

May 1, 2020: National Advocacy Update

CMS must restart Medicare advance payments and cover Medicaid too

The AMA is urging the Centers for Medicare & Medicaid Services (CMS) to reinstate its Accelerated and Advance Payment (AAP) Program and to expand it to cover Medicaid services for the duration of the COVID-19 public health emergency.

The AMA hailed CMS when it expanded the AAP program, which provides physicians with an emergency cash advance—based on historical payments—to compensate for the disruption in claims submission and processing during the COVID-19 pandemic. However, the program was paused for an evaluation on April 26. "Given the uncertainty facing physician practices as the pandemic is on different surge timelines in communities across the country, we fear physician practices may not resume normal operation in the immediate future and will continue to need access to cash flows to keep their doors open for patients," AMA CEO and Executive Vice President James L. Madara, MD, wrote in a letter to CMS Administrator Seema Verma. Dr. Madara also spoke directly to Verma by phone on April 27 and urged her to restart the AAP program and to authorize similar advance payments or retainer payments to allow state Medicaid programs to provide critically needed funds to physician practices. Also, as practice revenue drops while patients remain at home and physicians delay non-urgent services and procedures, more flexibility is needed for the terms of repayment. The AMA urges CMS to use the full extent of its statutory discretion to do the following:

- Extend the repayment period for physicians to at least two years.
- Reduce the recoupment amount to a maximum of 25% of claims to ensure that the recoupment process does not result in a future sudden stoppage of Medicare revenue to practices.
- Waive the interest rate that applies to advance payment balances after the initial repayment period.

Many pediatric, ob-gyn and safety-net practices have not been able to receive AAP payments and are in critical financial condition. Read the full story.

How doctors can claim share of additional \$20 billion in CARES Act aid

HHS has started distribution of the next \$20 billion in financial relief for physician practices, groups and other health care delivery organizations that is part of the Coronavirus Aid, Relief and Economic Security (CARES) Act. The relief comes under the Public Health and Social Services Emergency Fund in the CARES Act. The initial \$30 billion in CARES Act relief was directed to hospitals and physician practices in direct proportion to their share of Medicare fee-for-service spending. Payments from this \$20 billion are calculated so that a physician practice or group's allocation from the entire \$50 billion general distribution is in proportion to its 2018 net patient revenue. As detailed in an AMA HHS fact sheet, all physician practices or groups are required to submit revenue information to the provider portal for later verification. The fact sheet also explains what the payments can be used for, how the payments will be distributed, and what action physician practices, groups and other recipients should take—whether they get paid automatically or not. Those who don't get paid automatically should visit the CARES Provider Relief Fund Payment Portal and follow the instructions on how to claim the second general distribution. The AMA has provided additional guidance about the financial and tax information physicians will need to have on hand to successfully claim your practice or group's share of the funds. Read the full story.

Congress needs to ensure health care coverage for the newly uninsured

The AMA, alongside 31 other groups, sent a letter to Congressional leadership urging them to take immediate action to support employers and workers by protecting and expanding high quality, affordable health care coverage. More than 26 million Americans have lost their jobs during the COVID-19 pandemic and since a majority of Americans receive health insurance through their employer, immediate action needs to be taken to support employers and workers by protecting affordable health care coverage. The AMA is calling on Congress to increase coverage options for the uninsured by:

- Providing employers with temporary subsidies to preserve health benefits
- Covering the cost of coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA)
- Expanding use of health savings accounts (HSA)
- Opening a special enrollment period for health insurance marketplaces

- Increasing eligibility for federal subsidies for the health insurance marketplaces

Taking these actions would be a great help to stabilizing businesses and strengthening health care coverage and the economy.

CMS announces new round of changes related to COVID-19, including telephone visit changes

On April 30, CMS announced a broad range of regulatory waivers and rule changes to help expand care to seniors and provide more flexibility to the healthcare system. While the changes are broad and still under review, they included a change that the AMA and many Federation groups have been requesting. Retroactive to March 1, 2020, Medicare will pay for audio-only telephone visits between beneficiaries and their physicians and other clinicians, including many behavioral health and patient education services. The agency is also increasing payment for these telephone visits to match those for similar office and outpatient visits. This would increase payments for these services from a range of about \$14-\$41 to about \$46-\$110.

Bill requires ERISA plans to cover telehealth during COVID-19

The AMA is supporting bipartisan House legislation that would ensure telehealth coverage for care, including mental health and substance-use disorder treatment, for as long as the COVID-19 public health emergency continues. The bill—the Health Care at Home Act, H.R. 6644—was introduced by Washington Democrat Kim Schrier, MD, and Tennessee Republican Phil Roe, MD. Among other things, the legislation would:

- Ensure all medically necessary benefits in Employee Retirement Income Security Act (ERISA) plans are covered via telehealth for the duration of the COVID-19 public health emergency.
- Establish parity between telehealth and face-to-face visits, including audio-only visits.
- Bar restrictions on which conditions can be managed remotely.
- Ensure that all cost-sharing for COVID-19 related treatment can be waived.

CMS has taken important steps to ease regulatory barriers to telehealth and also enforce pay parity for telehealth visits during the pandemic. But private payers, including employer-provided ERISA health plans, have not necessarily followed suit. This legislation would change that, enabling greater

access to telehealth for patients to get the care they need while doing their best to stay home and save lives. Read the full story.

FDA warns against chloroquine for COVID-19 outside hospitals

The U.S. Food and Drug Administration (FDA) has cautioned against the use of some medicines FDA-approved to treat or prevent malaria and being used for the treatment or prevention of COVID-19. The FDA has warned that hydroxychloroquine and chloroquine should only be used in hospitals or clinical trials because they have been linked to a risk of heart rhythm problems, especially when paired with the antibiotic azithromycin. There have been reports of serious, potentially life-threatening, heart rhythm problems in patients with COVID-19 who are treated with hydroxychloroquine or chloroquine and used in combination with azithromycin and other QT prolonging medicines. "We are also aware of increased use of these medicines through outpatient prescriptions. Therefore, we would like to remind health care professionals and patients of the known risks associated with both hydroxychloroquine and chloroquine," says the FDA drug safety communication. There is no evidence to show that hydroxychloroquine and chloroquine—prescribed for years to treat lupus and arthritis—are safe and effective for treating or preventing COVID-19. These medicines are currently being studied in clinical trials for COVID-19 treatment and prophylaxis. However, in late March the FDA issued an emergency use authorization (EUA) to supply chloroquine and hydroxychloroquine from the Strategic National Stockpile to treat certain patients who are hospitalized with COVID-19 and for whom clinical trials are not available, or participation is not feasible. Learn more about lessons learned from COVID-19, including how treatment is unclear at this time. Read the full story.

AMA urges DEA to finalize regulatory changes for NTPs that operate mobile units

The AMA sent a letter to the Drug Enforcement Administration (DEA) commending its proposal to reduce the administrative burden for narcotic treatment programs (NTP) that operate mobile components. Under this new proposal, NTP registrants that operate mobile components will be able to dispense controlled substances without obtaining a separate DEA registration for the mobile component.

The wider scale operation of mobile components by registered NTPs has the potential to significantly alleviate the disparities in access to opioid use disorder (OUD) treatment that are being exacerbated by the COVID-19 health crisis. By increasing access to methadone maintenance therapy, which has a

strong evidence base, mobile components will help reduce stigma as more patients initiate therapy, stay in treatment and demonstrate positive treatment outcomes. The AMA is urging the DEA to quickly finalize the proposed regulatory changes for NTPs that operate mobile components.

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