COVID-19 Policy Calls April 4-9, 2020
As of 4:00 pm April 9

Below are notes by the SHC team from the calls conducted by the Administration on various policies related to the ongoing COVID-19 pandemic.

April 9th

Special Open Door Forum: CMS Hospital Without Walls during COVID-19 PHE

Dr. Lee began call thanking providers for all that they are doing.

- Over past few weeks CMS has authorized several waivers to provide ways for the health system to expand care and the workforce for patients where ever they are.
- Collectively allows hospitals to function "without walls"
- Gives an ability to provide care for patients both with COVID and not.

Dr. Michael Lipp, Chief Medical Director for CMMI

- CMS wants to help providers to give care and not be impeded during crisis.
- Issued blanket 1135 waivers, stark law waivers, provider-based rules
- Under regulatory flexibility will expand physician supervision requirements, telehealth expansion, and expand ambulance transportations

Hospitals without Walls

- Allows hospitals to provide care outside their own buildings in temp expansion sites such as ASCs, free-standings ER, as well as tents, dorms, and hotels and still receive hospital site payments.
- Streamline paths for flexibility payment options
- Allow doctor owned hospitals to expand beds
- Adds depth to hospital workforce
- Issuing a blanket waiver to give benefits to staff such as meals, child care, etc.
- Making it easier for providers to enroll in Medicare
- Allow teaching hospitals to expand workforce and allow teaching physicians to remotely supervise residents.
- Allow clinicians to provide care in hospitals both in person and via telehealth
- Clinicians may bill at temp sites as if in the hospitals
- Allow for wider use for verbal orders
- After discharge clinicians may supplement care through telehealth and remote home health care

Answered questions already received through COVID-19@cms.hhs.gov

Q: Under program does an already enrolled hospital need to re-enroll new sites?
A: Normally CMS requires a new registration and on-site surveys, but during the emergency, CMS will not be doing on-site surveys and can be billed in an amended form.

Q: May an on-site provider-based service still be billed as if on-site if now moved off-site?
A: Allowed hospitals to expand capacity, but still considering payment.

Q: If ASC can't meet state licensure requirements?
A: Have to comply with states.

Q: What is the quality of the connection under telehealth is a bad?
A: Understand issues, however if visual is not possible, must bill as audio only.

Q: May a hospital bill as if in hospital if home?
A: Still trying to figure out but if hospital believes that it is hospital level care use best judgement of quality. Understand that providers want more direction and are trying to come up with them.

Q: Can freestanding Eds provide care as if hospitals?
A: Yes, this can be a new site under waiver

Q: May hospitals use all hospital owned facilities for inpatient services if meet hospital-based care?
A: Waived most rules, CMS will pay for most sites as long as the hospital has control.

Q: For CAHs, in off-site care has there been a specific requirements including discharge planning and CoPs?
A: Best judgement may be used for requirements, hospitals must be sure that the CoPs are being followed that are most important to furnish services.

Q: Observation status and use of condition code 44
A: Haven't changed definition or payment rate, Email for code/payment questions: hapg_covid-19@cms.hhs.gov

Q: If enrolled hospital bills at a temp site and is approved by the state how to bill for those that are not CoPs?
A: If you feel that something in the blanket waiver does not cover please let CMS know.

Q: PPS exempt hospitals serving patients outside their normal patients during surge?
A: This is a question taken on a case-by-case basis, but if meeting CoPs than can operate as a temp expansion site.

Q: State government, Army Corps retrofitting, can hospitals then bill for services at these new sites?
A: Short answer, yes. Monitoring issues across the country to determine how to deal with the situations. These could be considered expansion sites under this waiver authority. Add DR condition code for inpatient/outpatient services in temporary expansion site.

Q: CMS' 1135 waivers offer for CoPs, do they apply to LTCHs?
A: LTCHs are subject to hospital CoPs so all waivers would apply.

Q: Do 1135 waivers apply to Medicare Advantage?
A Hope to have info soon

Q: CARES Act waives LTCHs site-neutral, how will CMS handle this?
A: CMS will pay LTCHs the higher payment for admissions on or after Jan. 20, 2020.

April 8th

HRSA/CDC Call: COVID-19 Update for Rural Providers

Dr. Diane Hall – CDC – point of contact for rural providers

Questions or ideas email: Ruralhealth@cdc.gov

Eric Hargan – Dep. Sec. HHS

- Social distancing guidelines extended until 4/30; can be modulated for rural or remote areas
- CARES Act
  - Announced new steps on the $100B yesterday
  - Will begin initial distribution this week based on largest amount of Medicare reimbursement
    - Will prioritize rural that receive higher levels of Medicare reimbursement
    - Expect 500,000 or so providers will receive $ this week
    - Can't bill uninsured for testing or treatment
    - Further tranchements will go to those who didn't receive initial payments because of lower Medicare
  - New flexibilities for providers to waive co-pays, greater use of telehealth
  - Awarded $1.3B to CHCs today
  - New resources
    - CDC pushing out $1.5B in state and local preparedness grants – public health needs with set aside for tribal
    - Mental health - $250M and $50M suicide prevention
    - SAMSHA has publicized grant – click here for details– due date 4/10

Dr. Jay Butler, CDC Dep. Dir. Infectious Diseases

- Not just urban problem, expanding into rural; goal is to flatten the curve – reduce number of cases and spread the impact over longer period of time
- Community mitigation efforts starting to work in urban areas leading to decline in increase of new cases
- Asymptomatic transmission
- Expanded recommendations to include soft face covers
- Tigers and lions but no bears
- Children appear to be at lower risk of severe injury or death, but not at zero risk

- Health inequities exist

Dr. Butler responded to questions:

Q: What's important for cloth face covers?
A: More splatter shield, not filtering – something breathable. Don't mask children under CDC website has instruction on how to make masks.

Q: Messaging around face covers?
A: Aware there are issues re cultural competence – welcome input on messaging – doing surveys

Q: Can masks and gloves be donated to health care facilities if boxes are opened?
A: FEMA has info on website; check with state/local health department.

Q: Should N95 masks be worn in all surgeries?
A: N95 masks should be worn in healthcare areas where there's a chance of aerosole producing procedure.

Q: Concerns raised about being able to secure rapid testing devices.
A: Talk to people in your state who can talk with FEMA.

Q: Efficacy of antibody tests?
A: Ongoing work to evaluate quality of tests.

Q: Inconsistent messaging in rural areas re masks.
A: Shouldn't discourage face coverings – no major downsides. Greater importance in areas of higher transmission.

Q: How long do we have to practice social distancing?
A: Recommendations can and should change depending on science. Driven by data, not date. Scale up/scale back will be variable by location.

Q: How to sanitize PPE?
A: CDC has info – can be sanitized with all but about 10% reused.

Q: Lot of questions about models – would like rural specific data.
A: Response guided by available data; no specific date on any rural specific data coming from CDC

Q: Is there a lag before rural areas get hit? Are there any models?
A: Some counties already have high rates – have to know what's going on locally. Work with local/state health dept to be prepared for increased rates.

Q: Are rural numbers low because of lack of infection or lack of testing?

A: Both – will have more clarity with increased testing. Weekly COVID view on CDC website.

Q: What's the risk to rural when urban starts traveling again?
A: More older people in rural areas, spread of infection very real.

Q: Is data being collected by race & gender because of disparities?
A: Yes

Q: Suggestions for rural areas with large number of people at risk?
A: Social distancing as much as possible – guidelines on website also address managing homeless population

Special Open Door Forum on CMS' actions to Increase Access to Telehealth in Medicare

Dr. Mary Green gave a broad overview of initiatives. Over 66 blanket waivers have been released that are valid through the pandemic. CMS is forwarding four strategies under the PHE: increase hospital capacity (hospitals without walls); rapidly expanding the HC workforce (e.g., allow hospitals to provide meals, child care, laundry services); Patients Over Paperwork; and, further promoting telehealth.

Emily Yoder, a CMS telehealth analyst, provided a summary of telehealth changes. Noted CMS is still considering how to implement related CARES Act provisions. Main change was to allow beneficiaries to receive telehealth at home vs. from a facility.

- Added a number of new options for telehealth
- Allow to code as service (that usually would have been in an office) with telehealth modifier
- Removed requirements that telehealth does not need to be an existing patient and may be performed by non-physician providers
- Direct supervision may be used through audio or video supervision
- Certain hospice services may be performed via telehealth
- Teaching physicians may use telehealth to supervise residents
- May be used for both acute and chronic health conditions
- Expanded telehealth by 80 services
- Modified billing requirements
- Elimination of frequency limitations
- Exercising enforcement discretion

Questions –

Q: Coding for telephone only, aka audio only, may it be used when a patient is not able to use visual tools?
A: Currently, Medicare telehealth codes are not allowed to be used for audio only, CARES Act has allowed CMS to waive this rule, CMS is currently reviewing what to change.

Q: Adding PT, OT, and Speech Therapists to utilize telehealth?

A: The statute provides a specific list of practitioners allowed to use telehealth, these are not on the list, CMS is reviewing whether CARES Act will allow the waiver on this.

Q: In event not able to provide an in-person visit and the patient declines a audio-visual call due, may use audio only with hospice?
A: Currently requires two-way face-to-face to perform this visit.

Q: Bill facility fee when the provider is within provider-based department when patient is not there?
A: Bill from the provider's physical location as the facility fee.

Q: If provider and patient are on the same campus but virtual, nurse on audio with a photograph of the area being treated, may that be treated as a regular hospital visit?
A: Bill as hospital visit as long as physician is meeting all requirements, could be a photo with audio call.

Q: Should doctors hold claims that are telephone only while CMS is determining how to handle and will doctors be able to appeal if already submitted?
A: Cannot speak to future appeals, please follow up with e-mail of situations.

Q: For codes that are non-physician practitioners require a patient portal be used, what is meant by a patient portal and would automated forms count as that?
A: Cannot speak to that specifically.

Q: How much will rural health providers be paid for telehealth services?
A: Still working on how the services will be reimbursed.

Q: How should hospitalists bill when performing via audio only?
A: Different guidance depending on where the practitioner actually are, if in same settings, may bill as if in the room even if in another part of the building. If in different locations, bill as phone visits. Both may be new or established patients to bill. If both in the same setting but not the same room, can use 99410 code.

Q: May physician initiate call or does the patient still need to initiate?
A: Patient must say that they would like the physician to reach out, doctors should not cold call patients and then bill. CMS does not want physicians cold calling patients. Virtual check-ins have to be patient initiated.

Q: May annual wellness visit be conducted if during the actual appointment time, may be audio only?
A: May call for the wellness visit and must be audio-visual.

Q: Does the allowance for audio only apply to behavioral health as well?
A: Looking at additional waiver authority through the CARES Act to allow this.

Q: Will audiology be allowed via telehealth and audiologists be able to do this?

A: Please provide how this could be done to expand services.

Q: Can PT in a SNF be done via telehealth in same location but not the same room?
A: Bill as if it was face to face.

Q: Home therapy visits, can PT, OT bill under telehealth for home visits?
A: Will clarify shortly.

April 7th

CMS "Office Hours" on COVID-19

To Discuss -

- Increase Hospital Capacity – CMS Hospitals Without Walls;
- Rapidly Expand the Healthcare Workforce;
- Put Patients Over Paperwork; and
- Further Promote Telehealth in Medicare

This is the first in a series of calls that CMS will be offering with program matter experts, it was entirely questions.

Q: Clarification on letter to clinicians sent on April 7th, regarding audio only E/M, codes 99201-99215 coding for audio only?
A: Under current rules telephone CPT codes should be used, the letter may be misleading and will be clarified.

Q: Medicare telehealth for hospice under routine home care as well as face-to-face encounter, may it be voice-to-voice?
A: It may be used for routine home care but not for face-to-face encounter. More clarity on face-to-face to come.

Q: Hospice visits, routine care within last 7 days of life, are hospices able to report these visits via telehealth and receive the higher pay adjustment?
A: Will take back and consider it.

Q: Some facilities will not allow hospice to come in to care for patients, will you consider allowing telephone only in those instances for assessment?
A: Initial assessment may be done through telehealth at this time to the extent that the telehealth is able to give the full assessment of the patient and caregivers needs to deliver care.

Q: Will you be expanding additional waivers to non-physicians beyond the interim final rule?
A: CMS is actively working on new authorities from the CARES Act and will clarify what can now be done.

Q: Clarification for hospitalists, when they provide a service through telehealth from another part of the hospital via virtual service, how should that be billed?

A: Under current rules, telehealth only applies with the patient and practitioner are in different facilities, when they are "under the same roof" may be billed as if in person, telehealth modifier is not needed. Regular E/M codes are fine.

Q: 99441-99443, will Medicare recognize the codes without video? Will a rate be set?

A: Under new rule there are specific CPT codes for audio only evaluations. The codes should have a payment amount soon.

Q: Accelerated payments, the quote from our MAC is not right or not expected, what is the remedy for this?

A: Send facilities information to the mailbox for clarification, CMS has taken a look-back at the history that preceded the emergency from July 1-Dec. 31, 2019. If facilities believe that there is a discrepancy send to mailbox at covid-19@cms.hhs.gov identify in the problem in the subject line.

Q: What documentation is needed to send a patient to a SNF under the waiver?

A: There is flexibility in what can be used but full documentation of patient needs assessment as usual and a note from the hospital that they are freeing up their bed capacity.

Q: Annual wellness visits are eligible for telehealth, how does the provider record height, weight, blood pressure, etc.?

A: Patients should be able to take some of their vitals, however telehealth is also allowed from one facility to another such as when the patient is in a SNF and the provider is in their office. Still reviewing however and will provide additional clarification on this.

Q: Accelerated payments, flexibilities of when the recoupments will begin, will the one-year to repay given to physicians as well? Or 210 days?

A: 210 days is the required amount of times. On day 121, CMS will begin to recoup payments through 210. Certain hospitals were allowed from day 121 to 365 due to the CARES Act.

Q: How will providers know when the recoupment is occurring? What will the code be?

A: Code is not known at this time but will be noted on statements that it is due to COVID-19 accelerated payment.

Q: PAC settings will be waived from submitting quality measurements, what are the specific measurements?

A: That will be specifically addressed in an upcoming rule.

Q: Physician supervision, in recognition that physicians are not within the office due to the emergency, does the physician needed to be on a constant open line or simply on-call and available?

A: Virtual allowance was put in place to allow for the physician to be immediately available but not constantly on the line.

Q: May we have more details on what alternatives are allowed? Is a patient's home acceptable? Under hospitals without walls, treating a patient at home but as a DRG as inpatient.
A: Still looking at whether this is acceptable, right now is not part of the program. Will issue additional guidance on hospital at home shortly.

Q: CR Modifier, are telephone calls part of this blanket waiver and needed during this type of call?
A: Modifier is not needed in telephone calls, it is part of the blanket waiver.

CMS COVID-19 Update Call

Kim Brandt – Overview of Waiver Process

Click here for the CMS slide presentation. For general questions, email: covid-19@cms.hhs.gov

- Medicare, Medicaid and CHIP
- Applies to federal requirements only, retroactive to 3/1/20 – slide 5
- 2 types of waivers – slide 7
- Already issued waivers – slide 8
  - 66+ blanket waivers already on CMS website
- State Medicaid waivers – slide 9
- EMTALA/Stark waivers – slide 10
- Waiver authority and review process – slide 13
- How to request a waiver – slide 14
  - 1135waiver@cms.hhs.gov

Q: Is it telehealth if hospitalist is talking with a patient in the same room?
A: No.

Q: In hospitals without walls, does existing hospital that adds beds have to modify its enrollment to account for additional beds?
A: We are allowing hospitals to expand bed capacity – contact the state, no new certification or enrollment

Q: Where can I find all waivers?
A: www.cms.gov/emergency

Q: Are waivers system wide if facilities are in different states?
A: Trying to let systems' waivers applies nationally, but it depends on what you're asking to have waived.
Q: Turnaround time?

A: ASAP

Q: How to bill for teaching facility where residents discuss the case with teaching doc, but doc isn't present due to lack of PPE?
A: Under IFR from last week, can be done through virtual technology.

Q: CPT codes for FQHC to bill for telehealth?
A: FQHCs can't report; new provisions in CARES act will allow – we're working on it; not effective yet, working as hard as we can; wouldn't give a timeframe

Q: Are old claims being expedited?
A: Trying to work with people who need additional time to file claims.

Q: Telehealth service claims
A: The 95 modifier should be used for all telehealth; because 02 was prior policy, don't expect claims filed with 02 would be delayed

Q: For SNF, do COVID patients have to be in private room?
A: Single or double rooms, cohorting. Depends on type of space facility has

Q: Swing-beds – any update as to whether the 72 hour waiver that applies to SNF, applies to swing beds also?
A: Working to get official information out.

Q: Anything on waiver on 100-day total life for SNF?
A: Still looking at it.

Q: How do we bill telehealth? Was 02, now telling us 95; can we bill as provider based
A: Report place of service as if telehealth not been use. If provider based department of hospital use that with the 95 modifier.

Q: How will hospitals get paid for testing and treatment of uninsured for COVID-19?
A: Still working on it – hope to have guidance as soon as there is resolution

Q: Re guidance on 3-day waivers for SNF?
A: Trying to get it out as quickly as possible

Q: Billing E/M – can audio only be billed?
A: Specific billing codes for when just audio is used

Q: Do we bill for telehealth where we have multiple buildings, MD in main hospital, patient in another area on campus?
A: Telehealth rules only apply when they're not in same location. Where location is two different buildings on campus, telehealth rules wouldn't apply. Would still be reimbursed, but don't have to be reported as telehealth service.

April 4th

CMS COVID-19 Hospitals Call

Administrator Verma opened the call

- Focus today on workforce
  - Issues?
  - Best Practices?
- Put out regulatory relief package last Mon – Hospitals without walls, changes to EMTALA, Stark
- Another round at rulemaking to implement the CARES Act – coming out shortly
- Put $6B out in accelerated payments in a week

Dr. Couch – working on workforce and with FEMA

- After you redeploy employed MDs, as you expand surge, how are you thinking about temporary hires?

Q: Is there clarification on 72 hour waiver rule re SNFs – applies for internal transfers. Does it apply for other transfers?
A: Need to check further – email for additional info.

Q: Significant decline in volume, can't deploy workforce, may need in 6-8 weeks. Will CARES help us pay for them?
A: $100B in CARES Act that would help, implementation on the way.

Q: Waiver on caps for residents without impacting caps in the future?
A: Have to look into that.

Q: Section 1135 allows 2 EMTALA provisions to waive, but the ability to transfer unstabilized patient hasn't been granted yet
A: Is currently allowed if your hospital isn't a COVID-19 designated facility. Will get more info out.

Q: Accelerated payment for acute care hospitals – only received 3 months.
A: Someone will follow-up.

Q: Really need PPE – chasing rainbows. If we get PPE, workers will respond.
A: We'll share your comments with our colleagues.

Q: Hospitals want to discharge acute care patients to appropriate care. Can they convert to swing-beds on another floor and be paid applicable rate?
A: Can issue more clarification on how it can be done – then it gets into reimbursement issue for swing beds. We have flexibilities in place to accommodate that.

Q: Provider at same location as patient and using telehealth, how do we code?

A: Telehealth only applies where they're in different location. Questions have come up where its part of hospital service – working on clarification.

Q: Faster turnaround time for COVID suspected patient – burning through PPE while waiting on test results.
A: Noted. Trying to increase PPE where we can.

Q: Any thought to sending the CMS forms patients have to sign via email or patient portal? Even for those who aren't COVID positive? Can we do some inpatient only procedures as outpatient and still get paid?
A: Flexibility on delivery of notices – if guidance isn't out yet, it will be soon. Will look at those who aren't COVID-positive. Haven't changed inpatient/outpatient – could look at it – would need to know what procedures.

Q: Waiver of 3-day rule to transfer patients to swing-beds in CAHs?
A: No COP barrier, don't think there are payment barriers, but will have to double-check.

Q: Millions of applications, talked with lender re SBA portal. Concerned that we're not going to get money fast enough. AHA proposal of $25K/bed would be faster.
A: Accelerated payment also available. Understand cash flow is a problem.

David Wright – Quality and Oversight

Re Transfers – 3/30 EMTALA guidance; can move patients to transfer to COVID designated facilities; hadn't directly considered moving non-COVID patients out – will look at that

Dr. Couch – we go through all these questions and run down the answers.

Email: COVID-19@cms.hh.gov