



COVID-19 Update: New CMS changes that impact medical education

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On April 30, 2020, the Centers for Medicare & Medicaid Services (CMS) again updated its [rules](#) for Medicare providers with training programs in order to provide additional flexibility during the COVID-19 pandemic. Specifically, CMS announced the following:

1. The number of temporary beds may be increased during the public health emergency without facing reduced payments for indirect medical education (IME).
2. Inpatient psychiatric facilities and inpatient rehabilitation facilities may admit more patients to alleviate pressure on acute-care hospital bed capacity without facing reduced IME or teaching status adjustment payments. Teaching physician supervision of these services, when furnished by a resident in an approved GME program, may be provided through telemedicine when appropriate.
3. Medicare direct GME (DGME) and/or IME payment amounts will not be reduced when GME residents are shifted to other hospitals to meet COVID-related needs when certain conditions are met.
4. Non-teaching hospitals that accept GME residents on an emergency basis to respond to the COVID-19 pandemic will not be penalized for future Medicare DGME payments and/or IME adjustments.

CMS acknowledges that these temporary changes are significant departures from existing policy but are necessary due to the unprecedented nature of the COVID-19 public health emergency. With these changes, CMS aims to remove barriers so teaching hospitals can increase capacity and extend available medical staff support to other hospitals for COVID-19 patients while receiving stable, predictable Medicare payments.

Sponsoring institutions implementing these changes for their approved GME programs also need to consider ACGME

accreditation requirements for those programs, which have not always changed in concert with CMS' changes.

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