

## **Pallone, Neal Demand HHS Extend Claims Flexibility For Telehealth, Hospital-At-Home**

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(Inside Health Policy)

Key House health committee Democrats are demanding HHS offer additional flexibility for telehealth and hospital-at-home providers to continue providing care until lawmakers are able to extend Medicare waivers that expired Oct. 1, saying CMS' move to only hold claims for 10 business days, until Oct. 15, is insufficient.

Ranking Democrats of the House Energy & Commerce Committee and Ways & Means Committee on Thursday (Oct. 9) wrote to HHS accusing the Trump administration of intentionally sowing chaos that impedes telehealth benefits and requesting the agency issue more guidance to support hospitals and providers amid the lapsed telehealth flexibilities that accompanied the government shutdown.

Reps. Frank Pallone (D-NJ) and Richard Neal (D-MA) wrote to HHS Secretary Robert F. Kennedy Jr. and CMS Administrator Mehmet Oz requesting an extension of the current 10-day temporary hold and asking HHS to remind health care providers they have 12 months to submit Medicare claims after a service is furnished.

**“This clarity will ensure that Medicare providers know they can hold their claims until an extension is resolved,” Neal and Pallone wrote.** “CMS should also issue clear and timely guidance to providers and exercise maximum regulatory and enforcement flexibility so Medicare beneficiaries can continue to access essential services, including patients who rely on the hospital at home program.”

The lawmakers criticized HHS and CMS for waiting until Oct. 1 to issue guidance to Medicare Administrative Contractors on expiring flexibilities.

“CMS then instructed MACs to implement a temporary hold on telehealth claims for 10 business days -- the bare minimum under statute -- even though all electronic claims are already held from processing for a 14-day minimum period under the statutory Medicare payment floor,” they added.

The representatives said seniors and individuals with disabilities who are now unable to use telehealth are forgoing necessary care.

“The Administration’s choice to deny claims at the earliest date -- beginning October 15, 2015 -- squeezes providers and puts patients at risk, despite CMS having the authority to allow telehealth claims to be held for longer,” Pallone and Neal wrote. “On numerous occasions in the past, the agency has directed providers to hold claims for longer than

10 business days, including during the delay of the sustainable growth rate (SGR) cuts in 2010.”

Neal and Pallone added that the administration further created confusion and care disruption by failing to provide hospitals with Acute Hospital Care at Home (AHCAH) waivers that include clear guidance and regulatory flexibilities.

Sources told *Inside Health Policy* that hospital-at-home providers are confused by CMS’ vague offer not to go after those that continue to serve patients despite the program lapsing, and want additional clarification.

“Hospitals are currently concerned about how they should manage their patients,” they wrote. “To help alleviate confusion and care disruption, CMS should provide such guidance and lengthen the time it holds AHCAH claims. This would ensure that hospitals participating in AHCAH know that claims can be held up to a year before submitting to CMS for payment.