

Highlights

CMS Provides Financial Relief for Medicare Providers

CMS is announcing an expansion of its accelerated and advance payment program for Medicare-participating health care providers and suppliers, to ensure they have the resources needed to combat the 2019 Novel Coronavirus (COVID-19).

Accelerated and advance Medicare payments provide emergency funding and address cash flow issues based on historical payments when there is disruption in claims submission and/or claims processing. These expedited payments are typically offered in natural disasters to accelerate cash flow to the impacted health care providers and suppliers. In this situation, CMS is expanding the program for all Medicare providers throughout the country during the public health emergency related to COVID-19. The payments can be requested by hospitals, doctors, durable medical equipment suppliers, and other Medicare Part A and Part B providers and suppliers.

To qualify for accelerated or advance payments, the provider or supplier must:

- Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form,
- Not be in bankruptcy,
- Not be under active medical review or program integrity investigation, and
- Not have any outstanding delinquent Medicare overpayments

Medicare will start accepting and processing the Accelerated/Advance Payment Requests immediately. CMS anticipates that the payments will be issued within seven days of the provider's request.

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UPCOMING EVENTS

Check the [CPC+ Connect Calendar](#) of upcoming events.

EARN CE CREDITS

Looking for CE credits? Check out the [CE User Guide and Master list](#) for opportunities.

FREQUENTLY ASKED QUESTIONS

Search for Frequently Asked Questions (FAQs) using the [CPC+ Connect](#) universal search bar, or scan the Articles tabs in the Topics pages.

An informational fact sheet on the accelerated/advance payment process and how to submit a request can be found [here](#).

This action, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Coronavirus Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, go to www.coronavirus.gov. For a complete and updated list of CMS actions, and other information specific to CMS, please visit the [Current Emergencies website](#).

CPC+ CONNECT CORNER

Helpful Tips from Practices to Fight COVID-19



On Connect, many CPC+ practices have shared their recent experiences and strategies in response to the COVID-19 national emergency.

[Center for Preventive Medicine*](#)

Shared by Stephanie Lucas, medical director/clinical lead

"Masks walked out of our office and staffing is spotty so yesterday I switched to video visits only. I informed my patients with a combination of myBeaumontChart, Call-Em-All and staff calls. I taught myself how to establish a YouTube channel, "Gross Point Doctors," so that I can post updates and how-tos. I try to maintain the integrity of the video visit to closely replicate my in-person visit. Patient response yesterday was favorable. My first talkie YouTube video will instruct patients how to download their pumps, sensors, and glucose meters remotely. I am using eCheck-in for screening. I am working with my collaborating specialists and home health care to augment my care. I purchased some blood pressure cuffs that I may distribute.

"My PGIP, United Physicians has reached out with support. This crisis has reminded me of my purpose as a doctor to keep people healthy and out of the hospital. I was beginning to burn out because of nonpatient care responsibilities however CPC Plus training has given me structure, discipline, and a community. My practice may not survive this crisis, but I shall make sure that my patients do."

[Longs Peak Family Practice](#)

Shared by Dr. Chris Madden

"We are operating a 3-team rotating model (Doc-MA-FD), work one week in-office and two weeks off (isolate, quarantine, recover, etc.) plus all home teams (Doc-MA) are running a parallel virtual office with MAs working in [the morning] on Docs working three-to-four telehealth shifts in afternoon on days they would normally work.

[We] have a three phase implementation:

- 1) *In-person visits where we treat all infectious patients over phone, keeping them out of office,*
- 2) *Front desk employees "shelter in place" at practice, take calls and direct 90% virtual office, and*
- 3) *Office is closed and patients contact us using voice-to-text and email which is auto-uploaded to our virtual office and everyone works from home.*

"We are all taking a pay cut but have not laid anyone off and are maintaining full benefits. Working at about 50% capacity with current health and in-person visit needs, including patient volume and logged hours by employees and doctors, trying to keep those aligned. We are still 100% present for our patients and are able to help many folks in current capacity. The good in it all is that we are getting some time to reflect, recover, spend time with family and in nature, and breathe in between our work rotations and telehealth shifts.

"We did some cross-training with folks like lab personnel to keep them onboard and helping. Much of the PCMH and CPC+ infrastructure helped us considerably here. We are prepared to operate this way for three to six months if needed. We will all get through this together, it will pass."

Join the conversation and share your experience on [CPC+ Connect](#).

*Note: To access this and other resources in this newsletter, log in to [CPC+ Connect](#).

Recently-Added Connect Resources



The following resources are now available on CPC+ Connect:

- [PRO-PM FAQs](#): Get answers to the questions we received during the February 27 CPC+ Track 2 patient-reported outcome performance measure (PRO-PM) Reduction in Depression Symptoms webinar
- [Care Management Video Series](#): Learn how to support patient needs and transitions of care around the medical neighborhood in this 3-part video series
- [Team-based Care Podcast](#): Support your team by managing change, building trust, and valuing each member's role in supporting patient care
- [Direct Secure Messaging Video](#): Understand opportunities to promote remote collaboration and timely notifications from local hospitals

QUALITY AND HEALTH IT CORNER

Regional Highlights for 2019 CPC+ eCQM Reporting



Thank you to all CPC+ practices who completed 2019 CPC+ eCQM reporting! CPC+ would like to highlight some noteworthy statistics by region.

All CPC+ practices in the following ten regions completed 2019 CPC+ eCQM reporting by the March 13 extension period deadline: Arkansas, Kansas City, Louisiana, Montana, Nebraska, North Dakota, Oklahoma, Oregon, Rhode Island, and Tennessee. Of these ten regions, the first five regions to finish 2019 CPC+ eCQM reporting were Louisiana, Nebraska, North Dakota, Oklahoma, and Rhode Island. Thank you for reporting early to allow time to work through any issues prior to the reporting deadline.

PY 2019 was the first measurement period for which CPC+ QRDA III file submission was the only available eCQM reporting mechanism. Throughout the 2019 CPC+ eCQM reporting period, reporting rates exceeded 2018 CPC+ eCQM reporting rates. For example, four weeks into the 2019 eCQM reporting period, 17% of CPC+ practices had reported, while in 2018 only 9% had reported at this time. Six weeks into the 2019 reporting period, 46% of CPC+ practices had reported, while in 2018 just 29% had reported at this time. Similar trends were seen through the end of the 2019 reporting period.

Thank you for your flexibility and cooperation throughout the 2019 CPC+ eCQM reporting period. We greatly appreciate your participation and efforts in the CPC+ model!

HAVE QUESTIONS? CONTACT US!

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| For CPC+ general questions or to add/remove a newsletter subscriber: | Contact CPC+ Support at 1-888-372-3280 or CPCPlus@telligen.com . (CPC+ Practice ID required) |
| For inquiries or to register for CPC+ Connect: | Self register here or contact the CMMI Help Desk at 1-888-734-6433, option 2. (CPC+ Practice ID required) |
| For questions about reporting or the CPC+ model: | Please contact your CPC+ Practice Facilitator or Regional Learning Team . |



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