DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Room 352-G
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Washington, DC 20201

FACT SHEET

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Additional Background: Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge

At President Trump's direction, the Centers for Medicare & Medicaid Services is taking historic and unprecedented steps to equip the American healthcare system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic.

CMS is issuing a sweeping array of new rules and waivers of federal requirements to ensure that local hospitals and health systems have the capacity to absorb and effectively manage potential surges of COVID-19 patients. The actions announced today introduce flexibilities to permit hospitals and healthcare systems to act as coordinators of healthcare delivery in their areas.

Below are some of the actions CMS is taking to help providers address patients' needs during the COVID -19 pandemic:

INCREASE HOSPITAL CAPACITY - CMS HOSPITALS WITHOUT WALLS

CMS is allowing healthcare systems and hospitals to provide services in locations beyond their existing walls to help address the urgent need to expand care capacity and to develop sites dedicated to COVID-19 treatment.

Under federal requirements, hospitals must provide services within their own buildings, raising concerns about capacity for treating COVID-19 patients, especially those requiring ventilator and intensive care. Under CMS's temporary new rules, hospitals will be able to transfer patients to outside facilities, such as ambulatory surgery centers, inpatient rehabilitation hospitals, hotels, and dormitories, while still receiving hospital payments under Medicare. For example, a

healthcare system can use a hotel to take care of patients needing less intensive care while using its inpatient beds for COVID-19 patients.

Ambulatory surgery centers can contract with local healthcare systems to provide hospital services, or they can enroll and bill as hospitals during the emergency declaration as long as they are not inconsistent with their State's Emergency Preparedness or Pandemic Plan. The new flexibilities will also leverage these types of sites to decant services typically provided by hospitals such as cancer procedures, trauma surgeries, and other essential surgeries.

CMS waivers will also permit doctor-owned hospitals to increase their number of beds without incurring sanctions.

Ambulances can transport patients to a wider range of locations when other transportation is not medically appropriate. These destinations include community mental health centers, federally qualified health centers (FQHCs), physician's offices, urgent care facilities, ambulatory surgery centers, and any locations furnishing dialysis services when an ESRD facility is not available.

CMS is issuing guidance to dialysis facilities to allow for the establishment of special purpose facilities to just care for patients with COVID-19. Patients receiving dialysis are our most vulnerable Americans, susceptible to complications from the virus, since they are immunocompromised and need regular treatments, often within a health care facility.

The new CMS guidelines allows healthcare systems, hospitals, and communities to set up testing and screening sites exclusively for the purpose of identifying COVID-19 positive patients in a safe environment.

The guidance describe circumstances in which hospital emergency departments can test and screen patients for COVID-19 at drive-through and off-campus test sites.

Medicare Specific: Medicare will pay laboratory technicians to travel to a beneficiary's home to collect a specimen for COVID-19 testing, eliminating the need for the beneficiary to travel to a healthcare facility for a test and risk exposure to themselves or others. Under certain circumstances, hospitals and other entities will also temporarily be able to perform tests for COVID-19 on people at home and in other community-based settings.

RAPIDLY EXPAND THE HEALTHCARE WORKFORCE:

CMS wants to add depth to the healthcare workforce since doctors, nurses, and others on the frontlines are being challenged like never before.

CMS is issuing a blanket waiver to allow hospitals to provide benefits and support to their medical staffs, such as multiple daily meals, laundry service for personal clothing, or child care services while the physicians and other staff are at the hospital providing patient care.

CMS is making it easier for providers to enroll in Medicare. Local private practice clinicians and their trained staff may be available for temporary employment since nonessential planned medical and surgical services are postponed during the pandemic.

To help teaching hospitals quickly expand their workforce, medical residents will have more flexibility to provide services under the direction of the teaching physician. In addition to being able to directly supervise a resident with their physical presence during key portions of a procedure, teaching physicians can now also provide supervision virtually using audio/video communication technology.

CMS also will permit wider use of verbal orders rather than written orders by hospital doctors so they can focus more of their time on taking care of patients.

CMS is waiving the requirements for a nurse to conduct an onsite visit every two weeks for home health and hospice. This would include waiving the requirements for a nurse or other professional to conduct an onsite visit every two weeks to evaluate if aides are providing care consistent with the care plan, as this may not be physically possible for a period of time.

The guidance incorporates the latest Centers for Disease Control and Prevention recommendations on a variety of topics, including optimizing the use of personal protective equipment and the safe handling of patients with undiagnosed respiratory symptoms and/or suspected or confirmed COVID-19.

PUT PATIENTS OVER PAPERWORK:

CMS is temporarily eliminating paperwork requirements and allowing clinicians to spend more time with patients. Hospitals will not be required to have written policies on processes and visitation of patients who are in COVID-19 isolation. Hospitals will also have more time to provide patients a copy of their medical record.

People with Medicare now have broader access to respiratory devices and equipment such as non-invasive ventilators, multi-function ventilators, respiratory assist devices, and continuous positive airway pressure devices. Medicare will now cover respiratory-related devices and equipment for any medical reason determined by clinicians so that patients can get the care they need; previously, Medicare covered them under certain circumstances.

The agency will continue to engage in oversight activities but will suspend requesting additional information from providers, healthcare facilities, Medicare Advantage and Part D prescription

drug plans, and States. CMS is also reprioritizing scheduled program audits in Medicare Advantage, Part D plans, and Programs of All-Inclusive Care for the Elderly (PACE) organizations. Reprioritizing these audit activities will allow CMS and the organizations to focus on patient care. Additionally, CMS is modifying the calculation of the 2021 and 2022 Part C and D Star Ratings to address the expected disruption to data collection and measure scores posed by the COVID-19 pandemic.

FURTHER PROMOTE TELEHEALTH IN MEDICARE:

CMS is expanding access to telehealth services for people with Medicare. This means they can receive care where they are: at home or in a nursing or assisted living facility. If they have COVID-19, they can remain in isolation and prevent spread the virus. If they aren't infected, they can get care without risking exposure to others who may be ill.

CMS will now pay for more than 80 additional services when furnished via telehealth. These include emergency department visits, initial nursing facility and discharge visits, and home visits, which must be provided by a clinician that is allowed to provide telehealth.

Providers also can evaluate beneficiaries who have audio phones only.

CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health. During the pandemic, individuals can use commonly available interactive apps with audio and video capabilities to visit with their clinician.

Home Health Agencies can provide more services to beneficiaries using telehealth, so long as it is part of the patient's plan of care and does not replace needed in-person visits as ordered on the plan of care.

Hospice providers can also provide services to a Medicare patient receiving routine home care through telehealth, if it is feasible and appropriate to do so.

If a physician determines that a Medicare beneficiary should not leave home because of a medical contraindication or due to suspected or confirmed COVID-19, and the beneficiary needs skilled services, he or she will be considered homebound and qualify for the Medicare Home Health Benefit. As a result, the beneficiary can receive services at home.

Virtual Check-In services, or brief check-ins between a patient and their doctor by audio or video device, could previously only be offered to patients that had an established relationship with their doctor. Now, doctors can provide these services to both new and established patients.

Clinicians can provide remote patient monitoring services for patients, no matter if it is for the COVID-19 disease or a chronic condition. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry.

In addition to the flexibilities we are announcing today, we are also issuing new guidance for additional healthcare settings such as ambulatory surgery centers, community mental health centers, outpatient physical therapy and other settings of care. The guidance provides information taking appropriate action to address potential and confirmed COVID-19 cases including discussions on recommendations to mitigate transmission including screening, restricting visitors, and cleaning and disinfection and possible closures.

For information on the COVID-19 waivers and guidance, and the Interim Final Rule, please go to CMS COVID-19 flexibilities webpage: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers.

These actions, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Coronavirus Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, visit www.coronavirus.gov. For a complete and updated list of CMS actions, and other information specific to CMS, please visit the Current Emergencies Website.

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