

ABSTRACT

The first 19 days of the 2020 season were characterized by a period of high activity, with a peak in the first week of the month. The total number of cases was 1,135, with a peak of 212 cases on August 1, 2020. The number of cases decreased significantly after August 1, 2020, with a total of 137 cases for the remainder of the month.

The second 19 days of the 2020 season were characterized by a period of low activity, with a peak in the first week of the month. The total number of cases was 113, with a peak of 21 cases on August 1, 2020. The number of cases decreased significantly after August 1, 2020, with a total of 13 cases for the remainder of the month.

The third 19 days of the 2020 season were characterized by a period of low activity, with a peak in the first week of the month. The total number of cases was 113, with a peak of 21 cases on August 1, 2020. The number of cases decreased significantly after August 1, 2020, with a total of 13 cases for the remainder of the month.

The fourth 19 days of the 2020 season were characterized by a period of low activity, with a peak in the first week of the month. The total number of cases was 113, with a peak of 21 cases on August 1, 2020. The number of cases decreased significantly after August 1, 2020, with a total of 13 cases for the remainder of the month.



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INTRODUCTION

The COVID-19 pandemic has caused a global health crisis, with millions of people infected and hundreds of thousands of deaths. The World Health Organization (WHO) declared COVID-19 a global pandemic on March 11, 2020. The disease is caused by the SARS-CoV-2 virus, which is highly contagious and can spread from person to person through respiratory droplets. The symptoms of COVID-19 range from mild to severe, and the disease can be fatal, particularly for older adults and those with underlying health conditions. The pandemic has also caused significant economic and social disruption, with many businesses and schools closing and millions of people losing their jobs. The impact of COVID-19 is still being felt around the world, and it is clear that we need to take steps to prevent future pandemics and to better prepare for such crises.

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Exhibit 3. Summary of COVID-19-Related Regulatory Change Themes

		Intended benefit of changes	beneficiaries
	Set payment rates and clinical requirements for different facility types based on their unique features	Ensure capacity to handle a potential surge of COVID-19 patients through temporary expansion sites	Provides more choice in sites to access care Patients may not know facility and may be surprised by billing and cost-sharing rates
Benefits and care	Ensure that beneficiaries have access to certain items and services and quality of care from Medicare providers, facilities, and plans	Cover new services, modify requirements for services, remove prior authorization requirements, and ease requirements for patient assessments and care plans	Easier access is given to prescription drugs and testing Some patient rights are curtailed, and there is a risk of reduced quality of care
	Define facility types by characteristics and ensure that providers comply with measures to protect patients and program spending	Ease or waive requirements providers must meet to participate in Medicare	Access to providers is maintained or expanded Increases risk of reduced quality and risk of fraud, waste, and abuse
	Not applicable	Enable more COVID-19 testing at more locations	Provides more access to testing Increases risk of surprise billing and cost sharing
	Ensure that Medicare pays providers appropriately; deters fraud, abuse, and overuse; and incentivizes payment systems to reward value	Waive some payment system and quality requirements to maintain or increase provider payments	Maintained or expanded access to providers Increases risk of reduced quality of care and higher cost-sharing
	Limit the provision of some services to certain types of providers	Remove scope-of-practice and other barriers for clinicians to treat patients	Maintained or expanded access to providers Increases risk of reduced quality of care
	Collect information to improve Medicare program and deter fraud, abuse, and overuse	Limit collection of some information and pause audit activity	New reporting will yield more information Reporting cuts will yield less information
	Protect patients from serious harm (for example, fires, health care-acquired infections)	Temporarily suspend some safety requirements to reduce provider responsibility and facility traffic	Provides potential for facilities to focus more on COVID-19 Increases risks to patient safety
	Limit use of telehealth to services that may be better suited to the technology and deter fraud, abuse, and overuse	Increase use of telehealth for clinicians to provide services and supervision	Maintained or expanded provider access; no exposure to risk of COVID-19 infection Increases potential of reduced quality, surprise billing, and cost-sharing

Note: This table summarizes characteristics that are generally shared across changes within each theme category. For more information on individual changes, see the companion [policy tracker](#).

7. The Commission is authorized to make such rules and regulations as may be necessary to carry out its duties.

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HOW THIS STUDY WAS CONDUCTED

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of the Commonwealth, and the Commonwealth's health care providers. The study was conducted from March 1, 2020, to March 24, 2020. The study was conducted using a [policy tracker](#).

NOTES

1. [Commonwealth of Massachusetts, Department of Health and Senior Services, "Emergency Authority and Immunity Toolkit: Waiver Authority in National Emergencies," \(Boston, MA: Commonwealth of Massachusetts, 2013\).](#)
2. [Commonwealth of Massachusetts, Department of Health and Senior Services, "Emergency Authority and Immunity Toolkit: Waiver Authority in National Emergencies," \(Boston, MA: Commonwealth of Massachusetts, 2013\).](#)
3. [Commonwealth of Massachusetts, Department of Health and Senior Services, "Emergency Authority and Immunity Toolkit: Waiver Authority in National Emergencies," \(Boston, MA: Commonwealth of Massachusetts, 2013\).](#)
4. [Commonwealth of Massachusetts, Department of Health and Senior Services, "Emergency Authority and Immunity Toolkit: Waiver Authority in National Emergencies," \(Boston, MA: Commonwealth of Massachusetts, 2013\).](#)
5. [Commonwealth of Massachusetts, Department of Health and Senior Services, "Emergency Authority and Immunity Toolkit: Waiver Authority in National Emergencies," \(Boston, MA: Commonwealth of Massachusetts, 2013\).](#)
6. [Commonwealth of Massachusetts, Department of Health and Senior Services, "Emergency Authority and Immunity Toolkit: Waiver Authority in National Emergencies," \(Boston, MA: Commonwealth of Massachusetts, 2013\).](#)
7. [Commonwealth of Massachusetts, Department of Health and Senior Services, "Emergency Authority and Immunity Toolkit: Waiver Authority in National Emergencies," \(Boston, MA: Commonwealth of Massachusetts, 2013\).](#)

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