

CMS COVID-19 Accomplishments

Expanded Telehealth in Medicare

Under the leadership of President Trump, Americans now have access to broader telehealth services, ensuring access to care while reducing the risk of COVID-19 exposure for both patients and healthcare providers. In Medicare, CMS has:

- Expanded telehealth coverage to people living in all areas of the country so that beneficiaries living in both rural and urban settings can get care from their home rather than unnecessarily traveling to their doctor's office.
- Expanded the types of services patients can receive via telehealth, such as emergency department visits, initial nursing facility and discharge visits, home visits, critical care visits, radiation treatment management, therapeutic exercise, prosthetic training, assistive technology assessments, group psychotherapy, and end-stage renal disease care.
- Expanded Medicare payment for telehealth services to allow routine office visits, preventive health screenings, mental health counseling, and care that ordinarily would require a trip to an outpatient clinic or hospital emergency room to be provided wherever the patient is located, including in their home.
- Allowed telecommunications technologies to be used in lieu of in-person services across many settings of care, like home health, nursing homes, and hospice.
- Expanded the types of healthcare providers that can provide telehealth services to include rural health clinics, federally qualified health clinics, physical therapists, occupational therapists, and others.
- Expanded the scope of separately billable services that allow Medicare physicians to speak with patients virtually, by phone or video, rather than in person in order to prevent risk of infection.
- Added payment for services of physicians and practitioners who treat patients over the phone to meet the needs of Medicare beneficiaries who may not have access to interactive audio/video technology.
- Authorized Medicare Advantage plans to offer expanded telehealth coverage in urban and rural areas to meet the needs of their enrollees.

Ensured Safety and Quality in Nursing Homes

The Trump Administration is making data-driven decisions to protect nursing home residents and employees from COVID-19. CMS has:

- Issued a call to action for nursing homes and state and local governments to work together to determine their needs for COVID-19 testing and personal protective equipment as well as designate certain treatment sites exclusively for COVID-19-positive or COVID-19-negative patients to avoid further transmissions.
- Announced a new, independent Commission to conduct a comprehensive assessment of nursing homes' responses to the pandemic and inform CMS decisions on threats to resident safety and public health.
- Issued guidance on limiting visitors and nonessential healthcare personnel at nursing homes, except in compassionate care and end of life situations, to prevent transmission of the 2019 novel coronavirus.

- Provided clear guidance on infection control and how to prepare the nation’s healthcare facilities for the COVID-19 threat, including procedures for screening and the use of personal protective equipment (PPE).
- Increased surveillance and transparency by requiring all 15,417 Medicare and Medicaid nursing homes to report cases of COVID-19 to all residents, their families, and the CDC.
- Conducted over 7,000 investigations of patient health and safety in nursing homes nationwide since March, prioritizing infection control and situations in which residents are in immediate jeopardy for serious injury or death.
- Temporarily waived the requirement for 3-day prior hospitalization for coverage of nursing home stays, extended training requirement deadlines, and allowed facilities to transfer or discharge residents in order to group residents based on their COVID-19 status.
- Released a toolkit that is updated regularly with recommendations and best practices to address the specific challenges facing nursing homes as they combat COVID-19.
- Announced recommendations to ensure the safe reopening of nursing homes across the country, detailing critical steps nursing homes, communities, and states should take before relaxing restrictions implemented to prevent the spread of COVID-19.
- Published data showing the incidence of COVID-19 in nursing homes, as well as the results of the agency’s targeted infection control inspections including the individual facilities’ survey results.
- Increased enforcement (e.g., civil money penalties) for facilities with persistent infection control violations, and imposed enforcement actions on lower level infection control deficiencies to ensure they are addressed with increased gravity.

Expanded Access to and Payment for Testing

The Trump Administration has made it easier for Americans to be tested for COVID-19 while ensuring they are not burdened by the costs for testing services.

To expand coverage and payment for testing, CMS has:

- Quickly implemented recently enacted legislation that removed barriers to testing in Medicare, Medicaid, CHIP, and private insurance, and increased funding to Medicare providers for testing of uninsured individuals.
- Ensured Medicare, Medicaid, and CHIP beneficiaries can receive COVID-19 tests without cost sharing.
- Clarified that Medicare, Medicaid, and CHIP coverage of COVID-19 tests includes serology or antibody tests.
- Allowed Medicaid and Medicare to pay for certain COVID-19 tests without a physician order.
- Nearly doubled payment in Medicare for certain lab tests using high-throughput technologies that can process more than 200 specimens a day to appropriately pay laboratories to rapidly diagnose large numbers of COVID-19 tests.

To ensure availability and timeliness of testing, CMS has:

- Extended Medicare payment to laboratories to collect COVID-19 lab specimens from certain people at home or in other community settings in certain circumstances, and gave states greater flexibility to cover COVID-19 tests administered in alternate locations in Medicaid.

- Allowed healthcare facilities like pharmacies to set up drive-through COVID-19 testing stations.
- Expedited reviews of applications for lab certification, ensuring that labs are able to begin testing as quickly as possible to meet consumer needs.
- Developed new billing codes and offered guidance on additional billing codes developed by the American Medical Association for COVID-19 lab tests that allow for better tracking of the public health response to this virus.

Provided State and Local Flexibility

The Trump Administration has taken swift action to provide state Medicaid and Children’s Health Insurance Programs (CHIP) with much needed flexibility to better address the coronavirus pandemic locally to meet their population’s needs. CMS has:

- Rapidly approved Medicaid emergency waivers (section 1135 waivers) for all 50 states as well as the District of Columbia, Puerto Rico, U.S. Virgin Islands and the Commonwealth of the Northern Mariana Islands.
- Permitted state Medicaid programs to pay providers from other states for care delivered during the public health emergency, increasing the number of practitioners available to serve beneficiaries.
- Allowed states to enroll eligible beneficiaries more quickly in programs that care for the elderly and people with disabilities, and to make changes to state rules to enhance access and delivery of services for the vulnerable populations in home and community-based settings.
- Approved emergency information technology funding for certain states to enhance the systems that support Medicaid healthcare providers, patients, and state staff to ensure they have the resources they need to address the crisis.
- Fostered acceleration of broader telehealth coverage policies and payment by issuing new guidance on telehealth opportunities, outlining ways that states can remove barriers to telehealth, and rapidly approving state requests for emergency waivers and funding.
- Developed a toolkit to expedite the application and approval of Medicaid waivers and State Plan Amendments in order to approve new state requests in record time.
- Updated regulations to allow more flexibility for Medicaid home health services, Medicaid lab services, and in the Basic Health Program.

Bolstered the Healthcare Workforce

The Trump Administration expanded the healthcare workforce to better care for COVID-19 patients by removing barriers for physicians, nurses, and other clinicians to be readily hired from the local community or other states, and by cutting red tape so that health professionals can practice at the top of their license. CMS has:

- Temporarily waived Medicare supervision requirements for non-physician clinicians so nurse practitioners, physician assistants, and nurse anesthetists can practice at the top of their licenses and across state lines.
- Increased care capacity by allowing additional healthcare providers to enroll in Medicare temporarily to provide care during the public health emergency.

- Allowed nurse practitioners, physician assistants, and clinical nurse specialists to order home health services paid for by Medicare and Medicaid, and to certify/recertify patient eligibility for home healthcare, which would normally have to be approved by doctors.
- Allowed physical and occupational therapists to delegate maintenance therapy services to physical and occupational therapy assistants in outpatient settings.
- Permitted wider use of verbal orders rather than written orders so clinicians can focus more of their time taking care of patients instead of on paperwork.
- Provided continued payments to teaching hospitals that shift residents to other hospitals to meet COVID-related needs, instead of penalizing teaching hospitals that lend residents and non-teaching hospitals that accept these residents.
- Waived regulations so that hospitals can now support their medical staff by providing benefits like daily meals, laundry services, or child care services while they are on duty.
- Waived a requirement for hospitals and ambulatory surgery centers to review medical staff privileges during the COVID-19 emergency declaration, allowing physicians and other practitioners with expiring privileges to continue taking care of patients.
- Provided new flexibilities and made adjustments to current and future CMS Innovation Center models, including by revising the implementation dates for future models and shifting various deadlines for current models, giving model participants additional time to transition to value-based care.

Put Patients Over Paperwork

In its continued commitment to Patients over Paperwork, the Trump Administration has reduced regulatory and reporting requirements during the pandemic, allowing providers to focus on patient care and addressing the coronavirus crisis. CMS has:

- Temporarily eliminated certain paperwork requirements such as signature and proof of delivery for Part B drugs and durable medical equipment, and submission of certain forms for home oxygen therapy and infusion pumps.
- Adjusted audit schedules for Medicare Advantage, Part D plans, and Programs of All-Inclusive Care for the Elderly (PACE) organizations and modified the calculation of the 2021 and 2022 Medicare Advantage and Part D Star Ratings to reflect how the pandemic has changed health care delivery.
- Paused the requirement for hospitals to have written policies and processes on visitation of patients who are in COVID-19 isolation, so that providers can spend more time on patient care.
- Allowed more time for hospitals to provide patients a copy of their medical records.
- Allowed more diabetic patients to monitor their glucose and adjust insulin doses at home by waiving certain clinical criteria for therapeutic continuous glucose monitors.
- Paused prior authorization for certain items and services, including durable medical equipment, during the public health emergency so providers can act quickly to provide time-sensitive care to beneficiaries.
- Established toll-free hotlines for providers to get quick answers on billing and clinical coverage as they work to use the flexibilities CMS provided.

- Extended some current providers' certification to bill Medicare and Medicaid, waived certain screening requirements for new providers, and expedited new applications to accelerate the process for new providers joining the Medicare program to ensure beneficiaries have access to treatment.
- Waived certain provisions in the physician self-referral law (also known as the "Stark Law") to permit activities such as allowing healthcare providers to support each other financially to avoid issues with continuity of operations, such as loss of staff or clinic closures, related to the COVID-19 emergency.
- Provided additional flexibility to issuers offering coverage on the federal Exchange platform to allow them to extend premium payment deadlines and delay coverage terminations to help individuals maintain Exchange coverage who may be experiencing difficulty paying their premium due to a loss of income.

Increased Capacity through Hospitals Without Walls

The Trump Administration has ensured that local hospitals and health systems have the capacity to handle and safely treat COVID-19 patients through temporary expansion sites (also known as the CMS Hospital Without Walls initiative). CMS has:

- Enhanced hospital capacity to manage COVID-19 surges by allowing hospitals to transfer patients to alternative care sites, such as ambulatory surgery centers, inpatient rehabilitation hospitals, converted hotels, and dormitories.
- Allowed Community Mental Health Centers to offer partial hospitalization and other mental health services to clients in the safety of their homes.
- Allowed non-skilled nursing facility (SNF) buildings that are state-approved to be temporarily certified as and available for use by a SNF in the event there are needs for isolation processes for COVID-19 positive residents.
- Issued emergency loan funding to healthcare providers through accelerated and advance Medicare payments to address cash flow issues due to disruption in claims submissions, the loss of elective surgeries, and processing disruptions caused by COVID-19.