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SPECIAL EDITION

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CMS Proposes to Enhance the Medical Workforce in Rural and Underserved Communities to Support COVID-19 Recovery and Beyond

Proposed rule would require hospitals to report vaccination rates among health care staff

On April 27, CMS issued a proposed rule (CMS-1752-P) for inpatient and long-term care hospitals that builds on the Biden Administration's key priorities to close health care equity gaps and provide greater accessibility to care. Major provisions in the proposed rule would fund medical residency positions in hospitals in rural and underserved communities to address workforce shortages and require hospitals to report COVID-19 vaccination rates among their workers to contain the spread of the virus.

CMS recognizes the importance of encouraging more health professionals to work in rural hospitals and underserved areas and the need to retain and train high-quality physicians to help address access to health care in these communities. In accordance with the Consolidated Appropriations Act, 2021, CMS is proposing to distribute 1,000 additional physician residency slots to qualifying hospitals, phasing in 200 slots per year over five years. CMS estimates that the additional funding for these additional residency slots, once fully phased in, will total approximately \$0.3 billion each year to fund medical residency positions in hospitals to address the workforce shortages.

"Hospitals are often the backbone of rural communities – but the COVID-19 pandemic has hit rural hospitals hard, and too many are struggling to stay afloat," said HHS Secretary Xavier Becerra. "This rule will give hospitals more relief and additional tools to care for COVID-19 patients, and it will also bolster the health care workforce in rural and underserved communities. The Biden Administration is committed to expanding health equity in communities across the country, especially in rural America."

Consistent with President Biden's Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, CMS is also committed to addressing significant and persistent inequities in health outcomes in the U.S. through improving data collection to better measure and analyze disparities across programs and policies. In this proposed rule, CMS is soliciting feedback on opportunities to leverage diverse sets of data (race, Medicare/Medicaid dual eligible status, disability status, LGBTQ+, socioeconomic status, etc.) and new methodological approaches to advance equity through the quality measurement and value-based purchasing programs.

The rule also proposes to implement section 9831 of the American Rescue Plan Act of 2021 to permanently reinstate the imputed floor-wage-index for all-urban States for FY 2022.

Additionally, the rule proposes to update Medicare Fee-for-Service payment rates and policies for acute care inpatient hospitals and long-term care hospitals for fiscal year 2022. CMS estimates total Medicare spending on acute care inpatient hospital services will increase by about \$2.5 billion in fiscal year 2022.

Strengthening COVID-19 Ongoing Response

In November 2020, CMS established the New COVID-19 Treatments Add-on Payment (NCTAP) to mitigate any potential financial disincentives for hospitals to provide new COVID-19 treatments during the Public Health

Emergency (PHE). The proposed rule would extend the NCTAP for certain eligible technologies through the end of the fiscal year in which the PHE ends.

In addition, the proposed rule seeks to strengthen the ongoing response to the PHE and future health threats by leveraging meaningful measures for quality programs. CMS is proposing the adoption of the COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) Measure to require hospitals to report COVID-19 vaccinations of workers in their facilities. This proposed measure is designed to assess whether hospitals are taking steps to limit the spread of COVID-19 among their workforce, reduce the risk of transmission within their facilities, help sustain the ability of hospitals to continue serving their communities through the PHE, and assess the nation's long-term recovery and readiness efforts.

Additionally, CMS is proposing to modify the Promoting Interoperability program requirements for eligible hospitals and critical access hospitals to expand reporting within the Public Health and Clinical Data Exchange Objective. The proposal would require hospitals to report on all four of the following measures: Syndromic Surveillance Reporting, Immunization Registry Reporting, Electronic Case Reporting, and Electronic Reportable Laboratory Result Reporting.

Requiring hospitals to report these four measures would help to prepare public health agencies to respond to future health threats and a long-term COVID-19 recovery by strengthening public health functions, including early warning surveillance, case surveillance, and vaccine uptake, which will increase the information available to help hospitals better serve their patients. Requiring these measures would enable nationwide syndromic surveillance for early warning of emerging outbreaks and threats; automated case and laboratory reporting for rapid public health response; and local and national visibility on immunization uptake so public health can tailor vaccine distribution strategies.

More Information:

- [Proposed rule](#) : CMS will accept comments until June 28
- [Fact sheet](#)

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