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

<table>
<thead>
<tr>
<th>Provisions</th>
<th>Implications for Palliative Care Clinicians</th>
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| **Medicare Reimbursement for Professional Telehealth Visits** | • 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  
• 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 COVID-19 Telehealth At-A-Glance for allowable codes |
| 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  
Other encounters, including brief communications and telephone calls, can be reimbursed.  
Hospice face-to-face re-certifications may also be done via telehealth  
Federally qualified health centers and rural health clinics can receive specially-designed telehealth reimbursement |

| **Immediate Skilled Nursing Facility Coverage** | • 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 |
| Medicare Part A coverage is available for skilled nursing facility (SNF) stays without a prior 3-day acute care hospital stay  
Benefit coverage is renewed for those who have exhausted their SNF Part A coverage  
SNFs pre-admission screening requirements are delayed |

| **Expanded Acute Care Bed Availability** | • Expansion of acute care capacity for patients in need  
• Inpatient payment rates available to appropriate patients, regardless of unit |
| Critical access hospitals are no longer limited to 25 beds, nor to stays of under 96 hours  
Acute care patients may be housed in excluded distinct parts of the hospital |
| **Easier Home Health Access** | More clinicians available to expedite access to home health care  
Advanced practice providers can certify eligibility and authorize a plan of care  
Initial assessment and determination of home-bound status may be done remotely  
Home health agencies may accept new patients without a face-to-face visit |
|---|---|
| **Expanded Professional State Licensing** | Enables clinicians to provide services (and bill for those services) in additional state(s)  
Medicare and Medicaid participating clinicians may provide services in a state other than the one in which they are licensed  
Some states are also allowing out-of-state clinicians to provide services in their state, provided they hold a license in another state |
| **Expeditied Medicare Enrollment** | Palliative care clinicians – including those working in hospice under Part A – can quickly be approved as a Part B billable clinician  
New Medicare participation enrollments are made easier, with a hotline, reduced administrative hurdles, and expedited processing  
May expand revenue opportunities for palliative care clinicians as they respond to new patient need |
| **Paperwork and Deadline Relief** | Paperwork burdens are lessened, allowing both clinicians and managers to prioritize COVID care and prevention  
SNFs and home health agencies have longer timeframes to file assessment paperwork  
Replacement DME will not require face-to-face visits or physician orders for replacement  
Medicare provider re-enrollments are postponed  
States are also waiving paperwork requirements |
| **Accelerated and Advanced Payments** | Cash flow needs can be addressed with these advanced payments  
Medicare participating providers in good standing may apply for advanced payment for services, with payment delayed 120 to 365 days from receipt  
Application is through the Medicare Administrative Contractors |

For more details, see the [CMS Summary](https://www.cms.gov) dated 4/3/20.