

Summary of Centers for Medicare and Medicaid Services' (CMS) Additional Policies and Regulatory Provisions to Support the U.S. Healthcare System during the COVID-19 Pandemic

Current as of May 5, 2020

What Is It?

An Interim Final Rule with Comment Period (IFC) describing additional policies, regulatory waivers, and rule changes intended to expand care for Medicare beneficiaries and offer flexibility to the healthcare system as the country seeks to reopen.

How Will It Impact Me as a Healthcare Provider (HCP)?

The IFC contains provisions that are specific to the delivery of COVID-19 related care and testing, as well as other changes related to the delivery of healthcare to non-COVID-19 patients to facilitate safe access to care and reduce the burden of paperwork as HCPs focus on patients.

- CMS further expands the types of providers that can furnish Medicare telehealth services to physical therapists, occupational therapists, and speech language pathologists. Hospitals may bill for outpatient services provided remotely by hospital-based practitioners to Medicare patients registered as hospital outpatients, even if the patient is at home.
- CMS is waiving the video requirement for additional services and is increasing payments for telephone visits to match payments for similar office and outpatient visits. The list of services that can be conducted by audio-only telephone now includes certain evaluation and management services, many behavioral health and patient education services. The increased payment rates are retroactive to March 1, 2020.
- CMS will allow new telehealth services on a sub-regulatory basis, rather than only through its rulemaking process. This will speed up the process of adding new services to the "allowed" telehealth services list.
- CMS will pay for telehealth services provided by rural and federally qualified health clinics

Increased Hospital Capacity – Hospitals Without Walls

- CMS will allow hospitals to increase the number of beds without facing any decreased Medicare payments.
- CMS will allow inpatient psychiatric, rehabilitation and rural health facilities to accept more patients, and rehabilitation facilities can accept patients from acute-care hospitals mid-surge, even if the patients do not require rehabilitation.
- If a hospital relocates certain provider-based hospital outpatient departments off-campus, they can obtain a temporary exception to the current requirement that provider-based hospital outpatient departments be paid at rates under the Physician Fee Schedule (PFS). Under this exception, the department can continue to be paid under the Outpatient Prospective Payment System (OPPS), even if moved to multiple off-campus locations or partially relocating off campus while continuing to provide some care at the original site.
- Long-term acute-care hospitals can accept any acute-care patients and be paid at a higher Medicare payment rate.

Augmenting the Healthcare Workforce

- CMS is expanding the types of providers allowed to order home health services, review home health care plans, and re-certify eligibility for home care to include nurse practitioners, clinical nurse specialists, and physician assistants.
- Residents from teaching hospitals can be shifted to other hospitals (including non-teaching facilities) to meet COVID-related needs without affecting either hospital's payment rate.
- Physical and occupational therapists can delegate their outpatient maintenance therapy services to physical and occupational therapy assistants.
- Consistent with a change made for hospitals, ASCs will not have to reappraise medical staff privileges during the COVID-19 emergency.

Patients Over Paperwork

- Certain services that normally involve a partial hospitalization can be delivered in temporary expansion locations, including patients' homes. Community Mental Health Centers can also offer services in patients' homes.
- CMS is not enforcing eligibility criteria for continuous blood glucose monitors.

Additional Changes

- For providers in Accountable Care Organizations (ACOs), CMS is adjusting its financial methodology to account for COVID-19 costs. ACOs whose financial risk levels are scheduled to increase will have the option to maintain their current risk levels for 2021, and ACOs whose participation would end in 2020 may elect to extend for another year.
- CMS is granting exceptions for submission of certain measure data for Q4 2019 and Q1 and Q2 of 2020 for hospitals participating in the CMS Value-Based Purchasing (VBP) Program.

Where Can I Find More Information?

[CMS-5531-Interim Final Rule \(CMS-5531-IFC\)](#)

[COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#)

[Press Release: Trump Administration Issues Second Round of Sweeping Changes to Support U.S. Healthcare System During COVID-19 Pandemic](#)