In these unprecedented times filled with uncertainty, it is important to ensure that the news and information you are consuming is fact-driven and accurate.

In an effort to help you cut through the relentless COVID-19 content being published, naviHealth Essential Insights will be providing timely CMS and other coronavirus news, including its impact on seniors and post-acute care. We are also creating a dedicated COVID-19 section in our weekly newsletter that will include links to CMS updates and other important resources.

naviHealth has also launched a COVID-19 page dedicated to providing updates and pertinent information to support healthcare organizations across the care continuum.

We'd like to take this time to extend our sincere gratitude to those of you working on the front lines of this unprecedented event. Please stay safe as you continue your battle against this pandemic – we're thinking of you all.

Page updated as of: June 10

Resources

CORONAVIRUS.GOV
CMS NEWS ALERTS
CMS MEDICAL LEARNING NETWORK NEWSLETTER
CMS PODCASTS & TRANSCRIPTS
STAT COVID-19 TRACKER
STAT COVID-19 DRUGS & VACCINES TRACKER
HEATLHDAY.COM'S "WHAT WE KNOW" GRAPHIC

WORLDOMETERS
WORLD HEALTH ORGANIZATION (WHO) TRACKER
JOHNS HOPKINS UNIVERSITY & MEDICINE CORONAVIRUS RESOURCE CENTER

News

June 4, 2020

CMS posts COVID-19 data on Nursing Home Compare site

On Thursday, CMS updated the Nursing Home Compare database to include individual building-level data on COVID-19 outbreaks from nursing home surveys that have been conducted since March 4.

The website now includes an interactive map that provides a count of resident infections and deaths, and aggregate data can be downloaded by researchers and reporters for further analysis. The data depicts higher COVID-19 numbers than previously reported by CMS, based on 88% of facilities reporting their data to the site. As of Thursday afternoon, there have been nearly 32,000 COVID-19 deaths and more than 95,000 confirmed cases in long-term care facilities across the country.

Those figures include patients who contracted the disease in a nursing home but died only after they were transferred to a hospital, CMS officials confirmed. The site is planning to be updated on a weekly basis moving forward.

Sources: Provider Magazine, Skilled Nursing News

June 3, 2020

Major flexibilities offered for value-based care models impacted by COVID-19

On Wednesday, CMS provided a series of major changes to value-based care payment models due to COVID-19. The changes, announced by CMS Administrator Seema Verma in a blog post on Health Affairs, includes delaying the start of a new accountable care organization (ACO) model.

"Our actions reflect our commitment to being good partners with providers who commit to value-based care," Verma wrote. "We want our partners to know that we'll make adjustments when emergencies such as pandemics arise."

Some of the major changes include:

- An extension for the Next-Gen ACO model to December 2021. The Next-Gen model calls for ACOs to take on more downside risk than in the Medicare Shared Savings Program (MSSP), which will be sunset at the end of this year. CMS will reduce shared losses for Next-Gen ACOs during the months that have been most impacted by COVID-19. The agency also canceled a quality audit for 2019 and caps the ACOs' gross savings upside potential at 5%.
- A new start date for the Direct Contracting model to April 1, 2021. CMS will adjust any quality benchmarks to reflect the new performance period and will start an application cycle during 2021 for a second cohort to launch on January 1, 2022.
- An extension for the Oncology Care Model through June 2022.
- Delaying the start of the serious illness portion of the Primary Care First model until April 1, 2021. The Primary Care First only component still starts on January 1, 2021.
- An extension for the Comprehensive ESRD Care Model through March 31, 2021. CMS will reduce 2020 downside risk by reducing shared losses by the proportion of the months throughout the public health emergency period. Gross savings will be capped at 5% and the 2020 financial guarantee requirement will be removed.
- The removal of downside risk for the Comprehensive Care for Joint Replacement Model for any episodes from January 31 through the COVID-19 emergency period. CMS also extended the fifth performance year through March 2021.
- Allowing participants in the Bundled Payments for Care Improvement Advanced (BPCI-

Advanced) an option to eliminate upside or downside risk. Participants who choose to continue with two-sided risk will have COVID-19 episodes of care excluded.
- The removal of episodes of care for the treatment of COVID-19 for the Medicare ACO Track 1+ Model. Participants will be given a voluntary election to extend the agreement through December 2021.
- Delaying the first performance period for the Kidney Care Choices to April 1, 2021. CMS will also create an application cycle during 2021 for a second cohort to launch in January 2022.

Sources: Health Affairs, Fierce Healthcare, Healthcare Finance News, Modern Healthcare

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May 18, 2020

CMS issues guidance to states on reopening nursing homes

CMS has announced specific steps for nursing homes and communities to take prior to relaxing COVID-19 restrictions. The recommendations allow states to make sure nursing homes are continuing to take the appropriate and necessary steps to ensure resident safety and are opening the doors when the time is right.

“Coronavirus has had a devastating impact on nursing homes, and as we reopen America, we want to make sure we are doing everything we can to protect our most vulnerable citizens,” said CMS Administrator Seema Verma. “Our focus continues to be the safety and quality of life of nursing home residents and while we are not at a point where nursing homes can safely open up, we want to make sure communities have a plan in place when they are ready to reopen.”

The significant threat of the coronavirus to vulnerable seniors, specifically in nursing homes, has forced a complete locked-in measure for nursing homes across the country. As a part of the Trump administration’s “Opening Up America Again” framework, no nursing home can proceed with any of the CMS recommendations until all residents and staff have received their COVID-19 results from a baseline test.

Nursing homes should be inspected by state survey agencies that have experienced a significant COVID-19 outbreak prior to reopening. Also, CMS recommended that nursing homes remain in the current state of highest restrictions even when a community begins to relax restrictions to other businesses and should be one of the last places to reopen within

the community.

CMS did say that nursing homes may receive visitors during phase three of the administration's framework, but a variety of actors must go into making this decision including states not only relying on case count but assessing the individual nursing home and other local factors. Visitors must be screened and wear a cloth face covering at all times. Also, other factors that need to be reviewed before loosening restrictions includes the status of COVID-19 cases in the community, in the nursing home, if the facility has adequate staffing, if there has been a baseline test administered, if there's adequate access to personal protective equipment and depending on local hospital capacity.

Source: CMS (press release, FAQs and full guidance)

May 13, 2020

CMS issues nursing homes best practices toolkit to combat COVID-19

CMS released a new toolkit to aid nursing homes across the country impacted by COVID-19. The toolkit provides detailed resources and direction for quality improvement assistance and can help in the creation and implementation of strategies and interventions intended to manage and prevent the spread of the virus. It also includes best practices on topics such as infection control, workforce and staffing.

CMS has also contracted with 12 Quality Innovation Network-Quality Improvement Organizations to work with providers, community partners, beneficiaries and caregivers on data-driven quality improvement initiatives designed to improve the quality of care for beneficiaries. The organizations will provide virtual technical assistance that have an opportunity for improvement based on an analysis of previous citations for infection control deficiencies using the Nursing Home Compare website.

Source: CMS

May 12, 2020

Facility location determines COVID outbreaks, researchers say

In a webinar hosted by The National Institute on Aging Imbedded Pragmatic AD/ADRD Clinical Trials (IMPACT) Collaboratory, a panel of researchers explained that where a nursing facility is geographically located has the greatest impact on whether its residents have a case of COVID-19. Preliminary research shows that larger facilities located in urban areas with larger populations, particularly in counties with a higher prevalence of coronavirus cases, were more likely to have reported cases.

The bigger takeaway from the study is which characteristics were not associated with a facility having a COVID case. A facility's Five-Star Rating on Nursing Home Compare, if the facility had prior violations with infections, if it was a for-profit, part of a chain or if it had a high Medicaid census had no correlation with whether the facility had coronavirus cases, according to the webinar.

"It's about where you are and not who you are," said David Grabowski, PhD, professor of health care policy, Department of Health Care Policy, Harvard Medical School. "What we're seeing in our data is it tends to be larger facilities—urban facilities in areas with more cases—that tend to be the facilities with COVID cases."

The data used for the study combined real-time electronic medical record data that tracked epidemiology of COVID-19 in nursing centers across 30 states in partnership with Genesis HealthCare as well as an additional data from 20 states provided by Grabowski.

The Genesis facilities, in Mor's preliminary analysis, found those that had a positive COVID case, compared with the facilities that did not have a positive case, have more total number of beds and were located in counties that had a higher number of positive COVID cases per hundred thousand. Both Grabowski and Mor indicated that these characteristics were strongly differentiating.

"So it's a function of traffic; that is, if you're in an environment where there are a lot of people in the community who have COVID, the patients in the building are more likely to have COVID: It's as important," Mor said. "If you are a larger facility versus a smaller facility, there is more traffic. Larger facilities simply have more staff, more people coming in and out of them. That's more traffic and more likelihood that someone will be coming in from the outside with COVID."

Mor also found a strong correlation between the number of skilled nursing facility cases in the building that test positive and the number of positive cases in that county.

Source: Provider Magazine

April 30, 2020

CMS releases second round of regulatory updates

A second round of sweeping regulatory waivers and rule changes have been made by CMS on Wednesday night. The new rules look to provide support and expand COVID-19 diagnostic testing for Medicare and Medicaid beneficiaries. Waivers and rule changes made are to help the healthcare workforce augmentation, put patients over paperwork, further expand telehealth in Medicare and make changes to the Medicare Shared Savings Program in an effort to have a positive impact for Accountable Care Organizations (ACOs).

"COVID-19 … has created a lack of predictability for many ACOs regarding the impact of expenditure and utilization changes on historical benchmarks and financial performance, created uncertainty around future program participation, and disrupted population health activities as clinicians, care coordinators, and financial and other resources are diverted to address immediate acute care needs," CMS said in the rule.

The agency made several changes that should help providers continue to participate in ACO models throughout the crisis, including allowing ACOs to carry over their current level of risk for an extra year, according to Modern Healthcare.

Some major updates to note include:

- Medicare will no longer require an order from the treating physician or other practitioner for beneficiaries to get COVID-19 tests and certain laboratory tests required as part of a COVID-19 diagnosis.
- Medicare and Medicaid are covering certain serology (antibody) tests and will cover laboratory processing of certain FDA-authorized tests that beneficiaries self-collect at home.
- Long-term acute-care hospitals can now accept any acute-care hospital patients and be paid at a higher Medicare payment rate.
- Nurse practitioners, clinical nurse specialists and physician assistants can now provide home health services, as mandated by the CARES act.
- Waiving limitations on the types of clinical practitioners that can furnish Medicare telehealth services.
- CMS will add new Medicare services that may be furnished via telehealth on a sub-regulatory basis.

- CMS is paying for Medicare telehealth services provided by rural health clinics and federally qualified health clinics.
- CMS is waiving the video requirement for certain telephone evaluation and management services as some Medicare beneficiaries don't have access to interactive audio-video technology that is required for Medicare telehealth services.

Sources: CMS, Modern Healthcare, Bloomberg Law

April 26, 2020

CMS suspends Advance Payment Program

CMS has suspended advance Medicare payments to Part B suppliers, including physicians, other medical professionals and durable medical equipment suppliers and is reevaluating accelerated payments to hospitals. The changes went into place on April 26.

The decision to suspend payments comes as a big surprise to many, as CMS expanded the program to a broader group of healthcare providers in late March to help offset the financial damage caused by the COVID-19 pandemic. Now, CMS has stopped accepting new applications from Part B suppliers and is reevaluating all pending and new applications for accelerated payments to hospitals.

CMS, Fierce Healthcare, Becker's

April 20, 2020

CMS releases guidelines for hospitals to restart elective surgeries

CMS released a list of guidelines for hospitals to use when the time comes to restart elective surgeries while maintaining the ability to treat COVID-19 patients. CMS Administrator Seema Verma explained that hospitals will have to take a similar approach to the ones that state governments are beginning to assemble.

"This isn't going to be like a light switch. It's more like a sunrise where it's going to be a gradual process," Verma said.

Prior to hospitals opening for non-emergent, noncoronavirus care, their state or region will have to meet specific criteria in terms of residents' symptoms and case loads. Facilities must also have adequate workforce, testing and supplies to restart in-person care. The agency also suggests creating a "non-COVID Care zone" to screen patients for the virus.

Regardless of the agency's recommendations, hospitals will be encouraged to continue to use telehealth as much as possible. With elective procedures paused due to COVID-19, hospitals have financially struggled and health systems have had to furlough or lay off workers that couldn't transition to treat COVID-19.

"Many patients have waited, understanding what our priorities had to be, but hospitals and physicians realize non-COVID health issues also need to be addressed in a timely fashion," said Rick Pollack, president and CEO of the American Hospital Association. "It is important to recognize that so-called elective care or scheduled care often involves providing lifesaving treatments and procedures that are necessary to save lives and keep people healthy."

Sources: Fierce Healthcare, Modern Healthcare, Kaiser Health News, MedPage Today

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April 19, 2020

New nursing home COVID-19 transparency effort put in place

On Sunday, CMS announced new regulatory requirements that require nursing homes toe tell its residents, their families and representatives of COVID-19 cases in their facilities. Also, any COVID-19 cases are now required to be directly reported to the CDC and nursing homes need to fully cooperate with CDC surveillance efforts around COVDI-19 spread.

A reporting tool will be provided by the CDC to nursing homes that will assist with the nationwide data collection and the data will be made publicly available. These steps build on the recent recommendations from the American Health Care Association and Leading Age, according to the CMS press release.

"Nursing home reporting to the CDC is a critical component of the go-forward national COVID-19 surveillance system and to efforts to reopen America," said CMS Administrator Seema Verma in the release.

Here is the full guidance made by CMS.

Source: CMS

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On Sunday, CMS released a list of guidelines for hospitals to restart elective surgeries while maintaining the ability to treat COVID-19 patients. CMS Administrator Seema Verma explained that hospitals will have to take a similar approach to the ones that state governments are beginning to assemble during a recent press conference.

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Regardless of the agency's recommendations, hospitals will be encouraged to use telehealth as much as possible until they reach Phase 1 in the recovery plan. With elective procedures paused due to COVID-19, hospitals have financially struggled and any health systems have had to furlough or lay off workers that couldn't transition to treat COVID-19.

"Many patients have waited, understanding what our priorities had to be, but hospitals and physicians realize non-COVID health issues also need to be addressed in a timely fashion," said Rick Pollack, president and CEO of the American Hospital Association. "It is important to recognize that so-called elective care or scheduled care often involves providing lifesaving treatments and procedures that are necessary to save lives and keep people healthy."

Source: Modern Healthcare, CMS

April 9, 2020

CMS issues BlanketWaivers for health care providers

Late Thursday night, CMS added new waivers in the battle against COVID-19, temporarily suspending a number of rules for hospitals, clinics and other healthcare facilities. These waivers will have a significant impact across health care.

Here's the full summary from CMS.

Source: CMS

April 9, 2020

UPDATE: CMS approves $51 billion for providers battling COVID-19

CMS announced it has increased its total amount in payments from $34 billion to $51 billion in payments through the expansion of the Accelerated and Advance Payment Program to hospitals and other healthcare providers dealing with COVID-19.

After receiving nearly 25,000 requests from healthcare providers and suppliers for advance payments in the past week, CMS will reduce the processing time for advance payment requests to less than one week, compared to the previous time frame of three to four weeks. In terms of the significant increase in volume of requests from this past week, CMS had a total of 100 requests that were approved in the past five years. This week, CMS approved 17,000 requests.

"Healthcare providers are making massive financial sacrifices to care for the influx of coronavirus patients," CMS Administrator Seema Verma said. "Amid a public health storm of unprecedented fury, these payments are helping providers and suppliers — so critical to defeating this terrible virus — stay afloat."

The funds are not a part of the $100 billion emergency fund authorized in the Coronavirus Aid, Relief, and Economic Security Act that reimburses healthcare providers for expenses or lost revenue related to the pandemic. These payments are a loan, while the funding under the CARES Act does not need to be repaid.

Sources: CMS, Becker's

April 2, 2020

COVID-19 recommendations for SNFs passed down from CMS

On April 1, CMS released new guidelines and recommendations for skilled nursing facilities to address and prepare for COVID-19, as recent studies have identified these facilities as sometimes becoming hot beds for the virus.

CMS suggests that all nursing homes should immediately screen all staff, residents and visitors to ensure the health and safety of everyone in the building, if it isn't already being done. A major suggestion that was echoed by President Trump during his daily COVID-19 update was nursing homes to work with state and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from those who have tested positive or are awaiting results of a COVID-19 test.

CMS' recommendations are also aimed at state and local officials to make sure that long term care facilities receive the necessary personal protective equipment (PPE) and COVID-19 tests as well as making sure the facilities are complying with all CMS and CDC guidance related to infection control.

Sources: CMS, Skilled Nursing News

March 31, 2020

CMS makes sweeping regulatory changes to help US healthcare system address COVID-19 patient surge

CMS issued unprecedented changes by introducing temporary regulatory waivers and new rules that will apply immediately across the entire U.S. healthcare system for the duration of the COVID-19 emergency declaration.

The temporary actions by CMS allow local hospitals and healthcare systems to increase hospital capacity, rapidly expand the healthcare workforce, lessen the administrative burden regarding paperwork requirements and further promote telehealth in Medicare.

The full press release from CMS can be read here or check out the Fact Sheet and the COVID-19 Waivers & Flexibilities General Information pages.

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March 29, 2020

Trump administration requests daily COVID-19 updates from hospitals

CMS, on behalf of Vice President Mike Pence, is requesting data on COVID-19 testing from hospitals, bed capacity and supplies, according to Becker's. In a letter, CMS is requesting hospitals report COVID-19 testing data to HHS to enhance the administration's surveillance efforts of the coronavirus.

CMS has asked hospitals to report bed capacity and supply data to the CDC National Healthcare Safety Network COVID-19 Patient Impact and Hospital Capacity Module. The data should be reported without personal identification information to protect patient privacy. By sharing data, federal and state governments now have a better idea on where to direct FEMA resources. The White House Coronavirus Taskforce already collected COVID-19 testing data from public health labs and private lab companies but does not have access to the thousands of tests performed at academic, university and in-house labs.

Sources: Modern Healthcare, Becker's

March 27, 2020

Trump signs $2 trillion COVID-19 relief bill into law

President Trump signed the $2 trillion stimulus package – marking the largest economic stimulus bill in U.S. history – that will give $130 billion to hospitals that are cash-strapped due to their response to coronavirus. It will now move to President Trump, where he is expected to sign it soon.

The bill creates a $100 billion public health and social emergency fund to reimburse providers for expenses and lost revenues related to the coronavirus pandemic. About $65 billion will go to hospitals, with the rest going to doctors, nurses, suppliers and others. A 20% reimbursement boost for treating Medicare patients with coronavirus and the elimination of $8 billion in scheduled payment reductions to hospitals that are caring for

large numbers of uninsured and Medicaid patients. The bill also temporarily removes a 2% cut for treating Medicare patients, which had been a part of the automatic budget cuts under sequestration.

The legislation includes $250 billion for direct payments to individuals and families, $350 billion in small business loans, $250 billion in unemployment insurance benefits and $500 billion in loans for distressed companies.

Source: Becker's, CNN, New York Times, Wall Street Journal, Skilled Nursing News

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March 23, 2020

CMS to target hotspots with coronavirus inspections

CMS announced that it is going to do targeted infection control surveys using a new inspection process developed for COVID-19. Surveyors will focus on "immediate jeopardy" situations that present a pressing danger to patients.

Nursing homes, hospitals and other providers will have access to a voluntary self-assessment created by CMS to ensure they're correctly screening staff members, practicing good hygiene and following other precautions necessary for controlling the spread of COVID-19. The inspections are a direct response to the significant impact that the coronavirus has had on the senior population, as at least 148 nursing homes in 27 states have confirmed cases of coronavirus, according to the CDC.

Source: Modern Healthcare

March 22, 2020

CMS to provide exemptions to quality payment program participants

CMS announced it will grant exceptions from reporting requirements and extensions for clinicians and providers participating in Medicare quality reporting programs due to COVID-19.

CMS is implementing what it calls "extreme and uncontrollable circumstances policy

exceptions and extensions" for programs such as the Merit-based Incentive Payment System (MIPS) and the Medicare Shared Savings Program for Accountable Care Organizations (ACOs), as well as a number of specific hospital programs such as the End-Stage Renal Disease (ESRD) Quality Incentive Program, the Hospital Readmissions Reduction Program and the Hospital Value-Based Purchasing Program. There are also a number of post-acute care programs that will have extensions due to COVID-19. A full list of programs impacted by the CMS announcement can be found here.

For programs with data submission deadlines in April and May 2020, an exemption will be given based on the facility's choice to report. Any data submitted from January 1 through June 30 will be used for scoring in the program.

Sources: CMS, Modern Healthcare

March 13, 2020

Trump declares national emergency due to COVID-19

Earlier today, President Trump declared a national emergency in response to the coronavirus outbreak, calling on the Stafford Act to bring more federal aid for states and municipalities in need. By invoking the Stafford Act, the administration will provide an additional $42 billion in funding for states available in the Disaster Relief Fund. This would also allow states to request a 75% federal cost-share for expenses that include emergency workers, medical tests, medical supplies, vaccinations, security for medical facilities and more. The last national emergency declared was in 2000 by former President Bill Clinton for New York and New Jersey due to the West Nile Virus.

As the nation braces for the full impact of the coronavirus, let's revisit where we stand. Currently, there are over 1,268 confirmed cases of the coronavirus in the United States. The states with the most significant case count includes Washington (457 confirmed cases), New York (328 confirmed cases) and Massachusetts (108 confirmed cases). Thirty-three people have died from the virus, including 31 from Washington, one in New Jersey and one in South Dakota. There are 29 states nationwide that have declared a state of emergency, including Texas which declared this afternoon.

The one thing that is certain about the coronavirus has been its significant impact on older adults and people with chronic medical conditions. This population is seemingly more

susceptible to the virus, according to the Department of Public Health. The first official cases in the United States stemmed from a nursing home in Washington state, where at least 18 people have died from a single facility. Residential healthcare and skilled nursing facilities across the country have begun clamping down on visitors, causing a dangerous level of isolation among patients.

Mark Parkinson, the president and chief executive of the American Health Care Association, believes that the death rate will exceed the 15% that has been reported in China for people aged 80 and older.

Sources: Bloomberg News, New York Times, FOX News

CMS waives three-day hospital stay requirement

CMS issued new guidance for COVID-19 protocols including prohibiting all non-essential visits to nursing homes and waiving the three-day hospital stay requirement for subsequent Medicare skilled nursing coverage.

By eliminating the waiver, Medicare beneficiaries will no longer need to spend three days at a hospital on an inpatient basis in order to receive a subsequent 100 days of covered care at a skilled nursing facility (SNF). Additionally, if a Medicare beneficiaries' skilled nursing coverage recently lapsed will be able to renew that coverage without starting a new benefit period.

Prohibiting all non-essential visits to nursing homes is especially strict for those who have loved ones nearing the end of their lives. There are special circumstances that can be made on a case-by-case basis, but the SNF needs to have a strict protocol in place before this becomes an option. SNF's with questions are being directed to review the CDC website dedicated to COVID-19.

Sources: CMS

March 11, 2020

CMS ensures flexibility for MA and Part D plans due to COVID-19

CMS has taken further action to ensure patients have access to critical healthcare services in light of the coronavirus outbreak. CMS released a memorandum to provide more

flexibility to Medicare Advantage (MA) and Part D plans for COVID-19 testing, treatments and prevention.

The memorandum outlines waiving cost-sharing for COVID-19 tests and treatments in doctor's offices, emergency rooms and services delivered via telehealth. CMS also removed prior authorization requirements, prescription refill limits, and has relaxed restrictions on home or mail prescription drug delivery and expanded access to certain telehealth services. According to CMS, these actions are part of the White House Coronavirus Task Force efforts to help those at high-risk of complications from the COVID-19 virus.

Source: CMS, Fierce Healthcare

March 4, 2020

CMS combatting coronavirus with multiple initiatives

In response to the threat of COVID-19 across the United States, CMS has taken two steps toward doing their part to combat the spread of this virus.

On Wednesday, CMS sent out instructions to State Survey Agencies and Accrediting Organizations to begin exclusively focusing on infection control compliance during hospital and nursing home inspections and will put other tasks on hold until further notice. The memorandum also includes protocols for the inspection process in situations where COVID-19 is identified or suspected. There are also guidelines being provided regarding screening staff and visitors with questions about recent travel to countries with known cases and the severity of infection that would warrant hospitalization instead of self-isolation.

The agency has also an infection prevention specialist in the CDC's Atlanta headquarters to assist in "real-time in guidance development," according to the CMS release.

On Thursday, the agency developed a second Healthcare Common Procedure Coding System (HCPCS) code that can be used by labs to bill for certain COVID-19 diagnostic tests to help increase testing and track new cases. CMS also released a new fact sheet that explains Medicare, Medicaid, Children's Health Insurance Program and Individual and Small Group Market Private Insurance coverage for services to help patients prepare.

"Our new code will help encourage doctors and laboratories to use these essential tests for

patients who need them. At the same time, we are providing critical information to our 130 million beneficiaries, many of whom are understandably wondering what will be covered when it comes to this virus," said CMS Administrator Seema Verma in a statement.

Medicare claims will be able to accept these new codes starting on April 1, for dates of service on or after February 4.

Source: Becker's