers to enroll in an individual market plan. (CCIIO received this letter through IEA).
- **CMCS: Waiver Activity**
 - **Colorado** submitted a comprehensive 1115 request. (b)(5)
(b)(5)
 - **Florida** submitted a request for 1115 authority. (b)(5)
(b)(5)
 - **Tennessee** has expressed verbal interest in using 1115 waiver authority to cover the uninsured for costs of testing and treatment related to COVID-19.
 - **Additional State Activity**
 - **Massachusetts:** State plans to submit a CHIP Disaster Relief state plan amendment (SPA). We are providing technical assistance to state.
 - **Kansas:** State requested TA on drafting CHIP disaster relief SPA. We are providing technical assistance to state.
 - **North Carolina:** State inquired about using their CHIP health services initiative (HSI) for COVID-19 needs. State is reviewing their existing CHIP disaster SPA to determine if they need additional flexibility for COVID-19. State plans to review and submit a SPA if needed.
 - **Connecticut:** State asked for technical assistance re: submission of a CHIP disaster relief SPA
 - **Texas:** Texas inquired about flexibility around CHIP copays in their approved CHIP disaster relief SPA. We advised that the state has flexibility to waive copays in governor declared emergency areas, and to activate that authority we would need a letter indicating they are doing so.
 - **New Speaking / Meeting requests**
 - Call with Partnership for Medicaid Home-Based Care (PMHC) and Calder Lynch in response to letter they sent to OA.
 - Thorn Run Consulting reached out to CMCS on behalf of AHCA/NCAL to request a phone conversation with Calder Lynch and/or DEHPG to discuss issues faced by nursing homes.
 - HHS Intergovernmental and External Affairs (HHS IEA) is hosting weekly conference calls for Tribal leaders and Urban Indian organizations on COVID-19 to provide updates on agency COVID-19 activities. HHS IEA has contacted CMS

Tribal Affairs to determine whether CMS leadership would join a call (b)(5)

(b)(5)

- **OC:** Call Center Very low. 458 coronavirus-related inquiries out of 81,905 total calls
 - Main topics/questions:
 - Questions continue on what Medicare covers and how Medicare is handling the coronavirus? Will Medicare be covering experimental drugs during this time?
 - Beneficiaries asking questions about routine exams (not coronavirus) and if Medicare will cover telehealth services and waive office visits because they don't want to go the clinic. Conditions such as routine diabetic exams or visits to review blood work are mentioned.
 - Questions about stocking up on diabetic supplies and if Medicare will cover that as well.
 - Marketplace Call Center: Calls remain very low. Yesterday we had 79 coronavirus-related inquiries out of 51,268 total calls.
 - Main topics/questions:
 - Will my plan cover the test?
 - Requests for enrollments/Special Enrollments now as a result of the coronavirus (in other words, consumers that either dropped coverage or didn't have coverage and now want coverage)

<mime-attachment>

<COVID-19 Action Items Tracker.pdf>

From: (b)(6) NR
NR
Sent: 3/25/2020 3:20:50 PM +0000
To: "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>; "Haddad, Carla (HHS/OASH)" <Carla.Haddad@hhs.gov>; "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>; "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>
Subject: Fwd: Fwd: HHS request for AHA hospital COVID-19 testing data
Attachments: COVID Survey Grand Summary (003).xlsx; ATT00001.htm

Sent from my iPhone

Begin forwarded message:

From: "Thompson, Ashley" <athompson@aha.org>
Date: March 25, 2020 at 9:49:02 AM EDT
To: Seema Verma (b)(6)
Cc: "Pollack, Rick" <rpollack@aha.org>, "Weger, Kristina" <kweger@aha.org>
Subject: FW: HHS request for AHA hospital COVID-19 testing data

Administrator Verma – I wanted to make sure you saw that AHA has provided our hospital COVID testing response data with your teams. We are launching the new survey fields you requested and will share any received data later today. Thank you for your partnership.
Ashley

From: Thompson, Ashley
Sent: Wednesday, March 25, 2020 9:30 AM
To: 'Delew, Nancy (HHS/ASPE)' <Nancy.Delew@hhs.gov>; Kellogg, Rachel (HHS/OASH) <Rachel.Kellogg@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; 'Beckham, Tammy (HHS/OASH)' <Tammy.Beckham@hhs.gov>
Cc: Macmillan, Laurie <lmacmillan@aha.org>; Sheingold, Steven (HHS/ASPE) <Steven.Sheingold@HHS.GOV>; Colf, Leremy (OS/ASPR/SPPR) <Leremy.Colf@hhs.gov>; Kiley, Matthew (HHS/ASPE) <Matthew.Kiley@hhs.gov>; Peters, Christie (OS/ASPE) <Christie.Peters@hhs.gov>; Wesolowski, Aaron <awesolowski@aha.org>; Kupferman, Gloria <gkupferman@aha.org>; Weger, Kristina <kweger@aha.org>; Nickels, Thomas <tnickels@aha.org>; Pollack, Rick <rpollack@aha.org>
Subject: HHS request for AHA hospital COVID-19 testing data
Importance: High

Good morning,

We are following up on the request to provide data from hospital labs that are conducting COVID-19 testing. AHA issued a survey to the field on Friday, March 20th. Attached are the responses we have received so far.

Based on additional information that was provided by HHS on Tuesday, March 24th, we have refined the survey and continue to urge hospital members to respond.

Below is a high level summary of the data so far. Attached is a spread sheet with the details:

- We've received responses from 260 unique hospitals.
- Their responses represent single day snapshots, so are not cumulative, but do provide some useful info on their current capabilities.
- Of those that have responded, 7% are performing tests in their own facilities' labs.
- A further 23% plan to start testing in their own labs in the near future.
- 79% have reported that they are sending tests out to external labs.
- Not all respondents that are testing internally or externally shared how many tests they performed, but those that did reported over 3500 test conducted.
- Further, not all respondents shared how many positive test results they had, but those that did reported 79 positive hospital test results and 70 external lab test results.

We look forward to being in touch later today with any additional data we have received from the new survey, and will plan on sharing daily updates, likely around 6p ET.

Please don't hesitate to reach out if you have questions

Thank you,

Ashley Thompson

Ashley Thompson
SVP, Public Policy Analysis & Development
American Hospital Association
800 10th Street, NW
Two CityCenter, Suite 400
Washington, DC 20001
202-626-2688
athompson@aha.org

From: (b)(6) NR
NR
Sent: 3/10/2020 3:39:25 AM +0000
To: "Couch, Marion (CMS/OA)" <Marion.Couch@cms.hhs.gov>; "Ling, Shari (CMS/CCSQ)" <Shari.Ling@cms.hhs.gov>; "Moody-Williams, Jean D. (CMS/CCSQ)" <jean.moodywilliams@cms.hhs.gov>
Subject: Fwd: Fwd: Revised Nursing Home Guidance
Attachments: QSO20-14. COVID-19 Nursing Homes - REVISED NIAID.docx; ATT00001.htm

Sent from my iPhone

Begin forwarded message:

From: "Fauci, Anthony (NIH/NIAID) [E]" <afauci@niaid.nih.gov>
Date: March 9, 2020 at 10:19:50 PM EDT
To: (b)(6)
Subject: FW: Revised Nursing Home Guidance

I had my staff review this and their edits/suggestions are incorporated into the attached document.

Best regards,
Tony

Disclaimer:

The information in this e-mail and any of its attachments is confidential and may contain sensitive information. It should not be used by anyone who is not the original intended recipient. If you have received this e-mail in error please inform the sender and delete it from your mailbox or any other storage devices. National Institute of Allergy and Infectious Diseases (NIAID) shall not accept liability for any statement made that are sender's own and not expressly made on behalf of the NIAID by one of its representatives.

From: (b)(6)
Sent: Sunday, March 8, 2020 9:02 PM
To: (b)(6) @nsc.eop.gov; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>
Subject: Fwd: Revised Nursing Home Guidance

Would you mind reviewing our updated guidance to nursing homes? This is upgrading the policies around visiting etc. Would like to send this out tomorrow.

Thanks.

Sent from my iPhone

Begin forwarded message:

From: "Shulman, Evan T. (CMS/CCSQ)" <Evan.Shulman@cms.hhs.gov>
Date: March 8, 2020 at 8:52:14 PM EDT

To: (b)(6) >

Cc: "Hittle, Matthew (CMS/OA)" <Matthew.Hittle@cms.hhs.gov>, "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>, "Moody-Williams, Jean D. (CMS/CCSQ)" <jean.moodywilliams@cms.hhs.gov>, "Wright, David R. (CMS/CCSQ)" <David.Wright@cms.hhs.gov>

Subject: Revised Nursing Home Guidance

Seema,

Attached is the Nursing Home memo with revised guidance (changes are in red/italics). This includes suggestions from Shari and Patti Meier, but they are still reviewing the full document. We sent this to the CDC this afternoon and I just received their feedback (while on this call). I skimmed through their feedback and while they recommended some changes, they did not suggest any (b)(5)

Summary of revisions:

(b)(5)

We've also been in contact with the industry, and believe (b)(5)

(b)(5)

Happy to answer any questions.

Thanks,
Evan

Evan Shulman
Director, Division of Nursing Homes
Quality Safety and Oversight Group
Center for Clinical Standards and Quality
Centers for Medicare and Medicaid Services

From: "Seema Verma (CMS/OA)" <Seema.Verma.OA@cms.hhs.gov>
Sent: 3/6/2020 1:55:13 PM +0000
To: CMS - All_Email_Users <All_Email_Users.CMS@ees.hhs.gov>
Subject: Protecting Your Personal Health & Safety

Protecting Your Personal Health & Safety

I know you've probably been following the news about the 2019-Novel Coronavirus or COVID-19 (coronavirus) and I want you to know your personal health and safety is our top priority.

At this point, we're continuing normal business operations and actively monitoring potential health risks. More detailed guidance is coming soon. In the meantime, the best source for information is the [CDC website](#). Prevention is critical to stop the spread of coronavirus, so please:

- Wash your hands often with soap & water, or use hand sanitizer
- Cover your mouth & nose when you cough or sneeze
- Stay home when you're sick
- See your doctor if you think you're ill

We're actively working with the CDC and the White House to protect beneficiaries and consumers. As a part of that effort I was asked to join the coronavirus task force led by Vice President Pence. As a result, this week we released coronavirus-related guidance answering questions nursing homes and hospitals may have. We've also updated our [CMS.gov emergency page](#) with a section dedicated to our coronavirus efforts. [Read more here](#).

Today I'm with the coronavirus taskforce at the Washington State emergency operations center being briefed by state officials. CMS staff are coordinating with the CDC as they investigate the nursing home at the center of the coronavirus cases in Seattle.

We'll continue to communicate any changes or new information. Once again, your personal health and safety is our priority.

Seema

From: "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>
Sent: 3/9/2020 2:39:11 AM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
CC: "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>
Subject: 8:15 action items

8:15 Call Action item list

(b)(5)

Confidential and deliberative, pre-decisional communication

From: "Verma, Seema (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/21/2020 10:22:22 PM +0000
To: CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>
Subject: FW: FW: National Association of Long Term Hospitals: COVID-19 Emergency
Attachments: NALTH Letter to HHS & CMS Administrators on COVID-19.pdf

From: Lane Koenig <lane.koenig@knghealth.com>
Sent: Friday, March 20, 2020 2:08 PM
To: HHS Secretary (HHS/IOS) <secretary@hhs.gov>; Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>
Cc: Rice, Cheri M. (CMS/CM) <Cheri.Rice@cms.hhs.gov>; Richter, Elizabeth (CMS/CM) <elizabeth.richter@cms.hhs.gov>; Brandt, Kimberly (CMS/OA) <Kimberly.Brandt1@cms.hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; OS Secretarys Operations Center <hhs.soc@hhs.gov>; Hudson, Michele L. (CMS/CM) <Michele.Hudson@cms.hhs.gov>; Little, Louis <Louis.Little@sparrowsspecialty.org>; Lane Koenig <lane.koenig@knghealth.com>; Strain, Holly <hstrain@capitoldecisions.com>; McDaid, Carol <cmcdaid@capitoldecisions.com>
Subject: National Association of Long Term Hospitals: COVID-19 Emergency

Dear Secretary Azar and Administrator Verma:

Please see the attached letter from the National Association of Long Term Hospital regarding the COVID-19 Emergency.

Sincerely,

Lane Koenig, PhD

Director of Policy and Research

National Association of Long Term Hospitals

From:

"Verma, Seema (CMS/OA)"

NR

NR

Sent:

4/4/2020 2:39:35 PM +0000

To:

CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>

Subject:

FW: FW: Disability Inclusion in Public Health Emergency Fund

Attachments:

ANCOR Letter to Sec Azar re COVID-19 Funding for Direct Support Professionals_final.pdf

From: Barbara Merrill <bmerill@ancor.org>**Sent:** Tuesday, March 31, 2020 12:35 PM**To:** HHS Secretary (HHS/IOS) <secretary@hhs.gov>; Hargan, Eric (OS/IOS)

<Eric.Hargan@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Cc: Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; Lynch, Calder (CMS/OA)

<Calder.Lynch@cms.hhs.gov>; Robertson, Lance (ACL) <Lance.Robertson@acl.hhs.gov>;

Shannon McCracken <SMcCracken@ancor.org>; Robert Budd <rbudd@familyres.org>;

Sarah Meek <smeek@ancor.org>

Subject: Disability Inclusion in Public Health Emergency Fund**Importance:** High

Dear Secretary Azar:

On behalf of the American Network of Community Options and Resources (ANCOR), the nation's leading voice of disability service providers, we write to acknowledge the extraordinary leadership of our nation's health and human services department during these uncertain times, and to share an urgent request, attached to this email.

Thank you in advance for your attention to this important matter.

**Barbara Merrill**

Chief Executive Officer

ANCOR

1101 King Street, Suite 380

Alexandria, VA 22314

P: 703.535.7850 x103

ancor.org

Join us in shaping the future of community supports for people with disabilities. [Become an ANCOR member today!](#)

From: "Verma, Seema (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/21/2020 10:21:52 PM +0000
To: CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>
Subject: FW: FW: Whistleblower Disclosure from DHS Medical Experts on Detention Health re: Coronavirus and Immigrant Detention Public Health Risks
Attachments: 032020 letter from Drs Allen & Rich to Congress re coronavirus & immigrant detention-final for dist.pdf

From: Dana Gold <DanaG@whistleblower.org>
Sent: Friday, March 20, 2020 6:57 PM
To: Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; vice.president@whitehouse.gov; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>
Cc: Irvin McCullough <IrvinM@whistleblower.org>
Subject: Whistleblower Disclosure from DHS Medical Experts on Detention Health re: Coronavirus and Immigrant Detention Public Health Risks

Dear White House Coronavirus Task Force members,

My name is Dana Gold, and I am Senior Counsel at Government Accountability Project, a non-profit law organization that represents whistleblowers and works to ensure their disclosures make a difference. You are receiving this note as either you or your principal serves on the White House Coronavirus Task Force.

I am the attorney for Dr. Scott Allen and Dr. Josiah "Jody" Rich, who currently serve as medical subject matter experts in detention health for the Department of Homeland Security's Office of Civil Rights and Civil Liberties (DHS CRCL). As experts in the field of detention health, infectious disease, and public health, they are gravely concerned about the need to implement immediate and effective mitigation strategies to slow the spread of the coronavirus and resulting infections of COVID-19, and are specifically concerned about the risk to public health posed by congregate settings of immigrants, both in detention and on the Mexican border.

Attached is a letter they have written to Congress outlining the nature of the substantial and specific threat to public health and safety posed by immigrant detention settings during the coronavirus pandemic, along with specific recommendations for actions that should be taken immediately to slow the spread of infection, including limiting the transfer of immigrants between detention facilities and releasing immigrants from detention who do

not pose an immediate risk to public safety.

Both Drs. Allen and Rich are available to share their expertise in detention health to members for the Task Force or any others working so hard to stem the spread of the coronavirus. Please do not hesitate to contact me, or my colleague Irvin McCullough (copied here), with any questions or requests for briefings or any other support Drs. Allen or Rich might offer during this public health crisis.

Sincerely,

Dana Gold

Dana L. Gold

Senior Counsel & Director of Education

Government Accountability Project

1612 K Street NW, Suite 1100

Washington, DC 20006

202.457.0034 x160 (office)

206.679.9773 (mobile/Signal/WhatsApp)

<https://protect2.fireeye.com/url?k=1c66e3a1-4033eab2-1c66d29e-0cc47adb5650-245939e09a1b8ae4&u=http://www.whistleblower.org/>

[LinkedIn](#)

Pronouns: she/her/hers



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Thank you.

From: "Verma, Seema (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/21/2020 10:22:32 PM +0000
To: CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>
Subject: FW: FW: C-TAC COVID-19 Recommendations
Attachments: C-TAC HHSCMS letter 3.20.20.pdf

From: Marian Grant <mgrant@thectac.org>
Sent: Friday, March 20, 2020 9:27 AM
To: Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; HHS Secretary (HHS/IOS) <secretary@hhs.gov>
Cc: Davis Baird <DBaird@thectac.org>; Sage Rosenthal <srosenthal@thectac.org>; Stephen Waldron <SWaldron@thectac.org>
Subject: C-TAC COVID-19 Recommendations

Dear Sec. Azar and Administrator Verma,

Attached please find the recommendations on ways to improve the care of those with serious illness during the COVID-19 pandemic.

Thank you for your consideration and please feel free to contact me with any questions,

Marian Grant, DNP, ACNP-BC, ACHPN, FPCN, RN

Senior Regulatory Advisor

[REDACTED] (b)(6) Mobile)

900 16th Street, NW, Suite 400
Washington, DC, 20006

From: "Verma, Seema (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/21/2020 10:22:23 PM +0000
To: CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>
Subject: FW: FW: US Nursing Home Visitor Ban Isolates Seniors, COVID-19 Response Should Protect, Not Cut Off, Older People

-----Original Message-----

From: Robert Rutkowski [REDACTED] (b)(6)
Sent: Friday, March 20, 2020 11:36 AM
To: HHS Secretary (HHS/IOS) <secretary@hhs.gov>; Azar, Alex (OS/IOS) <Alex.Azar@HHS.GOV>; Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>
Subject: US Nursing Home Visitor Ban Isolates Seniors, COVID-19 Response Should Protect, Not Cut Off, Older People

Alex Azar, Secretary of Health and Human Services Office of the Secretary U.S.
Department of Health & Human Services
200 Independence Avenue, S.W., Mail Stop: FL6- 638G.47 Washington, D.C. 20201
Phone: 202-690-7000
Secretary@HHS.gov, Alex.Azar@hhs.gov

Seema Verma, Administrator
U.S. Centers for Medicare & Medicaid Services Room 314G-01 Washington DC Mail stop:
314G
Phone: 2026190630
Seema.Verma@cms.hhs.gov

Re: US Nursing Home Visitor Ban Isolates Seniors, COVID-19 Response Should Protect, Not Cut Off, Older People

Dear Secretary:

Last week, in response to the spread of the coronavirus, CMS announced a "no visitors" policy for all facilities across the country. The blanket ban cuts off over 1.5 million older residents from family and friends, with limited exceptions for end-of-life visits.

Having limits on visitors to nursing homes is reasonable, given that the virus has disproportionate effects on older people and those with underlying conditions, and the guidance properly reinforces the importance of proper infection control.

But a broad visitor ban doesn't take into account the serious risks that can come from social isolation. Instead of imposing a blanket ban with no foreseeable end, CMS could put in place measures being used in other settings to keep residents and nursing facility staff safe. For example, it could restrict visitors who are sick, as many facilities already do, limit the number of visitors per day, strictly supervise visitors' handwashing and masking, have a dedicated room for visiting, and ensure visitors maintain a safe distance from others.

Beyond the possibility of health risks from social isolation, a 2018 Human Rights Watch

report documenting abuses in nursing homes across the US found that people who are on their own, without family or friends visiting or communicating with the facility staff, and who have language barriers or disabilities that make communication between them and others difficult, are some of the most at risk for worse treatment. With visiting restrictions equally applying to ombudsman programs, adult protective services, and individuals' doctors, there will be far less contact with residents, limiting the ability to identify when things go wrong.

Human Rights Watch also documented routine denial of older people's rights to make decisions for themselves. This ban amplifies that harm.

If an older person were receiving services and support at home rather than in a nursing facility, they could choose whether to have visitors.

For those in institutions, CMS is making the choice to cut them off.

CMS should amend the current policy recognizing the risk of social isolation and identify how nursing homes can balance the protection of older and at-risk residents with their needs for family and connection.

Yours sincerely,
Robert E. Rutkowski

cc:

Representative Steny Hoyer

House Majority Leader

Legislative Correspondence Team

1705 Longworth House Office Building

Washington DC 20515

Office: (202) 225-4131

Fax: (202) 225-4300

<https://protect2.fireeye.com/url?k=cfd1c8af-9384c17f-cfd1f990-0cc47a6a52de-8a5dba72b40bc3ab&u=https://www.majorityleader.gov/content/email-whip>

2527 Faxon Court

Topeka, Kansas 66605-2086

P/F: 1 785 379-9671

E-mail: (b)(6)

From: "Verma, Seema (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/21/2020 10:22:11 PM +0000
To: CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>
Subject: FW: FW: ACAP Proposals to Address COVID
Attachments: ACAP COVID 19 CMS Letter 032020.pdf

From: Meg Murray <mmurray@communityplans.net>
Sent: Friday, March 20, 2020 4:09 PM
To: [REDACTED] (b)(6); Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>
Cc: Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Wilson, Lisa J. (CMS/CCIIO) <lisa.wilson@cms.hhs.gov>; Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>; Kouzoukas, Demetrios (CMS/OA) <Demetrios.Kouzoukas@cms.hhs.gov>; Pate, Randy (CMS/CCIIO) <Randy.Pate@cms.hhs.gov>; Heather Foster <hfoster@communityplans.net>; Jennifer Babcock <jbabcock@communityplans.net>; Christine Aguiar Lynch <clynch@communityplans.net>
Subject: ACAP Proposals to Address COVID

Dear Seema,

Thanks for your leadership during these very challenging times. We and our member Safety Net Health Plans are grateful for the Medicaid, Medicare, and Marketplace guidance that your teams have published. The Association for Community Affiliated Plans (ACAP) is committed to partnership with you and your colleagues as we all work to address this crisis.

After consultation with our member health plans, ACAP has identified a number of policy areas in Medicaid, Medicare, and the Marketplaces that we believe are critical to help SNHPs, our network providers and our plan enrollees when confronting COVID-19. Our comments fall under three primary themes:

- 1. Extending and Sustaining Medicaid, Medicare, and Marketplace Enrollment, Coverage, and Benefits.**
- 2. Reducing Administrative Burden for Safety Net Health Plans and Other Health Care Stakeholders.**

3. Ensure Fair Payment to Plans, Providers, and States for Unprecedented and Unbudgeted Costs.

Medicaid

Access to Stable Medicaid Coverage for All Medicaid and CHIP Enrollees.

- ACAP asks CMS to immediately issue guidance to states related to implementation of continuous eligibility in Medicaid. Specifically, we urge CMS to require states to
 - Cease performing eligibility redeterminations.
 - Cease use of periodic income checks.
 - Cease other eligibility assessment activities that burden enrollees as well as eligibility personnel, which would counter the objective of section 6008(b).

Appropriate Resourcing for COVID-19 Prevention, Testing and Treatment.

- ACAP urges CMS to provide strong oversight of Medicaid managed care rate-setting to ensure that all plans receive rates from states that are actuarially sound, specifically with regard to services related COVID-19.
- ACAP urges CMS not to waive section 438.4(a) of Medicaid managed care rules and the underlying statute relating to actuarial soundness, including under 1115 Waivers, Healthy Adult Opportunity Waivers, or 1135 emergency waivers.
- ACAP urges CMS to provide guidance regarding mid-year Medicaid managed care rate adjustments to account for costs related to COVID-19.

Institute a Moratorium on the Medicaid Fiscal Accountability Regulation (MFAR).

- ACAP urges CMS to withdraw the MFAR proposed rule (CMS-2393-P) and instead consult with the appropriate stakeholders on how to improve the financing and operation of state Medicaid programs and assess the effects of the proposed changes on Medicaid programs and beneficiaries.

Assure Mandatory Non-Emergency Medical Transportation (NEMT).

- ACAP asks CMS not to approve any Medicaid waiver of NEMT.
- ACAP also asks CMS not to promulgate any regulation reinterpreting the NEMT benefit as an optional, rather than required, benefit.

Medicare/Medicaid Dual Eligibles

Cover the Increased, Unanticipated Medicare Advantage and Medicare-Medicaid Plan Costs Associated with COVID-19.

- ACAP urges CMS to adjust MA-PD base rates and/or risk-adjusted payments to MA plans, including D-SNPs, and MMPs to account for the increased and unanticipated

costs associated with COVID-19.

Include COVID-19 Under the “Extreme and Uncontrollable Circumstances Policy” for the CY 2021 Star Ratings.

- ACAP urges CMS to include the COVID-19 pandemic under the “Extreme and Uncontrollable Circumstances” policy for CY 2021 Star Ratings for affected plans.

Suspension of Audits.

- ACAP urges CMS to suspend all MA-PD audits, including RADV audits during the COVID-19 pandemic.

Permit D-SNPs and Medicare-Medicaid Plans (MMPs) to Substitute Face-to-Face Care Coordination Activities with Telephonic or Telehealth Care Management.

- ACAP urges CMS to permit D-SNPs and MMPs to substitute face-to-face care coordination activities with telephonic or telehealth care management.

Regulatory Relief on Medicaid LTSS Requirements.

- ACAP urges CMS to work with states to quickly permit regulatory relief, particularly with respect to substituting telehealth for in-person assessments, timing of assessments, and eligibility requirements.

Individual Market Policy

Federal Special Enrollment Period (SEP).

- ACAP urges CMS to establish a federal, prospective SEP that is coupled with a federal backstop to ensure that issuers do not face overwhelming, unanticipated costs associated with new, mid-year enrollment.

Limit Short-Term, Limited-Duration Insurance.

- ACAP urges CMS to issue a temporary moratorium on STLDI plans altogether and enact a concurrent SEP to ensure that consumers are able to access comprehensive coverage and care. CMS should further act to restore such plans to their intended use of filling gaps in coverage.

Coverage Terminations.

- We urge CMS to allow issuers the ability to extend 90-day grace period for both subsidized and unsubsidized consumers, so that health plans are not forced to drop those in need from their health coverage. Likewise, we urge CMS to allow additional flexibility for consumers who are terminated from coverage due to non-payment of premiums to reinstate their coverage.

Risk Adjustment & Data Validation.

- ACAP urges CMS to delay risk adjustment and risk adjustment data validation submission deadlines given the operational delays necessitated by provider office closings and plans’ real-time adjustment of operational activities in order to best

respond to their enrollees and providers needs.

Overarching Policy

Delay Interoperability Rule, Plus Provide Funding to States and Health Plans for Interoperability Implementation.

- ACAP urges HHS to delay implementation of the interoperability rules.
- ACAP has urged Congress to provide funding to states and health plans to implement the rules, and asks HHS to work with Congress to ensure that it is used for appropriate technical support.

If you have any questions or you would like to discuss these issues in greater depth, please contact me, Jennifer McGuigan Babcock for Medicaid policy (jbabcock@communityplans.net), Christine Lynch for Medicare policy (clynch@communityplans.net), or Heather Foster for Marketplace policy (hfooster@communityplans.net).

In advance, thank you for your consideration of our recommendations.

Meg Murray
CEO

Association for Community Affiliated Plans
1155 15th Street NW, Suite 600
Washington, DC 20005
202.204.7509 | (b)(6) *mobile*
www.communityplans.net | [@safetynetplans](https://twitter.com/safetynetplans)



Medicaid is you. Medicaid is me. Medicaid is **US.**
Visit [MedicaidisUS.org](https://www.MedicaidisUS.org) to learn more.

From: "Verma, Seema (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/21/2020 10:22:12 PM +0000
To: CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>
Subject: FW: FW: Catholic Health Association - COVID-19
Attachments: CHA to HHS final.pdf

From: Kathy Curran <KCurran@chausa.org>
Sent: Friday, March 20, 2020 3:39 PM
To: HHS Secretary (HHS/IOS) <secretary@hhs.gov>
Cc: Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>
Subject: Catholic Health Association - COVID-19

Dear Secretary Azar,

Attached please find a letter from Sr. Mary Haddad, RSM, President and CEO of The Catholic Health Association of the United States.

Kathy Curran

Kathleen A. Curran

Senior Director, Public Policy

Catholic Health Association of the United States

1875 Eye Street, NW Suite 1000

Washington, DC 20006

202-721-6312 (p)

202-296-4024 (f)

From:

"Verma, Seema (CMS/OA)"

NR

NR

Sent:

4/2/2020 10:36:26 PM +0000

To:

CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>

Subject:

FW: FW: Letter from LCMC Health in New Orleans

Attachments:

LCMC Letter to HHS 4.2.20.pdf

From: Dinkler, Ayame <Ayame.Dinkler@lcmchealth.org>**Sent:** Thursday, April 2, 2020 12:39 PM**To:** HHS Secretary (HHS/IOS) <secretary@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>**Cc:** Feirn, Greg <Gregory.Feirn@lcmchealth.org>; Anderson, Alison <Alison.Anderson2@lcmchealth.org>**Subject:** Letter from LCMC Health in New Orleans

Secretary Azar, Assistant Secretary Kadlec, and Administrator Verma:

Please see attached for a letter sent on behalf of Greg Feirn, the CEO of LCMC Health, a health system in New Orleans on the frontlines of COVID-19. We await guidance on how to apply for funding from the CARES act, but in the meantime felt it urgent to communicate our needs and concerns from the ground.

Thank you,

Ayame

Ayame N. Dinkler

Chief Administrative Officer

LCMC Health

200 Henry Clay Avenue
New Orleans, LA 70118

504.894.5462

C

(b)(6)

Ayame.Dinkler@LCMHealth.org

LCMHealth.org

From: "Verma, Seema (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/13/2020 8:32:29 PM +0000
To: CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>
Subject: FW: FW: APhA Recommendations to the President's Coronavirus Task Force to Maximize the Use of Pharmacists to Prevent, Treat, and Respond to Coronavirus.
Attachments: APhA Coronavirus Comments 3 13 2020 Final.pdf

From: Baxter, Michael <mbaxter@aphanet.org>
Sent: Friday, March 13, 2020 3:46 PM
To: [REDACTED] (b)(6) ovp.eop.gov; Bix, Deborah (CDC/OD) <emg5@cdc.gov>; Azar, Alex (OS/IOS) <Alex.Azar@HHS.GOV>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; Kouzoukas, Demetrios (CMS/OA) <Demetrios.Kouzoukas@cms.hhs.gov>; robert.wilkie@va.gov; secretary.carson@hud.gov; Hahn, Stephen (FDA) <Stephen.Hahn@fda.hhs.gov>; Lenihan, Keagan (HHS/IOS) <Keagan.Lenihan@hhs.gov>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; [REDACTED] (b)(6) @ostp.eop.gov; [REDACTED] (b)(6) @who.eop.gov; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; logerfogd@state.gov; uscis.director@uscis.dhs.gov; joel.szabat@dot.gov; [REDACTED] (b)(6) @nsc.eop.gov; [REDACTED] (b)(6) @who.eop.gov; [REDACTED] (b)(6) @omb.eop.gov; [REDACTED] (b)(6) @who.eop.gov; [REDACTED] (b)(6) @omb.eop.gov; [REDACTED] (b)(6) @who.eop.gov; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov> [REDACTED] (b)(6) who.eop.gov; ben.williamson@mail.house.gov
Cc: Bernstein, Ilisa <IBernstein@aphanet.org>; Menighan, Tom <TMenighan@APHANET.ORG>; Rothholz, Mitch <MRothholz@APHANET.ORG>; Burns, Anne <ABurns@APHANET.ORG>; Mica, Alicia Kerry <AMica@APHANET.ORG>
Subject: APhA Recommendations to the President's Coronavirus Task Force to Maximize the Use of Pharmacists to Prevent, Treat, and Respond to Coronavirus.

March 13, 2020

The Honorable Mike Pence

Vice President

The White House

1600 Pennsylvania Avenue, NW

Washington, DC 20501

RE: APhA Recommendations to the President's Coronavirus Task Force to Maximize the Use of Pharmacists to Prevent, Treat, and Respond to Coronavirus

Dear Vice President Pence:

We are writing to support your efforts and to serve as a resource for the President's Coronavirus Task Force (hereinafter, "Task Force") in assisting both the federal and state governments meet the public health challenges of the coronavirus. APhA has already issued preparedness and prevention guidance for pharmacists, patients and/ or caregivers during the coronavirus pandemic, extending the reach of resources and information provided by Centers for Disease Control ("CDC") and other reputable sources.^[1] Pharmacists are well-positioned to provide information and educational resources related to coronavirus to the public. We can do more.

As President Trump has declared a national public health emergency under the National Emergencies Act and the Secretary of Health and Human Services ("HHS") has declared a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to take additional actions in addition to his regular authorities. Under Section 1135 of the Social Security Act, the HHS Secretary may now temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program ("CHIP") requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods. It also allows providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse). **Accordingly, APhA urges the Task Force and the HHS Secretary to use the full authority of Section 1135 to maximize the use of pharmacists to prevent, treat, and respond to the coronavirus.** America's pharmacists stand ready and able to provide the patient care services necessary to help meet the public health needs created by the spread of the coronavirus (COVID-19).

APhA represents nearly 60,000 pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, specialty pharmacies, hospitals, long-term care facilities, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and the uniformed services. APhA has a track record as a strong partner with HHS, CDC, Food and Drug Administration ("FDA") and other agencies in addressing public health needs of communities such as immunizations, emergency preparedness, substance use disorder/opioids, diabetes and other public health concerns.

See, attached .PDF for full comments and recommendations.

Pharmacists stand ready and able to help. We look forward to working the President's Coronavirus Task Force to intervene and provide meaningful services to meet the public health challenge created by the coronavirus – which can serve as an effective mechanism to combat additional public health emergencies in the future. If you have any questions, or if we can be of any assistance, please do not hesitate to contact Michael Baxter, Director of Regulatory Affairs, at mbaxter@aphanet.org or by phone at (202) 429-7538.

Michael Baxter

Director, Regulatory Affairs

American Pharmacists Association

2215 Constitution Avenue, NW

Washington, DC 20037-2985

800-237-APhA (2742)

Phone: (202) 429-7538

mbaxter@aphanet.org

<https://protect2.fireeye.com/url?k=6253d509-3e06dcd9-6253e436-0cc47a6a52de-8ddbc765f0279f45&u=http://www.pharmacist.com/>

[1] APhA Issues Preparedness and Prevention Guidance During Coronavirus Pandemic. Press Release. March 6, 2020, available at: <https://protect2.fireeye.com/url?k=f32d0c2d-af7805fd-f32d3d12-0cc47a6a52de-9a7009b4a37589eb&u=https://www.pharmacist.com/press-release/apha-issues-preparedness-and-prevention-guidance-during-coronavirus-pandemic>

From: "Verma, Seema (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/11/2020 10:01:25 PM +0000
To: CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>
Subject: FW: FW: Addressing Disability Rights in COVID-19 Planning and Response
Attachments: COVID-19 National Disability Rights Call To Action.pdf

From: DART <dart@disasterstrategies.org>
Sent: Monday, March 9, 2020 7:42 AM
To: vice.president@whitehouse.gov; Azar, Alex (OS/IOS) <Alex.Azar@HHS.GOV>; Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; robert.kadlec@aspr.hhs.gov; Robertson, Lance (ACL) <Lance.Robertson@acl.hhs.gov>; jocelyn.samuels@ocr.hhs.gov; ben.carson@hud.gov; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; surgeon.general@whitehouse.gov; birxb@state.gov; ken.cuccinelli@dhs.gov
Subject: Addressing Disability Rights in COVID-19 Planning and Response

March 9, 2019

The Honorable Mike Pence
Vice-President of the United States
The White House
1600 Pennsylvania Ave., N.W.
Washington, DC 20500

Dear Mr. Vice-President:

The 64 organizations, identified in the attached statement are writing to you as the leader of the Administration's effort to control COVID-19. All of the undersigned organizations are leading advocates in the disability community across the country.

We make a very straightforward request: Please direct all the agencies involved in this effort to consider the specific COVID-19 issues faced by persons with disabilities and older adults, the community organizations supporting them, and expressly address these needs in their plans and statements. We are attaching our National

Call to Action adopted by these organizations outlining some of the current, emerging, and anticipated issues.

We appreciate the work of the agencies participating in the efforts to contain COVID-19 and to deal with its effects. However, we have neither seen nor heard any discussion of strategies to deal with anticipated and unexpected challenges encountered by persons with disabilities throughout this public health emergency.

In 2018, the Centers for Disease Control and Prevention published “[Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#).” This document specifically addresses continuity of operations and states, “Particular attention should be placed on accessibility of health and human services for at-risk individuals with access and functional needs who may be disproportionately impacted by a public health incident.” We have seen nothing in the Administration’s strategy indicating that continuity of services for Americans with disabilities is being addressed.

The [National Call to Action](#) calls upon emergency and health strategists to address: 1) continuity of services for persons with disabilities who require them for their health and daily functioning; 2) access to actionable information for persons who require accessible forms of communication, including persons with vision or hearing disabilities; intellectual and developmental, autism, cognitive, learning, reading and information processing disabilities; 3) ensuring the daily needs of persons with disabilities are met for food, housing, healthcare, and community support, which are provided by personal caregivers or community agencies; 4) how to operationalize the living arrangements throughout quarantines that potentially may be particularly burdensome for persons with disabilities and their families; 5) ensuring equal access to necessary diagnostic tests and protective equipment; and 6) the provision of training for agencies and their employees in their legal obligations with regard to persons with disabilities.

The nation has witnessed the tragedies that COVID-19 can cause in an institutional setting, such as the nursing facility in the State of Washington. While there are thousands of such facilities throughout the country, including facilities serving children and adults with intellectual and developmental disabilities, autism, psychiatric, or physical disabilities, there are hundreds of thousands of people with disabilities living independently or in small community homes. This reality presents an even greater task of ensuring they have the support needed, and access to information and resources to survive this crisis. We are particularly concerned for the health and safety of these citizens should their support staff and personal assistants become ill or unavailable to continue working. This sector is facing the greatest staffing shortage in our history, and we are deeply concerned that this public health emergency will dramatically exacerbate the workforce crisis.

We ask you and your team to provide us with how the Administration will address the following:

1) What are your plans to address providing services to persons with disabilities living in their own home with daily in-home services and supports, should personal assistance providers become infected or decide to not come to work? We cannot emphasize enough the seriousness of this concern.

2) What are your plans for ensuring that providers who travel from home to home throughout the day do not

expose persons with disabilities to COVID-19 in their home?

3) What are your plans to address staffing shortages of social or health service agencies providing services to persons with disabilities should staff become infected or decide to not come to work? We cannot emphasize enough the seriousness of this concern.

4) What are your plans if an individual in a group facility for persons with disabilities is identified as having COVID-19? What guidance will be provided to minimize infection of others? What are your plans if the staff of the facility becomes ill and doesn't come to work?

5) What are your plans for training the employees of community living facilities regarding COVID-19?

6) What are your plans to communicate emergency information to people who are blind or deaf, or who otherwise need individualized types of communications?

We have not seen any statement by your office or the involved agencies to ensure these and related questions are being asked, much less answered. We stand ready to assist in identifying experts in planning for and responding to the public health emergency needs of persons with disabilities who can recommend possible solutions to you and the relevant agencies working on these issues. We appreciate your attention to this request and the [National Call to Action](#).

Please feel free to contact any of the following individuals listed below,

Germán Parodi & Shaylin Sluzalis, Co-Executive Directors of [The Partnership for Inclusive Disaster Strategies](#)
dart@disasterstrategies.org (215) 971-0660 or (570) 777-0268

Marcie Roth, Executive Director & CEO of [World Institute on Disability](#)
marcie@wid.org (301) 717-7447

Todd Holloway, Chair of [National Council on Independent Living Emergency Preparedness Subcommittee](#)
toddh@cfisouth.org (253) 830-4279



disasterstrategies.org | portlight.org | reaadi.com

Follow us on [Facebook](#) and [Twitter](#)!

112 N. 8th Street, Suite 600, Philadelphia PA 19107

U.S. DISASTER HOTLINE (800) 626-4959

WhatsApp DISABILITY HOTLINE +1 (253) 750-1244

The Partnership for Inclusive Disaster Strategies is the only national organization with a mission of equal access to emergency and disaster programs before, during, and after disasters for people with disabilities, older adults, and people with access and functional needs. We are the nation's experts on disability rights, accessibility and inclusion throughout all phases of emergency preparedness, disaster operations, and community wide disaster resilience.

From:

"Verma, Seema (CMS/OA)"

NR

NR

Sent:

4/9/2020 3:31:27 PM +0000

To:

CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>

Subject:

FW: FW: Health Care Enrollment Fixes Urgently Needed

Attachments:

Letter to Secretary Azar on Health Care Enrollment from 75 National Organizations.pdf

From: Amber Christ <achrist@justiceinaging.org>**Sent:** Thursday, April 9, 2020 10:54 AM**To:** HHS Secretary (HHS/IOS) <secretary@hhs.gov>**Cc:** Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>;

Andrew.Saul@ssa.gov; Stephanie.Hall@ssa.gov

Subject: Health Care Enrollment Fixes Urgently Needed

Dear Secretary Azar,

Please find attached a letter in which seventy-five organizations strongly urge that the Department of Health and Human Services take action to remove barriers and to streamline enrollment in health insurance coverage for low-income older adults and people with disabilities who are at highest risk of serious illness and death from COVID-19.

Sincerely,

Amber C. Christ, Directing Attorney

Pronouns: She/Her/Hers

Justice in Aging

3660 Wilshire Boulevard, Suite 718

Los Angeles, California 90010

(213) 674-2901

(b)(6)

(cell)

fax (213) 368-0774

achrist@justiceinaging.org

@amberstweet

Due to the seriousness of the Covid-19 pandemic, Justice in Aging staff members are working remotely and refraining from travel or attending in-person meetings. Due to family and community responsibilities, our response time may be a bit slower than normal. [Read our statement](#) on the importance of social distancing for protecting the lives of the older adults we advocate for. Thank you for understanding and take care.

From:

"Verma, Seema (CMS/OA)"

NR

NR

Sent:

3/20/2020 10:55:34 PM +0000

To:

CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>

Subject:

FW: FW: Letter from Clinical Labs Serving Nursing Facilities

Attachments:

NASL_FINAL_ClinicalLabLetterto CMS PDF.pdf

From: cynthia@nasl.org <cynthia@nasl.org>**Sent:** Wednesday, March 18, 2020 9:12 AM**To:** Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; Kouzoukas, Demetrios (CMS/OA) <Demetrios.Kouzoukas@cms.hhs.gov>; brett.giroir@cms.hhs.gov**Subject:** Letter from Clinical Labs Serving Nursing Facilities

Dear Administrator Verma,

We very much appreciate the attention that CMS is giving to the nursing facility patients and facilities in the country. The communication and information released from the agenda has been very helpful.

Attached is a letter from the clinical labs that currently provide lab testing to nursing facilities for the country. We request a phone call with you and or your staff to discuss how we are serving the nursing facilities around the country and some assistance that we need to maintain this vital network. Please see the attached letter.

Thank you very much for your consideration and assistance.

Sincerely,

Cynthia Morton

Cynthia K. Morton, MPA

Executive Vice President

National Assoc. for the Support of LTC

(b)(6)

mobile

<https://protect2.fireeye.com/url?k=c05e4837-9c0b41e7-c05e7908-0cc47a6a52de-4eae1996634ca1d1&u=http://www.nasl.org/> @NASLdc

From: "Verma, Seema (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/24/2020 10:06:44 PM +0000
To: CMS OA Incoming Controls <OAIncomingControls@cms.hhs.gov>
Subject: FW: FW: Nursing Home Visitors

-----Original Message-----

From: Jodi Cameron <jodianne@optonline.net>
Sent: Sunday, March 22, 2020 4:51 PM
To: HHS Secretary (HHS/IOS) <secretary@hhs.gov>
Cc: Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>
Subject: Nursing Home Visitors

Dear Secretary Azar,

My husband has dementia and lives in a long term care nursing home in Connecticut. Due to your response to COVID-19 which imposes restrictions on all visitors, I have not been able to see my husband in 2 weeks. He is non verbal and unable to speak or communicate his needs thus my daily visits are imperative to his mental health and well being. I understand that nursing homes are taking guidance from the CMS which is based upon CDC recommendations.

In addition to imposing restrictions on visitors, the nursing home recently cancelled communal dining and all group activities. This means that all residents are stuck in their rooms for the entire day without any socializing or activities. Showers have also been suspended for fear that the coronavirus can spread via water even though there are no cases of the disease in this nursing home.

I implore you to loosen guidelines to all facilities nationwide so that residents are allowed one visitor per day. My husband is not going to die from COVID-19, but most likely from isolation, loneliness and depression.

Sincerely,
Jodi Cameron

Sent from my iPhone

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/23/2020 1:49:52 PM +0000
To: "Czekai, Alina (CMS/CMMI)" <alina.czekai@cms.hhs.gov>; "Lynch, Calder (CMS/OA)" <calder.lynch@cms.hhs.gov>; "Bonelli, Anna (CMS/OA)" <anna.bonelli@cms.hhs.gov>
CC: "Marcos, Nicole (CMS/OL)" <nicole.marcos@cms.hhs.gov>
Subject: RE: RE: CMS News: Trump Administration Releases COVID-19 Checklists and Tools to Accelerate Relief for State Medicaid & CHIP Programs

Thank you!

Confidential and deliberative, pre-decisional communication

From: Czekai, Alina (CMS/CMMI) <Alina.Czekai@cms.hhs.gov>
Sent: Monday, March 23, 2020 8:01 AM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>; Bonelli, Anna (CMS/OA) <Anna.Bonelli@cms.hhs.gov>
Cc: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: CMS News: Trump Administration Releases COVID-19 Checklists and Tools to Accelerate Relief for State Medicaid & CHIP Programs

I had sent to NGA and just shared with IEA as well for further distribution.

Alina M. Czekai, MPH
Office of the Administrator | Centers for Medicare and Medicaid Services
Phone: 410-913-6829

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Sunday, March 22, 2020 10:43 PM
To: Czekai, Alina (CMS/CMMI) <Alina.Czekai@cms.hhs.gov>; Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>; Bonelli, Anna (CMS/OA) <Anna.Bonelli@cms.hhs.gov>
Cc: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: FW: CMS News: Trump Administration Releases COVID-19 Checklists and Tools to Accelerate Relief for State Medicaid & CHIP Programs

Did this get sent to NGA, RGA, and IEA?

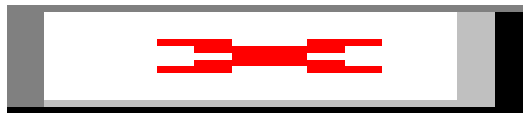
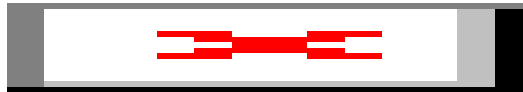
Confidential and deliberative, pre-decisional communication

From: Centers for Medicare & Medicaid Services <cmslists@subscriptions.cms.hhs.gov>

Sent: Sunday, March 22, 2020 3:20 PM

To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>

Subject: CMS News: Trump Administration Releases COVID-19 Checklists and Tools to Accelerate Relief for State Medicaid & CHIP Programs



Trump Administration Releases COVID-19 Checklists and Tools to Accelerate Relief for State Medicaid & CHIP Programs

New tools to help speed states' access to emergency flexibilities and resources

Today, the Trump Administration released new tools to strip away regulatory red tape and unleash new resources to support state Medicaid and Children's Health Insurance Programs (CHIP) during the 2019 Novel Coronavirus (COVID-19) outbreak. Because of the President's bold action in declaring COVID-19 a national emergency, CMS now has a full suite of tools available to maximize responsiveness to state needs. The agency has created four checklists that together will make up a comprehensive Medicaid COVID-19 federal authority checklist to make it easier for states to receive federal waivers and implement flexibilities in their program.

"The Trump Administration is marshaling all its support behind states battling the Coronavirus," said Administrator Seema Verma. "CMS is making it easier and faster for state Medicaid agencies to get the regulatory relief and additional support they need to respond as rapidly and effectively as possible to protect their most vulnerable residents from this disease."

The four tools CMS is announcing today will permit states to access emergency administrative relief, make temporary modifications to Medicaid eligibility and benefit requirements, relax rules to ensure that individuals with disabilities and the elderly can be effectively served in their homes, and modify payment rules to support health care providers impacted by the outbreak.

President Trump has also called on states to allow Medicaid beneficiaries to receive services through telehealth. While this doesn't require federal approval in many cases, these tools can also help states quickly remove state-specific restrictions on telehealth.

All of the options that CMS is providing to states are aimed at helping states by reducing burdensome red tape and making it possible for states to provide the best care to their residents during this outbreak. We are providing states the option to request these waivers and other authorities be made effective retroactively, to at least March 1, 2020, the effective date of the national emergency declared by the President. These options include:

1115 Waiver Opportunity and Application Checklist

CMS is releasing a State Medicaid Director Letter (SMDL) #20-002, which outlines a new section 1115 demonstration opportunity to aid states with addressing the public health emergency. 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.

The SMDL includes a waiver checklist to streamline state application requirements. Due to the extraordinary circumstances of this emergency, CMS has determined that an exception to the normal state and federal public notice procedures is warranted.

<https://protect2.fireeye.com/url?k=1b5dec9f-4709c5b4-1b5ddda0-0cc47a6d17cc-ed398ce0c1c14c36&u=https://www.medicaid.gov/medicaid/section-1115-demonstrations/1115-application-process/index.html>

1135 Waiver Checklist

CMCS 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 under the President's national emergency declaration. Examples of flexibilities include the ability to temporarily suspend prior authorization requirements, provide beneficiaries more time for appeals and fair hearings, relax rules to more quickly enroll providers, and allow providers from out of state to bill for services delivered to Medicaid beneficiaries.

<https://protect2.fireeye.com/url?k=6494a9bc-38c08097-64949883-0cc47a6d17cc-e91ef5a511bb8b43&u=https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/cms-1135-waivers/index.html>

1915(c) Appendix K Template

CMS developed the Appendix K to help states accelerate changes to their 1915(c) home and community-based services waiver operations or to request emergency amendments. To support the specific types of flexibilities that states are asking for during the COVID-19 outbreak, CMS has designed an Appendix K template addendum that has been pre-populated with commonly requested and relevant program changes. Examples of the types of flexibilities that states can access through this process include adding an electronic method of service delivery for certain services allowing continuity of service without face to face interaction, adding services to address additional needs of waiver recipients during the time of emergency, and adjustments to process requirements to decrease state burden during this time.

<https://protect2.fireeye.com/url?k=cfe16070-93b5495b-cfe1514f-0cc47a6d17cc-41a0b4298341cb18&u=https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html>

Medicaid Disaster State Plan Amendment Template

The Medicaid state plan is the document that describes the state's rules related to eligibility, benefits, and payments. States have wide discretion within a broad federal framework to design their programs, and changes are processed through state plan amendments. Sometimes, states might wish to make changes that are only temporary during a disaster or emergency situation. To streamline and support this process, CMS has developed a Disaster State Plan Amendment (SPA) template that would allow a state to submit one combined request for temporary changes that we expect states may wish to make in their programs. This includes expanding temporary coverage to optional eligibility groups, adding specialized benefits, expanding telehealth coverage, and temporarily increasing provider reimbursement, among other temporary changes.

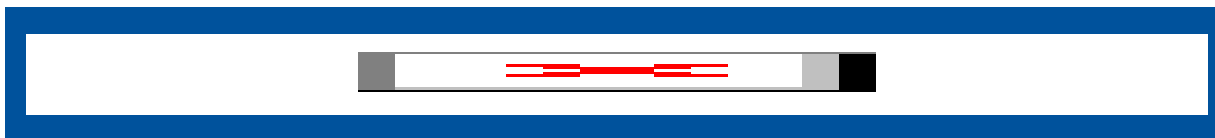
<https://protect2.fireeye.com/url?k=f58908d8-a9dd21f3-f58939e7-0cc47a6d17cc-8fc4dba59302b69d&u=https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/state-plan-flexibilities/index.html>

The tools released today further CMS's commitment to providing our state partners the resources they need at this time. Additionally, the agency recently approved its first section 1135 public health emergency waivers for the state of Florida on March 16, and the first 1915(c) Home and Community-Based Services waiver Appendix K approval on March 18th for the state of Pennsylvania in response to the COVID-19 outbreak. These approvals have granted these states a wide range of Medicaid and CHIP flexibilities, and we encourage other states to apply for the additional flexibilities they need in this situation. All state requests will be reviewed on a case-by-case basis to ensure they may be approved under applicable law.

These tools, and earlier CMS actions in response to the COVID-19 emergency, are all part of ongoing White House Coronavirus Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, please visit www.coronavirus.gov. For a complete and updated list of CMS actions, guidance, and other information in response to COVID-19, please visit the [Current Emergencies Website](#).

###

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This email was sent to brady.brookes@cms.hhs.gov using GovDelivery Communications Cloud 7500 Security Boulevard · Baltimore MD 21244

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/25/2020 1:55:06 PM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>; "Marcos, Nicole (CMS/OL)" <nicole.marcos@cms.hhs.gov>
Subject: RE: RE: March 23 Updates as of 7:57pm

Great

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Wednesday, March 25, 2020 9:42 AM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: March 23 Updates as of 7:57pm

Agreed. And they have a process in place to do that.

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Wednesday, March 25, 2020 9:40 AM
To: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: March 23 Updates as of 7:57pm

[REDACTED]
(b)(5)

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Wednesday, March 25, 2020 8:58 AM
To: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Subject: RE: March 23 Updates as of 7:57pm

[REDACTED]
(b)(5)

(b)(5)

From: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>

Sent: Tuesday, March 24, 2020 7:45 PM

To: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>

Subject: Re: March 23 Updates as of 7:57pm

Hi Brady. Answers to your questions below. Let us know if there's anything further. Thanks!

(b)(5)

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>

Sent: Tuesday, March 24, 2020 4:08 PM

To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: March 23 Updates as of 7:57pm

Checking on these.

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Tuesday, March 24, 2020 4:02 PM
To: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Subject: FW: March 23 Updates as of 7:57pm

Nicole and Carol,

I have a couple questions below in red. Can you take a quick look?

Thanks,

brady

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Monday, March 23, 2020 8:45 PM
To: CMS - COVID19WG <COVID19WG@cms.hhs.gov>
Cc: Gelzer, Heidi J. (CMS/OA) <heidi.gelzer@cms.hhs.gov>; Armstead, Andrea E. (CMS/OA) <Andrea.Armstead@cms.hhs.gov>; Flaherty, Leslie W. (CMS/OA) <Leslie.Flaherty@cms.hhs.gov>; Olshan, Shana W. (CMS/OIT) <Shana.Olshan@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Conover, Lillian A. (CMS/CMCS) <Lillian.Conover@cms.hhs.gov>
Subject: FW: March 23 Updates as of 7:57pm

From: Blackford, Carol W. (CMS/CM)
Sent: Monday, March 23, 2020 8:44 PM
To: (b)(6); Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: Marcos, Nicole (CMS/OL) <nicole.marcos@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>

Subject: March 23 Updates as of 7:57pm

Daily updates as of 7:57 pm

Stakeholder Outreach

- **OMH:** CMS Releases Telehealth Toolkits for General Practitioners and End-Stage Renal Disease Providers
- **DUALS:** sent memos to allow certain health plans (called Medicare-Medicaid Plans) in Massachusetts to replace face-to-face care coordination activities with telephonic contact.
- **CM C/D:** COVID-19 External Stakeholder/Partner Outreach workgroup: CM-CD is continuing to publish relevant COVID-19 Guidance to MAOs, Part D Sponsors, PACE Organizations, Cost Plans and Demonstrations via HPMS on a daily basis.
- **CCSQ:** shared QPP Clinician Relief Listserv - (Extension of MIPS)

Updates to Current Action Items:

➤ **CM C/D**

○ Medicare SEP FAQs

- Clearance Status: Submitted to policy clearance on 3/19
- Coms/Social strategy: None per discussions with OC. (b)(5)
- Target Release date: (b)(5)

○ HPMS Notification of Pace & MA Part D Audit Suspension

- Clearance Status: Submitted to policy clearance on 3/20
- Coms/Social strateg (b)(5)
- Target Release date:

○ Telehealth Medicare Risk Adjustment Guidance

- Clearance Status: Submitted to policy clearance on 3/20
- Coms/Social strategy: (b)(5)

- Target Release date:

(b)(5)

Today's Meetings

- **DUALS:** held a prep call with CM, CMCS, and CCSQ on Tuesday's call for states and PACE organizations. Call with Illinois state leadership on potentially delaying planned service area expansions among Medicare-Medicaid Plans to avoid the distractions of network development and contracting during the PHE.
- **OEDA: OEDA-DoD:** OEDA met with the Department of Defense (DoD) (b)(5)
(b)(5)
- **OEDA-ASPE:** OEDA met with ASPE (b)(5)
(b)(5)
- **CMCS:** Call with KS on CHIP, individual state calls with OH, MS, IA, NM, NC, HI, and WA call w/SMEs o (b)(5)
- **CCSQ:**
 - KCER and Status call:
 - Today Providers asked for a definition of Person Under Investigation (PUI). They would like to know how people are added to the PUI category and how they are removed from the PUI category. (b)(5) We also discussed transportation issues.
 - Progress today:
 - We held a small group meeting with a few DKH team members and a few CDC team members to discuss PPE issues. LDOs are masking all of their patients which is creating a supply chain issue, despite guidance from the CDC. There is also a concern because some LDOs are discharging patients that do not comply with this policy. We agreed to continue this discussion in a larger CDC CMS workgroup tomorrow. I followed up with Karen Tritz to provide information around the discharged patients. We met with American Renal Associates and they also brought up the PPE supply chain issue and their concern with the LDOs masking all patients regardless of symptoms. They also discussed the desire to place more patients on home therapy but this is an issue because elective surgeries such as peritoneal dialysis catheter placements are not being done right now. The first round of ESRD COVID modifications with funding are out as of today.
 - Next steps:
(b)(5)
- **CM FFS:** Meeting with National Home Infusion Association (NHIA). Attendees: CMS Hillary Loeffler / NHIA: Connie Sullivan

- Patients scared to go to infusion clinic (physician office, infusion suite, outpatient department)
- Hospitals trying to get everyone out as soon as they can, they are overwhelmed. Looking for guidance on how to triage patients
 - Can switch some patients to injectable/oral
 - NHIA is helping prepare triage guidelines for surge
- Suggestion: (b)(5)
- HIT suppliers have infrastructure and capacity – especially pharmacists that can take the heat off nurses. Usually staffed 1-1 pharmacists and nurses

New Meetings

- **CMCS:** AZ call on CHIP week of 3/23 (exact date TBD) and All-state SMD/CHIP Director calls on (b)(5)
 - (b)(5) individual calls with ND, VA, and USVI
 - (b)(5) individual calls with NV and NJ

New Action Items:

- **CMCS:**
 - **1135 waivers**
 - (b)(5)
 - **Home and Community-Based Waiver Disaster Authority (Appendix K)**
 - (b)(5)

➤ **CCSQ:**

(b)(5)

Action Items Closed Out

➤ **CMCS** released 4 standardized templates for states' use on Sunday, 3/22. The templates include:

- 1135 waiver checklist
- Medicaid Disaster State Plan Amendment
- 1115 waiver template
- A pre-populated template (Appendix K) for Home and Community-Based waivers

(b)(5)

➤ **CCSQ:**

- ESRD Telehealth Toolkit
- QPP Clinician Relief Listserv - (Extension of MIPS)
- Suspension of Data Collection for Other Hospital and Post-Acute Care P4P or VBP Programs /MIPS Guidance too
- QMVG Quality Reporting Programs Guidance Memo
- General Telemedicine Tool Kit

➤ **CM FFS:**

- On 3/20/2020, released a special edition of [MLN Connects](#), which included information on COVID-19:

- Telehealth toolkit for general practitioners and ESRD providers
- Updated language on SE20011 around modifiers and condition codes under the PHE waiver for telehealth
- Elective surgeries and non-essential procedures recommendations
- We worked with CCSQ and CMMI on an announcement extending the quality reporting period for clinicians and ACOs for 1 month. This was publicly released on 3/22/20.
- Issued bi-weekly ACO newsletter providing ACOs with Medicare Shared Savings Program and other key updates. Articles included letting ACOs know that the CMS Web Interface quality reporting period was extended 30 days until April 30, 2020 and making ACOs aware of the CMS EPRO webpage link and to check for latest updates.

OPOLE Updates

➤ Today, LEA sent out the following critical COVID-19 related notices to stakeholders:

- CMS Announces Findings at Kirkland Nursing Home and New Targeted Plan for Healthcare Facility Inspections in light of COVID-19
- New Tools to Help Speed States' Access to Emergency Flexibilities and Resources
- COVID-19 Provider Enrollment Relief FAQs
- Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19

➤ **Environmental Scanning:**

➤ MEDICARE C & D:

- We continue to receive questions from both health plans and issuers are asking if the national emergency authorizes the issue of a SEP.
- Plans understand that without Part B, they can't enroll a member in a MA plan. However, for "working-aged" individuals (Medicare-eligible but still employed and covered by group plan) who are losing their jobs tied to COVID-19 and wants Medicare Advantage coverage right away, would CMS consider providing an exception process to allow organizations to provide coverage pending enrollment in Part B?
- Will CMS offer flexibilities for out of area extensions due to COVID 19 and the closing of borders associated with the pandemic?
- Based on the following released by CMS, will CMS offer extension for ODAG and Part C reporting due 3/31/2020? HPMS dtd 23 March 2020, subject line: CMS Announces Relief for Clinicians, Providers,

Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19

- For PDE validation audits, PBMs are required to obtain samples from dispensing pharmacies. PBM have provided feedback that they are having difficulties obtaining the information they need because the pharmacies are not responding due to being overwhelmed with fallout from the coronavirus.
- Should the extension to file an appeal only be honored for appeals that should have been filed on/after the national emergency declaration (i.e., on/after 3/13/2020)?
- Is this guidance limited to beneficiary appeals (i.e., Part C pre-service appeals or Part C claim/DMR payment appeals) or are the guidelines also applicable to non-contracted provider payment appeals?
- Plans have questions regarding HEDIS/STARS and want to know the following:
 - Will CMS be considering COVID-19-driven circumstances, such as an incident of an MCO's high volume of staff inability to work, that would impact a MCO's regulatory deadlines for items such as reporting and the CCIP project? Would these deadlines be changed to accommodate these extenuating circumstances, should they occur?
 - Will CMS be considering COVID-19-driven circumstances, such as providers refusing to permit MCO access to their premises for the purposes of medical record collection to support the CCIP project or HEDIS/Stars submission? Would these deadlines be changed to accommodate these extenuating circumstances, should they occur?
 - What is the best method of communication with CMS should any issues related to COVID-19 arise that potentially impact regulatory compliance?
- Plans are requesting temporary suspension of certain requirements pertaining to enrollment in Medicare Advantage in light of the COVID-19 pandemic, such as, Recording of Telephonic Enrollments; Extension of Grace Period for DSNP Members Who Lose Eligibility; Involuntary Disenrollment for Out of Service Area; and Involuntary Disenrollment for Loss of Part A or B
- Plans are asking if CMS will offer compliance flexibilities around Turnaround Times (TAT)?
- Will CMS allow plans to deliver meals and cleaning supplies to beneficiaries?

➤ PACE

- We are receiving questions from PACE organizations on whether the CMS press release announcing relief on quality reporting applies to PACE. <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>
- PACE day centers continue to close by mandate of governors and/or as a precaution due to positive COVID cases identified in the county in which the PACE centers are located.

Additional Information:

➤ CCIIO:

- California announced a new special enrollment period for uninsured individuals.
<https://www.coveredca.com/newsroom/news-releases/2020/03/20/california-responds-to-covid-19-emergency-by-providing-path-to-coverage-for-millions-of-californians/>
- Minnesota announced a new special enrollment period for uninsured individuals
https://www.mnsure.org/news-room/news/index.jsp?utm_medium=email&utm_source=GovDelivery#/detail/appId/1/id/423931
- Colorado announced a new special enrollment period for uninsured individuals
<https://connectforhealthco.com/get-started/covid-19-support/>
- DC announced a new special enrollment period for uninsured individuals
<https://dchealthlink.com/coronavirus>

➤ CMCS:

○ Additional State Activity

- Texas: On 3/23, state submitted a CHIP Disaster SPA. CHIP is providing technical assistance.
- Nebraska: On 3/23 CHIP provided guidance to state for their pending submission of a CHIP Disaster SPA.
- North Carolina: On 3/19 state submitted a CHIP Disaster SPA. CHIP is providing technical assistance.
- Maine: On 3/19 State requested a call to discuss cost sharing SPA
- KY, IA and VA have all submitted Covid- related cost sharing SPAs this week
- WA emergency enhanced systems funding request submitted on March 20 for a contract with EPIC/OCHIN to provide Zoom licenses and state-owned laptops to technology-limited providers. State's initial request is for up to \$1,200,000. (Approval sent to state)
- MA emergency enhanced systems funding request submitted on March 23 for access to a customized version of Buoy Health's "coronavirus navigation tool" as part of the Commonwealth's response to the COVID-19 public health crisis. The Commonwealth's initial request is for up to \$6,800,000. (Approval sent to state)

○ Other: New Speaking / Meeting requests_

(b)(5)

(b)(5)

➤ **CCSQ:**

(b)(5)

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/10/2020 12:29:12 PM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
CC: "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>
Subject: COVID 19 Daily Update March 9
can we add Meredith to these?

Confidential and deliberative

Sent from my iPhone

On Mar 9, 2020, at 9:52 PM, Blackford, Carol W. (CMS/CM)
<Carol.Blackford@cms.hhs.gov> wrote:

NOTE: Tracker now has 2 tabs - Tab 1 is action items. Tab 2 is Meeting and Speaking Engagements

DAILY REPORT OUT

Stakeholder Outreach

Alina reached out to Matt Salo with NAMD and shared the Coronavirus Disease 2019 (COVID-19) [web page](#) that outlines some of the key resources to support Medicaid Directors and other state leaders, and also shared the telehealth [guidance](#) that is available as well.

OC

Action Items Closed Out:

- **Press:**
 - Press release on Hospice Memo and Nursing Home Memo
 - Press release on EMTALA Memo
 - Press release on Telehealth
- **Web/External Outreach:**
 - Visitors to Medicare.gov can now click 'See how Medicare is responding to Coronavirus' to quickly access the latest information on prevention, coverage and telehealth. This resource has been shared with beneficiaries, partners and press.

New Action Items:

- Press release on MA Plans Memo (CM)
- Press release on PACE Memo (CM)

CM/Provider Communications Group

Today's Meetings:

Technical call with AMA CPT Panel Chairs (in preparation for the AMA CPT Panel meeting) regarding their desire to create a new CPT code for Coronavirus, including discussion of the CMS-created codes.

Action Items Closed Out:

On 3/9/2020, released "CMS Issues Frequently Asked Questions to Assist Medicare Providers" information through [MLN Connects](#).

Office of Human Capital

Action Items Closed Out:

- Coordination with CMS/Commissioned Corps Leadership – Meeting held 3-6-2020
- All Employee Telework Report to assist with Telework Stress Test Decision.
- Direct Hire Authority to respond to COVID-19.

CMCS

Today's Meetings:

- Advancing States requested CMS staff to join a call with its members which they are doing today. This group represents state directors of aging, disability and long-term care services.
- CMCS joined CM's call with the North Carolina Medicaid agency regarding their questions about Medicare COVID-19 lab tests, reimbursement rates and coding. CM and CMCS are coordinating follow-up information regarding the estimated reimbursement rate of the two lab tests, plus a list of MAC contacts for each state Medicaid agency.

New Meetings:

- On 3/8, CMCS offered calls to California, Texas, Florida and New York State Medicaid Directors. The CA call will be Wednesday, (b)(5) and Texas call will be Friday, (b)(5). We are working on scheduling a call with NY this week. The FL SMD declined a call at this point, but she will follow-up with us if that changes.

Action Items Closed Out:

- On 3/7, CMCS provided information to OA regarding WA State's request that would need 1135 waiver authority.
- Oregon and Texas inquired about the 1915(c) Appendix K over the weekend, and were given contact names and a copy of the template and instruction guide. Appendix K can be used for flexibility in 1915(c) home and community based waiver in cases of emergency situations

- North Carolina requested and received an Appendix K today, 3/9/2020.
- Kansas requested and received an Appendix K following a request made over the weekend.

New Action Items:

- CMCS is drafting its first set of Frequently Asked Questions for state and public use that provides answers to WA and other states' questions regarding federal Medicaid and CHIP flexibilities.

New Speaking / Meeting requests

- National Association of State Directors of Developmental Disability Services (NASDDD) requested that CMCS staff join a call with their directors this (b)(5)
- PA requested a call with CMS staff (b)(5)
- Idaho requested a call to discuss their 1915(c) waiver and the Appendix K template. The call is scheduled for (b)(5)

CCSQ

New Meetings:

- Outpatient Home Care; TBD two planned for this week
- Kansas City RMO Medical Society webinar: (b)(5)
- Kansas City RMO - Hospital Associations in-person: (b)(5)
- San Francisco RMO - Hospital Association and Medical Association quarterly meetings, (b)(5) (hospital associations) (b)(5) medical associations).

Action Items Closed Out:

- EMTALA (Fact Sheet on Surges/Alternate Locations and FAQ)
- Hospital
- Nursing Home – Includes revised guidance on visitation

New Action Items:

- Talking Points for Governors
- “Best Way to Stop the Spread of Germs and Prevent COVID-19”
- CLIA Memo

CM C/D

Today's Meetings:

- CM/CD met with Better Medicare Alliance today – the topic of COVID-19 came up as part of a broader policy discussion.

New Action Items:

- We also added target release dates for both the MA/Part D Guidance (b)(5) and the PACE guidance (b)(5)

CCIIO

New Announcements

State Updates

- Tennessee Department of Insurance published a [new bulletin](#) to carriers on COVID-19 requesting health carriers to waive any cost-sharing for testing so that cost-sharing does not serve as a barrier to access. Also requests that carriers waive cost-sharing for office visit, an in-network urgent care center visit, and an emergency room visit associated with the administration of a test for COVID-19.
- Kentucky Governor issued an [executive order](#) re: COVID-19 today, that requires issuers to waive all cost-sharing for screening and testing for COVID-19, including hospital, emergency department, urgent care, provider office visits, lab testing, telehealth, and any immunizations that are made available.
- Colorado Division of Insurance issued a [bulletin](#) regarding COVID-19, that instructs carriers to cover in-network telehealth services related to COVID-19 without any cost sharing. The bulletin also directs carriers to allow for a one-time early refill on prescription drugs. Carriers are also directed to waive cost sharing for an in-network office visit, an in-network urgent care visit, and an emergency room visit when the patient is seeking COVID-19 testing.

Issuer Updates

- [HCSC](#) will not require prior authorization and will not apply member co-pays or deductibles for testing to diagnose COVID-19
- [Oscar](#) will be waiving cost-sharing for diagnostic testing for COVID-19
- [Molina Healthcare](#) will be waiving all member costs associated with testing for the Coronavirus.
- [UnitedHealth Group](#) will be waiving all member cost sharing, including copays, coinsurance and deductibles, for COVID-19 diagnostic testing provided at approved locations in accordance with CDC guidelines.

Meetings:

- CCIIO – Oscar: CCIIO staff met with Oscar on their plan to address COVID-19. Oscar shared that they are making sure their members have the information they need, that their call center reps have information to share with patients. Oscar has waived cost sharing for diagnostic testing for COVID and telehealth. They asked about coding, and asked what stakeholders should be doing between now and October 2020 when the ICD-10 codes are effective. Oscar also asked how zero cost sharing telehealth would impact HSAs.

OSSO

Today's Meetings:

- OSSO – Conference call with HHS Health & Safety Officer to discuss the utilization of expired N-95 respirator masks. He shared CDC guidance that does allow the use of expired masks in certain scenarios. (b)(6)

(b)(5)

- OSSO - Conference call with CCSQ and EPRO to provide an update on medical clearances, training, fit testing, and PPE supplies status. OSSO explained that we are able to provide on-line medical clearance with doctors through FOH which CCSQ (b)(5)

New Action Items:

(b)(5)

<Copy of CMS Tracker for COVID - 3.9.20 KC Updates v3.xlsx>

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/11/2020 5:12:58 PM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
CC: 'Nicole Marcos (CMS/OL) (nicole.marcos@cms.hhs.gov)'
Subject: FW: FW: COVID 19 March 10 Component Updates

Carol,

I think this format may be more what the Administrator is looking for. Let me know what you think.

Thanks,

Brady

-

-

TODAYS MEETINGS

- **Stakeholder:** AARP Tele-Townhall: Coronavirus – Stay Informed, Stay Healthy
 - Summary: AARP held a tele-townhall this afternoon, reaching 2 million AARP members (by phone, Facebook, YouTube). Administrator Verma offered opening remarks. Admiral Giroir, MD and Dr. Messonnier at CDC answered participant Q&A.
 - Participant questions specific reflected medical, social, and emotional concerns about COVID-19 (*e.g., Where can I still go on vacation? Should I stop going to church? How can I support a friend in quarantine? What is my risk if I am healthy? When will there be a vaccine? Can I go to restaurants?*).
 - HHS principals provided a situational update and CMS/CDC guidance overview and emphasized where seniors can find information/updates. (b)(5)

(b)(5)

OC - Participated in a meeting this afternoon with a small group from HHS and CDC to discuss how the various OPDIV websites can work together to ensure all information that we put out is accessible via coronavirus.gov. (b)(5)

(b)(5)

CCSQ - Completed the Hospital Quality Contractor Call on March 9, 2010 from 3:00 – 4:00 PM. (b)(5)

(b)(5)

- **CMCS** - Held call with PA to discuss the 1915(c) waiver Appendix K template.
- **CMCS** - Held call with Idaho to discuss their 1915(c) waiver and the Appendix K template and questions related to 1915(i).

CCIO - CCIIO staff met with Cigna regarding reaction to COVID-19. Cigna has already

announced zero cost sharing for COVID test. Cigna is communicating with consumers through employer outreach, call center prep, message on Cigna website and direct emails to enrollees.

Cigna already offers zero cost sharing for telehealth and continues to encourage use of telehealth. Cigna asked if CCIIO is planning any outreach to uninsured individuals or those whose income may change and as such, subsidy eligibility may also change.

CM/CD - Met with Humana today – the topic of COVID-19 came up as part of a broader policy discussion.

CM – Did a call with AMA CPT staff today to prepare for Friday afternoon’s emergency CPT Editorial panel meeting where they will be discussing their potential new Coronavirus code

OSSO - Conference call with CCSQ to provide an update on medical clearances, fit testing, and PPE supplies status. OSSO confirmed that 57 of 107 surveyors completed medical clearances so far. Summarized quantities ordered from ASPR and emergency OSSO orders with multiple vendors.

OSSO – Internal Meeting to consider options for mail services if the building is closed.

-

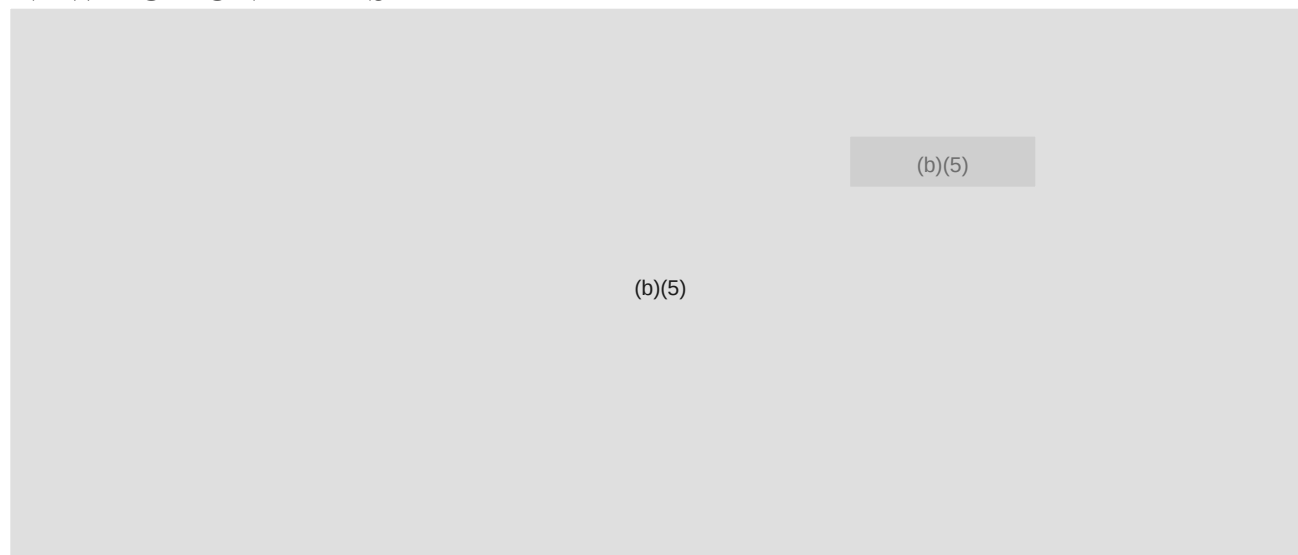
NEW MEETINGS

Stakeholder:

- (b)(5) Medicare Advantage Plans – Part D Announcement & COVID-19
 - CMS Attendees: Administrator Verma, Demetrios Kouzoukas, Brad Smith, Nisha Bhat, Mark Atalla, Alina Czekai, Meredith Good-Cohn
 - External Attendees: Dave Wichmann, CEO, United, Ken Burdick, CEO, Wellcare, Drew Asher, CFO, Wellcare, Bruce Broussard, CEO, Humana, Tom Moriarty, Executive VP and General Counsel, Aetna, David Cordani, CEO, Cigna, Gail Bourdreaux, Anthem
- Alliance of Community Health Plans (ACHP); *Details to be Confirmed* (b)(5) (b)(5) (CMS Attendees: Dr. Marion Couch, Dr. Shari Ling, Demetrios Kouzoukas, Cheri Rice, Calder Lynch, Karen Shields, Anne-Marie Costello, Alina Czekai)
- American Hospital Association (AHA)—Hospital CEOs: *Weekly Meeting; Details to be Confirmed* (CMS Attendees: Dr. Marion Couch, Alina Czekai, CMS & CCSQ SMEs)
- American College of Emergency Physicians (ACEP); *Details to be Confirmed* (b)(5) CMS Attendees: Nisha Bhat, Demetrios Kouzoukas, Carol Blackford, Liz Richter, Ryan Howe, Diane Kovach, Ing-Jye Cheng)

- **CMCS** - Individual calls will be held with NY and CA on (b)(5), and with TX on (b)(5)
- **CMCS** - Call with CO will be held on (b)(5)
- **CMCS** - WA: On March 9, 2020, the CHIP Project Officer (PO) reached out to state to schedule a discussion on the state's proposed submission of a CHIP disaster SPA. The state said it is prioritizing requests and will follow-up with the CHIP PO when they are ready to schedule the meeting. Meeting date-TBD.
- **CM** - CPT Editorial Panel Meeting regarding their desire to create a new CPT code for Coronavirus, including discussion of the CMS-created codes. Call scheduled for (b)(5)

NEW ACTION ITEMS



ACTION ITEMS CLOSED OUT

Stakeholder – Distributed guidance to:

- States/Local: National Governors Association (NGA), National Association of Medicaid Directors (NAMC), SMD/CHIP Directors (*Hospice, Nursing Home, EMTALA, Telehealth, 3/9 & 3/10; CMCS/Alina*)
- Hospital Organizations: American Hospital Association (AHA), Federation of American Hospitals (FAH), America's Essential Hospitals (*EMTALA, 3/10; CCSQ*)
- Nursing Home Organizations: American Health Care Association (AHCA), LeadingAge, American Association of Post-Acute Care Nursing (AAPACN), National Association of Directors of Nursing Administrators (NADONA), AMDA the Society for Post-Acute Care (*Nursing Home, 3/9 CCSQ*)

OC Press

- CMSNews Alert on FAQs developed for Surveyors and Accrediting Organization (AO's). (CCSQ)
- Pending OVP - (CCSQ)
- Pending OVP - (b)(5)
- Pending OVP -
- SV News Hits (OTR) – **Hit 1 Radio:** Geraldo in Cleveland; **Hit 2 Radio:** Todd Barnes Radio Show; **Hit 3 TV:** ABC News

OC Social Media

- Tweets from Administrator Verma amplifying the Administration's actions using her handle @SeemaCMS.
(b)(5)
- Tweet information/updates as appropriate across CMS handles - @CMS, @Medicare, @HCareGov
- **OC Beneficiary/Consumer**
 - CMS sent an email to Medicare beneficiaries (11.5M) with prevention and travel guidance on the 2019 Novel Coronavirus (COVID-19) to help protect America's seniors during this public health emergency.
 - Call Center Data
 - 1-800 Medicare Call Center: Calls remain very low. Yesterday we had 192 coronavirus-related inquiries out of 116,943 total calls.
 - Main topics/questions: Do you think this is a Chinese conspiracy, created by the Government? Do you think I should get medicine? Will Medicare cover? If I go to the local walk-in clinic will Medicare pay?
 - Marketplace Call Center: Calls remain very low. Yesterday we had 32 coronavirus-related inquiries out of 72,791 total calls.
 - Main topics/questions:
 - Will my plan cover the test?

CCSQ - EMTALA Guidance

CCSQ - Update to nursing home guidance

CCSQ - HH and hospice Guidance

- **CMCS** - Pushed to state Medicaid/CHIP agencies CCSQ's guidance on nursing facilities, hospice and EMTLA.
- **CMCS** - On 3/9, CMCS joined call with CM where they provided NC Medicaid with guidance on Medicare lab reimbursement rate. NC plans to use this information for state budgeting.
- **CMCS** - Wisconsin requested and received the 1915(c) waiver Appendix K template and instructions.
- **CMCS** - Michigan requested and received the 1915(c) waiver Appendix K template and instructions.
- **OHC** - Broadcast to staff sharing OPMs [Memorandum](#) and [FAQs](#) that was issued on March 7th on how to respond to the impacts of Coronavirus Disease 2019 (COVID-19). And let staff know to that if they have specific non-urgent human capital questions, they can send an email to the new Human Capital /Coronavirus Inbox at COVID_Questions@cms.hhs.gov.
- **CM** - Guidance for MA and Part D plans.
- **OSSO** - Confirmed EPRO placed 2 PPE orders with ASPR. First order will be delivered to CMS Warehouse by (b)(5) Second order will be delivered by (b)(5)
- **OSSO** - Placed orders with multiple vendors to meet emergency PPE needs. Deliveries expected within 2-5 days.

CCHO ADDITIONAL INFO

New Announcements

- Idaho announced that Blue Cross, Regence, SelectHealth, Pacific Source, and Mountain Health Co-Op in Idaho are voluntarily waiving cost-sharing for coronavirus testing.
- Washington State Exchange announced new special enrollment period (SEP) in response to growing Coronavirus Outbreak. The SEP period runs through April 8, 2020, will allow uninsured individuals 30 days to enroll in health insurance coverage through Washington Healthplanfinder.
 - <https://www.wahbexchange.org/washington-healthplanfinder-announces-special-enrollment-period-in-response-to-growing-coronavirus-outbreak/>
- National Association of Insurance Commissioners (NAIC) Annual Spring Meeting: NAIC is restructuring its annual spring meeting to shorten and cancel

various typical business sessions in in order to host the “NAIC COVID-19 Symposium” to work on issues surrounding COVID-19, including health insurance in addition to other lines of business. NAIC’s agenda for this symposium is still under development, but CCIIO/CMS is assisting NAIC with a connection for a CDC speaker. Further clarification on the “asks” for HHS/CMS/CCIIO speakers is expected tomorrow, March 11th or Thurs, March 12th.

Wall Street Analysis Highlights

○ Health Insurers

- Wolfe Research hosted management meetings with CVS, Cigna, Humana and Molina over the past couple of weeks. MCOs could not quantify the potential impact of COVID-19, but all referenced a typical or severe flu season as the most reasonable framework at this point. Overall, if the virus indeed spreads more widely, the companies generally expect the impact to be similar to a severe flu season where elevated medical costs have been generally manageable.
- Companies noted that there are certain tail outcomes that could potentially drive large increases in hospitalization / costs especially if the virus affects the broader population in a fairly severe form - most likely one-time in nature as industry re-prices products for higher costs
- On the potential recession risk, estimated recession impact to industry membership of -5%/+10%/+10% for Employer/ Medicaid / Individual respectively and reasonable margin assumptions across the various segments, they see a manageable earnings impact for the diversified insurers in a hypothetical recession scenario as Medicaid exposure offsets lost employer membership for most, except for Cigna.
- Centene and Molina would see significant membership gains with little to no offsets from lower commercial exposure leaving meaningful revenue and earnings upside potential

○ Labs/Diagnostics

- Labs have outperformed the S&P 500 by 10% and the healthcare sector ETF by 6% since the market turmoil related to coronavirus spread started on 2/24 and the situation continues to evolve rapidly. Both [Quest](#) (DGX) and LabCorp (LH) made coronavirus testing announcements yesterday.
- No information available yet about commercial reimbursement rates for COVID-19 testing. CMS [added](#) a code for Medicare last week, but Medicare Administrative Contractors (MACs) are left to establish the initial reimbursement based on a combination of charges, discount to charges, resource intensity, payer data, and comparable tests.
- For context, the VA’s price list quotes [DGX](#) H1N1 test cost at ~\$190 and [LH](#) at ~\$250. According to UNH’s cost transparency tools, DGX and LH get paid \$15-\$17 per flu test and \$15-\$45 for other viral tests.
- In current environment there’s likely to be heightened sensitivity around charging “too much” per test, with the biotech Moderna [already](#)

[promising](#) it would not charge more than typical respiratory vaccine pricing if development is successful.

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/25/2020 1:39:46 PM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>; "Marcos, Nicole (CMS/OL)" <nicole.marcos@cms.hhs.gov>
Subject: RE: RE: March 23 Updates as of 7:57pm

[REDACTED] (b)(5)

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Wednesday, March 25, 2020 8:58 AM
To: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Subject: RE: March 23 Updates as of 7:57pm

[REDACTED] (b)(5)

From: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Sent: Tuesday, March 24, 2020 7:45 PM
To: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Subject: Re: March 23 Updates as of 7:57pm

Hi Brady. Answers to your questions below. Let us know if there's anything further. Thanks!

[REDACTED] (b)(5)

(b)(5)

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Tuesday, March 24, 2020 4:08 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: March 23 Updates as of 7:57pm

Checking on these.

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Tuesday, March 24, 2020 4:02 PM
To: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Subject: FW: March 23 Updates as of 7:57pm

Nicole and Carol,

I have a couple questions below in red. Can you take a quick look?

Thanks,

brady

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Monday, March 23, 2020 8:45 PM
To: CMS - COVID19WG <COVID19WG@cms.hhs.gov>
Cc: Gelzer, Heidi J. (CMS/OA) <heidi.gelzer@cms.hhs.gov>; Armstead, Andrea E. (CMS/OA) <Andrea.Armstead@cms.hhs.gov>; Flaherty, Leslie W. (CMS/OA) <Leslie.Flaherty@cms.hhs.gov>; Olshan, Shana W. (CMS/OIT) <Shana.Olshan@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Conover, Lillian A. (CMS/CMCS) <Lillian.Conover@cms.hhs.gov>
Subject: FW: March 23 Updates as of 7:57pm

From: Blackford, Carol W. (CMS/CM)
Sent: Monday, March 23, 2020 8:44 PM
To: (b)(6) ; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: Marcos, Nicole (CMS/OL) <nicole.marcos@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>
Subject: March 23 Updates as of 7:57pm

Daily updates as of 7:57 pm

Stakeholder Outreach

- **OMH:** CMS Releases Telehealth Toolkits for General Practitioners and End-Stage Renal Disease Providers
- **DUALS:** sent memos to allow certain health plans (called Medicare-Medicaid Plans) in Massachusetts to replace face-to-face care coordination activities with telephonic contact.
- **CM C/D:** COVID-19 External Stakeholder/Partner Outreach workgroup: CM-CD is continuing to publish relevant COVID-19 Guidance to MAOs, Part D Sponsors, PACE Organizations, Cost Plans and Demonstrations via HPMS on a daily basis.
- **CCSQ:** shared QPP Clinician Relief Listserv - (Extension of MIPS)

Updates to Current Action Items:

- **CM C/D**

- Medicare SEP FAQs
 - Clearance Status: Submitted to policy clearance on 3/19
 - Coms/Social strategy: None per discussions with OC. (b)(5)
 - Target Release date: (b)(5)
- HPMS Notification of Pace & MA Part D Audit Suspension
 - Clearance Status: Submitted to policy clearance on 3/20
 - Coms/Social strategy: (b)(5)
 - Target Release date: (b)(5)
- Telehealth Medicare Risk Adjustment Guidance
 - Clearance Status: Submitted to policy clearance on 3/20
 - Coms/Social strategy: This will be distributed via the Health Plan Management System (HPMS); a news alert may accompany the release
 - Target Release date: (b)(5)

Today's Meetings

- **DUALS:** held a prep call with CM, CMCS, and CCSQ on Tuesday's call for states and PACE organizations. Call with Illinois state leadership on potentially delaying planned service area expansions among Medicare-Medicaid Plans to avoid the distractions of network development and contracting during the PHE.
- **OEDA: OEDA-DoD:** OEDA met with the Department of Defense (DoD) (b)(5)
- **OEDA-ASPE:** OEDA met with ASPE (b)(5)
- **CMCS:** Call with KS on CHIP, individual state calls with OH, MS, IA, NM, NC, HI, and WA call w/SMEs on (b)(5)
- **CCSQ:**
 - KCER and Status call:
 - Today Providers asked for a definition of Person Under Investigation (PUI). They would like to know how people are added to the PUI category and how they are removed from the PUI

category.

(b)(5)

We also discussed transportation issues.

○ Progress today:

- We held a small group meeting with a few DKH team members and a few CDC team members to discuss PPE issues. LDOs are masking all of their patients which is creating a supply chain issue, despite guidance from the CDC. There is also a concern because some LDOs are discharging patients that do not comply with this policy. We agreed to continue this discussion in a larger CDC CMS workgroup tomorrow. I followed up with Karen Tritz to provide information around the discharged patients. We met with American Renal Associates and they also brought up the PPE supply chain issue and their concern with the LDOs masking all patients regardless of symptoms. They also discussed the desire to place more patients on home therapy but this is an issue because elective surgeries such as peritoneal dialysis catheter placements are not being done right now. The first round of ESRD COVID modifications with funding are out as of today.

○ Next steps:

- Planning to meet with the CDC tomorrow regarding PPE. Will address a letter that came in from the ESRD forum jointly with QSOG.
- **CM FFS:** Meeting with National Home Infusion Association (NHIA). Attendees: CMS Hillary Loeffler / NHIA: Connie Sullivan
 - Patients scared to go to infusion clinic (physician office, infusion suite, outpatient department)
 - Hospitals trying to get everyone out as soon as they can, they are overwhelmed. Looking for guidance on how to triage patients
 - Can switch some patients to injectable/oral
 - NHIA is helping prepare triage guidelines for surge
 - Suggestion: (b)(5)
 - HIT suppliers have infrastructure and capacity – especially pharmacists that can take the heat off nurses. Usually staffed 1-1 pharmacists and nurses

New Meetings

- **CMCS:** AZ call on CHIP week (b)(5) exact date TBD) and All-state SMD/CHIP Director calls on (b)(5) and 3/27

(b)(5) individual calls with ND, VA, and USVI

(b)(5) individual calls with NV and NJ

New Action Items:

(b)(5)

➤ CMCS:

- **1135 waivers**

(b)(5)

- **Home and Community-Based Waiver Disaster Authority (Appendix K)**

(b)(5)

(b)(5)

(b)(5)

➤ CCSQ:

- Skilled Nursing Facility (SNF) toolkit for telemedicine
- Hospitals without wall (CoP)
- Workforce flexibilities (Scope of Practice)
- Documentation Requirement for Home Health; waiver for signatures
- Non Elective Medical Procedures; Specifically, for dialysis patients

Action Items Closed Out

➤ CMCS released 4 standardized templates for states' use on Sunday, 3/22. The templates include:

- 1135 waiver checklist
- Medicaid Disaster State Plan Amendment
- 1115 waiver template
- A pre-populated template (Appendix K) for Home and Community-Based waivers

(b)(5)

➤ **CCSQ:**

- ESRD Telehealth Toolkit
- QPP Clinician Relief Listserv - (Extension of MIPS)
- Suspension of Data Collection for Other Hospital and Post-Acute Care P4P or VBP Programs /MIPS Guidance too
- QMVG Quality Reporting Programs Guidance Memo
- General Telemedicine Tool Kit

➤ **CM FFS:**

- On 3/20/2020, released a special edition of [MLN Connects](#), which included information on COVID-19:
 - Telehealth toolkit for general practitioners and ESRD providers
 - Updated language on SE20011 around modifiers and condition codes under the PHE waiver for telehealth
 - Elective surgeries and non-essential procedures recommendations
- We worked with CCSQ and CMMI on an announcement extending the quality reporting period for clinicians and ACOs for 1 month. This was publicly released on 3/22/20.
- Issued bi-weekly ACO newsletter providing ACOs with Medicare Shared Savings Program and other key updates. Articles included letting ACOs know that the CMS Web Interface quality reporting period was extended 30 days until April 30, 2020 and making ACOs aware of the CMS EPRO webpage link and to check for latest updates.

OPOLE Updates

- Today, LEA sent out the following critical COVID-19 related notices to stakeholders:
- CMS Announces Findings at Kirkland Nursing Home and New Targeted Plan for Healthcare Facility Inspections in light of COVID-19

- New Tools to Help Speed States' Access to Emergency Flexibilities and Resources
- COVID-19 Provider Enrollment Relief FAQs
- Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19

➤ **Environmental Scanning:**

➤ MEDICARE C &D:

- We continue to receive questions from both health plans and issuers are asking if the national emergency authorizes the issue of a SEP.
- Plans understand that without Part B, they can't enroll a member in a MA plan. However, for "working-aged" individuals (Medicare-eligible but still employed and covered by group plan) who are losing their jobs tied to COVID-19 and wants Medicare Advantage coverage right away, would CMS consider providing an exception process to allow organizations to provide coverage pending enrollment in Part B?
- Will CMS offer flexibilities for out of area extensions due to COVID 19 and the closing of borders associated with the pandemic?
- Based on the following released by CMS, will CMS offer extension for ODAG and Part C reporting due 3/31/2020? HPMS dtd 23 March 2020, subject line: CMS Announces Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19
- For PDE validation audits, PBMs are required to obtain samples from dispensing pharmacies. PBM have provided feedback that they are having difficulties obtaining the information they need because the pharmacies are not responding due to being overwhelmed with fallout from the coronavirus.
- Should the extension to file an appeal only be honored for appeals that should have been filed on/after the national emergency declaration (i.e., on/after 3/13/2020)?
- Is this guidance limited to beneficiary appeals (i.e., Part C pre-service appeals or Part C claim/DMR payment appeals) or are the guidelines also applicable to non-contracted provider payment appeals?
- Plans have questions regarding HEDIS/STARS and want to know the following:
 - Will CMS be considering COVID-19-driven circumstances, such as an incident of an MCO's high volume of staff inability to work, that would impact a MCO's regulatory deadlines for items such as reporting and the CCIP project? Would these deadlines be changed to accommodate these extenuating circumstances, should they occur?
 - Will CMS be considering COVID-19-driven circumstances, such as providers refusing to permit MCO access to their premises for the purposes of medical record collection to support the CCIP project or HEDIS/Stars submission? Would these deadlines be changed to accommodate these extenuating circumstances, should they occur?

- What is the best method of communication with CMS should any issues related to COVID-19 arise that potentially impact regulatory compliance?
- Plans are requesting temporary suspension of certain requirements pertaining to enrollment in Medicare Advantage in light of the COVID-19 pandemic, such as, Recording of Telephonic Enrollments; Extension of Grace Period for DSNP Members Who Lose Eligibility; Involuntary Disenrollment for Out of Service Area; and Involuntary Disenrollment for Loss of Part A or B
- Plans are asking if CMS will offer compliance flexibilities around Turnaround Times (TAT)?
- Will CMS allow plans to deliver meals and cleaning supplies to beneficiaries?
- **PACE**
 - We are receiving questions from PACE organizations on whether the CMS press release announcing relief on quality reporting applies to PACE. <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>
 - PACE day centers continue to close by mandate of governors and/or as a precaution due to positive COVID cases identified in the county in which the PACE centers are located.

Additional Information:

- **CCIIO:**
 - California announced a new special enrollment period for uninsured individuals. <https://www.coveredca.com/newsroom/news-releases/2020/03/20/california-responds-to-covid-19-emergency-by-providing-path-to-coverage-for-millions-of-californians/>
 - Minnesota announced a new special enrollment period for uninsured individuals https://www.mnsure.org/news-room/news/index.jsp?utm_medium=email&utm_source=GovDelivery#/detail/appId/1/id/423931
 - Colorado announced a new special enrollment period for uninsured individuals <https://connectforhealthco.com/get-started/covid-19-support/>
 - DC announced a new special enrollment period for uninsured individuals <https://dchealthlink.com/coronavirus>
- **CMCS:**
 - **Additional State Activity**
 - Texas: On 3/23, state submitted a CHIP Disaster SPA. CHIP is providing technical assistance.
 - Nebraska: On 3/23 CHIP provided guidance to state for their pending submission of a CHIP

Disaster SPA.

- North Carolina: On 3/19 state submitted a CHIP Disaster SPA. CHIP is providing technical assistance.
- Maine: On 3/19 State requested a call to discuss cost sharing SPA
- KY, IA and VA have all submitted Covid- related cost sharing SPAs this week
- WA emergency enhanced systems funding request submitted on March 20 for a contract with EPIC/OCHIN to provide Zoom licenses and state-owned laptops to technology-limited providers. State's initial request is for up to \$1,200,000. (Approval sent to state)
- MA emergency enhanced systems funding request submitted on March 23 for access to a customized version of Buoy Health's "coronavirus navigation tool" as part of the Commonwealth's response to the COVID-19 public health crisis. The Commonwealth's initial request is for up to \$6,800,000. (Approval sent to state)

○ **Other: New Speaking / Meeting requests_**

(b)(5)

➤ **CCSQ:**

(b)(5)

- CCSQ/ DQIIMT is working with the CDC to train the nation's hospitals on a new NHSN reporting module for COVID-19. (b)(5)

(b)(5)

(b)(5)

(b)(5)

○ Important dates and deliverables:

▪ COVID-19 Module pilot testing

(b)(5)

▪ Hospital Quality Contractors train hospitals on new NHSN COVID-19 Module

(b)(5)

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR

Sent: 3/10/2020 1:15:22 PM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
CC: "Couch, Marion (CMS/OA)" <marion.couch@cms.hhs.gov>; Shari Ling (CMS/CCSQ) (Shari.Ling@cms.hhs.gov); Meredith Good-Cohn (CMS/OA) (Meredith.Good-Cohn@cms.hhs.gov); Jean Moody-Williams (jean.moodywilliams@cms.hhs.gov); "Hittle, Matthew (CMS/OA)" <matthew.hittle@cms.hhs.gov>; "Corry, Thomas (CMS/OA)" <thomas.corry@cms.hhs.gov>; Alina Czekai (CMS/CMMI) (alina.czekai@cms.hhs.gov); Bobby Saxon (CMS/CCIIO) (bobby.saxon@cms.hhs.gov); 'Nicole Marcos (CMS/OL) (nicole.marcos@cms.hhs.gov)'
Subject: SV follow up on CCSQ Meeting -- FW: COVID 19 Daily Update March 9

SV would like everyone to coordinate on the new meetings under CCSQ to make sure they have consistent talking points and are coordinated. She asked Marion and Shari to be looped in and she would like to see the plan.

Thanks!

Brady

CCSQ

New Meetings:

Outpatient Home Care; TBD two planned for this week

Kansas City RMO Medical Society webinar: [REDACTED] (b)(5)

Kansas City RMO - Hospital Associations in-person: [REDACTED] (b)(5)

San Francisco RMO - Hospital Association and Medical Association quarterly meetings, [REDACTED] (b)(5)
(hospital associations) [REDACTED] (b)(5) (medical associations).

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Monday, March 9, 2020 9:52 PM
To: CMS - COVID19WG <COVID19WG@cms.hhs.gov>
Cc: Payne, Skip (CMS/OA) <Skip.Payne@cms.hhs.gov>; Mack, Rosa (CMS/CMCS)

<Rosa.Mack@cms.hhs.gov>; Claggett, Karyn E. (CMS/CM)
<Karyn.Claggett@cms.hhs.gov>; Saxon, Bobby (CMS/CCIIO)
<Bobby.Saxon@cms.hhs.gov>

Subject: COVID 19 Daily Update March 9

NOTE: Tracker now has 2 tabs - Tab 1 is action items. Tab 2 is Meeting and Speaking Engagements

DAILY REPORT OUT

Stakeholder Outreach

Alina reached out to Matt Salo with NAMD and shared the Coronavirus Disease 2019 (COVID-19) [web page](#) that outlines some of the key resources to support Medicaid Directors and other state leaders, and also shared the telehealth [guidance](#) that is available as well.

OC

Action Items Closed Out:

- **Press:**
 - Press release on Hospice Memo and Nursing Home Memo
 - Press release on EMTALA Memo
 - Press release on Telehealth

Web/External Outreach:

- Visitors to Medicare.gov can now click ‘See how Medicare is responding to Coronavirus’ to quickly access the latest information on prevention, coverage and telehealth. This resource has been shared with beneficiaries, partners and press.

New Action Items:

Press release on MA Plans Memo (CM)

Press release on PACE Memo (CM)

CM/Provider Communications Group

Today's Meetings:

Technical call with AMA CPT Panel Chairs (in preparation for the AMA CPT Panel meeting) regarding their desire to create a new CPT code for Coronavirus, including discussion of the CMS-created codes.

Action Items Closed Out:

On 3/9/2020, released “CMS Issues Frequently Asked Questions to Assist Medicare Providers” information through [MLN Connects](#).

Office of Human Capital

Action Items Closed Out:

Coordination with CMS/Commissioned Corps Leadership – Meeting held 3-6-2020

All Employee Telework Report to assist with Telework Stress Test Decision.

Direct Hire Authority to respond to COVID-19.

-

CMCS

Today's Meetings:

Advancing States requested CMS staff to join a call with its members which they are doing today. This group represents state directors of aging, disability and long-term care services.

CMCS joined CM's call with the North Carolina Medicaid agency regarding their questions about Medicare COVID-19 lab tests, reimbursement rates and coding. CM and CMCS are coordinating follow-up information regarding the estimated reimbursement rate of the two lab tests, plus a list of MAC contacts for each state Medicaid agency.

New Meetings:

On 3/8, CMCS offered calls to California, Texas, Florida and New York State Medicaid

Directors. The CA call will be Wednesday (b)(5) and Texas call will be Friday, (b)(5) We are working on scheduling a call with NY this week. The FL SMD declined a call at this point, but she will follow-up with us if that changes.

Action Items Closed Out:

On 3/7, CMCS provided information to OA regarding WA State's request that would need 1135 waiver authority.

Oregon and Texas inquired about the 1915(c) Appendix K over the weekend, and were given contact names and a copy of the template and instruction guide. Appendix K can be used for flexibility in 1915(c) home and community based waiver in cases of emergency situations

North Carolina requested and received an Appendix K today, 3/9/2020.

Kansas requested and received an Appendix K following a request made over the weekend.

New Action Items:

CMCS is drafting its first set of Frequently Asked Questions for state and public use that provides answers to WA and other states' questions regarding federal Medicaid and CHIP flexibilities.

New Speaking / Meeting requests

National Association of State Directors of Developmental Disability Services (NASDDD) requested that CMCS staff join a call with their directors this (b)(5)

PA requested a call with CMS staff (b)(5)

Idaho requested a call to discuss their 1915(c) waiver and the Appendix K template. The call is scheduled for (b)(5)

CCSQ

New Meetings:

Outpatient Home Care; TBD two planned for this week

Kansas City RMO Medical Society webinar: (b)(5)

Kansas City RMO - Hospital Associations in-person (b)(5)

San Francisco RMO - Hospital Association and Medical Association quarterly meetings, (hospital associations) (b)(5) medical associations).

(b)(5)

Action Items Closed Out:

EMTALA (Fact Sheet on Surges/Alternate Locations and FAQ)

Hospital

Nursing Home – Includes revised guidance on visitation

New Action Items:

Talking Points for Governors

“Best Way to Stop the Spread of Germs and Prevent COVID-19”

CLIA Memo

CM C/D

Today’s Meetings:

- CM/CD met with Better Medicare Alliance today – the topic of COVID-19 came up as part of a broader policy discussion.

New Action Items:

We also added target release dates for both the MA/Part D Guidance (b)(5) and the PACE guidance (b)(5)

CCHQ

New Announcements

State Updates

Tennessee Department of Insurance published a [new bulletin](#) to carriers on COVID-19 requesting health carriers to waive any cost-sharing for testing so that cost-sharing does not serve as a barrier to access. Also requests that carriers waive cost-sharing for office visit, an in-

network urgent care center visit, and an emergency room visit associated with the administration of a test for COVID-19.

Kentucky Governor issued an [executive order](#) re: COVID-19 today, that requires issuers to waive all cost-sharing for screening and testing for COVID-19, including hospital, emergency department, urgent care, provider office visits, lab testing, telehealth, and any immunizations that are made available.

Colorado Division of Insurance issued a [bulletin](#) regarding COVID-19, that instructs carriers to cover in-network telehealth services related to COVID-19 without any cost sharing. The bulletin also directs carriers to allow for a one-time early refill on prescription drugs. Carriers are also directed to waive cost sharing for an in-network office visit, an in-network urgent care visit, and an emergency room visit when the patient is seeking COVID-19 testing.

Issuer Updates

[HCSC](#) will not require prior authorization and will not apply member co-pays or deductibles for testing to diagnose COVID-19

[Oscar](#) will be waiving cost-sharing for diagnostic testing for COVID-19

[Molina Healthcare](#) will be waiving all member costs associated with testing for the Coronavirus.

[UnitedHealth Group](#) will be waiving all member cost sharing, including copays, coinsurance and deductibles, for COVID-19 diagnostic testing provided at approved locations in accordance with CDC guidelines.

Meetings:

CCIIO – Oscar: CCIIO staff met with Oscar on their plan to address COVID-19. Oscar shared that they are making sure their members have the information they need, that their call center reps have information to share with patients. Oscar has waived cost sharing for diagnostic testing for COVID and telehealth. They asked about coding, and asked what stakeholders should be doing between now and October 2020 when the ICD-10 codes are effective. Oscar also asked how zero cost sharing telehealth would impact HSAs.

-

OSSO

Today's Meetings:

OSSO – Conference call with HHS Health & Safety Officer to discuss the utilization of expired N-95 respirator masks. He shared CDC guidance that does allow the use of expired masks in certain scenarios.

(b)(5)

OSSO - Conference call with CCSQ and EPRO to provide an update on medical clearances, training, fit testing, and PPE supplies status. OSSO explained that we are able to provide on-line medical clearance with doctors through FOH which CCSQ (b)(5)

New Action Items:

(b)(5)

From: "Brookes, Brady (CMS/OA)" <EXCHANGELABS/EXCHANGE
NR
Sent: 3/15/2020 12:15:59 AM +0000
To: morgan.wilson@gov.wa.gov
Subject: FW: FW: CMS NEWS: CMS Announces New Measures to Protect Nursing Home Residents from COVID-19

Hi Morgan,

Thanks for reaching out. As we discussed, I am sending you the press release we put out last night with a link to our updated guidance for nursing homes. I highlighted the link to the memo that is relevant to your question in yellow in the body of the press release. You will see red text in the memo which are the updated portions, the language in black was in previous versions. I pasted the specific question that I believe is relevant to your question, but the language can be found on page 4-5 in the document. Please let me know if you need anything else.

Thanks,

Brady

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](#). Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a

unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).

Brady Brookes

Deputy Administrator & Chief of Staff

Centers for Medicare & Medicaid Services

Cell: (b)(6)

Desk: 202.690.8316

Brady.Brookes@cms.hhs.gov

-

Confidential and deliberative, pre-decisional communication

From: CMS Press <press@cms.hhs.gov>

Sent: Friday, March 13, 2020 8:57 PM

To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>

Subject: CMS NEWS: CMS Announces New Measures to Protect Nursing Home Residents from COVID-19

CMS NEWS

FOR IMMEDIATE RELEASE

March 13, 2020

Contact: CMS Media Relations

(202) 690-6145 | [CMS Media Inquiries](#)

CMS Announces New Measures to Protect Nursing Home

Residents from COVID-19

Newest guidance based on CDC recommendations

As part of the broader Trump Administration announcement today, the Centers for Medicare & Medicaid Services (CMS) announced critical new measures designed to keep America's nursing home residents safe from the 2019 Novel Coronavirus (COVID-19). The measures take the form of a [memorandum](#) and is based on the [newest recommendations from the Centers for Disease Control and Prevention \(CDC\)](#). It directs nursing homes to significantly restrict visitors and nonessential personnel, as well as restrict communal activities inside nursing homes. The new measures are CMS's latest action to protect America's seniors, who are at highest risk for complications from COVID-19. While visitor restrictions may be difficult for residents and families, it is an important temporary measure for their protection.

"As we learn more about the Coronavirus from experts on the ground, we've learned that seniors with multiple conditions are at highest risk for infection and complications, so CMS is using every tool at our disposal to keep nursing homes free from infection," said CMS Administrator Seema Verma. "Temporarily restricting visitors and nonessential workers will help reduce the risk of Coronavirus spread in nursing homes, keeping residents safe. The Trump Administration is working around the clock to ensure the continued safety of America's health care system, particularly nursing homes."

The new measures CMS announced today, which supersede prior CMS guidance, constitute the agency's most aggressive and decisive recommendations with respect to nursing home safety in the face of the spread of COVID-19. They include:

- Restricting all visitors, effective immediately, with exceptions for compassionate care, such as end-of-life situations;
- Restricting all volunteers and nonessential health care personnel and other personnel (i.e. barbers);
- Cancelling all group activities and communal dining; and
- Implementing active screening of residents and health care personnel for fever and respiratory symptoms.

The guidance directs nursing homes to restrict visitation except in certain compassionate cases, like end-of-life. In those cases, visitors will be equipped with personal protective equipment (PPE) like masks, and the visit will be limited to a specific room only.

CMS's guidance is based upon CDC recommendations informed by real-time information being gathered from experts on the ground in areas with large numbers of COVID-19 cases, like Washington and California. According to CDC, seniors with multiple health conditions are at highest risk for complications. With large congregations of that particularly vulnerable population, nursing homes are extremely susceptible to quick spread of the virus. There have already been reports of large numbers of cases of COVID-19 spreading quickly through nursing homes, such as the Life Care Center in Kirkland, Washington. The spread of COVID-19 in a nursing home can amplify or seed further spread to other facilities when patients are transferred and when staff and visitors come and go. According to CDC,

visitors and health care personnel who are ill are the most likely source of introduction of COVID-19 into nursing homes, necessitating today's change in guidance to restrict visitors and personnel.

CMS understands the vital importance of keeping nursing home residents connected with their loved ones. However, the rapid spread of COVID-19 and its transmission through visitors and health care workers – as well as nursing home residents' high risk – has made it necessary to restrict nonessential visitation in order to protect the health and safety of residents. In lieu of visits, CMS encourages nursing homes to facilitate increased virtual communication between residents and families. CMS also encourages nursing homes to keep residents' loved ones informed about their care. This could include assigning a staff member as a primary contact for families to facilitate inbound communications, as well as regular outbound communications. Nursing homes are expected to notify potential visitors to defer visitation until further notice through signage and other outreach, such as emails and phone calls.

CDC has made several additional recommendations for nursing homes as they work to keep their residents safe. Nursing homes should put alcohol-based hand sanitizer with 60-95 percent alcohol in every resident room – both inside and outside the room if possible – and in every common area. Additionally, nursing homes should ensure sinks are well-stocked with soap and paper towels for hand washing. They should make tissues and facemasks available for people who are coughing, and make necessary PPE available in areas where resident care is provided. Finally, they should ensure hospital grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident equipment. A full list of CDC guidance to nursing homes can be found [here](#).

This guidance, and earlier CMS actions in response to the COVID-19 virus, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19 click here <https://protect2.fireeye.com/url?k=e030d17b-bc65d868-e030e044-0cc47adb5650-62942770dccfd234&u=http://www.coronavirus.gov/>. For information specific to CMS, please visit the [Current Emergencies Website](#).

Summary of CMS Public Health Action on COVID-19 to date:

March 13, 2020: CMS issued frequently asked Questions (FAQs) on Essential Health Benefits (EHB) Coverage in response to the 2019 Novel Coronavirus (COVID-19) outbreak. The FAQ detail existing federal rules governing health coverage provided through the individual and small group insurance markets that apply to the diagnosis and treatment of COVID-19.

<https://www.cms.gov/newsroom/press-releases/cms-publishes-faqs-ensure-individuals-issuers-and-states-have-clear-information-coverage-benefits>

March 12, 2020: CMS issued frequently asked questions (FAQs) to aid state Medicaid and Children's Health Insurance Program (CHIP) agencies in their response to the 2019 Novel Coronavirus (COVID-19) outbreak. CMS is taking this action in its continuing efforts to protect the health and safety of providers and patients, including those who are covered by Medicaid and CHIP.

<https://www.cms.gov/newsroom/press-releases/cms-publishes-first-set-covid-19-frequently-asked-questions-faqs-state-medicaid-and-childrens-health>

March 11, 2020: CMS issued frequently asked questions to aid state Medicaid and Children's Health Insurance Program (CHIP) agencies in their response to the 2019 Novel

Coronavirus Disease (COVID-19).

<https://www.cms.gov/newsroom/press-releases/cms-publishes-first-set-covid-19-frequently-asked-questions-faqs-state-medicaid-and-childrens-health>

March 10, 2020: CMS issued guidance to home health agencies and dialysis facilities with actionable information for healthcare workers on screening, treatment and transfer procedures to follow when interacting with patients in response to the 2019 Novel Coronavirus Disease (COVID-19).

<https://www.cms.gov/newsroom/press-releases/cms-sends-more-detailed-guidance-providers-about-covid-19>

March 10, 2020: CMS issued a frequently asked questions to ensure State Survey Agencies and accrediting organizations charged with inspecting nursing homes and other health care facilities, understand that non-emergency survey inspections are suspended. This shift in survey prioritization enables State Inspectors to address the spread of the 2019 Novel Coronavirus Disease (COVID-19).

<https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-guidance-state-survey-agencies>

March 10, 2020: CMS issued guidance on Medicare Advantage (MA) and Part D health and prescription drug plans informing them of the flexibilities they have to provide healthcare coverage for testing, treatments, and prevention of 2019 Novel Coronavirus Disease (COVID-19). Leading insurance companies and their industry associations announced they will be treating COVID-19 diagnostic tests as covered benefits and will be waiving cost sharing that would otherwise apply to the test.

<https://www.cms.gov/newsroom/press-releases/cms-issues-guidance-help-medicare-advantage-and-part-d-plans-respond-covid-19>

March 10, 2020: CMS issued guidance on the range of facemasks that can be temporarily used based on recent changes to CDC and FDA facemask and respirator guidance in light of COVID-19 and supply demands. These are steps the White House Task Force is taking to ensure a maximum supply of facemasks and respirators are available that allow healthcare providers to safely treat patients without exposing themselves or others to COVID-19.

<https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-key-protective-mask-guidance-healthcare-workers>

March 9, 2020: CMS delivered guidance on the screening, treatment and transfer procedures healthcare workers must follow when interacting with patients to prevent the spread of COVID-19 in a hospice setting. CMS also issued additional guidance specific to nursing homes to help control and prevent the spread of the virus.

<https://www.cms.gov/newsroom/press-releases/cms-issues-clear-actionable-guidance-providers-about-covid-19-virus>

March 9, 2020: CMS issued a press release highlighting the telehealth benefits in the agency's Medicare program for use by patients and providers. Expanded use of virtual care, such as virtual check-ins, are important tools for keeping beneficiaries healthy, while helping to contain the community spread of the COVID-19 virus.

<https://www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-lifeline-patients-during-coronavirus-outbreak>

March 9, 2020: CMS published guidance to hospitals with emergency departments (EDs) on patient screening, treatment and transfer requirements to prevent the spread of infectious disease and illness, including COVID-19. Medicare-participating hospitals are to

follow both CDC guidance for infection control and Emergency Medical Treatment and Labor Act (EMTALA) requirements.

<https://www.cms.gov/newsroom/press-releases/cms-issues-call-action-hospital-emergency-departments-screen-patients-coronavirus>

March 6, 2020: CMS issued frequently asked questions and answers (FAQs) for healthcare providers regarding Medicare payment for laboratory test and other services related to the 2019-Novel Coronavirus (COVID-19). <https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-assist-medicare-providers>

March 5, 2020: CMS issued a second Healthcare Common Procedure Coding System (HCPCS) code for certain COVID-19 laboratory tests, in addition to three fact sheets about coverage and benefits for medical services related to COVID-19 for CMS programs. <https://www.cms.gov/newsroom/press-releases/cms-develops-additional-code-coronavirus-lab-tests>

March 4, 2020: CMS issued a call to action to healthcare providers nationwide and offered important guidance to help State Survey Agencies and Accrediting Organizations prioritize their inspections of healthcare. <https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus>

February 13, 2020: CMS issued a new HCPCS code for providers and laboratories to test patients for COVID-19. <https://www.cms.gov/newsroom/press-releases/public-health-news-alert-cms-develops-new-code-coronavirus-lab-test>

February 6, 2020: CMS gave CLIA-certified laboratories information about how they can test for SARS-CoV-2. <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and/notification-surveyors-authorization-emergency-use-cdc-2019-novel-coronavirus-2019-ncov-real-time-rt>

February 6, 2020: CMS issued a memo to help the nation's healthcare facilities take critical steps to prepare for COVID-19. <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and/information-healthcare-facilities-concerning-2019-novel-coronavirus-illness-2019-ncov>

###

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This email was sent to brady.brookes@cms.hhs.gov
CMS, 200 Independence Ave SW, Washington, DC 20010, USA
[Unsubscribe](#)

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/15/2020 12:17:39 AM +0000
To: "Pottebaum, Nicholas (who.eop.gov)" <[REDACTED]@who.eop.gov>
Subject: Fwd: Fwd: CMS NEWS: CMS Announces New Measures to Protect Nursing Home Residents from COVID-19
FYSA

Confidential and deliberative

Sent from my iPhone

Begin forwarded message:

From: "Brookes, Brady (CMS/OA)" <Brady.Brookes@cms.hhs.gov>
Date: March 14, 2020 at 8:15:00 PM EDT
To: "morgan.wilson@gov.wa.gov" <morgan.wilson@gov.wa.gov>
Subject: FW: CMS NEWS: CMS Announces New Measures to Protect Nursing Home Residents from COVID-19

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Brady Brookes
Deputy Administrator & Chief of Staff
Centers for Medicare & Medicaid Services
Cell: 202.705.6169
Desk: 202.690.8316
Brady.Brookes@cms.hhs.gov

Confidential and deliberative, pre-decisional communication

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Sent: Friday, March 13, 2020 8:57 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Subject: CMS NEWS: CMS Announces New Measures to Protect Nursing Home Residents from COVID-19

CMS NEWS

FOR IMMEDIATE RELEASE

March 13, 2020

Contact: CMS Media Relations
(202) 690-6145 | [CMS Media Inquiries](#)

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Newest guidance based on CDC recommendations

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Summary of CMS Public Health Action on COVID-19 to date:

March 13, 2020: CMS issued frequently asked Questions (FAQs) on Essential Health Benefits (EHB) Coverage in response to the 2019 Novel Coronavirus (COVID-19) outbreak. The FAQ detail existing federal rules governing health coverage provided through the individual and small group insurance markets that apply to the diagnosis and treatment of COVID-19. <https://www.cms.gov/newsroom/press-releases/cms-publishes-faqs-ensure-individuals-issuers-and-states-have-clear-information-coverage-benefits>

March 12, 2020: CMS issued frequently asked questions (FAQs) to aid state Medicaid and Children’s Health Insurance Program (CHIP) agencies in their response to the 2019 Novel Coronavirus (COVID-19) outbreak. CMS is taking this action in its continuing efforts to protect the health and safety of providers and

patients, including those who are covered by Medicaid and CHIP.

<https://www.cms.gov/newsroom/press-releases/cms-publishes-first-set-covid-19-frequently-asked-questions-faqs-state-medicaid-and-childrens-health>

March 11, 2020: CMS issued frequently asked questions to aid state Medicaid and Children's Health Insurance Program (CHIP) agencies in their response to the 2019 Novel Coronavirus Disease (COVID-19).

<https://www.cms.gov/newsroom/press-releases/cms-publishes-first-set-covid-19-frequently-asked-questions-faqs-state-medicaid-and-childrens-health>

March 10, 2020: CMS issued guidance to home health agencies and dialysis facilities with actionable information for healthcare workers on screening, treatment and transfer procedures to follow when interacting with patients in response to the 2019 Novel Coronavirus Disease (COVID-19).

<https://www.cms.gov/newsroom/press-releases/cms-sends-more-detailed-guidance-providers-about-covid-19>

March 10, 2020: CMS issued a frequently asked questions to ensure State Survey Agencies and accrediting organizations charged with inspecting nursing homes and other health care facilities, understand that non-emergency survey inspections are suspended. This shift in survey prioritization enables State Inspectors to address the spread of the 2019 Novel Coronavirus Disease (COVID-19).

<https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-guidance-state-survey-agencies>

March 10, 2020: CMS issued guidance on Medicare Advantage (MA) and Part D health and prescription drug plans informing them of the flexibilities they have to provide healthcare coverage for testing, treatments, and prevention of 2019 Novel Coronavirus Disease (COVID-19). Leading insurance companies and their industry associations announced they will be treating COVID-19 diagnostic tests as covered benefits and will be waiving cost sharing that would otherwise apply to the test.

<https://www.cms.gov/newsroom/press-releases/cms-issues-guidance-help-medicare-advantage-and-part-d-plans-respond-covid-19>

March 10, 2020: CMS issued guidance on the range of facemasks that can be temporarily used based on recent changes to CDC and FDA facemask and respirator guidance in light of COVID-19 and supply demands. These are steps the White House Task Force is taking to ensure a maximum supply of facemasks and respirators are available that allow healthcare providers to safely treat patients without exposing themselves or others to COVID-19.

<https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-key-protective-mask-guidance-healthcare-workers>

March 9, 2020: CMS delivered guidance on the screening, treatment and transfer procedures healthcare workers must follow when interacting with patients to prevent the spread of COVID-19 in a hospice setting. CMS also issued additional

guidance specific to nursing homes to help control and prevent the spread of the virus.

<https://www.cms.gov/newsroom/press-releases/cms-issues-clear-actionable-guidance-providers-about-covid-19-virus>

March 9, 2020: CMS issued a press release highlighting the telehealth benefits in the agency's Medicare program for use by patients and providers. Expanded use of virtual care, such as virtual check-ins, are important tools for keeping beneficiaries healthy, while helping to contain the community spread of the COVID-19 virus.

<https://www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-lifeline-patients-during-coronavirus-outbreak>

March 9, 2020: CMS published guidance to hospitals with emergency departments (EDs) on patient screening, treatment and transfer requirements to prevent the spread of infectious disease and illness, including COVID-19. Medicare-participating hospitals are to follow both CDC guidance for infection control and Emergency Medical Treatment and Labor Act (EMTALA) requirements.

<https://www.cms.gov/newsroom/press-releases/cms-issues-call-action-hospital-emergency-departments-screen-patients-coronavirus>

March 6, 2020: CMS issued frequently asked questions and answers (FAQs) for healthcare providers regarding Medicare payment for laboratory test and other services related to the 2019-Novel Coronavirus (COVID-19).

<https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-assist-medicare-providers>

March 5, 2020: CMS issued a second Healthcare Common Procedure Coding System (HCPCS) code for certain COVID-19 laboratory tests, in addition to three fact sheets about coverage and benefits for medical services related to COVID-19 for CMS programs. <https://www.cms.gov/newsroom/press-releases/cms-develops-additional-code-coronavirus-lab-tests>

March 4, 2020: CMS issued a call to action to healthcare providers nationwide and offered important guidance to help State Survey Agencies and Accrediting Organizations prioritize their inspections of healthcare.

<https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus>

February 13, 2020: CMS issued a new HCPCS code for providers and laboratories to test patients for COVID-19. <https://www.cms.gov/newsroom/press-releases/public-health-news-alert-cms-develops-new-code-coronavirus-lab-test>

February 6, 2020: CMS gave CLIA-certified laboratories information about how they can test for SARS-CoV-2. <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and/notification-surveyors-authorization-emergency-use-cdc-2019-novel-coronavirus-2019-ncov-real-time-rt>

February 6, 2020: CMS issued a memo to help the nation's healthcare facilities take critical steps to prepare for COVID-19. <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and/information-healthcare-facilities-concerning-2019-novel-coronavirus-illness-2019-ncov>

###

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This email was sent to brady.brookes@cms.hhs.gov
CMS, 200 Independence Ave SW, Washington, DC 20010, USA
[Unsubscribe](#)

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 4/2/2020 8:50:11 PM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
CC: "Kanellis, Elaine (CMS/OC)" <elaine.kanellis@cms.hhs.gov>
Subject: FW: FW: COVID Update for April 1st

Can we add Elaine to the COVID distro list?

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Wednesday, April 1, 2020 7:57 PM
To: [REDACTED] (b)(6) ; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>
Subject: COVID Update for April 1st

Below is the update for today.

Updates on Current Items:

CMCS:

[REDACTED]

(b)(5)

-
-

Stakeholder Engagement:

Duals

Met with state staff from California and Michigan about the guidance for and data collection from duals demo health plans, discussed changes to HEDIS and CAHPS and potential impacts on capitation payments.

Met with Illinois state staff and local leadership from a Centene health plan on suspending face-to-face assessments, providing outreach to high-risk members, ensuring those receiving HCBS have a back-up plan that is up to date, and increasing telehealth capacity

OPOLE: 131 coronavirus-related inquiries for a cumulative total of 1638. 50.49% remain open with an average turnaround time of 3.6 days.

Main topics/questions:

The Missouri Hospital Association (MHA) contacted the KC office to update us on the financial impact of the current emergency on hospitals in the state (reported above).

A/B – Requests for extension on S-10 and cost reports and expedited application processing.

Several ACOs that plan to apply for a new agreement period starting on 1/1/21 are asking about the impact of COVID-19 on the MSSP application timeline. Some are reporting how busy they are trying to respond to/address operational issues during this public health crisis and expressed concerns about meeting the application and RFI deadlines.

C/D: Clarification on telehealth policy, EE/SEP requests due to coronavirus-related complications, early refill and other pharmacy requests.

Exchange: 22 DMI, 11 SEP/reinstatement.

OC:

MS.gov Homepage – updated the image and prominence of the COVID information similar to other government websites so that users can more easily get to the COVID emergency information.

-800 Medicare Call Center: Calls were steady yesterday. Yesterday we had 635 coronavirus-related inquiries out of 81,263 total calls. 480 inquiries yesterday related to Telehealth Services, 222 related to the Stimulus checks

❖ Main topics/questions:

- Can I defer/waive Medicare premiums due to COVID19?
- Does Medicare cover Telehealth/e-visits?
- How can I change Part B effective date due to Covid19 impact?
- How to submit Part B if SSA is closed?
- I lost my job because of COVID19 and therefore losing my employer's insurance. How do I sign up for Medicare A/B/D?
- My income has been significantly reduced. How get premium/IRMAA reduced if SSA is

currently limited?

Marketplace Call Center: Calls were higher. Yesterday we had 625 coronavirus-related inquiries, 126 inquiries related to the Stimulus checks out of 69,060 total calls.

- **Main topics/questions:**

- Top concern continues to be paying premiums when consumers are not working.
- Additionally, we are hearing issues when consumers try to contact their plan for assistance in paying premiums.
- Consumers coming back and changing their income now that they are out of work.
- Consumers concerned about submitting documents to resolve DMIs by the end of the month

Today's Meetings:

OPOLE: The Missouri Hospital Association (MHA) contacted the Kansas City office to update us on the financial impact of the current emergency on hospitals in the state.

More than 10 hospitals in the state are in serious condition and the association is looking at ways to assist. Iron County Hospital (b)(5)

(b)(5)

The association is working with the MO Bankers Association and the State Treasurer's office to look at quick options for loans to assist hospitals at high risk for closure in the next 30 days.

Accelerated payments are an option but they have to be repaid and a lot of hospitals have little to no revenue coming in due to cancellation of elective surgeries and the general population not coming to the sites (hardest hit are rural locations).

The association has reached out to USDA to take advantage of 180 deferment of loan payments for 11 of their member hospitals.

The association has done an analysis of the emergency funding that will be available for hospitals and based on historical data, they anticipate (b)(5) being available for Missouri. Based on that figure, this will be enough funding to keep hospitals running for (b)(5) with a majority of the hospitals still operating at a loss during that time.

ACS: The Regional Administrators (RA) met with ASPR led by Kevin Horahan, Chief, Regional Operations, Division of Field Operations and Response, Office of Emergency Management and Medical Operations to discuss CMS support for states looking to designate Alternate Care Sites. The RAs will work with the local Regional Emergency Coordinators and states to facilitate information flow and CMS response to questions.

CMCS: Individual calls w/NV, OH, VA, MA, NC call with CHIP, CNMI, and VT.

CCSQ:

KCER and Status call: Messaged to the dialysis facilities on the call that we are going to be gathering staffing

level data from them in order to work with ASPR on PPE and resource allocation. There were a number of questions about this ask and (b)(5)
(b)(5) Discussed Current COVID testing capabilities and needs in dialysis facilities.

- Met with CDC and ASPR and discussed a number of ongoing dialysis issues:
- Discussed HHS COVID-Dialysis calls and duplication of effort. (b)(5)
(b)(5)
- Transportation: ASPR still triaging and working on logistics with FEMA and DOT.
- Clinical issues: patients on CPAP/BiPAP. CDC has advised if someone is PUI, they should not be on floor with others because of risk of aerosol, dialyze in a separate room. Facilities feel this is a risk. (b)(5)
- CPR question- There is an issue brought up on performing CPR on someone because it can spread COVID if dialysis units don't have PPE to protect staff. (b)(5)
(b)(5)
- PPE: calculations of number of patients and staff needed. (b)(5)
(b)(5) ASPR working with states on this issue. Hospitals were prioritized on the first wave of PPE. ESRD NCC has developed a survey to capture this information. (b)(5)
- Testing: Dialysis facilities would consider oral or POC testing. Need to prioritize dialysis patients for testing. (b)(5)
(b)(5)
- Barriers to getting patients from hospital setting to dialysis clinic. Facilities are not taking patients without a negative test. (b)(5)
(b)(5)
- Opening dedicated COVID units. Questions about PPE usage in COVID specific units vs standard units
- Staff infections: When are staff able to come back? (b)(5)
- AKI COVID patients- (b)(5)
(b)(5) For the VA, they do dialysis in hospital and are having to transfer patients to outpatient units now. (b)(5)

Met with the NCC to finalize a process to collect staffing level data from facilities nationwide. This was pushed out to all dialysis facilities today and I messaged the request on the KCER call with the NCC and ASPR. The data will be provided to ASPR/CDC to assist with PPE resource planning.

Revised ESRD Forum letter with blanket waiver information. Met with OASH to talk through their response right now and make sure we don't have duplication of effort. (b)(5)
(b)(5)

Next steps: (b)(5)
(b)(5)

New Meetings:

CMCS:

(b)(5) CO call with CHIP Director, AK call with CHIP Director, PA call with call with CHIP Director, NV call with CHIP Director, and WI call.

(b)(5) call with USVI, call with NV, call with WA CHP, and CMCS will hold (b)(5)
(b)(5)

CCSQ:

American College of Emergency Room Physicians- EMTALA- will be held (b)(5) details forthcoming

Action Items Closed Out:

CMCS:

- Texas: On 4/1, a Notice of Award was issued to the Texas Department of State Health Services (TX DSHS) approving a change in scope to utilize a portion of their Zika Health Care Services Program funds towards COVID-19 activities. Funds were approved to purchase needed personal protective equipment, and to allow Zika funded staff to provide COVID-19 outreach and education services.
- **1135 waivers:** CMCS approved 1135 waiver request for Georgia. CMCS also approved Appendix K for KS. CMCS has approved MA's request of \$450,000 in emergency IT funding for one-time implementation costs for 3 telehealth providers.

New Action Items:

CPI:

(b)(5)

(b)(5)

- **CM FFS:** (b)(5)

(b)(5)

CMCS:

CMCS is currently reviewing Appendix Ks for the following states: CA, LA, RI, KS, MS, NY, NC, OK, MS, WY, MN, MD, SD, ND, FL, IL, MA, OR

CMCS is reviewing NE's (b)(5)

(b)(5)

Nevada (b)(5) CHIP received a draft CHIP Disaster Relief SPA.

CMCS is currently reviewing CHIP Disaster Relief SPA submissions from AZ, IA, ME, MN, NC, NY, RI and VA.

The Puerto Rico Department of Health proposes (b)(5)

(b)(5)

(b)(5) CMS anticipates issuing a Notice of Award on (b)(5)

CMCS anticipates approving a Medicaid Disaster SPA for Arizona (b)(5)

CCSQ

(b)(5)

Additional Information

CMCS:

(b)(5)

The American Dental Association requested information about whether dentists are included in the Medicare global waiver released 3/30 to expand the workforce.

CCSQ

Waiver Statistics: To date we've received 2,911 Waiver Requests (2227 related to waivers {1135/1812 and Blanket} and 684 requesting a "flexibility").

- a. 60.67% of the requests submitted have been approved and 1086 are pending (1 has been denied because it was from a hospital seeking to use our waiver process to avoid a state ban on elective procedures).
- b. For approvals, the average length of time to approval is 2.51 days.
- c. For pending waivers, 31.22% have been pending 3-5 days; 11.51% have been pending 6-10 days.
- d. NOTE: Changes in values are expected due to the blanket waivers issued on 3/30/20.

OPOLE:

- Iron County Medical Center reached out to NBC Universal to express concerns over lack of funding/resources/attention to rural health facilities.
- Rural Hospitals also tend to care for the bulk (percentage wise) of older, sicker and poorer patients than urban areas. In Iron County, 44% of the population is over the age of 50. They have the second highest instance of upper respiratory disease in the state.
- We have also moved many of our specialty visits to Telemedicine, this is helpful, but volumes remain half or less than what they were before. As far as staffing goes, we are running at a minimum for the hospital

(b)(5)

Regional Reporting

o New York

- Disaster Mortuary Operational Response Team arriving in NYC today to support mortuary operations.
- NYC agencies including NYPD and MTA report staffing shortages due to high absentee rate. Agencies are addressing internally without impacts to operations.
- NYC expected to be at full bed capacity by 4/1. USNS Comfort arrived in NYC City and now seeing patients. NYC morgue space near 100% capacity.

- Construction is complete for Phase One at the Javits Center with facility open and accepting patients; construction of Phase Two started today (3/31) for 2,000 beds for increased acuity care
- NYC HEC (Healthcare Evacuation Center) stood up to coordinate patient movement from hospitals to alternative care facilities (such as the USNS Comfort and Javits Center)
- **New Jersey**
 - Urgent requirement for 300 ventilators from NJ delivered today (3/31)
 - Department of Defense and HHS coordinating with NJ to deploy Mortuary Services Planners for support
 - In accordance with previous request for USNS Comfort from NJ, awaiting decision from NY Governor to relocate non-COVID patients to the vessel while docked at Pier 90
- **Puerto Rico**
 - Police enforcing 7PM-5AM curfew extended until 4/12.
- **Virgin Islands**
 - Coordination continues to identify voluntary agencies to support medical operations with personnel at Virgin Islands hospitals and other facilities
 - Awaiting shipping information regarding testing swabs (quantity 2,000)
- **Rhode Island**
 - All non-RI resident travelers coming into RI, MUST quarantine for 14 days
- **Connecticut**
 - Will begin assessments for alternative care sites
- **Vermont**
 - Vermont is in the processes of setting up medical surge sites (Alternate Care Facilities) to take in overflow patients from hospitals. USACE performed five assessments on 03/26/2020. Three active sites in process, but not operational (03/30/2020)
- **Massachusetts**
 - Alternate care facilities task force- USACE PRT medical site assessments are complete. Staffing request RRF for critical care medical staffing support. RRF submitted for three FMS kits or similar in order to expand capacity at three hospital locations. One FMS allocated in planning phase to support UMASS in Worcester at DCU Center.
 - Hospital capacity- Former Boston Medical Center hospital building will be temporarily reopened and used to meet COVID-19 related medical needs of area homeless residents.
- **Maine**
 - Alternate care facilities task force State is still working to Identify Alternative Care Sites. Once sites are identified a determination will be made if site assessments are need by USACE. Will update as information is available.

- **Montana**

- Gov. Steve Bullock asked people not to visit Montana, and [ordered anyone who travels here from another state or country to self-quarantine for two weeks](#). The directive requires the state Department of Commerce to advise vacation listing and rental sites that they must tell potential out-of-state renters about the quarantine requirement.
- The Governor told President Trump in a Monday conference call that Montana is nearly out of tests for COVID-19, stating: “Literally we are one day away, if we don’t get test kits from the C.D.C., that we wouldn’t be able to do testing in Montana.”

- **North Dakota**

- State hospitals could see a peak in demand for services from the coronavirus pandemic around May 1. Under this projection, it predicts the state will have enough available beds to handle the crest but experience 171 deaths. Predicts that North Dakota will need a total of 507 beds during the peak of COVID-19 patients, and will have 1,545 beds available.

- **Utah**

- Utah has moved to its highest state of emergency because of the novel coronavirus. The Governor announced the state had moved to a "Level 1" emergency. The Utah Department of Public Safety Commissioner said the state will make a "major disaster declaration" with the federal government to get more resources to the state. The Governor also announced that for every person in Utah confirmed to have COVID-19, analysis suggests there are probably 5.5 others with the disease who haven’t been tested. In addition, based on 90-day forecast, Utah will need to fill a shortfall of PPE of face shields, isolations gowns, and N95/K95 masks.

- **Louisiana**

- Portions of the State anticipate reaching their general, ICU bed capacity by 4/12 and ventilator capacity by 4/3. Louisiana is now planning a soft opening of the Morial Convention Center on 4/2, with the goal of 1000 available beds by 4/5. In addition, 1400 ventilators are on order, including 100 from SNS arriving this week from Lafayette, and another 100 next week.

- **Oklahoma**

- The State identified ACS possibilities: OK City (30-day project for 2 sites to increase 200 beds and project for 2 sites to increase 2,000 beds); Tulsa (30-day project for 1 site to increase 130 beds and project to increase 1,000 beds).

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/31/2020 11:43:31 PM +0000
To: "Kanellis, Elaine (CMS/OC)" <elaine.kanellis@cms.hhs.gov>
CC: "LoPiccolo, Maria (CMS/OC)" <maria.lopiccolo@cms.hhs.gov>; "Ceballos, Kelly L. (CMS/OC)" <Kelly.Ceballos@cms.hhs.gov>; "Aldana, Karen (CMS/OC)" <karen.aldana@cms.hhs.gov>; "Monroe, Johnathan (CMS/OC)" <johnathan.monroe1@cms.hhs.gov>; "Marcos, Nicole (CMS/OL)" <nicole.marcos@cms.hhs.gov>
Subject: RE: RE: TIME SENSITIVE FOR BRADY'S REVIEW BY 8:00 P.M. - AP INQUIRY ON NURSING HOME INSPECTIONS

(b)(5)

Confidential and deliberative, pre-decisional communication

From: Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>
Sent: Tuesday, March 31, 2020 6:59 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: LoPiccolo, Maria (CMS/OC) <Maria.LoPiccolo@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: TIME SENSITIVE FOR BRADY'S REVIEW BY 8:00 P.M. - AP INQUIRY ON NURSING HOME INSPECTIONS
Importance: High

Hi Brady –

Maria reworked the responses to the AP inquiry with the CCSQ SMEs on nursing home inspections to address your questions/edits.

Johnathan Monroe added a response to

(b)(5)

Below is a clean copy of the questions and the responses for your review/approval.

We'd like to move to the reporter tonight by 8 p.m.

Thank you!

Elaine

(b)(5)

Page 12 redacted for the following reason:

(b)(5)

(b)(5)

From: Brookes, Brady (CMS/OA)
Sent: Monday, March 30, 2020 8:05 PM
To: Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>
Cc: LoPiccolo, Maria (CMS/OC) <Maria.LoPiccolo@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: TIME SENSITIVE FOR BRADY'S REVIEW BY 8:30 P.M. - AP INQUIRY ON NURSING HOME INSPECTIONS

See below.

(b)(5)

Confidential and deliberative, pre-decisional communication

From: Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>
Sent: Monday, March 30, 2020 7:50 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: LoPiccolo, Maria (CMS/OC) <Maria.LoPiccolo@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>

Subject: TIME SENSITIVE FOR BRADY'S REVIEW BY 8:30 P.M. - AP INQUIRY ON NURSING HOME INSPECTIONS

Importance: High

Hi Brady –

Received the following inquiry from AP reporter Candace Choi about nursing home inspections.

Reporter's deadline was 5:30 p.m.

We pointed her to relevant guidance that's on our website which she's looking at and we told her we're working on responses to her questions.

The draft responses below in red are largely taken from previous responses and guidance. David Wright and team reviewed/edited. MRG Leadership and Jonathan Monroe reviewed and approved.

Thanks for your review/guidance!

Elaine

Reporter's questions and CMS draft responses in red:

I'm working on a follow-up story about the ongoing outbreaks at nursing homes and would like to request a phone interview with Seema Verma or another leader at CMS. If an interview is not possible, it would be great if the agency could respond to my questions below by 5:30 p.m. eastern today.

--Ms. Verma indicated on March 17 that inspections are being ramped up at nursing homes – can you quantify how much inspections have been stepped up, starting from which date, and whether those inspections differ from typical inspections? For example, how many nursing home inspections might there be in a typical month, and how many are being conducted now? Are inspectors looking for anything different than usual?

(b)(5)

(b)(5)

--Staffing shortages were already a problem at nursing homes before the outbreak. Is CMS or its inspectors seeing any indication those shortages are being made worse by the outbreak (because of employees who are sick or otherwise unable to come in)?

(b)(5)

--What is CMS guidance to nursing homes on how they should screen employees for signs of infection? Are employees being tested or having their temperatures taken?

(b)(5)

--Is there any CMS guidance on incentivizing employees who may not have sick pay to stay home if they're sick? My understanding is that some hospitals are offering special "Covid Sick Pay" to nurses who don't have sick pay accrued. Is there anything similar for nursing

assistants at nursing homes?

(b)(5)

--Hospitals are reporting widespread shortages of PPE for staff. Are nursing homes experiencing similar shortages for their staff?

(b)(5)

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 4/6/2020 12:29:16 AM +0000
To: "Ling, Shari (CMS/CCSQ)" <Shari.Ling@cms.hhs.gov>; "Marcos, Nicole (CMS/OL)" <nicole.marcos@cms.hhs.gov>
Subject: RE: RE: WH Gov Call [REDACTED] (b)(5)

Shari,

[REDACTED] (b)(5)

Thanks,

Brady

Confidential and deliberative, pre-decisional communication

From: Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>
Sent: Sunday, April 5, 2020 4:24 PM
To: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Cc: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Subject: RE: WH Gov Call [REDACTED] (b)(5)

Hi Nicole,

Slides and context are in the attached em with deck.

Thanks!

Shari M. Ling, MD

Acting Chief Medical Officer

Centers for Medicare and Medicaid Services

7500 Security Blvd Mail Stop S3-02-01

Baltimore MD 21244-1850

(410) 786 6841 phone; (410) 786 6857 fax

From: Marcos, Nicole (CMS/OL)
Sent: Sunday, April 5, 2020 4:13 PM
To: Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>
Subject: RE: WH Gov Call (b)(5)

Shari – can you please send the powerpoint slides you presented that Brady referenced below? I'm not sure if CM will be providing other information so would like to take from the powerpoint just in case. Thanks!

From: Brandt, Kimberly (CMS/OA)
Sent: Sunday, April 5, 2020 3:52 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Wu, Jeff (CMS/CCIIO) <Jeff.Wu@cms.hhs.gov>; Couch, Marion (CMS/OA) <Marion.Couch@cms.hhs.gov>; Kouzoukas, Demetrios (CMS/OA) <Demetrios.Kouzoukas@cms.hhs.gov>; Blackstock, Sheila C. (CMS/CCSQ) <Sheila.Blackstock1@cms.hhs.gov>
Cc: Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>; Wright, David R. (CMS/CCSQ) <David.Wright@cms.hhs.gov>; Worstell, Megan L. (CMS/OFM) <Megan.Worstell@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Greene, Mary G. (CMS/CPI) <Mary.Greene1@cms.hhs.gov>; Tripp, Lisa C. (CMS/CCSQ) <Lisa.Tripp@cms.hhs.gov>
Subject: RE: WH Gov Call (b)(5)

Medicare waiver team is working on the additions to Calder's info and should have soon. Will try for 5, but might be a little after.

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Sunday, April 5, 2020 3:50 PM
To: Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Wu, Jeff (CMS/CCIIO) <Jeff.Wu@cms.hhs.gov>; Couch, Marion (CMS/OA) <Marion.Couch@cms.hhs.gov>; Brandt, Kimberly (CMS/OA) <Kimberly.Brandt1@cms.hhs.gov>; Kouzoukas, Demetrios (CMS/OA) <Demetrios.Kouzoukas@cms.hhs.gov>; Blackstock, Sheila C. (CMS/CCSQ) <Sheila.Blackstock1@cms.hhs.gov>
Cc: Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>; Wright, David R. (CMS/CCSQ) <David.Wright@cms.hhs.gov>; Worstell, Megan L. (CMS/OFM) <Megan.Worstell@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: WH Gov Call (b)(5)

Removing SV. Adding David, Shari, Megan, Sheila, and Nicole.

Can everyone get information to Nicole by 5 so we can compile and get to SV by 6?

(b)(5)

Confidential and deliberative, pre-decisional communication

From: Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>
Sent: Sunday, April 5, 2020 2:12 PM
To: (b)(6) >; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Wu, Jeff (CMS/CCIO) <Jeff.Wu@cms.hhs.gov>; Couch, Marion (CMS/OA) <Marion.Couch@cms.hhs.gov>; Brandt, Kimberly (CMS/OA) <Kimberly.Brandt1@cms.hhs.gov>; Kouzoukas, Demetrios (CMS/OA) <Demetrios.Kouzoukas@cms.hhs.gov>

Subject: RE: WH Gov Call

(b)(5)

Here are some thoughts below – others can add and weigh in.

Waivers we have approved

(b)(5)

(b)(5)

From: (b)(6) >

Sent: Sunday, April 5, 2020 1:16 PM

To: Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Wu, Jeff (CMS/CCIIO) <Jeff.Wu@cms.hhs.gov>; Couch, Marion (CMS/OA) <Marion.Couch@cms.hhs.gov>; Brandt, Kimberly (CMS/OA) <Kimberly.Brandt1@cms.hhs.gov>; Kouzoukas, Demetrios

(CMS/OA) <Demetrios.Kouzoukas@cms.hhs.gov>

Cc: Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>

Subject: RE: WH Gov Call (b)(5)

(b)(5)

From: Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>

Sent: Sunday, April 5, 2020 1:12 PM

To: (b)(6) >; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>

Subject: WH Gov Call (b)(5)

Seema,

The WH has you slated to participate in (b)(5)

(b)(5) Please let me know what you would like to take with you. Thanks.

(b)(5)

Meredith Good-Cohn

Senior Advisor

Office of the Administrator

Centers for Medicare and Medicaid Services

Cell:

(b)(6)

Meredith.good-cohn@cms.hhs.gov

Confidential and deliberative, pre-decisional communication

From: "Brookes, Brady (CMS/OA)" <[REDACTED]>
NR
NR
1-BDI7>
Sent: 3/19/2020 8:56:43 PM +0000
To: "Aldana, Karen (CMS/OC)" <karen.aldana@cms.hhs.gov>; "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>; "Perez-Rivera, Diana (CMS/OA)" <diana.perez-rivera@cms.hhs.gov>; "Monroe, Johnathan (CMS/OC)" <johnathan.monroe1@cms.hhs.gov>; "Hittle, Matthew (CMS/OA)" <matthew.hittle@cms.hhs.gov>; "Bell, Damian (CMS/OC)" <damian.bell@cms.hhs.gov>; "Ceballos, Kelly L. (CMS/OC)" <Kelly.Ceballos@cms.hhs.gov>; "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>; "Corry, Thomas (CMS/OA)" <thomas.corry@cms.hhs.gov>; "Bhat, Nisha (CMS/OA)" <Nisha.Bhat@cms.hhs.gov>; "Nelson, Peter (CMS/OA)" <peter.nelson@cms.hhs.gov>; "Zajac, Stephanie (CMS/OC)" <stephanie.zajac@cms.hhs.gov>; "Pate, Randy (CMS/CCIIO)" <randy.pate@cms.hhs.gov>; "Couch, Marion (CMS/OA)" <marion.couch@cms.hhs.gov>; "Ling, Shari (CMS/CCSQ)" <Shari.Ling@cms.hhs.gov>; "Bonelli, Anna (CMS/OA)" <anna.bonelli@cms.hhs.gov>; "Lynch, Calder (CMS/OA)" <calder.lynch@cms.hhs.gov>
CC: "Czekai, Alina (CMS/CMMI)" <alina.czekai@cms.hhs.gov>; "Zajac, Stephanie (CMS/OC)" <stephanie.zajac@cms.hhs.gov>
Subject: RE: RE: Notes from Comms/Policy Planning Call - Thursday, 3/19 @ 1-1:30 PM

I sent the stakeholder list to OVP so that is closed out. I only see one item flagged for WH. Does anyone else have the other items she is referencing?

Confidential and deliberative, pre-decisional communication

From: Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>
Sent: Thursday, March 19, 2020 1:50 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Perez-Rivera, Diana (CMS/OA) <Diana.Perez-Rivera@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>; Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>; Bell, Damian (CMS/OC) <Damian.Bell@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov>; Bhat, Nisha (CMS/OA) <Nisha.Bhat@cms.hhs.gov>; Nelson, Peter (CMS/OA) <Peter.Nelson@cms.hhs.gov>; Zajac, Stephanie (CMS/OC) <Stephanie.Zajac@cms.hhs.gov>; Pate, Randy (CMS/CCIIO) <Randy.Pate@cms.hhs.gov>; Couch, Marion (CMS/OA) <Marion.Couch@cms.hhs.gov>; Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>; Bonelli, Anna (CMS/OA) <Anna.Bonelli@cms.hhs.gov>; Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>
Cc: Czekai, Alina (CMS/CMMI) <Alina.Czekai@cms.hhs.gov>; Zajac, Stephanie (CMS/OC) <Stephanie.Zajac@cms.hhs.gov>

Subject: Notes from Comms/Policy Planning Call - Thursday, 3/19 @ 1-1:30 PM

Notes from Comms/Policy Planning Call - Thursday, 3/19 @ 1-1:30 PM.

(b)(5)

Page 26 redacted for the following reason:

(b)(5)

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/16/2020 1:53:11 AM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
Subject: Re: Re: March 13 COVID 19 Updates

[REDACTED] (b)(5)

Confidential and deliberative

Sent from my iPhone

On Mar 15, 2020, at 8:00 PM, Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov> wrote:

We can adjust the format to the sharepoint tracker as needed. Having folks enter items into sharepoint [REDACTED] (b)(5)

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Sunday, March 15, 2020 2:41 PM
To: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Subject: RE: March 13 COVID 19 Updates

[REDACTED] (b)(5)

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Friday, March 13, 2020 8:07 PM
To: CMS - COVID19WG <COVID19WG@cms.hhs.gov>
Cc: Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Payne, Skip (CMS/OA) <Skip.Payne@cms.hhs.gov>; Saxon, Bobby (CMS/CCIIO) <Bobby.Saxon@cms.hhs.gov>
Subject: March 13 COVID 19 Updates

The attached tracker was pulled from the system at 7:00 and may not reflect all edits added today. I will send an updated tracker [REDACTED] (b)(5)

Released Today:

- Emergency Declaration and Associated release on blanket waivers (PR, Fact Sheet, social)
- Essential Health Benefits FAQs and Press Release
- NH guidance

Planning to Release Next Week:

(b)(5)

Stakeholder Statements of Support for Emergency Declaration

- American Hospital Association
- American Medical Association

*Next Steps: (b)(5)

Today's Meetings:

- **OA Stakeholder Engagement:**
 - Emergency Declaration National Stakeholder Call (235 attendees, national associations and organizations) (Kim Brandt, CMS Component Leadership, SMEs)
 - Groups Targeted: Hospitals- Acute Care; Hospitals- CAHs; Nursing Homes; DME Suppliers; Long Term Care Hospitals; Home Health Agency; States
 - Federation of American Hospitals (Marion/Alina)
 - Planning meeting to discuss weekly meetings with FAH hospital leadership
 - Next Steps: (b)(5)
 - National Association of Behavioral Healthcare & Their Members (Psychiatric Hospitals) (Marion/Alina)
 - Key Concerns: Telehealth, supplies, transport, family supports, child care, etc.
 - Next Steps: (b)(5)
- **OIT:** Emergency HHS CIO Council Meeting – Friday, March 13th, 10:30 – 11:00 – Rajiv Uppal and George Hoffmann attended this one-time emergency meeting of the CIO Council (all HHS op div CIOs and Deputies) to discuss preparedness and best practices for mass telework, should this measure become necessary.
- **OSSO:** Conference Call with HHS and OHC to discuss process for cleaning offices in the event of possible or confirmed case of COVID-19.
- **CM/CD:** We met with Valinda Rutledge, Sr. VP of Government Affairs for American's Physician Groups today to answer question about the MA and Part D guidance released earlier this week.
- **CMCS:** Call with Colorado Medicaid, they indicated that the Adams County eligibility office has been shut down for 10 days.
 - Provided technical assistance on eligibility and renewal flexibilities and how

- to support remote workforce.
 - Provided TA on 1115 waiver flexibilities and 1915(c) waiver Appendix K template. Colorado is planning to submit a list of items that they want CMCS to consider as part of an 1115 waiver follow-up discussion.
 - Call with TX today: general technical assistance and X follow-up call with SME on CHIP
 - Call with PR today discuss a request to delay renewals and enrollments..
- **CCIO:** Bright Health: CCIO staff met with Bright Health. Bright Health has already announced that COVID screening and testing, as well as related physician, urgent care, and emergency room care would be provided without cost sharing in and out of network. Encouraging telehealth use and covering early prescription refills.

New Meetings:

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 - Federation of American Hospitals Weekly Meeting Details to be Confirmed
 - American College of Emergency Physicians (ACEP) Details to be Confirmed
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 - National Association of Home Care Details to be Confirmed
 - CMS SMEs: Dr. Shari Ling, David Wright; POC: Alina Czekai
 - National Hospice and Palliative Care Organization Details to be Confirmed
 - CMS SME: Dr. Shari Ling, Dr. Paul McGann, Dr. Alan Levitt; POC: Alina Czekai
 - American Nurses Association (ANA) Details to be Confirmed
 - CMS SME: Jean Moody-Williams, David Wright, Dr. Michelle Schreiber; POC: Alina Czekai
 - American Association of Nurse Practitioners (AANP) Details to be Confirmed
 - SME: Jean Moody-Williams, David Wright, Dr. Michelle Schreiber; POC: Alina Czekai

Action Items Closed Out:

- **CCSQ:** CLIA MEMO with Recommendations to FDA; identified staff that conduct off-site work (i.e. surveys, interviews) for PPE needs; developed list of Associations and Societies to reach out to with our guidance; modified instructions for expedited discharge appeals; planned for Survey for Washington state facilities; triaged criteria
- **CM FFS:** Reminder to MACs on Part B prescription refills – TDL released 3/13/2020 (non-public document)

- On 3/13/2020, released a special edition of MLN Connects, which included information on:
 - MAC COVID-19 Test Pricing
 - Quarterly Update for CLFS Fee Schedule MLN Matters article, which includes information on the new COVID-19 codes
 - EHB Coverage FAQs (from 3/12/2020 press release)
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 - All MACs have now reported no in-person events until further notice
- **CCIO:** Released EHB FAQs
- **CMCS:** On 3/13, CMCS sent Medicaid and CHIP Directors the Medicare pricing information for the CDC and non-CDC COVID-19 tests that CMS released.

New Action Items:

(b)(5)

Additional Information

- **OSSO:** OSSO shipped additional PPE supplies to all 10 locations for delivery on Monday, 3/16. We are continuing to track medical clearance for CCSQ surveyors. 80 surveyors out of 107 have completed their medical clearances. Coordinating the scheduling for fit testing in all 10 locations based on surveyor's availability. New York competed fit testing today, Dallas scheduled for Monday (b)(5) and Atlanta being scheduled for week of (b)(5)
- **CCIO:** Tennessee: Governor issued [Executive Order](#) declares a state of emergency to facilitate the treatment and containment of COVID-19. MD SEP: Announced new special enrollment period open to all Marylanders in need of health insurance during the State of Emergency for Coronavirus (COVID-19) declared by Gov. Larry Hogan this week. Press release [here](#). MA SEP: MA established a 45-day [Special Enrollment Period](#) in light of the COVID-19 circumstances, issued on Tuesday, 3/10, to run through 4/25.
 - Notifications sent to issuer, state, actuarial associations and consumer representative list serv distributions:
 - FAQs to Ensure Individuals, Issuers and States have Clear Information on Coverage Benefits for COVID-19
 - Medicare Administrative Contractor (MAC) COVID-19 Test Pricing March 12, 2020
 - COVID-19 FAQs for State Medicaid and Children's Health Insurance Program (CHIP) Agencies
- **OC:** Call Center: Very low. 458 coronavirus-related inquiries out of 81,905 total calls

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/17/2020 3:11:40 AM +0000
To: "Monroe, Johnathan (CMS/OC)" <johnathan.monroe1@cms.hhs.gov>; "Bell, Damian (CMS/OC)" <damian.bell@cms.hhs.gov>
CC: "Lynch, Calder (CMS/OA)" <calder.lynch@cms.hhs.gov>; "Corry, Thomas (CMS/OA)" <thomas.corry@cms.hhs.gov>; "Ceballos, Kelly L. (CMS/OC)" <Kelly.Ceballos@cms.hhs.gov>
Subject: RE: RE: Florida 1135 Press Release-8:30 am Rollout

Good flag!

Confidential and deliberative, pre-decisional communication

From: Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>
Sent: Monday, March 16, 2020 10:56 PM
To: Bell, Damian (CMS/OC) <Damian.Bell@cms.hhs.gov>
Cc: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>; Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>
Subject: RE: Florida 1135 Press Release-8:30 am Rollout

thanks

From: Bell, Damian (CMS/OC) <Damian.Bell@cms.hhs.gov>
Sent: Monday, March 16, 2020 10:54 PM
To: Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>
Cc: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>; Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>
Subject: RE: Florida 1135 Press Release-8:30 am Rollout

Taking SV off. [REDACTED] (b)(5)
[REDACTED] (b)(5)

From: Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>
Sent: Monday, March 16, 2020 10:39 PM
To: [REDACTED] (b)(6)
Cc: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>; Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov>;

Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Bell, Damian (CMS/OC) <Damian.Bell@cms.hhs.gov>

Subject: Florida 1135 Press Release

(b)(5)

Ma'am,

As requested, below is the press release for your review. I believe you already saw it but this was what was scheduled to go tonight. Based on EOP guidance, we are moving the rollout to (b)(5) I am working with Damian (b)(5) your talkers.

Best,

Johnathan

(b)(5)

Page 34 redacted for the following reason:

(b)(5)

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/15/2020 8:14:35 PM +0000
To: "Mack, Rosa (CMS/CMCS)" <Rosa.Mack@cms.hhs.gov>; "Marcos, Nicole (CMS/OL)" <nicole.marcos@cms.hhs.gov>; "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
Subject: RE: RE: March 13 COVID 19 Updates

Thanks, all!

(b)(5)

Confidential and deliberative, pre-decisional communication

From: Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>
Sent: Sunday, March 15, 2020 4:13 PM
To: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Subject: RE: March 13 COVID 19 Updates

Thanks so much Nicole!

Rosa

Special Assistant, EPRO

(b)(6)

C)

From: Marcos, Nicole (CMS/OL)
Sent: Sunday, March 15, 2020 4:03 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Cc: Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>
Subject: Re: March 13 COVID 19 Updates

Hi Brady! Exported the tracker into an excel. Hope this helps.

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Sunday, March 15, 2020 2:45 PM
To: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Cc: Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: March 13 COVID 19 Updates

Rosa,

Does the tracker come in an excel format you could send to me?

Thanks,

Brady

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Friday, March 13, 2020 8:08 PM
To: (b)(6); Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>
Subject: FW: March 13 COVID 19 Updates

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(b)(5)

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(b)(5)

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(b)(5)

(b)(5)

Additional Information

OSSO: OSSO shipped additional PPE supplies to all 10 locations for delivery on Monday, 3/16. We are continuing to track medical clearance for CCSQ surveyors. 80 surveyors out of 107 have completed their medical clearances. Coordinating the scheduling for fit testing in all 10 locations based on surveyor's availability. New York completed fit testing today, Dallas scheduled for Monday (b)(5) and Atlanta being scheduled for week of (b)(5)

CCIIO: Tennessee: Governor issued [Executive Order](#) declares a state of emergency to facilitate the treatment and containment of COVID-19. MD SEP: Announced new special enrollment period open to all Marylanders in need of health insurance during the State of Emergency for Coronavirus (COVID-19) declared by Gov. Larry Hogan this week. Press release [here](#). MA SEP: MA established a 45-day [Special Enrollment Period](#) in light of the COVID-19 circumstances, issued on Tuesday, 3/10, to run through 4/25.

- Notifications sent to issuer, state, actuarial associations and consumer representative list serv distributions:
 - FAQs to Ensure Individuals, Issuers and States have Clear Information on Coverage Benefits for COVID-19
 - Medicare Administrative Contractor (MAC) COVID-19 Test Pricing March 12, 2020
 - COVID-19 FAQs for State Medicaid and Children's Health Insurance Program (CHIP) Agencies

OC: Call Center: Very low. 458 coronavirus-related inquiries out of 81,905 total calls

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/12/2020 3:17:00 PM +0000
To: 'Ursula Gnan (CMS/OA) (Ursula.Gnan@cms.hhs.gov)'
CC: 'Nicole Marcos (CMS/OL) (nicole.marcos@cms.hhs.gov)'
Subject: FW: FW: FINAL - Pandemic Plan v.2.4 (Effective Date 3/11/2020)
Attachments: Pandemic Plan_V_2.4_FINAL_20200311.pdf

Ursula can you print for me?

Confidential and deliberative, pre-decisional communication

From: Saxon, Bobby (CMS/CCIIO) <Bobby.Saxon@cms.hhs.gov>
Sent: Wednesday, March 11, 2020 7:46 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; CMS VTC <VTC@cms.hhs.gov>; Druckman, Jennifer (CMS/OL) <Jennifer.Druckman@cms.hhs.gov>; Costello, Anne Marie (CMS/CMCS) <AnneMarie.Costello@cms.hhs.gov>; [REDACTED] (b)(6) [REDACTED] (b)(6); Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Perez-Rivera, Diana (CMS/OA) <Diana.Perez-Rivera@cms.hhs.gov>; Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>; Giberson, Scott F. (CMS/OHC) <Scott.Giberson@cms.hhs.gov>; Jenkins, Courtney (CMS/OC) <Courtney.Jenkins@cms.hhs.gov>; Corry, Thomas (CMS/OA) <Thomas.Corry@cms.hhs.gov>; Bonelli, Anna (CMS/OA) <Anna.Bonelli@cms.hhs.gov>; Robison, Nick (CMS/OA) <Nicholas.Robison@cms.hhs.gov>; Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Tripp, Lisa C. (CMS/CCSQ) <Lisa.Tripp@cms.hhs.gov>; Ortiz, Gerardo (CMS/CCSQ) <Gerardo.Ortiz@cms.hhs.gov>; Brandush, Gregg (CMS/CCSQ) <Gregg.Brandush@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Aramanda, Alec (CMS/OL) <Alec.Aramanda1@cms.hhs.gov>; Iwugo, Jeneen (CMS/CCSQ) <jeneen.iwugo@cms.hhs.gov>; Czekai, Alina (CMS/CMMI) <Alina.Czekai@cms.hhs.gov>; Jackson, Karen E. (CMS/OA) <karen.jackson1@cms.hhs.gov>; Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>; Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov>; OConnor, Nancy B. (CMS/CMHPO) <Nancy.OConnor@cms.hhs.gov>; Oelschlaeger, Allison M. (CMS/OEDA) <Allison.Oelschlaeger@cms.hhs.gov>; Rice, Cheri M. (CMS/CM) <Cheri.Rice@cms.hhs.gov>; Richter, Elizabeth (CMS/CM) <elizabeth.richter@cms.hhs.gov>; Shields, Karen (CMS/CMCS) <Karen.Shields1@cms.hhs.gov>; Starinsky, Melissa A. (CMS/OAGM) <Melissa.Starinsky1@cms.hhs.gov>; Wallace, Mary H. (CMS/OC) <Mary.Wallace@cms.hhs.gov>; Weber, James W. (CMS/OSSO) <James.Weber@cms.hhs.gov>; Worstell, Megan L. (CMS/OFM) <Megan.Worstell@cms.hhs.gov>; Brandt, Kimberly (CMS/OA) <Kimberly.Brandt1@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Main, Jennifer E. (CMS/OA) <Jennifer.Main@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Payne, Skip (CMS/OA) <Skip.Payne@cms.hhs.gov>; Kelman, Jeffrey A. (CMS/CM) <Jeffrey.Kelman@cms.hhs.gov>; Kouzoukas, Demetrios (CMS/OA) <Demetrios.Kouzoukas@cms.hhs.gov>; Bhat, Nisha (CMS/OA)

<Nisha.Bhat@cms.hhs.gov>; Wright, David R. (CMS/CCSQ)
<David.Wright@cms.hhs.gov>; Pace, Sandra M. (CMS/CCSQ)
<Sandra.Pace@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC)
<Kelly.Ceballos@cms.hhs.gov>; Bell, Damian (CMS/OC) <Damian.Bell@cms.hhs.gov>;
Boulanger, Jennifer L. (CMS)/OL) <Jennifer.Boulanger@cms.hhs.gov>; Pate, Randy
(CMS/CCIIIO) <Randy.Pate@cms.hhs.gov>; Wu, Jeff (CMS/CCIIIO)
<Jeff.Wu@cms.hhs.gov>; Schreiber, Michelle (CMS/CCSQ)
<Michelle.Schreiber@cms.hhs.gov>; Howe, Ryan P. (CMS/CM)
<Ryan.Howe@cms.hhs.gov>; Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>;
Nelson, Peter (CMS/OA) <Peter.Nelson@cms.hhs.gov>; Couch, Marion (CMS/OA)
<Marion.Couch@cms.hhs.gov>; Monroe, Johnathan (CMS/OC)
<Johnathan.Monroe1@cms.hhs.gov>; Meier, Patricia A. (CMS/CQISCO)
<Patricia.Meier@cms.hhs.gov>; Anderson, Cyndy (CMS/CCSQ)
<Cyndy.Anderson@cms.hhs.gov>; Dinicolo, Kelly A. (CMS/OC)
<Kelly.Dinicolo@cms.hhs.gov>; Richards, Barbara K. (CMS/CMCS)
<Barbara.Richards@cms.hhs.gov>; Mack, Elizabeth A. (CMS/OSSO)
<Elizabeth.Mack@cms.hhs.gov>; Heard, Derrick L. (CMS/OAGM)
<Derrick.Heard@cms.hhs.gov>; Martino, Maria (CMS/OL) <Maria.Martino@cms.hhs.gov>;
Kovach, Diane (CMS/CM) <Diane.Kovach@cms.hhs.gov>; CMS Administrator
<CMSAdministrator@cms.hhs.gov>; Magnotta, David M. (CMS/OHC)
<David.Magnotta@cms.hhs.gov>; Zajac, Stephanie (CMS/OC)
<Stephanie.Zajac@cms.hhs.gov>; Smith, Linda D. (CMS/CCSQ)
<Linda.Smith@cms.hhs.gov>; Alexander, Alec (CMS/OA) <Alec.Alexander@cms.hhs.gov>;
Mills, George G. (CMS/CPI) <george.mills@cms.hhs.gov>; Hart, Bradley (CMS/CPI)
<Bradley.Hart@cms.hhs.gov>; Cantwell, Kathleen M. (CMS/OSORA)
<Kathleen.Cantwell@cms.hhs.gov>; Miller, Ruth A. (CMS/OSORA)
<Ruth.Miller@cms.hhs.gov>; Claggett, Karyn E. (CMS/CM)
<Karyn.Claggett@cms.hhs.gov>; Hayden, Megan R. (CMS/CCSQ)
<Megan.Hayden@cms.hhs.gov>; Shulman, Evan T. (CMS/CCSQ)
<Evan.Shulman@cms.hhs.gov>; Tritz, Karen L. (CMS/CCSQ) <Karen.Tritz@cms.hhs.gov>;
Toomey, Mimi C. (CMS/OC) <Mimi.Toomey@cms.hhs.gov>

Subject: FINAL - Pandemic Plan v.2.4 (Effective Date 3/11/2020)

Importance: High

Team,

CMS Pandemic Plan v.2.4 is attached for your usage as we continue to deal with the impact of the COVID-19 outbreak. Thank each of you for your significant contributions as we updated this plan over the last month. Your input has been especially critical to this latest version (our 4th in just a few weeks).

FOUR ACTION ITEMS FOR YOU:

(b)(5)

Much information in the plan will be familiar as you perform your review. CMS's actions over the last few weeks have mirrored much of what you will read.

Finally, as many of you know, the World Health Organization declared a Pandemic today. This is significant but not the trigger for activation of our plan. Our trigger is dependent upon guidance from CMS leadership, HHS, CDC, and the White House Coronavirus Task Force.

Thanks again for your help and input,

Bobby,

Bobby Saxon

Acting Director, Emergency Preparedness and Response Operations (EPRO)

Acting CMS Continuity Manager

Colonel, USA Retired

Centers for Medicare and Medicaid Services (CMS)

(b)(6)

C)

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/9/2020 8:02:12 PM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
Subject: FW: FW: EPRO and OHC Combined Update for Novel Coronavirus (COVID-19): Monday, March 9, 2020
Attachments: 08MAR2020 Open Media Report - COVID-19_KB.pdf

I need her to get these closer to when they go out, or I can add her to the SOC list. They are going to have her doing a lot of media so she will need the most up to date info.

Confidential and deliberative, pre-decisional communication

From: Payne, Skip (CMS/OA) <Skip.Payne@cms.hhs.gov>
Sent: Monday, March 9, 2020 3:33 PM
To: [REDACTED] (b)(6) ; CMS Administrator
<CMSAdministrator@cms.hhs.gov>
Cc: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Saxon, Bobby (CMS/CCIIO) <Bobby.Saxon@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>
Subject: EPRO and OHC Combined Update for Novel Coronavirus (COVID-19): Monday, March 9, 2020

All,

Below is your Monday update for COVID-19. This update was collected from multiple daily updates (emails and calls) from HHS, FEMA, CDC, and the Secretary's Operations Center (SOC) updates. Some numbers may be slightly different from public media sources since the data used is coming from official sources with varied timelines for delivery.

Yours in service,

CDR Skip Payne

443-729-6367

Information Related to Novel Coronavirus (COVID-19): Monday, March 9, 2020

Location	Date Most Recent	Confirmed	New Cases	Deaths
----------	------------------	-----------	-----------	--------

	Case Reported	Cases	(~ 24 hrs.)	
US Reporting by CDC	8-Mar	559	223	19 *
Globally	8-Mar	105,186	3,656	3,584

*CDC confirmed and presumptive U.S. cases of COVID-19:

March 9, 2020 CMS OHC Updates (Notable changes since last brief):

- Received a request for 20 officers within CCSQ Survey and Operations Group to be designated as Mission Critical. The decision memo to support this request is routing for signature.
- One NEW CMS officer has been rostered to deploy.
- This brings the total rostered to two to deploy in the next few days.

Location

Dates

Marietta, GA

March 8 – March 22

Pending

March 18 - April 17

Overall Corps Deployment Stats

Number

Currently deployed

16

Returned from deployment

25

TOTAL

41

Locations	Currently Deployed	Returned	Total Deployed to Location
Lackland AFB, TX	3	5	8
Japan	0	4	4

Travis AFB, CA	0	5	5
CDC Quarantine Stations (ATL, Hawaii, Dulles)	3	3	6
Omaha, NE	0	1	1
March Air Reserve Ontario, CA	0	1	1
Puerto Rico	0	1	1
CBP Seattle Port of Entry Blaine	0	1	1
San Francisco, CA	2	1	3
HHS Stakeholder Eng.	1	1	1
Miramar, CA	0	1	2
Anniston, AL	0	1	1
Washington State	5	0	5
Marietta, GA	1	0	1
Unknown Location (Lee - Logistics)	1	0	1
TOTAL	16	25	41

Current Updates/Guidance Issued

Current global cases are 105,586

- [105, 586 and 3584](#) global deaths. (Source: WHO SITREP #48, COVID-19 Response Update Mar-9-2020)
- [Between 07Mar-08Mar20](#), the following states reported new or additional presumptive positive cases of COVID-19: Connecticut, Georgia, Hawaii, Iowa, Kansas, Maryland, Missouri, New York, Oregon, Tennessee, Vermont, and Virginia. (Source: HHS Executive Summary 09 Mar20)
- 53,979 air travelers have been screened. (Source: SLB Update, 6-Mar-2020)
- [The U.S. Department of State recommends that U.S. citizens, particularly travelers with underlying health conditions, should not travel by cruise ship.](#) (Source: HHS Executive Summary 09 Mar20)
- [CDC enacted a Level 3 "Avoid Nonessential Travel" warning for Italy and South Korea.](#) (Source: HHS Executive Summary 09 Mar20)
- [The Grand Princess Cruise ship is scheduled to dock at Oakland, CA on 09Mar20. Approximately 2040 U.S. citizens will be will be evacuated from the Grand Princess to several DOD installations throughout the U.S. for quarantine and testing.](#) (Source: HHS Executive Summary 09 Mar20)

WHO and CMS has developed new guidance

- **COVID-19** [Risk Communication Package For Healthcare Facilities](#)
- **CMS**
 - Guidance for [Infection Control and Prevention of COVID-19 in nursing homes](#)
 - [Suspending non-emergency inspections](#) to shift focus on COVID-19
 - FAQs and Considerations for [Patient Triage, Placement, and Hospital Discharge](#)

State and Locally Declared Emergencies

- Maryland: State of Emergency Declared (Source: SLB, 6-Mar-2020)
- Santa Cruz County, California: Local Health Emergency (Source: SLB, 6-Mar-2020)
- Pennsylvania: State Emergency Disaster Declaration (Source: SLB, 6-Mar-2020)
- Indiana: Public Health Emergency (Source: SLB, 6-Mar-2020)
- Hawaii: State of Emergency Declared (Source: SLB, 5-Mar-2020)
- Washington County, Oregon: County Emergency Declaration (Source: SLB, 5-Mar-2020)
- Hoopa Valley Tribe: Emergency Declaration (Source: SLB, 5-Mar-2020)
- West Virginia: State of Preparedness Declared (Source: SLB, 5-Mar-2020)
- California: State of Emergency Declared (Source: SLB, 5-Mar-2020)
- Washington State of Emergency Declared: All counties, February 29, 2020 (Source: SLB, 3-Mar-2020)

- Florida Public Health Emergency Declared: All counties, March 1 2020 (Source: SLB, 3-Mar-2020)
- Texas Public Health Emergencies Declared: 1 County, 1 City (San Antonio) (Source: SLB, 3-Mar-2020)
- Oregon California Public Health Emergencies Declared: 10 Counties, 3 new counties (Source: SLB, 4-Mar-2020)
- Seattle, Washington: Proclamation of Civil Emergency (Source: SLB, 4-Mar-2020)
- Public Health Emergencies Declared: 1 County (Source: SLB, 3-Mar-2020)

Public Reporting (For Awareness Only – Do Not Cite)

- Governments step up coronavirus response as U.S. cases top 500 <https://www.msn.com/en-us/news/us/governments-step-up-coronavirus-response-as-us-cases-top-500/ar-BB10UZAG?li=BBnb7Kz> (Source: Washington Post Mar-9-2020)
- CDC Warns Americans Against Taking Cruises and Long Flights as Coronavirus Cases Grow <https://www.msn.com/en-us/travel/news/cdc-warns-americans-against-taking-cruises-and-long-flights-as-coronavirus-cases-grow/ar-BB10VGTg> (Source: Times Magazine Mar-9-2020)
- Officials set to receive thousands from ship hit by virus <https://www.msn.com/en-us/news/us/officials-set-to-receive-thousands-from-ship-hit-by-virus/ar-BB10VxCs> (Source: AP Mar-9-2020)
- U.S. Health Experts Say Stricter Measures Are Required to Limit Coronavirus's Spread <https://www.msn.com/en-us/health/health-news/us-health-experts-say-stricter-measures-are-required-to-limit-coronaviruss-spread/ar-BB10UUh5> (Source: NY Times Mar-8-2020)
- Fauci: Those 'vulnerable' to coronavirus should limit travel and crowd exposure <https://www.msn.com/en-us/health/health-news/fauci-those-vulnerable-to-coronavirus-should-limit-travel-and-crowd-exposure/ar-BB10Utey> (Source: NBC News Mar-9-2020)
- US surgeon general says he thinks coronavirus is contained in certain areas of the country <https://www.msn.com/en-us/health/medical/us-surgeon-general-says-he-thinks-coronavirus-is-contained-in-certain-areas-of-the-country/ar-BB10Uq4i> (Source: CNN Mar-8-2020)
- SOC Public Sentiment Report (Attached) 3-8-2020

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR

Sent: 3/26/2020 3:54:10 PM +0000

To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>; Meredith Good-Cohn (CMS/OA) (Meredith.Good-Cohn@cms.hhs.gov); 'Nicole Marcos (CMS/OL) (nicole.marcos@cms.hhs.gov)'

CC: Alina Czekai (CMS/CMMI) (alina.czekai@cms.hhs.gov)

Subject: CMS COVID Work Group Updated Information - for review

Attachments: UCG Coordination Structure at FEMA NRCC_CMS Staff 3.25.20.pdf; CMS COVID Work Group Plan 3.25.20.docx; CMS COVID Work Group Chart 3.25.20.pptx; COVID 19 CMS Mailboxes 3.26.20.docx

See below for my draft. No pride of authorship here so please send edits! One thing I would also like to clarify is that I think

(b)(5)

(b)(5)

Let me know if there is anything else we can or should include here, including the correspondence process.

Alina, one question for you below.

|
|
|
|
|
|

Team,

We wanted to provide you with some additional information about how the CMS COVID-19 Work Group is set up, in addition to pulling together information and guidance we have provided about reporting and operations for the Work Group in one location for ease of use.

The following Attachments regarding the organization of the FEMA and CMS COVID response:

- CMS COVID Work Group Chart – Attached a power point chart so you can see a visual of the Work Group setup.
- CMS COVID Work Group Plan – This is the written version of the assignments for the Work Group and the sub-groups.
- FEMA Organization Chart – Attached with additional details about the CMS staff that are assigned to each group.

(b)(5)

(b)(5)

- Resources Page – We have attached a chart that includes the various email inboxes and resources for you to direct your incoming questions or external stakeholders to.
- Stakeholder Call Summary – A document that details all of the reoccurring stakeholder outreach calls that CMS is conducting.

(b)(5)

(b)(5)

Guidance and process on the following topics:

- SV Book and Paper Process
- COVID-19 Workgroup Meeting Agenda
- CMS COVID-19 Reoccurring Meetings
- COVID Workgroup Daily Reporting Process
- COVID Comms/Policy Deliverable Tracker
- Difference between Policy vs. Comms Clearance
- COVID Communications Clearance Process
- COVID Policy Clearance Process

Thanks to everyone for their hard work during this critical time!

Brady

(b)(5)

Page 53 redacted for the following reason:

(b)(5)

Page 54 redacted for the following reason:

(b)(5)

Page 55 redacted for the following reason:

(b)(5)

Page 56 redacted for the following reason:

(b)(5)

Confidential and deliberative, pre-decisional communication

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/1/2020 1:32:35 AM +0000
To: "Wright, David R. (CMS/CCSQ)" <David.Wright@cms.hhs.gov>; "Ling, Shari (CMS/CCSQ)" <Shari.Ling@cms.hhs.gov>; "Moody-Williams, Jean D. (CMS/CCSQ)" <jean.moodywilliams@cms.hhs.gov>
CC: "Hittle, Matthew (CMS/OA)" <matthew.hittle@cms.hhs.gov>; "Rogers, Tennille (CMS/CCSQ)" <Tennille.Rogers@cms.hhs.gov>
Subject: RE: RE: DRAFT Email for Washington State Survey Agency re: COVID-19 Survey

Team,

We should not be adding outside individuals on internal email chains without telling folks, especially with the Administrator on. Please stop using the chain that has the CDC team on it while we are having internal back and forth.

Thanks,

Brady

Confidential and deliberative, pre-decisional communication

From: Wright, David R. (CMS/CCSQ) <David.Wright@cms.hhs.gov>
Sent: Saturday, February 29, 2020 8:28 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>; Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov>
Cc: [REDACTED] (b)(6); Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>; Rogers, Tennille (CMS/CCSQ) <Tennille.Rogers@cms.hhs.gov>; Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) <dbc0@cdc.gov>
Subject: RE: DRAFT Email for Washington State Survey Agency re: COVID-19 Survey

Updates below:

[REDACTED]

(b)(5)

(b)(5)

David R. Wright, Director
Quality, Safety & Oversight Group

Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services

410.786.2000

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Saturday, February 29, 2020 8:09 PM
To: Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>; Wright, David R. (CMS/CCSQ) <David.Wright@cms.hhs.gov>; Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov>
Cc: (b)(6) Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>; Rogers, Tennille (CMS/CCSQ) <Tennille.Rogers@cms.hhs.gov>; Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) <dbc0@cdc.gov>
Subject: RE: DRAFT Email for Washington State Survey Agency re: COVID-19 Survey

Thanks, Shari. To be clear on next steps:

(b)(5)

Confidential and deliberative, pre-decisional communication

From: Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>

Sent: Saturday, February 29, 2020 7:10 PM

To: Wright, David R. (CMS/CCSQ) <David.Wright@cms.hhs.gov>; Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov>

Cc: (b)(6) >; Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>; Rogers, Tennille (CMS/CCSQ) <Tennille.Rogers@cms.hhs.gov>; Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) <dbc0@cdc.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>

Subject: RE: DRAFT Email for Washington State Survey Agency re: COVID-19 Survey

Just confirmed w/ CDC.

The most direct best contacts are:

Arjun Srinivasan –

404 388 7742;

And

Denise Cardo 770.367.5609

Shari M. Ling, MD

Acting Chief Medical Officer

Centers for Medicare and Medicaid Services

7500 Security Blvd Mail Stop S3-02-01

Baltimore MD 21244-1850

(410) 786 6841 phone; (410) 786 6857 fax

From: Wright, David R. (CMS/CCSQ)

Sent: Saturday, February 29, 2020 6:56 PM

To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov>

Cc: (b)(6) >; Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>; Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>; Rogers, Tennille (CMS/CCSQ) <Tennille.Rogers@cms.hhs.gov>

Subject: RE: DRAFT Email for Washington State Survey Agency re: COVID-19 Survey

Our contacts are more program related, no necessarily tied into their response efforts, so would appreciate if you all could share a more appropriate contact with me?

Thank you...

David R. Wright, Director
Quality, Safety & Oversight Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services

410.786.2000

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Saturday, February 29, 2020 6:54 PM
To: Wright, David R. (CMS/CCSQ) <David.Wright@cms.hhs.gov>; Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov>
Cc (b)(6) ; Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>; Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>; Rogers, Tennille (CMS/CCSQ) <Tennille.Rogers@cms.hhs.gov>
Subject: RE: DRAFT Email for Washington State Survey Agency re: COVID-19 Survey

Thanks, Jean. Let us know when you receive additional info.

(b)(5)

Confidential and deliberative, pre-decisional communication

From: Wright, David R. (CMS/CCSQ) <David.Wright@cms.hhs.gov>
Sent: Saturday, February 29, 2020 6:51 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov>
Cc: (b)(6) ; Hittle, Matthew (CMS/OA)

<Matthew.Hittle@cms.hhs.gov>; Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>; Rogers, Tennille (CMS/CCSQ) <Tennille.Rogers@cms.hhs.gov>

Subject: RE: DRAFT Email for Washington State Survey Agency re: COVID-19 Survey

Hi Brady,

(b)(5)

David R. Wright, Director
Quality, Safety & Oversight Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services

410.786.2000

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>

Sent: Saturday, February 29, 2020 6:46 PM

To: Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov>

Cc: Wright, David R. (CMS/CCSQ) <David.Wright@cms.hhs.gov>; (b)(6);
(b)(6); Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>; Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>; Rogers, Tennille (CMS/CCSQ) <Tennille.Rogers@cms.hhs.gov>

Subject: Re: DRAFT Email for Washington State Survey Agency re: COVID-19 Survey

Thanks all.

(b)(5)

(b)(5)

Confidential and deliberative

Sent from my iPhone

On Feb 29, 2020, at 6:35 PM, Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov> wrote:

All. On the phone now with Steve Chickering the Director in Seattle who just got a call from the State Survey Director providing him information about the situation there in Washington. Washington state is about to issues a press release given there are more symptomatic patients in the nursing home. He is writing up a summary of events

(b)(5) Jean

(b)(5)

From: Wright, David R. (CMS/CCSQ)
Sent: Saturday, February 29, 2020 6:19 PM
To: Moody-Williams, Jean D. (CMS/CCSQ) <jean.moodywilliams@cms.hhs.gov>; (b)(6) ;
Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>
Cc: Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>; Rogers, Tennille (CMS/CCSQ) <Tennille.Rogers@cms.hhs.gov>
Subject: RE: DRAFT Email for Washington State Survey Agency re: COVID-19 Survey

(b)(5)

David R. Wright, Director

Quality, Safety & Oversight Group

Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services

410.786.2000

From: Moody-Williams, Jean D. (CMS/CCSQ)
<jean.moodywilliams@cms.hhs.gov>
Sent: Saturday, February 29, 2020 6:13 PM
To: Wright, David R. (CMS/CCSQ) <David.Wright@cms.hhs.gov>; (b)(6)
(b)(6) Brookes, Brady (CMS/OA)
<Brady.Brookes@cms.hhs.gov>; Hittle, Matthew (CMS/OA)
<Matthew.Hittle@cms.hhs.gov>
Cc: Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>; Rogers, Tennille
(CMS/CCSQ) <Tennille.Rogers@cms.hhs.gov>
Subject: RE: DRAFT Email for Washington State Survey Agency re: COVID-19 Survey

(b)(5)

From: Wright, David R. (CMS/CCSQ)
Sent: Saturday, February 29, 2020 6:05 PM
To: (b)(6) >; Brookes, Brady (CMS/OA)
<Brady.Brookes@cms.hhs.gov>; Hittle, Matthew (CMS/OA)
<Matthew.Hittle@cms.hhs.gov>
Cc: Moody-Williams, Jean D. (CMS/CCSQ)
<jean.moodywilliams@cms.hhs.gov>; Ling, Shari (CMS/CCSQ)
<Shari.Ling@cms.hhs.gov>; Rogers, Tennille (CMS/CCSQ)
<Tennille.Rogers@cms.hhs.gov>
Subject: DRAFT Email for Washington State Survey Agency re: COVID-19 Survey

Hi Seema and Brady,

Below is a draft of the email we propose to send the Washington State Survey Agency. Welcome review and any edits:

(b)(5)

David R. Wright, Director
Quality, Safety & Oversight Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services

410.786.2000

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/25/2020 1:27:46 PM +0000
To: "Marcos, Nicole (CMS/OL)" <nicole.marcos@cms.hhs.gov>; "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
Subject: RE: RE: March 23 Updates as of 7:57pm

I would like a resource list for all COVID related inquiries, such as the state email address that is mentioned below. On the CCSQ training, the QIO's are picking up the HIIN work [REDACTED] (b)(5)

Confidential and deliberative, pre-decisional communication

From: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Sent: Tuesday, March 24, 2020 7:45 PM
To: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Subject: Re: March 23 Updates as of 7:57pm

Hi Brady. Answers to your questions below. Let us know if there's anything further. Thanks!

[REDACTED]

(b)(5)

(b)(5)

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Tuesday, March 24, 2020 4:08 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: March 23 Updates as of 7:57pm

Checking on these.

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Tuesday, March 24, 2020 4:02 PM
To: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Subject: FW: March 23 Updates as of 7:57pm

Nicole and Carol,

I have a couple questions below in red. Can you take a quick look?

Thanks,

brady

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Monday, March 23, 2020 8:45 PM
To: CMS - COVID19WG <COVID19WG@cms.hhs.gov>
Cc: Gelzer, Heidi J. (CMS/OA) <heidi.gelzer@cms.hhs.gov>; Armstead, Andrea E. (CMS/OA) <Andrea.Armstead@cms.hhs.gov>; Flaherty, Leslie W. (CMS/OA) <Leslie.Flaherty@cms.hhs.gov>; Olshan, Shana W. (CMS/OIT) <Shana.Olshan@cms.hhs.gov>; Mack, Rosa (CMS/CMCS)

<Rosa.Mack@cms.hhs.gov>; Conover, Lillian A. (CMS/CMCS) <Lillian.Conover@cms.hhs.gov>

Subject: FW: March 23 Updates as of 7:57pm

From: Blackford, Carol W. (CMS/CM)

Sent: Monday, March 23, 2020 8:44 PM

To: (b)(6); Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>

Cc: Marcos, Nicole (CMS/OL) <nicole.marcos@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>

Subject: March 23 Updates as of 7:57pm

Daily updates as of 7:57 pm

Stakeholder Outreach

- **OMH:** CMS Releases Telehealth Toolkits for General Practitioners and End-Stage Renal Disease Providers
- **DUALS:** sent memos to allow certain health plans (called Medicare-Medicaid Plans) in Massachusetts to replace face-to-face care coordination activities with telephonic contact.
- **CM C/D:** COVID-19 External Stakeholder/Partner Outreach workgroup: CM-CD is continuing to publish relevant COVID-19 Guidance to MAOs, Part D Sponsors, PACE Organizations, Cost Plans and Demonstrations via HPMS on a daily basis.
- **CCSQ:** shared QPP Clinician Relief Listserv - (Extension of MIPS)

Updates to Current Action Items:

➤ **CM C/D**

○ Medicare SEP FAQs

- Clearance Status: Submitted to policy clearance on 3/19

- Coms/Social strategy: None per discussions with OC.

(b)(5)

(b)(5)

- Target Release date:

(b)(5)

- HPMS Notification of Pace & MA Part D Audit Suspension

- Clearance Status: Submitted to policy clearance on 3/20
- Coms/Social strategy (b)(5)
- Target Release date (b)(5)

- Telehealth Medicare Risk Adjustment Guidance

- Clearance Status: Submitted to policy clearance on 3/20
- Coms/Social strategy: (b)(5)
- Target Release date (b)(5)

Today's Meetings

- **DUALS:** held a prep call with CM, CMCS, and CCSQ on Tuesday's call for states and PACE organizations. Call with Illinois state leadership on potentially delaying planned service area expansions among Medicare-Medicaid Plans to avoid the distractions of network development and contracting during the PHE.
- **OEDA: OEDA-DoD:** OEDA met with the Department of Defense (DoD) (b)(5)
- **OEDA-ASPE:** OEDA met with ASPE (b)(5)
- **CMCS:** Call with KS on CHIP, individual state calls with OH, MS, IA, NM, NC, HI, and WA call w/SMEs on (b)(5)
- **CCSQ:**
 - KCER and Status call:
 - Today Providers asked for a definition of Person Under Investigation (PUI). They would like to know how people are added to the PUI category and how they are removed from the PUI category (b)(5) We also discussed transportation issues.
 - Progress today:
 - We held a small group meeting with a few DKH team members and a few CDC team members to discuss PPE issues. LDOs are masking all of their patients which is creating a supply chain issue, despite guidance from the CDC. There is also a concern because some LDOs are discharging patients that do not comply with this policy. We agreed to continue this discussion in a larger CDC CMS workgroup tomorrow. I followed up with Karen Tritz to

provide information around the discharged patients. We met with American Renal Associates and they also brought up the PPE supply chain issue and their concern with the LDOs masking all patients regardless of symptoms. They also discussed the desire to place more patients on home therapy but this is an issue because elective surgeries such as peritoneal dialysis catheter placements are not being done right now. The first round of ESRD COVID modifications with funding are out as of today.

- Next steps:

(b)(5)

- **CM FFS:** Meeting with National Home Infusion Association (NHIA). Attendees: CMS Hillary Loeffler / NHIA: Connie Sullivan

- Patients scared to go to infusion clinic (physician office, infusion suite, outpatient department)
- Hospitals trying to get everyone out as soon as they can, they are overwhelmed. Looking for guidance on how to triage patients
 - Can switch some patients to injectable/oral
 - NHIA is helping prepare triage guidelines for surge
- Suggestion: (b)(5)
- (b)(5)

New Meetings

- **CMCS:** AZ call on CHIP week of (b)(5) (exact date TBD) and All-state SMD/CHIP Director calls on (b)(5) and (b)(5)
 - (b)(5) individual calls with ND, VA, and USVI
 - (b)(5) individual calls with NV and NJ

New Action Items:

- (b)(5)
- **CMCS:**
 - **1135 waivers**
 - CMCS is working expeditiously to review other 1135 waiver requests and will be ready to

release approval letters for ND, OK and SD on 3/24.

- **Home and Community-Based Waiver Disaster Authority (Appendix K)**

- CMCS is reviewing CO, NC, LA NM, HI, KY, MS, and RI Appendix K requests. The last three Washington Appendix K waiver requests were approved today, 3/23.
- We have moved a set of FAQs into clearance that answer questions about implementation of Section 6008 of the Families First Coronavirus Response Act signed into law on March 18, 2020, which provides a temporary 6.2 percent increase to each state and territory's Federal Medical Assistance Percentage (FMAP) in section 1905(b) of the Social Security Act (the Act) effective January 1, 2020 and extending through the duration of the public health emergency for COVID-19. We plan to issue this on (b)(5)

➤ **CCSQ:**

- Skilled Nursing Facility (SNF) toolkit for telemedicine
- Hospitals without wall (CoP)
- Workforce flexibilities (Scope of Practice)
- Documentation Requirement for Home Health; waiver for signatures
- Non Elective Medical Procedures; Specifically, for dialysis patients

Action Items Closed Out

➤ **CMCS** released 4 standardized templates for states' use on Sunday, 3/22. The templates include:

- 1135 waiver checklist
- Medicaid Disaster State Plan Amendment
- 1115 waiver template
- A pre-populated template (Appendix K) for Home and Community-Based waivers

(b)(5)

➤ **CCSQ:**

- ESRD Telehealth Toolkit
- QPP Clinician Relief Listserv - (Extension of MIPS)
- Suspension of Data Collection for Other Hospital and Post-Acute Care P4P or VBP Programs /MIPS Guidance too
- QMVG Quality Reporting Programs Guidance Memo
- General Telemedicine Tool Kit

➤ **CM FFS:**

- On 3/20/2020, released a special edition of [MLN Connects](#), which included information on COVID-19:
 - Telehealth toolkit for general practitioners and ESRD providers
 - Updated language on SE20011 around modifiers and condition codes under the PHE waiver for telehealth
 - Elective surgeries and non-essential procedures recommendations
- We worked with CCSQ and CMMI on an announcement extending the quality reporting period for clinicians and ACOs for 1 month. This was publicly released on 3/22/20.
- Issued bi-weekly ACO newsletter providing ACOs with Medicare Shared Savings Program and other key updates. Articles included letting ACOs know that the CMS Web Interface quality reporting period was extended 30 days until April 30, 2020 and making ACOs aware of the CMS EPRO webpage link and to check for latest updates.

OPOLE Updates

- Today, LEA sent out the following critical COVID-19 related notices to stakeholders:
 - CMS Announces Findings at Kirkland Nursing Home and New Targeted Plan for Healthcare Facility Inspections in light of COVID-19
 - New Tools to Help Speed States' Access to Emergency Flexibilities and Resources
 - COVID-19 Provider Enrollment Relief FAQs
 - Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19

➤ **Environmental Scanning:**

- MEDICARE C &D:

- We continue to receive questions from both health plans and issuers are asking if the national emergency authorizes the issue of a SEP.
- Plans understand that without Part B, they can't enroll a member in a MA plan. However, for "working-aged" individuals (Medicare-eligible but still employed and covered by group plan) who are losing their jobs tied to COVID-19 and wants Medicare Advantage coverage right away, would CMS consider providing an exception process to allow organizations to provide coverage pending enrollment in Part B?
- Will CMS offer flexibilities for out of area extensions due to COVID 19 and the closing of borders associated with the pandemic?
- Based on the following released by CMS, will CMS offer extension for ODAG and Part C reporting due 3/31/2020? HPMS dtd 23 March 2020, subject line: CMS Announces Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19
- For PDE validation audits, PBMs are required to obtain samples from dispensing pharmacies. PBM have provided feedback that they are having difficulties obtaining the information they need because the pharmacies are not responding due to being overwhelmed with fallout from the coronavirus.
- Should the extension to file an appeal only be honored for appeals that should have been filed on/after the national emergency declaration (i.e., on/after 3/13/2020)?
- Is this guidance limited to beneficiary appeals (i.e., Part C pre-service appeals or Part C claim/DMR payment appeals) or are the guidelines also applicable to non-contracted provider payment appeals?
- Plans have questions regarding HEDIS/STARS and want to know the following:
 - Will CMS be considering COVID-19-driven circumstances, such as an incident of an MCO's high volume of staff inability to work, that would impact a MCO's regulatory deadlines for items such as reporting and the CCIP project? Would these deadlines be changed to accommodate these extenuating circumstances, should they occur?
 - Will CMS be considering COVID-19-driven circumstances, such as providers refusing to permit MCO access to their premises for the purposes of medical record collection to support the CCIP project or HEDIS/Stars submission? Would these deadlines be changed to accommodate these extenuating circumstances, should they occur?
 - What is the best method of communication with CMS should any issues related to COVID-19 arise that potentially impact regulatory compliance?
- Plans are requesting temporary suspension of certain requirements pertaining to enrollment in Medicare Advantage in light of the COVID-19 pandemic, such as, Recording of Telephonic Enrollments; Extension of Grace Period for DSNP Members Who Lose Eligibility; Involuntary Disenrollment for Out of Service Area; and Involuntary Disenrollment for Loss of Part A or B
- Plans are asking if CMS will offer compliance flexibilities around Turnaround Times (TAT)?

- Will CMS allow plans to deliver meals and cleaning supplies to beneficiaries?

➤ **PACE**

- We are receiving questions from PACE organizations on whether the CMS press release announcing relief on quality reporting applies to PACE. <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>
- PACE day centers continue to close by mandate of governors and/or as a precaution due to positive COVID cases identified in the county in which the PACE centers are located.

Additional Information:

➤ **CCIIIO:**

- California announced a new special enrollment period for uninsured individuals. <https://www.coveredca.com/newsroom/news-releases/2020/03/20/california-responds-to-covid-19-emergency-by-providing-path-to-coverage-for-millions-of-californians/>
- Minnesota announced a new special enrollment period for uninsured individuals https://www.mnsure.org/news-room/news/index.jsp?utm_medium=email&utm_source=GovDelivery#/detail/appId/1/id/423931
- Colorado announced a new special enrollment period for uninsured individuals <https://connectforhealthco.com/get-started/covid-19-support/>
- DC announced a new special enrollment period for uninsured individuals <https://dchealthlink.com/coronavirus>

➤ **CMCS:**

- **Additional State Activity**

- Texas: On 3/23, state submitted a CHIP Disaster SPA. CHIP is providing technical assistance.
- Nebraska: On 3/23 CHIP provided guidance to state for their pending submission of a CHIP Disaster SPA.
- North Carolina: On 3/19 state submitted a CHIP Disaster SPA. CHIP is providing technical assistance.
- Maine: On 3/19 State requested a call to discuss cost sharing SPA
- KY, IA and VA have all submitted Covid- related cost sharing SPAs this week
- WA emergency enhanced systems funding request submitted on March 20 for a contract with EPIC/OCHIN to provide Zoom licenses and state-owned laptops to technology-limited

providers. State's initial request is for up to \$1,200,000. (Approval sent to state)

- MA emergency enhanced systems funding request submitted on March 23 for access to a customized version of Buoy Health's "coronavirus navigation tool" as part of the Commonwealth's response to the COVID-19 public health crisis. The Commonwealth's initial request is for up to \$6,800,000. (Approval sent to state)

- **Other: New Speaking / Meeting requests_**

- Date TBD for week of (b)(5) Human Services Information Technology Advisory Group (HSITAG) Webinar for COVID-19 Guidance to Vendor Community. Speaker: Julie Boughn. Key messages: (1) pay close attention to CMS guidance, (2) note specific IT-related FAQs for state flexibilities, (3) be careful with large systems changes.
- T-MSIS COVID-19 coding guidance webinar. (b)(5)

(b)(5)

➤ **CCSQ:**

(b)(5)

- Important dates and deliverables:
 - COVID-19 Module pilot testing March 28
 - Hospital Quality Contractors train hospitals on new NHSN COVID-19 Module March 31

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 4/9/2020 9:26:46 PM +0000
To: "Jenkins, Courtney (CMS/OC)" <Courtney.Jenkins@cms.hhs.gov>; "Kanellis, Elaine (CMS/OC)" <elaine.kanellis@cms.hhs.gov>
CC: "Ceballos, Kelly L. (CMS/OC)" <Kelly.Ceballos@cms.hhs.gov>; "Howden, Catherine (CMS/OC)" <catherine.howden@cms.hhs.gov>; "Aldana, Karen (CMS/OC)" <karen.aldana@cms.hhs.gov>; "Monroe, Johnathan (CMS/OC)" <johnathan.monroe1@cms.hhs.gov>; "Marcos, Nicole (CMS/OL)" <nicole.marcos@cms.hhs.gov>
Subject: RE: RE: URGENT FOR BRADY'S REVIEW BY 4 P.M. TODAY FOLLOW ON QUESTIONS FROM BOSTON GLOBE

(b)(5)

Confidential and deliberative, pre-decisional communication

From: Jenkins, Courtney (CMS/OC) <Courtney.Jenkins@cms.hhs.gov>
Sent: Thursday, April 9, 2020 5:24 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>
Cc: Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: URGENT FOR BRADY'S REVIEW BY 4 P.M. TODAY FOLLOW ON QUESTIONS FROM BOSTON GLOBE

Hi Brady,

(b)(5)

I hope this helps – let me know if we need to chat.

Thanks,

Courtney

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Thursday, April 9, 2020 4:53 PM
To: Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>
Cc: Jenkins, Courtney (CMS/OC) <Courtney.Jenkins@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: URGENT FOR BRADY'S REVIEW BY 4 P.M. TODAY FOLLOW ON QUESTIONS FROM BOSTON GLOBE

(b)(5)

Confidential and deliberative, pre-decisional communication

From: Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>
Sent: Thursday, April 9, 2020 4:31 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: Jenkins, Courtney (CMS/OC) <Courtney.Jenkins@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: URGENT FOR BRADY'S REVIEW BY 4 P.M. TODAY FOLLOW ON QUESTIONS FROM BOSTON GLOBE
Importance: High

Hi Brady – re-upping for your review.

Thank you,

Elaine

Hi Brady –

FOR YOUR REVIEW BY 4 P.M. TODAY -

We received follow-on questions from the Boston Globe after sending our response yesterday (see below).

Courtney worked with Jean Moody-Williams and Gregg Brandush on the following response.

Thanks,

Elaine

REPORTER'S FOLLOW-ON QUESTIONS:

1. So basically, can we apply those same stats from the previous press release to the dates and facility numbers in your email? In other words, would this be accurate? ---- Since March 23, CMS federal surveyors have inspected approximately 80 facilities across the country and have found that about 36 percent of the facilities inspected did not follow proper hand washing guidelines and 25 percent failed to demonstrate proper use of personal protective equipment (PPE).
2. And can CMS say more specifically where those 80 facilities were? Or even provide the names and inspection reports for those?

CMS DRAFT RESPONSE:

(b)(5)

Page 24 redacted for the following reason:

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Page 25 redacted for the following reason:

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Page 26 redacted for the following reason:

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(b)(5)

From: Brookes, Brady (CMS/OA)
Sent: Wednesday, April 8, 2020 3:18 PM
To: Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>
Cc: Jenkins, Courtney (CMS/OC) <Courtney.Jenkins@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: URGENT FOR BRADY'S REVIEW ASAP - DEADLINE 4 P.M. TODAY - BOSTON GLOBE INQUIRY

A couple (b)(5) edits below. It's long so I read it quickly but it

(b)(5)

Confidential and deliberative, pre-decisional communication

From: Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>
Sent: Wednesday, April 8, 2020 2:46 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: Jenkins, Courtney (CMS/OC) <Courtney.Jenkins@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: URGENT FOR BRADY'S REVIEW ASAP - DEADLINE 4 P.M. TODAY - BOSTON GLOBE INQUIRY
Importance: High

Hi Brady –

DEADLINE AT 4 P.M. TODAY

For your review ASAP – draft response to the Boston Globe inquiry.

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(b)(5)

Page 30 redacted for the following reason:

(b)(5)

Page 31 redacted for the following reason:

(b)(5)

Page 32 redacted for the following reason:

(b)(5)

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/27/2020 12:12:10 AM +0000
To: "Czekai, Alina (CMS/CMMI)" <alina.czekai@cms.hhs.gov>
Subject: RE: RE: CMS COVID Work Group Updated Information - for review

Can you send me the updated document? I need to get it out. Thank you!

Confidential and deliberative, pre-decisional communication

From: Czekai, Alina (CMS/CMMI) <Alina.Czekai@cms.hhs.gov>
Sent: Thursday, March 26, 2020 1:25 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: CMS COVID Work Group Updated Information - for review

I don't see an attached stakeholder call document, but am making some updates on the most recent I've shared and will send over shortly
[REDACTED] Thanks!

Alina M. Czekai, MPH
Office of the Administrator | Centers for Medicare and Medicaid Services
Phone: 410-913-6829

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Thursday, March 26, 2020 11:54 AM
To: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Cc: Czekai, Alina (CMS/CMMI) <Alina.Czekai@cms.hhs.gov>
Subject: CMS COVID Work Group Updated Information - for review

See below for my draft. No pride of authorship here so please send edits! One thing I would also like to clarify is that I think

[REDACTED]
(b)(5)

Let me know if there is anything else we can or should include here, including the correspondence process.

Alina, one question for you below.

Team,

We wanted to provide you with some additional information about how the CMS COVID-19 Work Group is set up, in addition to pulling together information and guidance we have provided about reporting and operations for the Work Group in one location for ease of use.

The following Attachments regarding the organization of the FEMA and CMS COVID response:

- [CMS COVID Work Group Chart](#) – Attached a power point chart so you can see a visual of the Work Group setup.
- [CMS COVID Work Group Plan](#) – This is the written version of the assignments for the Work Group and the sub-groups.
- FEMA Organization Chart – Attached with additional details about the CMS staff that are assigned to each group. (b)(5)
- [Resources Page](#) – We have attached a chart that includes the various email inboxes and resources for you to direct your incoming questions or external stakeholders to.
- Stakeholder Call Summary – A document that details all of the reoccurring stakeholder outreach calls that CMS is conducting. (b)(5)

Guidance and process on the following topics:

- SV Book and Paper Process
- COVID-19 Workgroup Meeting Agenda
- CMS COVID-19 Reoccurring Meetings
- COVID Workgroup Daily Reporting Process
- COVID Comms/Policy Deliverable Tracker
- Difference between Policy vs. Comms Clearance
- COVID Communications Clearance Process
- COVID Policy Clearance Process

Thanks to everyone for their hard work during this critical time!

Brady

(b)(5)

Page 36 redacted for the following reason:

(b)(5)

Page 37 redacted for the following reason:

(b)(5)

Page 38 redacted for the following reason:

(b)(5)

Page 39 redacted for the following reason:

(b)(5)

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/26/2020 4:02:52 PM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>; "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>; "Marcos, Nicole (CMS/OL)" <nicole.marcos@cms.hhs.gov>
CC: "Czekai, Alina (CMS/CMMI)" <alina.czekai@cms.hhs.gov>
Subject: RE: RE: CMS COVID Work Group Updated Information - for review

(b)(5)

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Thursday, March 26, 2020 11:57 AM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Cc: Czekai, Alina (CMS/CMMI) <Alina.Czekai@cms.hhs.gov>
Subject: RE: CMS COVID Work Group Updated Information - for review

Thank you.

(b)(5)

(b)(5)

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Thursday, March 26, 2020 11:54 AM
To: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Cc: Czekai, Alina (CMS/CMMI) <Alina.Czekai@cms.hhs.gov>
Subject: CMS COVID Work Group Updated Information - for review

See below for my draft. No pride of authorship here so please send edits! One thing I would also like to clarify is that I thin

(b)(5)

(b)(5)

Let me know if there is anything else we can or should include here, including the correspondence process.

Alina, one question for you below.

Team,

We wanted to provide you with some additional information about how the CMS COVID-19 Work Group is set up, in addition to pulling together information and guidance we have provided about reporting and operations for the Work Group in one location for ease of use.

The following Attachments regarding the organization of the FEMA and CMS COVID response:

- [CMS COVID Work Group Chart](#) – Attached a power point chart so you can see a visual of the Work Group setup.
- [CMS COVID Work Group Plan](#) – This is the written version of the assignments for the Work Group and the sub-groups.
- [FEMA Organization Chart](#) – Attached with additional details about the CMS staff that are assigned to each group. (b)(5)
- [Resources Page](#) – We have attached a chart that includes the various email inboxes and resources for you to direct your incoming questions or external stakeholders to.
- [Stakeholder Call Summary](#) – A document that details all of the reoccurring stakeholder outreach calls that CMS is conducting. (b)(5)

Guidance and process on the following topics:

- SV Book and Paper Process
- COVID-19 Workgroup Meeting Agenda
- CMS COVID-19 Reoccurring Meetings
- COVID Workgroup Daily Reporting Process
- COVID Comms/Policy Deliverable Tracker
- Difference between Policy vs. Comms Clearance
- COVID Communications Clearance Process
- COVID Policy Clearance Process

Thanks to everyone for their hard work during this critical time!

Brady

(b)(5)

Page 43 redacted for the following reason:

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Page 44 redacted for the following reason:

(b)(5)

Page 45 redacted for the following reason:

(b)(5)

Page 46 redacted for the following reason:

(b)(5)

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/5/2020 3:20:21 PM +0000
To: "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>
Subject: RE: RE: CDC/CMS Nursing Home Task Force

Ugh. I didn't know you were tasked with this too. Sorry.

Confidential and deliberative, pre-decisional communication

From: Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>
Sent: Thursday, March 5, 2020 10:19 AM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Subject: FW: CDC/CMS Nursing Home Task Force

FYI – did you want to take over?

From: Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) <dbc0@cdc.gov>
Sent: Wednesday, March 4, 2020 9:51 PM
To: Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>
Cc: Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>; Srinivasan, Arjun (CDC/DDID/NCEZID/DHQP) <beu8@cdc.gov>; McBride, Stefanie (CDC/DDID/NCEZID/DHQP) <wve1@cdc.gov>
Subject: Re: CDC/CMS Nursing Home Task Force

Meredith,

Let's plan to talk [REDACTED] (b)(5) to address this request. We have been working with Shari and CMS team to address Nursing home issues and [REDACTED] (b)(5)

Thanks,

Denise.

From: Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>
Sent: Wednesday, March 4, 2020 9:28 PM
To: Good-Cohn, Meredith (CMS/OA)
Cc: Hittle, Matthew (CMS/OA); Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP)

Subject: RE: CDC/CMS Nursing Home Task Force

Hi Meredith,

I always enjoy working with Denise and her team!

Shari

Shari M. Ling, MD

Acting Chief Medical Officer

Centers for Medicare and Medicaid Services

7500 Security Blvd Mail Stop S3-02-01

Baltimore MD 21244-1850

(410) 786 6841 phone; (410) 786 6857 fax

From: Good-Cohn, Meredith (CMS/OA)

Sent: Wednesday, March 4, 2020 6:28 PM

To: Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) <dbc0@cdc.gov>

Cc: Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>; Ling, Shari (CMS/CCSQ) <Shari.Ling@cms.hhs.gov>

Subject: CDC/CMS Nursing Home Task Force

Hi Denise,

CMS Administrator Verma was just in the White House COVID-19 Task Force meeting with Dr. Redfield and made me aware that they would like to form a CDC/CMS nursing home task force. Shari Ling on our team said that you would be my best point of contact at the CDC to begin coordinating a "task force" call. Might we be able to schedule a group call for tomorrow?

I am happy to coordinate if you do not mind sharing who from your team would be best to include. Thank you and we look forward to working together on this.

Thank you,

Meredith Good-Cohn

Meredith Good-Cohn

Office of the Administrator

Centers for Medicare and Medicaid Services

Cell: (b)(6)

Meredith.good-cohn@cms.hhs.gov

Confidential and deliberative, pre-decisional communication

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR

Sent: 3/5/2020 3:24:49 PM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
CC: "Marcos, Nicole (CMS/OL)" <nicole.marcos@cms.hhs.gov>; "Mack, Rosa (CMS/CMCS)" <Rosa.Mack@cms.hhs.gov>; "Saxon, Bobby (CMS/CCIIO)" <bobby.saxon@cms.hhs.gov>
Subject: RE: RE: Updated COVID-19 Daily Report out from components

(b)(5)

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Thursday, March 5, 2020 9:05 AM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Saxon, Bobby (CMS/CCIIO) <Bobby.Saxon@cms.hhs.gov>
Subject: RE: Updated COVID-19 Daily Report out from components

-ASV.

(b)(5)

--Carol

From: [REDACTED] (b)(6)
Sent: Wednesday, March 4, 2020 11:54 PM
To: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Cc: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Saxon, Bobby (CMS/CCIIO) <Bobby.Saxon@cms.hhs.gov>
Subject: Re: Updated COVID-19 Daily Report out from components

This is great! But of course I will have all kinds of questions now...:)! We can discuss at

next update meeting.

Sent from my iPhone

On Mar 4, 2020, at 9:20 PM, Blackford, Carol W. (CMS/CM)
<Carol.Blackford@cms.hhs.gov> wrote:

Seema/Brady

In addition to the updates provided earlier today, below is a daily report out from the remainder of the components. Safe travels tomorrow.

CMCS

- Today's Meetings:
 - On March 4, CMCS held an all-SMD call to provide information about the CMS response to COVID-19 and asked states' questions about CMS can support their response. There were 261 participants on the call.
 - CMCS described the disaster toolkit currently available that provides an inventory of Medicaid and CHIP flexibilities and authorities in the event of a disaster. States indicated that the document is helpful.
 - We spent the vast majority of the call listening to states raise questions regarding what flexibilities they have in the current situation without a 1135 waiver. Major themes included:
 - Quarantine including providing services in alternate settings
 - Workforce especially for personal care workers and state workers
 - Extending coverage for beneficiaries who are due for renewals
 - Waiving cost sharing
 - Medicare reimbursement rates
 - Coding
 - Prescriptions – longer supply of prescription drugs
 - Cost estimates for legislator and state budgets projecting due to COVID-19

- New Meetings:
 - N/A
- Action Items Closed Out:
 - Drafted Medicaid/CHIP fact sheet.
- New Action Items:

-

(b)(5)

CCSQ

- Today's Meetings:
 - CCSQ FO – Met with FDA to discuss testing protocols
 - CCSQ FO – Met with CDC to discuss patient triage and discharge protocols
 - CCSQ FO – Met with The Joint Commission
 - CCSQ QSOG joined the Administrator at a Press Round Table on Nursing Homes
 - CCSQ QSOG – Met with State Agencies to discuss Protocol for Suspending Routine Surveys and Targeting Immediate Jeopardy and Infection Control Surveys
- New Meetings:
 - CCSQ iQIIG – Meeting with QIOs at 2:00 PM
 - 9 AM meeting at CDC where Virus Transmission Tracker is shared.
- Action Items Closed Out:

- Limiting Virus Transmission in Hospitals – guidance released
- Limiting Virus Transmission in Nursing Homes – guidance released
- Protocol for Suspending Routine Surveys and Targeting Immediate Jeopardy and Infection Control Surveys

OSSO

- Today's Meetings:

- OSSO – Federal Occupational Health – Conference call on March 3rd to discuss guidance on the use of masks for our Baltimore Health Clinic. The Baltimore Clinic is using the required protocols for providing masks for all respiratory illnesses within the health clinic.

(b)(5)

- OSSO – Federal Occupational Health – Conference call on March 3rd to discuss FOH's support for fit testing of respirator masks. FOH has acknowledged they will support us in the Regions. FOH is waiting on CMS to purchase necessary masks and for the names of federal staff and locations that need testing.
- OSSO – Internal Leadership Meeting – Met to discuss reporting, logistics, and top priority items.
- OSSO – CCSQ – Meeting to discuss training, fit testing, medical clearance, availability of masks for surveyors. Discussed that FOH will provide training and fit testing to Federal surveyors. CCSQ will be sending a detailed list of name and locations for Federal surveyors for all Regions in priority order. CCSQ advised that there are 8,200 state surveyors that support CMS. OSSO advised that FOH does not provide services to non-federal employees. (b)(5)
(b)(5) CCSQ has an immediate need to get masks and fit testing out to two state surveyors that will be surveying on (b)(5)
(b)(5) OSSO has a small inventory of N-95 masks and has agreed to send a couple of boxes to Seattle for the immediate need.

- Action Items Closed Out:

- FOH is monitoring and ensuring that the Baltimore Clinic is following all required protocols.

- New Action Items:
 - OSSO to expedite N-95 masks to Seattle on (b)(5)
 - OSSO following-up with FOH to see if we can share Respiratory Protection Program Training with CCSQ to share with state surveyors.
 - OSSO checking to see if there are alternative types of masks that could be used in the event of a N-95 shortage so additional masks can be purchased for immediate needs.
 - CCSQ to send address for shipping of masks to Seattle.
 - CCSQ sending a list of surveyor names and locations nationwide so OSSO can coordinate with FOH to get training and fit-testing.

Medicare C/D

- Action Items Closed Out:
 - Medicare C/D – Coverage – Part D Vaccines. Addressed in Medicare Fact Sheet
 - Medicare C/D – Coverage – Identifying opportunities to pay for telehealth or other care. Addressed in the Medicare Fact Sheet
 - Medicare C/D – Coverage – Medicare Advantage cost sharing for lab test. Addressed in Medicare Fact Sheet
 - Medicare C/D – Coverage – Guidance for Prior Authorization in MA & Part D. Addressed in Medicare Fact Sheet.

Medicare FFS

- New Meetings:
 - (b)(5) CDC Telemedicine Virtual Meeting

OL

- Today's Meetings:

- OL held a Hill Courtesy Call with CCSQ for Authorizing Committee (Senate Finance Committee, House Energy and Commerce Committee, and Ways and Means Committee) staff to discuss today's survey and certification announcements. No Follow-up questions at this time.
- Action Items Closed Out:
 - OL sent out a broad Hill notification to all Congressional health staff and held a Hill Courtesy Call with CCSQ for Authorizing Committee staff to discuss today's survey and certification announcements.
 - During the Hill Courtesy call, CCSQ answered questions from the Senate Finance Committee Democratic staff regarding the risk of coronavirus for seniors in nursing homes, thus completing a request from these staff for a call.
 - OL spoke with staff from House Ways and Means Committee Chairman Neal's (D-MA) office regarding the Chairman's letter about nursing home certification to let them know we have received the letter and that we will schedule a call with them to discuss the concerns raised in the letter.

- New Action Items:

(b)(5)

CCIIO

- Today's Meetings:
 - CCIIO – Molina. General discussion on Open Enrollment experience/issuer participation, but discussed Molina's planned approach to guidance on testing and hospitalization. No follow up necessary.
 - CCIIO – National Association of Insurance Commissioners (NAIC). Discussed questions among commissioners regarding COVID-19 response and questions for CCIIO to address. NAIC noted that they have a webpage that includes a fact sheet and links to state guidance

bulletins or press releases
(https://content.naic.org/naic_coronavirus_info.htm). NAIC's Spring meeting is March 20-23, and they are considering restructuring the agenda to spend a day focused on COVID. NAIC may need help with contacts/presenters from CDC/HHS as the agenda develops.

- New Meetings:

- (b)(5) Delaware Secretary of Health – general topic is issuer participation on the Exchange but will raise COVID-19 issues
- (b)(5) Oscar - general topic is Open Enrollment experience/issuer participation on Exchange but will raise COVID-19 issues
- (b)(5) Cigna - general topic is Open Enrollment experience/issuer participation on Exchange but will raise COVID-19 issues

No updates from OEDA.

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 3/17/2020 12:13:21 PM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
CC: "Mack, Rosa (CMS/CMCS)" <ExchangeLabs/Exchange Administrative Group (FYDIBOHF23SPDLT)/Recipients/a947b5e34c7f45aa8eeb9a0afab74c5e-M7DM>; "Marcos, Nicole (CMS/OL)" <ExchangeLabs/Exchange Administrative Group (FYDIBOHF23SPDLT)/Recipients/77393f89c04f4418a476c75e37955154-MPMG>; 'Diana Perez-Rivera (diana.perez-rivera@cms.hhs.gov)'
Subject: RE: RE: March 16 Updates

[REDACTED] (b)(5)

Confidential and deliberative, pre-decisional communication

From: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Sent: Tuesday, March 17, 2020 7:29 AM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: March 16 Updates

Got it. [REDACTED] (b)(5)

[REDACTED] (b)(5)

From: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Sent: Tuesday, March 17, 2020 7:27 AM
To: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Cc: Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: Re: March 16 Updates

[REDACTED] (b)(5)

Confidential and deliberative

Sent from my iPhone

On Mar 17, 2020, at 7:26 AM, Blackford, Carol W. (CMS/CM)
<Carol.Blackford@cms.hhs.gov> wrote:

Will the Administrator be at the 10:00 meeting this morning? Trying to figure out the best way to separate out the 10 and the 3:30.

We could do:

(b)(5)

Of course – open to other suggestions.

From: Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>
Sent: Tuesday, March 17, 2020 7:22 AM
To: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Subject: FW: March 16 Updates

GM,

Do you want me to give the workgroup a heads up?

Rosa

Special Assistant, EPRO

(b)(6)

C)

From: (b)(6)
Sent: Monday, March 16, 2020 9:10 PM
To: Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>
Cc: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>; Good-Cohn, Meredith (CMS/OA) <Meredith.Good-Cohn@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>
Subject: Re: March 16 Updates

This should be the agenda for tomorrow's meeting. Lots of stuff that didn't get discussed. Thanks

Sent from my iPhone

On Mar 16, 2020, at 8:51 PM, Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov> wrote:

The daily updates for March 16th are below. Updated tracker is attached.

Upcoming Guidance:

- **CCSQ:**

(b)(5)

- **CCIIIO:** FAQs on Catastrophic Health Insurance Coverage and the Coronavirus – targeting (b)(5) release

- **CMCS:** 2nd batch of FAQs into clearance and anticipate release on (b)(5) Medicaid telehealth payment guidance is in clearance.

Today's Meetings

- **CMCS:** Call with NAMD Board; individual call with MN, TN, and RI
- **OSSO:** Conference call with FOH to discuss schedule for mask fit testing at all 10 locations. OSSO obtained preferred days/week from surveyors and FOH is scheduling. Fit testing performed in New York on (b)(5) and in Dallas today.

New Meetings

- **CM FFS:** eHealth Initiative and Foundation webinar on March 31 regarding the use of telemedicine reimbursement and the Coronavirus
- **CMCS:** All-State SMD/CHIP Director call on (b)(5) individual state calls with OR, WA, and MA (b)(5); call with IN on (b)(5) All-State SMD/CHIP Director call on (b)(5) CT call with CMCS SMEs to be held March (b)(5) and OH call on (b)(5)

New Action Items

- **CCSQ:** Life Center Nursing Home: Timeline and Plan of Action; Special Facilities for Dialysis Isolation; QIO Assistance with Infection Control; Coverage: TDL to MACS; Guidance to Facilities on Survey Suspension; Monitoring the 1135 Mailbox for Numbers and Types of Requests
- **CMCS: 1135 Waiver Activity**
 - **Florida** submitted an 1135 waiver request on Friday night, 3/13 and CMS expects to approve this on either (b)(5)
 - **Washington** submitted an official 1135 waiver request on Sunday night, 3/15. The request is comprehensive and spans multiple authorities and statutes. It also includes 1115 waiver requests. (b)(5)

(b)(5)

o **California, Illinois, Louisiana, Pennsylvania and Texas**

(b)(5)

- **OSSO:** Continue to track medical clearance for CCSQ surveyors. 89 surveyors out of 107 have completed their medical clearances. Coordinating the scheduling for fit testing in all 10 locations based on surveyor's availability. New York fit testing was held on (b)(5) Dallas scheduled for (b)(5) and Atlanta being scheduled for week of (b)(5) Track fit testing completion for CCSQ surveyors. 20 surveyors out of 107 have completed fit testing. Of those 7 failed due to the "one size fits all" mask not fitting properly for individuals needing smaller masks. Continue to analyze mailroom process considerations.

Action Items Closed Out:

- **CCSQ:** Laboratory Guidance; CLIA Memo; closed will not be sending additional guidance. Included in updated survey suspension memo. Telemedicine Technical Assistance; CCSQ is not leading this effort.
- **CM FFS:**
 - o March 13: Released TDL for MACs for 1135 waivers
 - o March 16: released MLN Matters Article [SE20011](#), Medicare FFS Response to Public Health Emergency on the Coronavirus (COVID-19)
 - o released a special edition of [MLN Connects](#), which included information on:
 - COVID-19 Emergency Declaration
 - COVID-19 Nursing Home Visitors Guidance
- **OSSO:** OSSO shipped additional PPE supplies to all 10 locations for delivery on Tuesday, 3/17. Implemented changes to random security screening procedures effective today.

Submitted budget on COVID-19 requirements through June 2020.

Additional Information

- **OPOLE:** The state of PA is directing that all Living Independence for the Elderly (LIFE) provider locations (PACE) operating within Pennsylvania to shut down their day center operations. This is effective beginning tomorrow (March 17, 2020) and will continue until further notice.
- VOANS Senior Community Care in CO tested a PACE participant who was showing symptoms for COVID-19 and is awaiting the results.
- Of the twenty new Exchange cases, sixteen were related to DMI extension requests. Three Exchange cases contain requests for a Special Enrollment Period. One Exchange case references potential fraud. Consumer was told they needed to pay \$35 for Coronavirus coverage and asked for SSN and debit card information. CPI has been notified regarding the fraud case. Two Medicare CTM cases were received from providers. One provider with facilities in 32 states is asking if they can do prescription refills including narcotics to patients after a phone consult. Another provider requested a fact sheet for visiting patients at home who have COVID-19. *See email for chart and additional information.*
- **CCIIO:**
 - 3/13: Cigna announced additional measures regarding COVID including waiving cost-sharing for office visits and telehealth screenings, related to COVID-19 testing through May 31, 2020. Cigna will also be providing free delivery of up to 90-day supplies for Rx maintenance medications.
<https://www.cigna.com/newsroom/news-releases/2020/cigna-takes-additional-actions-to-protect-customers-and-communities-against-covid-19>
 - Alabama DOI requests that health insurance carriers waive any cost-sharing for COVID-19 lab tests and for in-network provider office visits and urgent care center visits, as well as for emergency room visits when testing for coronavirus. Additionally, ALDOI requests that carriers provide an out-of-network option at the cost available for those in network, encourages telehealth, and cover the cost of a COVID-19 vaccine at no cost-sharing for covered members once the vaccine is developed and available to the public.
<https://www.aldoi.gov/pdf/legal/2020-02%20->

[%20Coverage%20for%20COVID-19%20-%20CORONAVIRUS.pdf](#)

- New Jersey Governor Murphy asked CMS to establish a special enrollment period for consumers to enroll in an individual market plan.
<https://www.nj.com/news/2020/03/murphy-asks-feds-to-reopen-insurance-enrollment-in-nj-amid-coronavirus-outbreak.html>
 - Pennsylvania Governor Wolf sent a formal letter to the Secretary and Administrator requesting that CMS establish a special enrollment period for consumers to enroll in an individual market plan. (CCIIO received this letter through IEA).
- **CMCS: Waiver Activity**
 - **Colorado** submitted a comprehensive 1115 request.

(b)(5)
 - **Florida** submitted a request for 1115 authority.

(b)(5)
 - **Tennessee** has expressed verbal interest in using 1115 waiver authority to cover the uninsured for costs of testing and treatment related to COVID-19.
 - **Additional State Activity**
 - **Massachusetts:** State plans to submit a CHIP Disaster Relief state plan amendment (SPA). We are providing technical assistance to state.
 - **Kansas:** State requested TA on drafting CHIP disaster relief SPA. We are providing technical assistance to state.
 - **North Carolina:** State inquired about using their CHIP health services initiative (HSI) for COVID-19 needs. State is reviewing their existing CHIP disaster SPA to determine if they need additional flexibility for COVID-19. State plans to review and submit a SPA if needed.
 - **Connecticut:** State asked for technical assistance

re: submission of a CHIP disaster relief SPA

- **Texas:** Texas inquired about flexibility around CHIP copays in their approved CHIP disaster relief SPA. We advised that the state has flexibility to waive copays in governor declared emergency areas, and to activate that authority we would need a letter indicating they are doing so.

○ **New Speaking / Meeting requests**

- Call with Partnership for Medicaid Home-Based Care (PMHC) and Calder Lynch in response to letter they sent to OA.
 - Thorn Run Consulting reached out to CMCS on behalf of AHCA/NCAL to request a phone conversation with Calder Lynch and/or DEHPG to discuss issues faced by nursing homes.
 - HHS Intergovernmental and External Affairs (HHS IEA) is hosting weekly conference calls for Tribal leaders and Urban Indian organizations on COVID-19 to provide updates on agency COVID-19 activities. HHS IEA has contacted CMS Tribal Affairs to determine whether CMS leadership would join a call on 3/19 or 3/26 (3:30 pm EST) to provide Medicare and Medicare updates on COVID-19.
- **OC:** Call Center Very low. 458 coronavirus-related inquiries out of 81,905 total calls
 - Main topics/questions:
 - Questions continue on what Medicare covers and how Medicare is handling the coronavirus? Will Medicare be covering experimental drugs during this time?
 - Beneficiaries asking questions about routine exams (not coronavirus) and if Medicare will cover telehealth services and waive office visits because they don't want to go the clinic. Conditions such as routine diabetic exams or visits to review blood work are mentioned.
 - Questions about stocking up on diabetic supplies and if

Medicare will cover that as well.

- Marketplace Call Center: Calls remain very low.
Yesterday we had 79 coronavirus-related inquiries out of 51,268 total calls.
- Main topics/questions:
 - Will my plan cover the test?
 - Requests for enrollments/Special Enrollments now as a result of the coronavirus (in other words, consumers that either dropped coverage or didn't have coverage and now want coverage)

<mime-attachment>

<COVID-19 Action Items Tracker.pdf>

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR

Sent: 4/1/2020 12:14:30 AM +0000

To: "LoPiccolo, Maria (CMS/OC)" <maria.lopiccolo@cms.hhs.gov>; "Monroe, Johnathan (CMS/OC)" <johnathan.monroe1@cms.hhs.gov>

CC: "Kanellis, Elaine (CMS/OC)" <elaine.kanellis@cms.hhs.gov>; "Ceballos, Kelly L. (CMS/OC)" <Kelly.Ceballos@cms.hhs.gov>; "Aldana, Karen (CMS/OC)" <karen.aldana@cms.hhs.gov>; "Marcos, Nicole (CMS/OL)" <nicole.marcos@cms.hhs.gov>

Subject: RE: RE: TIME SENSITIVE FOR BRADY'S REVIEW BY 8:00 P.M. - AP INQUIRY ON NURSING HOME INSPECTIONS

Johnathan,

What do you think about that?

Thanks,

Brady

Confidential and deliberative, pre-decisional communication

From: LoPiccolo, Maria (CMS/OC) <Maria.LoPiccolo@cms.hhs.gov>
Sent: Tuesday, March 31, 2020 8:12 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>
Cc: Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: TIME SENSITIVE FOR BRADY'S REVIEW BY 8:00 P.M. - AP INQUIRY ON NURSING HOME INSPECTIONS
Importance: High

Thanks—based on this discussion, we'll return to CCSQ's original response (b)(5) as follows:

(b)(5)

(b)(5)

From: Brookes, Brady (CMS/OA)
Sent: Tuesday, March 31, 2020 7:49 PM
To: Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>
Cc: Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>; LoPiccolo, Maria (CMS/OC) <Maria.LoPiccolo@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: TIME SENSITIVE FOR BRADY'S REVIEW BY 8:00 P.M. - AP INQUIRY ON NURSING HOME INSPECTIONS

Ok works for me.

Confidential and deliberative, pre-decisional communication

From: Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>
Sent: Tuesday, March 31, 2020 7:48 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>; LoPiccolo, Maria (CMS/OC) <Maria.LoPiccolo@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: Re: TIME SENSITIVE FOR BRADY'S REVIEW BY 8:00 P.M. - AP INQUIRY ON NURSING HOME INSPECTIONS

(b)(5)

On Mar 31, 2020, at 7:43 PM, Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov> wrote:

(b)(5)

Confidential and deliberative, pre-decisional communication

From: Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>
Sent: Tuesday, March 31, 2020 6:59 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: LoPiccolo, Maria (CMS/OC) <Maria.LoPiccolo@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: TIME SENSITIVE FOR BRADY'S REVIEW BY 8:00 P.M. - AP INQUIRY ON NURSING HOME INSPECTIONS
Importance: High

Hi Brady –

Maria reworked the responses to the AP inquiry with the CCSQ SMEs on nursing home inspections to address your questions/edits.

Johnathan Monroe added a response to the (b)(5)

Below is a clean copy of the questions and the responses for your review/approval.

We'd like to move to the reporter tonight by 8 p.m.

Thank you!

Elaine

Q 1. Ms. Verma indicated on March 17 that inspections are being ramped up at nursing homes – can you quantify how much inspections have been stepped up, starting from which date, and whether those inspections differ from typical inspections? For example, how many nursing home inspections might there be in a typical month, and how many are being conducted now? Are inspectors looking for anything different than usual?

(b)(5)

Q 2. Staffing shortages were already a problem at nursing homes before the outbreak. Is CMS or its inspectors seeing any indication those shortages are being made worse by the outbreak (because of employees who are sick or otherwise unable to come in)?

(b)(5)

Q 3. What is CMS guidance to nursing homes on how they should screen employees for signs of infection? Are employees being tested or having their temperatures taken?

(b)(5)

(b)(5)

Q 4. Is there any CMS guidance on incentivizing employees who may not have sick pay to stay home if they're sick? My understanding is that some hospitals are offering special "Covid Sick Pay" to nurses who don't have sick pay accrued. Is there anything similar for nursing assistants at nursing homes?

(b)(5)

Q 5. Hospitals are reporting widespread shortages of PPE for staff. Are nursing homes experiencing similar shortages for their staff?

(b)(5)

(b)(5)

From: Brookes, Brady (CMS/OA)
Sent: Monday, March 30, 2020 8:05 PM
To: Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>
Cc: LoPiccolo, Maria (CMS/OC) <Maria.LoPiccolo@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: RE: TIME SENSITIVE FOR BRADY'S REVIEW BY 8:30 P.M. - AP INQUIRY ON NURSING HOME INSPECTIONS

See below.

(b)(5)

(b)(5)

Confidential and deliberative, pre-decisional communication

From: Kanellis, Elaine (CMS/OC) <Elaine.Kanellis@cms.hhs.gov>
Sent: Monday, March 30, 2020 7:50 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Cc: LoPiccolo, Maria (CMS/OC) <Maria.LoPiccolo@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <Johnathan.Monroe1@cms.hhs.gov>; Marcos, Nicole (CMS/OL) <Nicole.Marcos@cms.hhs.gov>
Subject: TIME SENSITIVE FOR BRADY'S REVIEW BY 8:30 P.M. - AP INQUIRY ON NURSING HOME INSPECTIONS
Importance: High

Hi Brady –

Received the following inquiry from AP reporter Candace Choi about nursing home inspections.

Reporter's deadline was 5:30 p.m.

We pointed her to relevant guidance that's on our website which she's looking at and we told her we're working on responses to her questions.

The draft responses below in red are largely taken from previous responses and guidance. David Wright and team reviewed/edited. MRG Leadership and Jonathan Monroe reviewed and approved.

Thanks for your review/guidance!

Elaine

Reporter's questions and CMS draft responses in red:

I'm working on a follow-up story about the ongoing outbreaks at nursing homes and would like to request a phone interview with Seema Verma or another leader at CMS. If an interview is not possible, it would be great if the agency could respond to my questions below by 5:30 p.m. eastern today.

--Ms. Verma indicated on March 17 that inspections are being ramped up at nursing homes – can you quantify how much inspections have been stepped up, starting from which date, and whether those inspections differ from typical inspections? For example, how many nursing home inspections might there be in a typical month, and how many are being conducted now? Are inspectors looking for anything different than usual?

(b)(5)

(b)(5)

--Staffing shortages were already a problem at nursing homes before the outbreak. Is CMS or its inspectors seeing any indication those shortages are being made worse by the outbreak (because of employees who are sick or otherwise unable to come in)?

(b)(5)

--What is CMS guidance to nursing homes on how they should screen employees for signs of infection? Are employees being tested or having their temperatures taken?

(b)(5)

--Is there any CMS guidance on incentivizing employees who may not have sick pay to stay home if they're sick? My understanding is that some hospitals are

offering special "Covid Sick Pay" to nurses who don't have sick pay accrued. Is there anything similar for nursing assistants at nursing homes?

(b)(5)

--Hospitals are reporting widespread shortages of PPE for staff. Are nursing homes experiencing similar shortages for their staff?

(b)(5)

From: "Brookes, Brady (CMS/OA)" [redacted]
[redacted]
Sent: 3/20/2020 4:34:43 AM +0000
To: "Bhat, Nisha (CMS/OA)" <Nisha.Bhat@cms.hhs.gov>; "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
CC: 'Nicole Marcos (CMS/OL) (nicole.marcos@cms.hhs.gov)'
Subject: FW: FW: info for HBMA posting

Can you review and see what we need to do?

Confidential and deliberative, pre-decisional communication

From: Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>
Sent: Tuesday, March 17, 2020 1:38 PM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Subject: FW: info for HBMA posting

[redacted]
(b)(5)

Jim

From: Bill Finerfrock <bf@capitolassociates.com>
Sent: Tuesday, March 17, 2020 12:42 PM
To: Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Uehlecke, Nick (HHS/IOS) <Nicholas.Uehlecke@hhs.gov>
Cc: Morris, Tom (HRSA) <TMorris@hrsa.gov>; 'Nathan Baugh' <nathan.baugh@narhc.org>
Subject: FW: info for HBMA posting

Jim and Nick

I presume you are still working on this but this document and the statement by the Administrator are causing tremendous confusion for the RHCs AND THEIR PATIENTS because they think they can now do distant site telehealth visits. Physicians, PAs, NPs all work in RHCs and this document says,

- Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists,

clinical social workers, registered dietitians, and nutrition professionals.

We need to fix this otherwise your gonna have a LOT of angry rural patients and providers when they get the follow up note that says, oh yeah, everyone ELSE can do a telehealth visit unless your Doc, PA, NP work in rural health clinic. For you, it's sorry, never mind, that doesn't include you, you have to actually go to the office.

We have rural clinics telling patients they need to wait in their cars outside the RHC because they can't come into the clinic for social distancing purposes rather than allowing that patient to do a telehealth visits from home.

If you can't do something under your national emergency authority, PLEASE ask Congress to fix this in one of the COVID-19 bills they are working on! We have made the ask of them, it would be helpful if CMS and HHS would weigh in as well.

Hope you can do something...

Bill

MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET

Mar 17, 2020

- [Telehealth](#)

Medicare coverage and payment of virtual services

INTRODUCTION:

Under President Trump's leadership, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. Innovative uses of this kind of technology in the provision of healthcare is increasing. And with the emergence of the virus causing the disease COVID-19, there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread.

EXPANSION OF TELEHEALTH WITH 1135 WAIVER: Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Prior to this waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

Even before the availability of this waiver authority, CMS made several related changes to improve access to virtual care. In 2019, Medicare started making payment for brief communications or **Virtual Check-Ins**, which are short patient-initiated communications with a healthcare practitioner. Medicare Part B separately pays clinicians for **E-visits**, which are non-face-to-face patient-initiated communications through an online patient portal.

Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor's office or hospital which puts themselves and others at risk.

TYPES OF VIRTUAL SERVICES:

There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries summarized in this fact sheet: Medicare telehealth visits, virtual check-ins and e-visits.

MEDICARE TELEHEALTH VISITS: Currently, Medicare patients may use telecommunication technology for office, hospital visits and other services that generally occur in-person.

- **The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.** (b)(5)

(b)(5)

- It is imperative during this public health emergency that patients avoid travel, when possible, to physicians' offices, clinics, hospitals, or other health care facilities where they could risk their own or others' exposure to further illness. Accordingly, the Department of Health and Human Services (HHS) is announcing a policy of enforcement discretion for Medicare telehealth services furnished pursuant to the waiver under section 1135(b)(8) of the Act. To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

KEY TAKEAWAYS:

- *Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.*
- *These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.*
- *Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional*

services furnished to beneficiaries in all areas of the country in all settings.

- While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.*
- The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.*
- To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.*

VIRTUAL CHECK-INS: In all areas (not just rural), established Medicare patients in their home may have a brief communication service with practitioners via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image. We expect that these virtual services will be initiated by the patient; however, practitioners may need to educate beneficiaries on the availability of the service prior to patient initiation.

Medicare pays for these “virtual check-ins” (or Brief communication technology-based service) for patients to communicate with their doctors and avoid unnecessary trips to the doctor's office. These virtual check-ins are for patients with an established (or existing) relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would generally apply to these services.

Doctors and certain practitioners may bill for these virtual check in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012). The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal. Standard Part B cost sharing applies to both. In addition, separate from these virtual check-in services, captured video or images can be sent to a physician (HCPCS code G2010).

KEY TAKEAWAYS:

- Virtual check-in services can only be reported when the billing practice has an established relationship with the patient.*
- This is not limited to only rural settings or certain locations.*
- Individual services need to be agreed to by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient agreement.*
- HCPCS code G2012: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.*
- HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.*
- Virtual check-ins can be conducted with a broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication.*

E-VISITS: In all types of locations including the patient's home, and in all areas (not just rural), established Medicare patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals. These services can only be reported when the billing practice has an established relationship with the patient. For these **E-Visits**, the patient must generate the initial inquiry and communications can occur over a 7-day period. The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable. The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would apply to these services.

Medicare Part B also pays for E-visits or patient-initiated online evaluation and management conducted via a patient portal. Practitioners who may independently bill Medicare for evaluation and management visits (for instance, physicians and nurse practitioners) can bill the following codes:

- 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
- 99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
- 99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:

- G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
- G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

KEY TAKEAWAYS:

- *These services can only be reported when the billing practice has an established relationship with the patient.*
- *This is not limited to only rural settings. There are no geographic or location restrictions for these visits.*
- *Patients communicate with their doctors without going to the doctor's office by using online patient portals.*
- *Individual services need to be initiated by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient initiation.*
- *The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G206, as applicable.*
- *The Medicare coinsurance and deductible would generally apply to these services.*

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA): Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. For more information: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

Summary of Medicare Telemedicine Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99431 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

###

Bill Finerfrock

202-544-1880

bf@capitolassociates.com

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 4/9/2020 12:45:39 PM +0000
To: "Main, Jennifer E. (CMS/OA)" <Jennifer.Main@cms.hhs.gov>
Subject: RE: RE: COVID-19 Update for April 8th.

Got it! Thank you.

Confidential and deliberative, pre-decisional communication

From: Main, Jennifer E. (CMS/OA) <Jennifer.Main@cms.hhs.gov>
Sent: Thursday, April 9, 2020 7:25 AM
To: Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>
Subject: Re: COVID-19 Update for April 8th.

The ASV all staff is currently scheduled for [REDACTED] (b)(5)

[REDACTED] (b)(5)

Jenni

Sent from my iPhone

On Apr 9, 2020, at 7:15 AM, Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov> wrote:

The all staff meeting is with SV, correct?

Sent from my iPhone

Begin forwarded message:

From: "Blackford, Carol W. (CMS/CM)"
<Carol.Blackford@cms.hhs.gov>
Date: April 8, 2020 at 8:07:55 PM EDT
To: (b)(6), "Brookes, Brady (CMS/OA)"
<Brady.Brookes@cms.hhs.gov>
Cc: "Good-Cohn, Meredith (CMS/OA)" <Meredith.Good-Cohn@cms.hhs.gov>, "Marcos, Nicole (CMS/OL)"
<nicole.marcos@cms.hhs.gov>, "Mack, Rosa (CMS/CMCS)"
<Rosa.Mack@cms.hhs.gov>
Subject: COVID-19 Update for April 8th.

Below is the COVID-19 update for April 8th.

Operational Updates

- **Workforce continuity & personnel shifting** – (COVID IOC, update as of 3:30 PM) Continuing to triage requests for support, including OPOLE support for OSSO (2 staff) and CCIIO support for CM (3 staff)
- **Internal Communications** - (COVID IOC, update as of 3:30 PM) "Thank you initiative" (b)(5) CMSnet page is targeted to go (b)(5) Message to managers targeted for send tomorrow; COO all-staff meeting being calendared week of (b)(5)
- **Contract continuity & resiliency** - (COVID IOC meeting, 8:30 AM) OAGM sent data call last week, expecting inputs from all components this Friday 4/10 to identify scope changes and risks for all contracts

Stakeholder Engagement:

OC

- **Medicare email** went to 11M email addresses reminding people with Medicare to stay home and slow the spread.
- **1-800 Medicare Call Center:** Yesterday we had 625 coronavirus-related inquiries out of 73,553 total calls. 522 inquiries yesterday related to Telehealth Services, 193 related to the Stimulus checks
 - **Main topics/questions:**
 - Can I defer/waive Medicare premiums due to COVID19?
 - How to submit Part B if SSA is limited and I can't get through.
 - I have been financially impacted by COVID-19 - can I defer or waive my Medicare premium payment?
 - Does Medicare cover telehealth?

- How to submit Part B if SSA is closed?
- **Marketplace Call Center:** Yesterday we had 477 coronavirus-related inquiries, 76 inquiries related to the Stimulus checks out of 36,231 total calls.
 - **Main topics/questions:**
 - Top concern continues to be paying premiums when consumers are not working.
 - Additionally, we are hearing issues when consumers try to contact their plan for assistance in paying premiums.
 - Consumers coming back and changing their income now that they are out of work.
 - Consumers concerned about submitting documents to resolve DMIs by the end of the month

OPOLE:

- Received 184 coronavirus-related inquiries for a cumulative total of 2150. 44.37% remain open with an average turnaround time of 5.6 days.
- Main topics/questions:
 - Issues with health insurance and drug costs
 - Medicare-related flexibilities
 - Interest in how MAOs will handle referrals
 - Telemedicine and waiver inquiries (2/3 of the workload received yesterday in OPOLE/IFM.)
 - Stays in SNF/in-patient rehab facilities (e.g., exhaustion of benefits, swing bed status, etc.).
 - The IL Department of Public Health inquired about adding alternative sites and billing with those CCNs.
 - Billing questions from providers that receive temporary billing privileges for Medicare & Medicaid.
 - C/D: General concerns:
 - Supply of hydroxychloroquine
 - Costs of copayments for misc drugs (mentioning escalated concern due to virus)
 - Mmedication access/delivery
 - Reinstatement (mentioning coronavirus-related complications).

- Exchange: 23 DMI, 10 SEP/reinstatement.
- CMS Seattle sent 325 emails to providers and associations across the Northwest regarding CMS' COVID-19 blanket waivers discussing the four categories of blanket waivers. Requested feedback and/or the need for additional information or outreach to them on this subject.
- Regional Offices emailed information on these 4 calls:
 - CMS COVID-19 with Nursing Homes Wednesday, April 8 and three calls for Thursday, April 9
 - CMS COVID-19 call with Nurses
 - CMS Office Hours on COVID-19
 - CMS Special Open Door Forum: CMS Hospital Without Walls during the COVID-19 Public Health Emergency.
- CMS Seattle conducted follow-up call for Congressional staff that could not attend the first call. Covered the 4 categories of the Blanket Waiver and answered basic questions.
- CMS Atlanta hosted monthly SMP call where IFM and DHPO provided updates on COVID-19 and HPMS memos related to Medicaid Section 1135 Emergency Waivers and Trump Administration Issues Key Recommendations to Nursing Homes, State and Local Governments Inquiries as well as other issues. All SMP Directors provided highlights, trends and casework items.
- CMS Chicago held a “special edition” SHIP Director call two weeks after last call to see if SHIPs had any issues related to the COVID emergency they needed to discuss. SHIPs reported that call volume is normal or even lower than normal, not getting a lot of COVID calls. SHIPs are deciding best way to do outreach this year.
- CMS San Francisco attended San Rafael Trinity Lutheran Help for Individuals and Small Businesses interactive discussion to help offer support with specific situations.
- CMS Kansas City met with the HHS Regional Director’s Executive Coordination Council -COVID-19.

Today’s Meetings

CMCS

- Individual calls with MA, CO, and OR

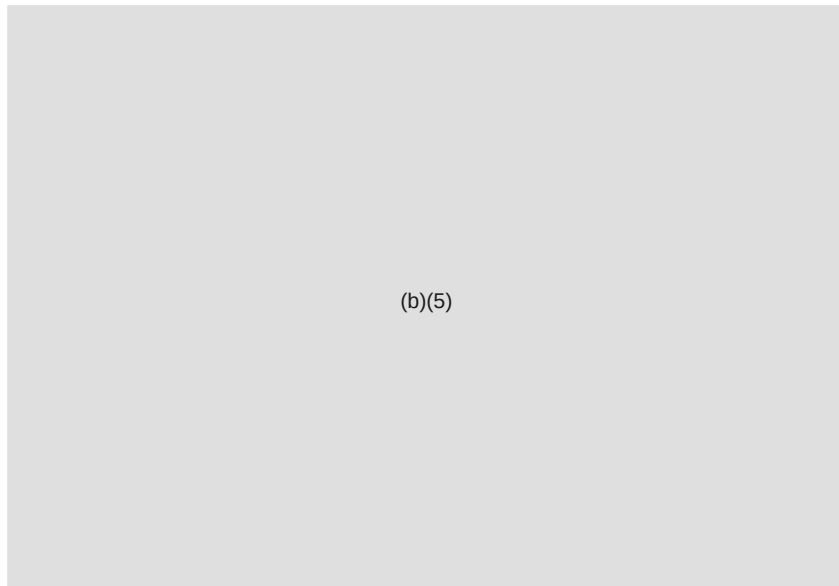
Duals

- Met with state staff from Michigan a variety of health plan enrollment and contracting issues.

- Met with local health plans in California, Illinois, South Carolina, and Texas

CCSQ

- **Nursing Home Provider Association Call:**
 - Jean Moody-Williams summarized the joint CMS/CDC document that was released 4/2.
 - CDC presented the concept of “crisis standards of care” and how it has been developed and used for hospitals. Discussion on if something similar should be created for LTC. Interest expressed by LeadingAge. Will debrief and revisit with group.
- **Nursing Home Task Force Meeting Summary**
 - Discussed Administrator Verma’s request for draft recommendations for reopening nursing homes:



(b)(5)

- Cross-agency Dashboard + cover slides
 - Reviewed latest versions with request for comments to CDC by (b)(5) so that route for clearance.
- **KCER and Status call**
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- (b)(5)

New Meetings

CMCS

- April 9th: NY call with CHIP
- April 10th: CMCS will hold an All-State SMD/CHIP Director call
- April 13th: TN call with CHIP
- April 13th and (b)(5) CMCS will hold All-State SMD/CHIP Director calls

CCSQ

- **QSOG/SOG- The Association of Health Facility Survey Agencies (AHFSA) Call**

- Call with State Survey Agencies (SSA) regarding recently released CMS guidance for long term care and non-long term care settings, including EMTALA information, survey updates, funding, waivers, PPE, and more. There was approximately 10 minutes at the end for SSA to ask questions.
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CCSQ

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Resource Requests submitted and Mission Assignments issued for the deployment of Department of Defense medical personnel from the Urban Augmentation Medical Task Force to support Edison, 500 beds, and Atlantic City, 2000 beds Federal Medical Stations. Transport of New Jersey patients to the USNS Comfort has been approved and is pending determination on processes.

- **Collaboration with ASPR/FEMA**

- CMS Philadelphia met with ASPR leadership to review current

outstanding needs for ASPR. CMS will continue to chair the policy/regulatory/legal Region III team and provide ongoing technical assistance on issues that may come up as well as policy insights that may be important to healthcare facilities and CMS Beneficiaries. In addition, CMS will send (b)(5)

(b)(5)

- o CMS Dallas received a waiver request from the Region 6 ASPR rep related to expansion of telehealth services to physical therapists, physical therapy assistants, occupational therapists, occupation

From: "Brookes, Brady (CMS/OA)" [REDACTED] NR
[REDACTED] NR
Sent: 4/9/2020 11:24:11 AM +0000
To: "Blackford, Carol W. (CMS/CM)" <Carol.Blackford@cms.hhs.gov>
Subject: Re: Re: COVID-19 Update for April 8th.
Thanks, Carol. Can we make sure OEDA is reporting in? I know they received additional action item requests from SV yesterday.

Sent from my iPhone

On Apr 8, 2020, at 8:07 PM, Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov> wrote:

Below is the COVID-19 update for April 8th.

Operational Updates

- **Workforce continuity & personnel shifting** – (COVID IOC, update as of 3:30 PM) Continuing to triage requests for support, including OPOLE support for OSSO (2 staff) and CCIIO support for CM (3 staff)
- **Internal Communications** - (COVID IOC, update as of 3:30 PM) "Thank you initiative" [REDACTED] CMSnet page is targeted to go [REDACTED]; Message to managers targeted for send [REDACTED] COO all-staff meeting being calendared week of [REDACTED]
- **Contract continuity & resiliency** - (COVID IOC meeting, 8:30 AM) OAGM sent data call last week, expecting inputs from all components this [REDACTED]
[REDACTED]

Stakeholder Engagement:

OC

- **Medicare email** went to 11M email addresses reminding people with Medicare to stay home and slow the spread.
- **1-800 Medicare Call Center:** Yesterday we had 625 coronavirus-related inquiries out of 73,553 total calls. 522 inquiries yesterday related to Telehealth Services, 193 related to the Stimulus checks
 - **Main topics/questions:**
 - Can I defer/waive Medicare premiums due to COVID19?
 - How to submit Part B if SSA is limited and I can't get through.
 - I have been financially impacted by COVID-19 - can I defer or waive my Medicare premium payment?
 - Does Medicare cover telehealth?
 - How to submit Part B if SSA is closed?
- **Marketplace Call Center:** Yesterday we had 477 coronavirus-related inquiries, 76 inquiries related to the Stimulus checks out of 36,231 total calls.

- **Main topics/questions:**
- Top concern continues to be paying premiums when consumers are not working.
- Additionally, we are hearing issues when consumers try to contact their plan for assistance in paying premiums.
- Consumers coming back and changing their income now that they are out of work.
- Consumers concerned about submitting documents to resolve DMIs by the end of the month

OPOLE:

- Received 184 coronavirus-related inquiries for a cumulative total of 2150. 44.37% remain open with an average turnaround time of 5.6 days.
- Main topics/questions:
 - Issues with health insurance and drug costs
 - Medicare-related flexibilities
 - Interest in how MAOs will handle referrals
 - Telemedicine and waiver inquiries (2/3 of the workload received yesterday in OPOLE/IFM.)
 - Stays in SNF/in-patient rehab facilities (e.g., exhaustion of benefits, swing bed status, etc.).
 - The IL Department of Public Health inquired about adding alternative sites and billing with those CCNs.
 - Billing questions from providers that receive temporary billing privileges for Medicare & Medicaid.
 - C/D: General concerns:
 - Supply of hydroxychloroquine
 - Costs of copayments for misc drugs (mentioning escalated concern due to virus)
 - Medication access/delivery
 - Reinstatement (mentioning coronavirus-related complications).
 - Exchange: 23 DMI, 10 SEP/reinstatement.
- CMS Seattle sent 325 emails to providers and associations across the Northwest regarding CMS' COVID-19 blanket waivers discussing the four categories of blanket waivers. Requested feedback and/or the need for additional information or outreach to them on this subject.
- Regional Offices emailed information on these 4 calls:
 - CMS COVID-19 with Nursing Homes Wednesday, April 8 and three calls for Thursday, April 9
 - CMS COVID-19 call with Nurses
 - CMS Office Hours on COVID-19
 - CMS Special Open Door Forum: CMS Hospital Without Walls during the COVID-19 Public Health Emergency.
- CMS Seattle conducted follow-up call for Congressional staff that could not attend the first call. Covered the 4 categories of the Blanket Waiver and answered basic questions.
- CMS Atlanta hosted monthly SMP call where IFM and DHPO provided updates on COVID-19 and HPMS memos related to Medicaid Section 1135 Emergency Waivers and Trump Administration Issues Key Recommendations to Nursing

Homes, State and Local Governments Inquiries as well as other issues. All SMP Directors provided highlights, trends and casework items.

- CMS Chicago held a “special edition” SHIP Director call two weeks after last call to see if SHIPs had any issues related to the COVID emergency they needed to discuss. SHIPs reported that call volume is normal or even lower than normal, not getting a lot of COVID calls. SHIPs are deciding best way to do outreach this year.
- CMS San Francisco attended San Rafael Trinity Lutheran Help for Individuals and Small Businesses interactive discussion to help offer support with specific situations.
- CMS Kansas City met with the HHS Regional Director’s Executive Coordination Council -COVID-19.

Today’s Meetings

CMCS

- Individual calls with MA, CO, and OR

Duals

- Met with state staff from Michigan a variety of health plan enrollment and contracting issues.
- Met with local health plans in California, Illinois, South Carolina, and Texas

CCSQ

- **Nursing Home Provider Association Call:**
 - Jean Moody-Williams summarized the joint CMS/CDC document that was released 4/2.
 - CDC presented the concept of “crisis standards of care” and how it has been developed and used for hospitals. Discussion on if something similar should be created for LTC. Interest expressed by LeadingAge. Will debrief and revisit with group.
- **Nursing Home Task Force Meeting Summary**
 - Discussed Administrator Verma’s request for draft recommendations for reopening nursing homes:

(b)(5)

- Cross-agency Dashboard + cover slides

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