

March 19, 2020 | COVID-19, Insights

Procedural Requirements for Medicare and Medicaid Enrollment Relaxed to Combat Coronavirus Epidemic

By: Rich May

On Friday, March 13, 2020, President Trump [declared a national emergency](#) providing resources and capabilities to combat the COVID-19 (coronavirus) outbreak. Part of the declaration granted Secretary of the United States Department of Health and Human Services Alex Azar extra powers under Section 1135 of the Social Security Act to waive regulations that could hinder health professionals' response capabilities. Waivers or modifications to certain requirements of titles XVIII, XIX, and XXI of the Social Security Act were handed down on March 13, 2020 and took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. These waivers have temporarily reduced requirements in Medicare, Medicaid and the Children's Health Insurance Program (CHIP). The waivers streamline provider enrollment processes; allow care to be provided in alternative settings; suspend some nursing home screening requirements; and extend deadlines for appeals. Also waived are payment limitations on using out-of-network providers and a federal mandate that doctors be licensed in the state in which they are practicing.

Florida is the first state to be granted a Medicaid and CHIP waiver, but it is likely other states will follow.

Medicare

The Centers for Medicare & Medicaid Services (CMS) has [granted certain waivers](#) that, in part, [allow licensed practitioners to enroll and receive temporary Medicare billing privileges and to render services outside their state of enrollment](#). CMS will establish a toll-free hotline for providers to enroll and receive temporary Medicare billing privileges.

Additionally, starting from March 6, 2020, Medicare will temporarily pay clinicians to provide [telehealth services](#) for beneficiaries residing across the entire country. Medicare beneficiaries will now be able to receive various services from their own homes via telehealth including common office visits, mental health counseling, and preventive health screenings. Allowing patients – especially those at high risk for the coronavirus – to receive remote medical care is both an efficient use of what might become scarce medical resources and will help slow the spread of the virus. Telehealth services are paid under the Physician Fee Schedule at the same amount as in-person services. Medicare coinsurance and deductible still apply for these services. A range of healthcare providers, such as



doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to Medicare beneficiaries. Further guidance is forthcoming from the HHS Office of Inspector General (OIG) to expand flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits.

Medicaid, & CHIP

States can also now seek waivers for their Medicaid and CHIP programs that will allow for expedited enrollment and for out of state providers to be reimbursed for otherwise payable claims. Decisions related to telehealth services being reimbursed by Medicaid and CHIP programs will be made at the state level. States have the flexibility to cover telehealth using various methods of communication such as telephonic, video technology commonly available on smart phones and other devices. **No federal approval is needed** for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services.

Florida

Florida was the first state to apply for waivers for Medicaid and CHIP and it received **CMS's response letter on Monday, March 16**. As a result of CMS's waiver, Florida may now reimburse providers who are enrolled with another State Medicaid Agency (SMA) or Medicare and/or perform an expedited enrollment of providers into its own Medicaid and CHIP programs. Florida will still have to collect certain provider information, but many of the normal barriers to enrollment and reimbursement have been temporarily suspended.

What Is Next

Four things hinder progress at this time and bear watching moving forward. First, states must apply in order for many of these waivers to have any effect. Florida is the first and only state to be granted waivers so far. It is likely other states will apply for and receive similar relief. Second, the federal government has not yet expanded Medicaid to cover all low-income beneficiaries' coronavirus testing and treatment, something many have called for as the coronavirus continues to spread. Third, the national emergency declaration and waivers provide relief to certain federal programs but those outside of these programs have not seen any loosening of existing health or telehealth providers cross-state-lines restrictions. Fourth, as can be expected, the situation is evolving day-to-day as the outbreak and emergency progresses. The most current information can change rapidly. Watch CMS or contact an attorney to be apprised the latest developments.

Anyone with questions can contact Rich May, P.C. attorney Nathaniel Donoghue.

Disclaimer: This summary is provided for educational and informational purposes only and is not legal advice. Any specific questions about these topics should be directed to attorney Nathaniel Donoghue.