Missouri Alliance for **HOME CARE**
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Williams Resigns as Director of Missouri DHSS

Dr. Randall Williams resigned as Director of the Missouri Department of Health and Senior Services. An obstetrician, he was appointed director by former Gov. Greitens in 2017. Gov. Parson named Robert Knodell, the governor's Deputy Chief of Staff, as the department's Acting Director, effective immediately. Knodell has played a leadership role in the Parson administration's response to the COVID-19 pandemic.

NAHC Analysis of the FY2022 Hospice Payment Rule *(from NAHC Report)*

Despite the continuing Public Health Emergency (PHE) generated by COVID-19, the Centers for Medicare & Medicaid Services (CMS) is pushing forward with significant changes for hospice as evidenced by release of Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements.

In addition to a proposed payment update projected at 2.3% and aggregate cap value of $31,389.66, the expansive rule contains a wide variety of proposed changes and solicits feedback on a number of far-reaching issues, including:

- Feedback on CMS hospice utilization data, spending outside of hospice, determinations of relatedness/unrelatedness, visits in the last week of life, and other issues
- Revision and rebasing of the labor shares of the hospice payment rates
- Clarifications to the regulations governing the election statement addendum requirement that was implemented on October 1, 2020
- Making permanent select regulatory blanket waivers that were issued during the COVID-19 PHE
- Inclusion of a new claims-based Hospice Care Index (HCI) measure as part of the Hospice Quality Reporting Program (HQRP)
- Removal of the seven Hospice Item Set (HIS) measures
- Updates on progress related to development of the HOPE assessment instrument
- Details on modified plans for refresh of data due to the COVID-19 PHE exemptions
- Addition of a CAHPS Hospice Survey star rating
- A Request for Information (RFI) on adoption of a standardized definition of Digital Quality Measures (dQMs) across Quality Reporting Programs and the potential use of Fast Healthcare Interoperable Resources (FHIR) for dQMs within the HQRP (FHIR is an open source standards framework used in both commercial and government settings created by Health Level Seven International that establishes a common language and process for all health information technology)
- A Solicitation of Comments to assist in transformation of CMS' quality measurement enterprise to be fully digital
- A RFI on closing the health equity gap in post-acute care quality reporting programs
- A Solicitation of Public Comment on whether activities related to measures adopted as the result of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act should be expanded for potential utilization under the HQRP (like aspects of SPADES)
- Changes to the Home Health QRP

Click here for the National Association for Home Care & Hospice's (NAHC's) initial, high-level summary of the proposed rule. Many portions of the rule require additional analysis, which will be provided at a later date.

In the interim, following are links to relevant resources that may be useful:
Proposed Rule Permalink
FY2022 Proposed Wage Index Tables

Pandemic Reshaping Hospice Bereavement Care

The coronavirus pandemic has been reshaping the ways hospices provide bereavement care. Many providers have taken these services online as COVID-19 forced the need to socially distance, with hospices working quickly to implement new technology platforms. Given these investments, many of these changes will likely extend into the long term.

The U.S. Centers for Medicare & Medicaid Services (CMS) requires hospice providers to offer bereavement counseling for a minimum of 13 months following a patient's death, but hospices often go above and beyond by making grief care available to their entire communities, regardless of whether the deceased was their patient.

With COVID-19 spurring an extensive need for bereavement care, many hospices need additional resources to meet rising demand. READ THE REST

CMS Revises HHA Claim Instructions *(from NAHC Report)*

The Centers for Medicare & Medicaid Services (CMS) has issued corrections to Change Request 11855 through Transmittal 10696, dated, March 31,2021. The revisions include instructions that any principle diagnosis may be reported on the request for anticipated payment (RAP) in order to facilitate timely submission. Since these RAPs are not paid, the accurate principal diagnosis code that supports payment is needed only on the claim for the period of care.

In addition, instructions related line 0023 on subsequent periods have been revised to clarify that RAPs using the first day of the period of care as the service date on the 0023 line must report the same a service date on the 0023 revenue code line on the claims. This is necessary in order to ensure Medicare systems can correctly match the claim to the RAP during processing.

PPE Available Through August From State Inventory

With Gov. Parson's executive order that extends the State of Emergency through Aug. 31, the Missouri Department of Health and Senior Services will ensure personal protective equipment will be available from the state inventory. Most items can be ordered through the PPE Resource Request Online Form.

CMS Updates Emergency Preparedness Guidance *(from NAHC Report)*

The Centers for Medicare & Medicaid Services (CMS) recently released Updated Guidance for Emergency Preparedness-Appendix Z of the State Operations Manual (SOM), updates that incorporate the emergency preparedness (EP) revisions of the 2019 "Burden Reduction Rule", Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction (CoPs) (CMS 3346-F) Final Rule and some updated guidance in various areas of emergency preparedness.

CMS also provided additional guidance based on best practices, lessons learned and general recommendations for planning and preparedness for Emerging Infectious Disease (EID) outbreaks. The

changes are effective immediately, and CMS is currently working on updates to the Emergency Preparedness Basic Surveyor Training Course to reflect the new changes.

Providers will be pleased to see more specificity around EP program documentation requirements. CMS clarified that it does not require a hard copy/paper, electronic or any particular system for meeting the documentation requirements. It is up to each individual facility to be able to demonstrate in writing their emergency preparedness program. Providers and suppliers are encouraged to keep documentation and their written emergency preparedness program based on the requirements for their provider type.

Inpatient providers should maintain documentation and records for at least 2 years. Outpatient providers for at least four years. This is because surveyors will generally need to review four years worth of documentation for outpatient providers in order to assess for compliance with testing exercises.

Specific to hospices and some other provider types not including home health agencies, CMS guides that the emergency preparedness program must include policies and procedures which outline the facility's role in the provision of care and treatment under section 1135 waivers during a declared public health emergency in alternate care sites. In the event a facility is operating under a Section 1135 Waiver, including a potential blanket waiver, facilities should also consider their policies and procedures related to the use of the waiver flexibility and timeframe. The facility should consider not using or forgoing the waiver and ensuring it is back in substantial compliance with the specific requirement(s) waived even while the PHE may continue. The intent behind an 1135 waiver is to provide relief and flexibilities while the facility is directly impacted or challenged with meeting the Medicare requirement(s). It seems reasonable that all provider types should follow this 1135 waiver guidance.

Specific to home health agencies, CMS guides that the communication plan should include all physicians and allowed practitioners involved in the patient's care as well as any additional practitioners at HHAs to reflect the coordinated, interdisciplinary approach to care.

Also included in the updates is additional guidance on risk assessments, contingency plans, surge planning and training and testing which providers will find helpful.

CMS Open Door Forum: Updates to Home Health Quality Reporting Program & More *(from NAHC Report)*

On April13, 2021 The Centers for Medicare & Medicaid Services (CMS) held the Home Health, Hospice, and Durable Medical Equipment Open Door Forum. The majority of information shared with the participants pertained to hospice providers. However, several issues impacting home health agencies were also discussed.

Home Health Quality Reporting Program (HHQRP)
CMS announced that five measures will be removed from the HH QRP with the July 2021 refresh. Those measures are:

- Depression Assessment Conducted.
- Multifactor Fall Risk Assessment Conducted for All Patients who Can Ambulate.
- Diabetic Foot Care and Patient/Caregiver Education Implemented during All Episodes of Care.
- Pneumococcal Polysaccharide Vaccine Ever Received.
- Improvement in surgical wounds.

Sometime this summer, CMS plans to provide interim guidance for HHAs regarding the delay of the Outcome and Assessment Information Set (OASIS) E.

Two new on demand OASIS training modules have been posted on the website; Section M: Skin Conditions and Section N: Medications – Drug Regimen Review Web-Based Training.

In the fiscal year 2022 Medicare hospice rate update proposed rule, CMS included a proposal to use only three quarters of data, 3 rd and 4 th quarter of 2020 and 1 st quarter 2021, beginning with the January 2022 HHQRP refresh on Care Compare. This proposal impacts OASIS and claims-based measure reporting from January 2020-July 2024. The proposal will prevent CMS from having to freeze home health quality reporting data beyond 2021 on the Care Compare website.

Claims Processing Issues
Three claims processing issues discussed in the January 26, 2021 open door forum have been resolved. Since then, CMS has identified three additional claims processing issue that are now resolved as well:

- Home health claims spanning 2020-2021 were applying the incorrect 2021 payment amount.
- Late RAP penalties were not being applied to outlier claims.
- Applying the late RAP penalty incorrectly to HHVBP claims.

CMS shared information on two ongoing claims processing issues:

1. Low utilization payment adjustment (LUPA) visits that fall between the From date and RAP receipt date are being paid at zero whether the RAP was late or not. CMS will be instructing the MACs on a workaround and should correct claims paid in error.
2. RAP payments for 2020 claims are not paying correctly. Only the labor portion is being applied. However, the final claim is paying correctly.

CMS announced that the Notice of Admission (NOA) Companion guide for the 837I has been released and is on the CMS website. A Transmittal with the business requirements for the NOA is planned to be released May 3, 2021.A Transmittal with updates to chapter 10 of the Medicare Claims Processing Manual will also be released on or before that date.

Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)
The data collection dates for the calendar year (CY) 2023 annual payment update are April 1.2021-March 31, 2022. CMS encourages all home health agencies to participate in the HHCAHPS data collection. Instructions for participation and to submit an exemption from participation for CY 2023 can be located on the HHCAHPS website.

CMS Re-Specifies Hospice Visits in Last Days of Life Measure *(from NAHC Report)*

The Centers for Medicare & Medicaid (CMS) has re-specified the **Hospice Visits When Death is Imminent** (HVWDII) measure. The re-specified measure, **Hospice Visits in Last Days of Life** (HVLDL), and was announced by CMS via the report Hospice Visits When Death is Imminent: Measure Validity Testing Summary and Re-Specifications (posted in September, 2020). HVLDL is a claims-based measure that indicates the hospice provider's proportion of patients who have received visits from a registered nurse or medical social worker (non-telephonically) on at least two out of the final three days of the patient's life. Hospices have had questions about the measure including calculation details and impact on Care Compare and future hospice submission requirements.

NAHC is consolidating some of the history on the change to the HVLDL, the questions many hospices have and responses in this article and providing links to previous NAHC Report articles and other resources for the HVLDL.

Because CMS will utilize hospice claims for this measure, Section O of the HIS-Discharge record is no longer needed. This is the section that captured the hospice visit data. Therefore, CMS revised the HIS record to reflect the elimination of this section and updated the HIS Manual. The final HIS Manual V3.00 is available as is the updated HIS-Admission (updated to reflect current reporting year) and HIS-Discharge documents. The HIS Manual V3.00 is effective as of February 16, 2021 and the HVLDL is effective with admissions and discharges 1/1/2021 and later.

As reported previously, hospices may use and submit either V2.00 or V3.00 of the HIS-Discharge record for admissions and discharges on or after this date. Both are accepted by the ASAP system at this time. If V2.00 is submitted by a hospice, the ASAP system will not capture the visit information in Section O (CMS has stated it is not able to collect data it is not using). Some hospices have decided to continue using this version of the HIS-Discharge for their own internal visit data analysis and have not reported any problems with submission. CMS has not given a date as to when the ASAP system will no longer accept HIS-Discharge V2.00.

Below are some of the most frequently asked questions about the elimination of Section O from the HIS-Discharge and the HVLDL measure.

Q: Will CMS eliminate the requirement that hospices submit the HIS-Discharge record as the information captured from it can be captured from hospice claims?
A: As recently as the April 13, 2021 CMS Home Health, Hospice, and Durable Medical Equipment (DME) Open Door Forum (ODF), CMS indicated it does not have any plans to eliminate submission of the HIS-Discharge as it is used to calculate other measures. Providers should note that the Hospice Outcome & Patient Evaluation (HOPE) instrument is expected to replace the HIS eventually. CMS indicated in the FY2022 hospice proposed rule that the draft HOPE has undergone cognitive and pilot testing, and will undergo field testing to establish reliability, validity and feasibility of the assessment instrument. CMS anticipates proposing the HOPE in future rulemaking after testing is complete.

Q: When will CMS start reporting the HVLDL on Care Compare?
A: In the FY2022 hospice proposed rule CMS is proposing to begin public reporting of the HVLDL no earlier than May 2022 using FY2021 claims data.

Q: How are the visits calculated in the HVLDL?
A: HVLDL indicates the hospice provider's proportion of patients who have received visits from a registered nurse or medical social worker (non-telephonically) on *at least two out of the final three days* of the patient's life. While all patient visits are meaningful, only patients with visits on two different days during the last three days of life will count towards the numerator for this measure. These visits can be made by the nurse, the social worker, or both. **So a visit from a nurse and a social worker on the same does not satisfy the HVLDL criteria.**

Q: How are the last three days of life calculated in the HVLDL?
A: The calculation of the last three days remains unchanged from the last three days documented in Section O. Information defining the last three days can be found on page 2O-3 in HIS Manual V2.01. Specifically these three days are "indicated by the day of death, the day prior to death, and two days prior to death."

- The day of death is the same as the date provided in A0270, Discharge Date. (or the day of death)
    - One day prior to death is calculated as A0270 minus 1.
- Two days prior to death is calculated as A0270 minus 2.

Therefore, the day of death is considered as one of the last three days of life in this calculation as it was with the HVWDII measure. Please note that this level of detail is not found in HIS Manual V3.00 because Section O was removed, and the HQRP QM Manual is current as of January 2019 and has not yet been updated.

Q: Are any patients excluded from the HVLDL calculation?
A: The patients excluded from this measure are the same as those excluded from measure 1 of the HVWDII measure pair per the HQRP QM Manual V3.00 (2019). These are:

- Patients who did not expire in hospice care
- Patients who received any continuous home care, respite care or general inpatient care in the final 3 days of life
- Patients whose length of stay is not 3 days (confirmed by CMS in an Open Door Forum on 4/13/2021)

MO HealthNet Provider Bulletin – Private Duty Nursing

On April 14, MO HealthNet released a Private Duty Nursing Provider Bulletin related to the following:

- Place of Service For Private Duty Nursing Clarification
- Multiple PDN Providers
- Provider Participation
- Nurse Licensure Compact
- Program Changes

Click on the following link to access the Bulletin - https://dss.mo.gov/mhd/providers/pdf/bulletin43-27.pdf

Recent HCBS Memos

Multiple HCBS memo's have been released over the past couple of weeks.

Additions to Acceptable Documents for Consumer Directed Services Tax Information *(3-17-21)*
The Home and Community Based Services (HCBS) Manual has been revised to reflect updates to policy 3.25 Appendix 1 Consumer Directed Services Tax Information.

Please refer to HCBS 03-21-01 and the revised policy at the links below.

- Memorandum - https://health.mo.gov/seniors/hcbs/hcbsmanual/hcbsmemos.php
- Policy – https://health.mo.gov/seniors/hcbs/hcbsmanual/

Provider Reassessor Quality Assurance Update – Case Note Documentation *(3-19-21)*
A memorandum has been issued regarding provider reassessor case note documentation.

Please refer INFO-03-02-21 at https://health.mo.gov/seniors/hcbs/infomemos.php

Authorization of Shared Tasks *(3-22-21)*
A memorandum has been issued regarding the authorization of shared tasks.

Please refer INFO 03-21-03 at https://health.mo.gov/seniors/hcbs/infomemos.php

Medicaid Income Information Update *(3-31-21)*
The Home and Community Based Services (HCBS) Manual has been revised to reflect an update to Chapter 2, Appendix 2 Medicaid Income Information.

Please refer to HCBS 03-21-02 and the revised policy at the links below.

- Policies – https://health.mo.gov/seniors/hcbs/hcbsmanual/
- Memorandum - https://health.mo.gov/seniors/hcbs/hcbsmanual/hcbsmemos.php

Online PCCP Request Form *(4-1-21)*
The Home and Community Based Services (HCBS) Manual has been revised to reflect updates to Policy 8.00 Appendix 9 Person Centered Care Plan (PCCP) Request Form.

Please refer to HCBS 04-21-01 Online PCCP Request Form and the revised policy at the links below.

- Policies – https://health.mo.gov/seniors/hcbs/hcbsmanual/
- Memorandum - https://health.mo.gov/seniors/hcbs/hcbsmanual/hcbsmemos.php

Provider Reassessor Information Webpage – General Health Evaluation (GHE) Quick Guide *(4-5-21)*
A memorandum has been issued regarding the authorization of General Health Evaluations (GHEs).

Please refer to INFO 04-21-01 at https://health.mo.gov/seniors/hcbs/infomemos.php

Update to Respite Care - Aged and Disabled Waiver *(4-16-21)*
The Home and Community Based Services (HCBS) Manual has been revised to reflect updates to Policy 3.50 Respite Care – Aged and Disabled Waiver.

Please refer to HCBS 04-21-02 Update to Respite Care – Aged and Disabled Waiver and the revised policies at the links below.

- Policies – https://health.mo.gov/seniors/hcbs/hcbsmanual/
- Memorandum - https://health.mo.gov/seniors/hcbs/hcbsmanual/hcbsmemos.php

ACIP Announces Emergency Meeting On J&J Vaccine

The Centers for Disease Control and Prevention Advisory Committee on Immunization Practices recently announced it is continuing its current recommendation to pause distribution of the Johnson & Johnson COVID-19 vaccine. The Advisory Committee on Immunization Practices will hold a virtual emergency meeting on Friday, April 23, to review additional data from Johnson & Johnson and the Centers for Disease Control and Prevention on rare and severe blood clotting events that may be linked to the J&J vaccine. The live meeting will be available for public viewing, and registration is not required.

MOStopsCOVID Adds Senior and Transportation Resources

The state's vaccine website MOStopsCOVID recently added specialized resources for people over age 60 and homebound adults, as well as for those needing assistance with transportation to access a vaccine. For seniors, the Area Agencies on Aging will help those needing assistance in registering for a vaccine, coordinating round-trip transportation, providing a reminder about the second dose and coordinating an in-home vaccine for the homebound. For those needing a ride, numerous resources are available in each region to provide transportation to and from a vaccine provider at no cost.

Missouri Vaccine Navigator Now Available in Spanish

The Missouri Vaccine Navigator was developed to help Missourians navigate the COVID-19 vaccination process. The system now has been translated into Spanish. In the near future, the state plans to translate the system into Chinese, Korean, French, Russian and Portuguese to make the system more accessible to all Missourians.

UI Study Finds Healthcare Workers More Exposed to COVID-19 at Home Over Work Environment

Results from a recent study of healthcare workers, performed by the University of Iowa Hospitals and Clinics and the UI Carver College of Medicine, shows they are more likely to contract COVID-19 from exposure at home compared to exposure in the community or at work.

The study found of those University of Iowa Hospitals and Clinics workers who participated in the study from September 1 to November 30, 2020, 26% who reported significant exposure at home ended up infected with COVID-19. Just 18% reported exposure in the community and 10% reported exposure at work, the study shows. READ THE REST

'COVID Hit Us All So Hard': Vt. Hospice Workers Say PTSD Will Last Years

The trauma of the pandemic has affected many: health care workers, first responders, even grocery store clerks. Hospice workers – who deal with death every day – were heavily affected.

The isolation of the coronavirus pandemic turned hospice care on its head. While the death rate from COVID-19 has dropped, some hospice workers worry about the next surge and the personal toll the past year has taken. READ THE REST

New Poll Identifies Stress on The Front Lines Of COVID-19

A nationwide poll conducted by Washington Post-Kaiser Family Foundation asked more than 1,300 front-line health care workers to describe the hardest part of working during the COVID-19 pandemic. America's health care workers cited worry, exhaustion, constantly changing safety rules and long hours of wearing personal protective equipment, to name a few. While their work has saved countless lives, it also has taken a toll on personal health. Of those who participated in the poll, 61% say worry or stress related to COVID-19 has had a negative impact on their mental health, and 55% feel "burned out" going to work.

OSHA Targets Home Health Care on COVID-19 Compliance *(from NAHC Report)*

The Occupational Safety and Health Administration (OSHA) has begun implementing a National Emphasis Program (NEP) to ensure that employees in high hazard industries or work tasks are protected from the danger of contracting the novel coronavirus COVID-19, in a development that could impact home health providers.

The NEP augments OSHA's efforts addressing unprogrammed COVID-19-related activities, e.g., complaints, referrals, and severe incident reports, by adding a component to target specific high-hazard industries or activities where this hazard is prevalent. The NEP targets establishments that have workers with increased potential exposure to this hazard, and that puts the largest number of workers at serious risk. In addition, this NEP includes an added focus to ensure that workers are protected from retaliation, and are accomplishing this by preventing retaliation where possible, distributing anti-retaliation information during inspections, and outreach opportunities, as well as promptly referring allegations of retaliation to the Whistleblower Protection Program.

The NEP is in response to President Biden's executive order that directed the Secretary of Labor, acting through the Assistant Secretary of Labor for Occupational Safety and Health, to launch a national program to focus OSHA enforcement efforts related to Coronavirus Disease 2019 (COVID-19) on hazardous conditions.

In Appendix A of the NEP directive, OSHA lists the targeted Industries in Healthcare subject to the NEP and Home Health Care Services is included as one of the targeted industries.

Although the National Association for Home Care & Hospice (NAHC) is not aware of any agency that has been subject to a COVID-related OSHA inspection, all HHAs should review their workplace policies and procedures to assure they are following both the OSHA Guidance for Mitigating and Preventing the Spread of COVID -19 in the Workplace for office staff and the various guidance from the Centers for Disease Prevention and Control (CDC) for protecting staff in the field.

New Bill Addresses Nation's Shortage of Nurses, Doctors *(from NAHC Report)*

Bipartisan legislation introduced in the United States Senate would address America's shortage of doctors and nurses by "recapturing" visas for thousands of foreign-born trained health care workers. The ***Healthcare Workforce Resilience Act*** recaptures unused visas for nurses, doctors, and their families from previous years and exempts those visas from existing country caps on immigration.

In addition, the bill also requires employers to attest that immigrants receiving these visas will not displace workers who are American citizens, limits the filing period for recaptured visas to 90 days following the termination of the resident's COVID-19 emergency declaration, and requires the Departments of State and Homeland Security to expedite the processing of the recaptured visas. The legislation would recapture 25,000 unused visas for nurses and another 15,000 unused visas for doctors.

"The ***Healthcare Workforce Resilience Act*** is an essential change in immigration standards that comes at a time when the health care workforce has been stretched to a breaking point," said NAHC President William A. Dombi, in reaction to the bill's introduction. "Home health agencies and hospices routinely report that they are at capacity and that they are turning away patients because of a nursing shortage.

Health care at home has been an unqualified success during the pandemic, but more health care professionals are needed to provide care access. **NAHC fully supports the *Healthcare Workforce Resilience Act*. We also hope that it can be expanded to include home care aides, an essential healthcare workforce during the pandemic and beyond."**

HHS Updates Provider Relief Fund FAQs *(from NAHC Report)*

The Department of Health and Human Services (HHS) has updated its Provider Relief Fund FAQs related to

- "Terms and Conditions,"
- "Ownership Structures and Financial Relationships," and
- "Use of Funds."

Specifically, the updates relate to

- recoupment of funds;
- the allowable timeframe to calculate COVID-19 expenses or lost revenue;
- oversight and enforcement mechanisms; conditions for accepting additional PRF payments;
- how a parent organization may use its funds across its providers; how cost-based reimbursement relates to PRF payments;
- how organizations calculate the "expenses attributable to coronavirus not reimbursed by other sources";
- and the interaction between the PRF and other sources of pandemic relief funding, such as money available through the Paycheck Protection Program and Federal Emergency Management Agency.

In addition, HHS deleted a Feb. 24 FAQ regarding the use of Medicaid Disproportionate Share Hospital funds, which was the source of some confusion. The FAQ had stated that Medicaid DSH payments for uncompensated costs of delivering inpatient or outpatient hospital services are costs covered by another source and therefore ineligible to be covered by PRF payments.

CMS Compiles COVID-19 Vaccine Resources from Partners

The Centers for Medicare & Medicaid Services compiled COVID-19 vaccine resources and materials from partners, including the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention. The resources can be found on CMS' COVID-19 Partner Resources Page and the HHS COVID Education Campaign page. Now available are vaccine resources to support vulnerable populations, such as older adults, people with disabilities, homebound persons and homeless individuals.

Cyber Alert: Mitigating Microsoft Exchange Server Vulnerabilities *(from NAHC Report)*

The Office for Civil Rights (OCR) of the Department of Health & Human Services (HHS) is sharing the following Updated Alert on Mitigating Microsoft Exchange Vulnerabilities to assist HIPAA-covered entities and their business associates in addressing serious threats to Microsoft Exchange servers. Organizations are encouraged to review the information below and take appropriate action.

The Cybersecurity and Infrastructure Security Agency (CISA) is aware of threat actors using open-source tools to search for vulnerable Microsoft Exchange Servers and advises entities to investigate for signs of a compromise from at least September 1, 2020. CISA has updated the Alert on the Microsoft Exchange server vulnerabilities with additional detailed mitigations.

CISA encourages administrators to review the updated Alert and the Microsoft Security Update and apply the necessary updates as soon as possible or disconnect vulnerable Exchange servers from the internet until the necessary patch is made available.

In a prior cybersecurity newsletter (https://www.hhs.gov/sites/default/files/spring-2019-ocr-cybersecurity-newsletter.pdf), OCR provided information on zero-day vulnerabilities.