

Temporary Medicare Waivers and Federal Relief under COVID Emergency



Under the Public Health Emergency and new federal laws, the Centers for Medicare and Medicaid Services (CMS) is providing relief from certain Medicare regulations, to enable safer and easier access to health care services during the COVID pandemic. These have positive implications for palliative care teams as well as beneficiaries with serious illness.

State Laws Still Apply

Requirements defined under professional licensure and facility certificates of operation will still need to be followed. However, many states have issued their own waivers and flexibilities, consistent with CMS actions. CAPC is maintaining an [up-to-date list of state flexibilities](#).

Relevant Temporary Medicare Changes

Provisions	Implications for Palliative Care Clinicians
<p>Medicare Reimbursement for Professional Telehealth and Some Telephone Visits Medicare will cover telehealth visits in a wide variety of settings – including in the ED and in patients’ homes -- at the same payment rate as face-to-face encounters</p> <p>Other encounters, including brief communications and telephone calls, can be reimbursed.</p> <p><i>New – advance care planning with patient or family via telehealth or telephone is covered</i></p> <p>Hospice face-to-face re-certifications may also be done via telehealth</p> <p>Federally qualified health centers and rural health clinics can receive specially-designed telehealth reimbursement</p>	<ul style="list-style-type: none"> • Palliative care clinicians can see patients without bringing them into an office • Palliative care clinicians can make themselves available in ICUs, EDs, etc. • Palliative care clinicians can make home visits more efficiently • Advance care planning conversations with family can be via telephone or telehealth • This is for any beneficiary, not just for those in rural communities. • Good faith use of Facetime and other smartphone apps is allowable. • See CAPC Medicare Billing During COVID for allowable codes
<p>Immediate Skilled Nursing Facility Coverage Medicare Part A coverage is available for skilled nursing facility (SNF) stays without a prior 3-day acute care hospital stay</p> <p>Benefit coverage is renewed for those who have exhausted their SNF Part A coverage</p> <p>SNFs pre-admission screening requirements are delayed</p>	<ul style="list-style-type: none"> • Medicare beneficiaries may be discharged to the next level of care without delay, to accommodate sicker patients in the hospital • Community-dwelling seriously-ill beneficiaries in need of 24/7 care may be admitted directly to a SNF
<p>Expanded Acute Care Bed Availability Critical access hospitals are no longer limited to 25 beds, nor to stays of under 96 hours</p>	<ul style="list-style-type: none"> • Expansion of acute care capacity for patients in need

Acute care patients may be housed in excluded distinct parts of the hospital	<ul style="list-style-type: none"> • Inpatient payment rates available to appropriate patients, regardless of unit
<p>Easier Home Health Access Advanced practice providers can certify eligibility and authorize a plan of care</p> <p>Initial assessment and determination of home-bound status may be done remotely</p>	<ul style="list-style-type: none"> • More clinicians available to expedite access to home health care • Home health agencies may accept new patients without a face-to-face visit
<p>Expanded Professional State Licensing Medicare and Medicaid participating clinicians may provide services in a state other than the one in which they are licensed</p>	<ul style="list-style-type: none"> • Enables clinicians to provide services (and bill for those services) in additional state(s) • Some states are also allowing out-of-state clinicians to provide services in their state, provided they hold a license in another state
<p>Expedited Medicare Enrollment New Medicare participation enrollments are made easier, with a hotline, reduced administrative hurdles, and expedited processing</p>	<ul style="list-style-type: none"> • Palliative care clinicians – including those working in hospice under Part A – can quickly be approved as a Part B billable clinician • May expand revenue opportunities for palliative care clinicians as they respond to new patient need
<p>Paperwork and Deadline Relief SNFs and home health agencies have longer timeframes to file assessment paperwork</p> <p>Replacement DME will not require face-to-face visits or physician orders for replacement</p> <p>Medicare provider re-enrollments are postponed</p>	<ul style="list-style-type: none"> • Paperwork burdens are lessened, allowing both clinicians and managers to prioritize COVID care and prevention • States are also waiving paperwork requirements
<p>Accelerated and Advanced Payments Medicare participating providers in good standing may apply for advanced payment for services, with payment delayed 120 to 365 days from receipt.</p>	<p>This program is no longer accepting applications</p>

For more details, see the [CMS Summary](#) dated 4/30/20.