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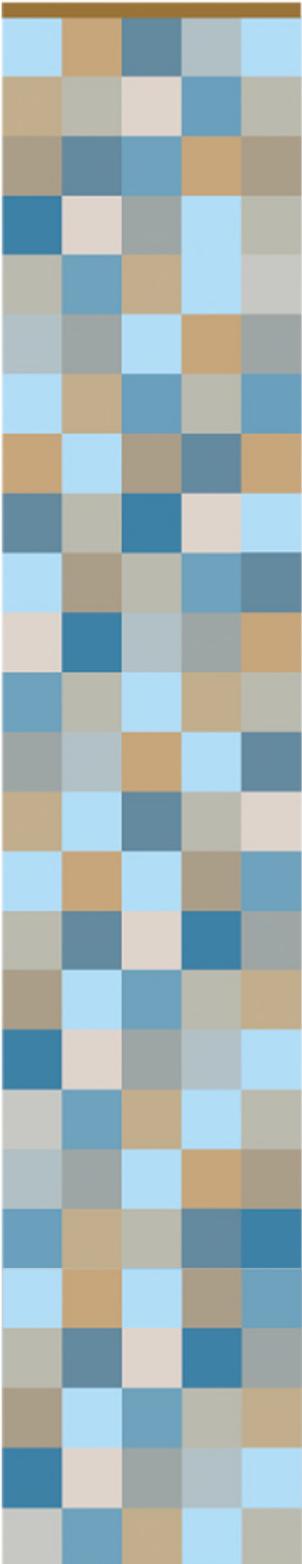
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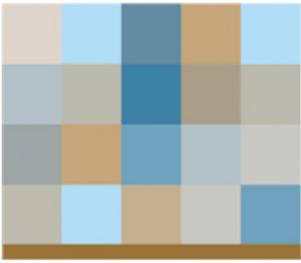
## Healthcare Update: CMS Unveils Temporary Relaxation Of Regulations Amid COVID-19 Outbreak

By: Benjamin Geizhals & Caitlyn Ryan

The Centers for Medicare and Medicaid Services ("CMS") have promulgated a number of temporary regulatory waivers and rules in an effort to mitigate the hardships facing the healthcare system amid the COVID-19 outbreak. The attorneys at Moritt Hock & Hamroff are here to help you navigate the new waivers and rules, a few of which are outlined below.

- **Expansion of the Medicare Accelerated and Advance Payment Program:** CMS has expanded its accelerated and advance payment program in an effort to provide economic relief to Medicare participating providers and suppliers in the wake of disruption in claims submission and/or claims processing caused by COVID-19. In order to be eligible for participation in the program, each provider or supplier must (i) have billed Medicare for claims within one hundred eighty days immediately prior to the date of signature on the provider's/supplier's request form, (ii) not be in bankruptcy; (iii) not be under active medical review or program integrity investigation, and (iv) not have any outstanding delinquent Medicare overpayments.
- **Enlargement of Workforce:** In order to allow the healthcare system expand its workforce, CMS has temporarily removed a number of regulatory barriers for medical professionals, including, for example, (i) the Medicare and Medicaid requirement that physicians and other practitioners be licensed in the state in which they are providing services (subject to the fulfillment of certain criteria and state-specific licensing requirements) and (ii) the requirement that hospitalized Medicare patients be under the care of a physician as opposed to another practitioner. In addition, practitioners and Part A certified providers and suppliers who establish isolation facilities can now telephonically enroll to receive temporary Medicare billing privileges.
- **Relaxation of Record-Keeping Requirements:** CMS has relaxed certain record-keeping requirements in order allow medical professionals to focus on patient care. For example, requirements for record retention, the form and content of medical records, and the establishment of visitation





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policies for COVID-19 patients, have been temporarily waived. Moreover, CMS has provided temporary relief from a number of audit and reporting requirements for providers, facilities and suppliers.

- **Promotion of Telehealth:** CMS now allows for more than eighty new patient services to be furnished via telehealth (e.g., ED visits). Notably, these services can be accessed through audio—and not just video—phones. Telehealth visits are being considered same as in-person visits, and therefore are paid by CMS at the same rate as in-person visits. Furthermore, CMS has waived its existing relationship coverage criterion for telehealth services.
- **Increase in Hospital Capacity:** CMS has implemented a number of measures intended to maximize patient care during the continuation of the national emergency. For example: (i) ambulatory surgery centers and other non-hospital spaces can now be used for treatment and quarantine; (ii) ambulances are permitted to transport patients to a wider range of locations (e.g., mental health centers, physician's offices and urgent care centers); (iii) laboratories and other entities can perform tests for Coronavirus outside of hospital settings; and (iv) physician-owned hospitals can temporarily increase the number of their licensed beds, operating rooms and procedure rooms.
- **Changes in Nursing Homes Procedures:** CMS has waived the requirement for a three-day prior hospitalization for coverage of a Skilled Nursing Facility stay for individuals who experience dislocations or are otherwise affected by COVID-19. In addition, in certain circumstances, individuals who recently exhausted their Skilled Nursing Facility benefits are afforded renewed coverage without first having to commence a new benefit period. CMS has also waived the pre-admission screening requirement of nursing homes for a period of thirty days.

If you have any questions, please feel free to reach out to our Healthcare attorneys Benjamin Geizhals at (516) 880-7295 or [bgeizhals@moritthock.com](mailto:bgeizhals@moritthock.com) and Caitlyn Ryan at (516) 265-1156 or [cryan@moritthock.com](mailto:cryan@moritthock.com).



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