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Be sure to check [chestnet.org](https://www.chestnet.org) and *CHEST Today* for COVID-19 related education, practice, and regulatory updates.

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## INTRODUCTION TO THE NEW HEALTH POLICY AND ADVOCACY COMMITTEE

The American College of Chest Physicians (CHEST) and the National Association of Medical Directors of Respiratory Care (NAMDRC) merger has occurred amid unprecedented events worldwide. The members who are usually participating in advocacy activities may be focused elsewhere, yet the times call for awareness of current and post-COVID-19 legislation and regulations related to pulmonary, critical care, and sleep issues. As the profession transitions to a new normal and priorities for advocacy activities continue to be identified and addressed within the CHEST bailiwick, *Washington Watchline* will provide reliable guidance to members from their professional society on where efforts will best be placed.

The newly formed standing CHEST Health Policy and Advocacy Committee (see Box) will drive CHEST's advocacy agenda. The committee's stated purpose is to assist CHEST Leadership and the Board of Regents in developing and implementing CHEST's health policy positions, setting CHEST's advocacy agendas in the legislative and regulatory arenas, engaging with policymakers as directed by the Board of Regents, and educating CHEST members on governmental affairs relevant to CHEST's mission.

HPAC objectives will first be brought to the appropriate CHEST stakeholders for comment and input, refined, and then brought to the Board of Regents for approval. The Committee will keep the Board of Regents advised of its activities, and of all other matters under its consideration. The Committee also solicits the views of the membership-at-large through regular communication as facilitated by CHEST staff.

In this and the next few issues of *Washington Watchline*, we will provide key information on the structure and introduce you to the members of the HPAC. We will explain how decisions will be made and how you can best interact and support the HPAC's efforts. And we will introduce you to a revised publication that continues the tradition that was so well established by former editor James Mathers, MD, FCCP.

## HEALTH POLICY AND ADVOCACY COMMITTEE INITIAL MEMBERS AND STAFF

Neil Freedman, MD, FCCP  
*Chair*

James Lamberti, MD, FCCP  
*Vice-Chair*

Angel Coz Yataco, MD, FCCP

Laura Crotty Alexander, MD

Robert De Marco, MD, FCCP

Peter Gay, MD, MS, FCCP

Nicholas Hill, MD, FCCP

Roozehra Khan, DO, FCCP

Michael Nelson, MD, FCCP

Kathleen Sarmiento, MD

David Schulman, MD, MPH, FCCP

Lisa Wolfe, MD, FCCP

## STAFF AND EX OFFICIO MEMBERS

Michelle Kosobucki  
*Volunteer Engagement Specialist*

Jenny Nemkovich, CAE  
*Chief of Staff and Senior Vice President, Organization Affairs*

John Studdard, MD  
*Consultant*

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## HOME MECHANICAL VENTILATORS' REMOVAL FROM COMPETITIVE BIDDING 2021 REPRESENTS A BIG WIN FOR RESPIRATORY PATIENTS

In a big win for patients needing home mechanical ventilation (HMV), the Centers for Medicare and Medicaid Services (CMS) has removed the HMV product category from Round 2021 of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program as a result of COVID-19. This action is the culmination of long-term efforts by organizations including CHEST, NAMDRRC, the American Association for Respiratory Care, the American Thoracic Society, the Amyotrophic Lateral Sclerosis Association and pulmonologists across the country to ensure the quality of life for their patients needing HMV.

The HMV device can of course be used both invasively with a secured airway using a tracheostomy tube or non-invasively with a mask known as non-invasive ventilation (NIV) but the greatest concern for the pulmonary community is related to HMV use for NIV. As Peter Gay, MD, pulmonologist at the Mayo Clinic, Rochester explains, "This action puts a halt for now on the bidding process and the planned roll-out date of January 2021, but we should be reminded this represents only a delay and not a complete elimination of this plan. The immediate fear regarding HMV for NIV use was that physicians would need to develop alternative care plans for their patients-- including the consideration of a much more intrusive tracheostomy; reducing quality of life and requiring major lifestyle change for many patients so this has, at the least, been delayed. Especially in the COVID recovery environment and the already disastrous consequences to many durable medical equipment (DME) providers, this should not interrupt the flow of home mechanical ventilation to those in need."

Round 2021 was the first time that Medicare had included HMVs in the DMEPOS Competitive Bidding Program. By removing HMVs from Round 2021 of the DMEPOS Competitive Bidding Program, any Medicare-enrolled DMEPOS supplier can furnish any of the types of ventilators where indicated and it should be covered under the Medicare program for invasive or NIV use. CMS is removing HMVs from Round 2021 of the DMEPOS Competitive Bidding Program due to the novel COVID-19 pandemic, the President's exercise of the Defense Production Act, public concern regarding access to ventilators, and the HMV product category's being new to the DMEPOS Competitive Bidding Program.

Dr. Gay indicated this may signal a more cooperative approach to the needs of respiratory patients, "For years both medical societies and patient advocate groups have been struggling with the issues regarding competitive bidding of DME. The fear, of course, for any and all DME is the same in that competitive bidding would drastically reduce the availability of equipment and services for home mechanical ventilation."

"The crucial importance of this became prominent when home oxygen went into a competitive bidding category and all but eliminated the availability of liquid oxygen in the home due to a very unfavorable reimbursement rate," according to Dr Gay. "That had the disastrous consequence of severely limiting the mobility of patients who were very oxygen dependent, which is vitally important to their rehabilitation and, therefore, survival. The patients most in need of home mechanical ventilation were indeed a relatively small population and represent a minuscule overall cost savings for CMS; however the situation had a huge impact on the most needy population of all, including the patients with progressive neuromuscular disease and end-stage COPD to the point of risking death. A huge reduction in the availability of home mechanical ventilation for those using a noninvasive interface had already occurred when the local coverage determination was announced unexpectedly on October 1, 2015, effectively putting a halt to this use except for patients at 'risk of imminent death,' which was very difficult to define," he explained.

Like many NAMDRRC members and especially championed by the executive director, Philip Porte, Dr Gay has been a long-time advocate for ensuring that patients receive the best devices suited to their specific clinical needs. Dr Gay concluded, "Never before have pulmonary, critical care and sleep physicians attained such appreciation for their unique skills and I believe that there is a new realization at the CMS and even higher levels. When CMS with its tremendous resources partners with specialized physicians who determine the best course of action, amazing and clearly lifesaving achievement can take place."

## CHEST'S COOPERATIVE INVOLVEMENT RELATED TO COVID-19

CHEST has participated in a number of government agencies' and professional societies' actions in response to needs identified due to COVID-19. Ongoing activities include the following:

**FDA Network of Experts:** received a request from the counter-terrorism and emergency coordination team for experts who are on the front lines caring for the most severe patients with COVID.

**National Healthcare Preparedness Program:** participated in national COVID-19 clinical rounds sponsored by the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR), in collaboration with the National Ebola and Special Pathogens Training and Education Centers (NETEC), and Project ECHO, to present teleECHO programs including 1) Critical Care: Lifesaving Treatment and Clinical Operations; 2) Emergency Department: Patient Care and Clinical Operations; and 3) EMS: Patient Care and Operations. These peer-to-peer learning networks were implemented so clinicians who have experience treating COVID-19 patients can share their challenges and successes with clinicians globally. Representatives from more than 15 relevant national professional organizations round out the panel of expert discussants. As of mid-April more than 7500 people from all 50 states and more than 30 countries participated in the sessions.

**Participation in CMS Virtual Office:** received requests from CMS to participate in their virtual office hours to allow clinicians to ask questions and clarify temporary actions by the agency.

**Letter to Congress and the Administration on Production and Distribution of PPE and Life-saving Equipment:** CHEST signed on to a letter on April 2 from the Critical Care Societies Collaborative (composed of the American Association of Critical-Care Nurses (AACN), American College of Chest Physicians (CHEST), the American Thoracic Society (ATS), and the Society of Critical Care Medicine (SCCM)) to the US Congress and the Trump administration imploring the Federal government to "take all available actions to accelerate the mass production and coordinated distribution of personal protective equipment (PPE) and life-saving equipment to healthcare facilities nationwide. This includes authorizing the full enactment of the Defense Production Act so American manufacturing and other businesses can be called upon to contribute vital resources." The letter explained the need to protect healthcare workers and requested support and aggressive action to mitigate a devastating loss of lives and a negative long-term financial impact to our country.

## SUPPORT FOR HEALTHCARE INFRASTRUCTURE AND ACCESSIBILITY

CHEST has participated in many initiatives introduced by the healthcare community to ensure the financial infrastructure's stability to respond to the COVID-19 crisis and to ensure patients have appropriate access to care. CHEST joined the American Medical Association and the American Thoracic Society, among other organizations, to bring specifics related to their patients' needs to the attention of Congress and the Department of Health and Human Services.

In anticipation of additional Congressional action following passage of H.R. 748, the "Coronavirus Aid, Relief, and Economic Security Act" (CARES Act), a letter to House and Senate leaders called out specific requests related to:

- Medicare Accelerated and Advance Payments
- Medicare and Medicaid payments
- Direct financial support
- Small business loans
- Telehealth (see "Telehealth Changes" below)
- Support for resident physicians and students
- Liability
- Emergency Medical Treatment and Labor Act (EMTALA)

The complete [letter](#) concludes, "We sincerely appreciate all that you have done in a short period of time to protect access to care by providing needed resources and policy changes to enable physicians to continue caring for patients in their time of need during this pandemic. Given the magnitude of the growing revenue shortfalls confronting physician practices across the country, we continue to need your support to preserve their viability so they can meet the needs of all patients. Thank you for considering our requests."

## TELEHEALTH CHANGES

On April 30, the American Medical Association advised organizations that had joined forces to communicate with regulators regarding their patients' telehealth needs that "the Centers for Medicare & Medicaid Services (CMS) announced ... that they will be increasing payments for audio-only telephone visits between Medicare beneficiaries and their physicians to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about \$14-\$41 to about \$46-\$110, and the payments are retroactive to March 1, 2020.

The message continued that "This is a major victory for medicine that will enable physicians to care for their patients, especially their elderly patients with chronic conditions who may not have access to audio-visual technology or high-speed Internet."

The American Medical Association and the Federation also worked with Senator Hyde-Smith (R-MS) and Senators Shaheen (D-NH), Manchin (D-WV), and Moran (R-KS) to spearhead the letter to HHS Secretary Azar and CMS Administrator Verma on the same topic. The [letter](#) sent on April 29 had 37 signers and included the following requests:

1. Increase Medicare payment rates for telephone-based evaluation and management (E/M) codes (99441-99443) to bring payments for these codes equal to Medicare's established in person visit codes (99212-99214) that will ensure that patients without advanced video-sharing capabilities are able to get care virtually, while helping to sustain physician practices.
2. Immediately provide guidance to Medicare Administrative Contractors (MACs) to ensure that recent CMS guidance and rules are followed appropriately to enable the payment of telephone E/M claims.
3. Provide Members of Congress with a briefing on CMS efforts to address this issue by May 8, 2020.

In related activities, the American Thoracic Society and CHEST sent a joint letter requesting an extension to CMS's telehealth policy to include vent management and pulmonary/cardiac rehab as well stating explicitly that home infusion waivers apply to patients with alpha-1.

## CHEST RESPONDS TO NEED FOR CLINICIANS IN HARD-HIT AREAS WITH UNIQUE MATCHING SYSTEM

In response to the need for trained critical care providers in areas of the US hard-hit by COVID-19, CHEST has created the Clinician Matching Network to rapidly pair volunteers with healthcare facilities in need of their help via an online platform. Joining CHEST in the effort are the American Thoracic Society, the American Association for Respiratory Care, and the American Society for Anesthesiology. PA Consulting participated in administration of the program.

The effort resulted from CHEST members' request for their professional society to assist in providing the resources needed to meet the growing needs of the surge of ICU patients, particularly in New York. As Robert Musacchio, CHEST EVP/CEO explained, "With the existing CHEST Analytics platform already in place, CHEST was able to quickly verify member information and match clinicians with facilities most in need of their expertise."

To learn more about the Clinician Matching Network, go to [www.chestnet.org/clinician-matching](http://www.chestnet.org/clinician-matching) or email [covidcarehelp@chestnet.org](mailto:covidcarehelp@chestnet.org).

## GOVERNMENT ACTIONS OF NOTE TO CHEST MEMBERS

Many changes in Washington related to healthcare access and payment as well as general economic policies have been announced on a nearly daily basis. Below are just some of those relevant to your practice:

### **Telemedicine/Coding Changes**

<https://www.chestnet.org/Guidelines-and-Resources/COVID-19/Updates-and-Resources#PracticeManagementResources>

### **Paycheck Protection Program (PPP)**

The Small Business Administration Payroll support program with forgivable loans, 2.5 months.

<https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program>

### **Provider Relief Fund**

Health Resources Service Administration (HRSA) of the US Department of Health and Human Services (HHS)

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>

### **EIDL Economic Injury Disaster Loan (Also an SBA program)**

<https://disasterloan.sba.gov/ela/Information/EIDLloans>

### **CMS advance payments**

This is not a new program but may be activated during disasters. It calls for accelerated and advanced payment programs under Medicare. It is suspended after \$175 billion paid to providers and is an advance that must be paid back.

<https://www.cms.gov/files/document/accelerated-and-advanced-payments-fact-sheet.pdf>

### **HRSA Program for Uninsured COVID-19 Patients**

This program was funded under the same provision of the CARES Act. It is intended for treating uninsured patients with Covid-19 diagnosis to reimburse testing and care of the uninsured at Medicare rates.

<https://www.hrsa.gov/CovidUninsuredClaim>