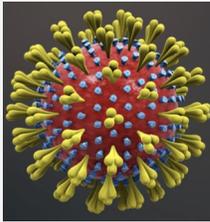


COVID-19 Policy Updates

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This newsletter includes information about the most recent regulatory changes issued by the Centers for Medicare and Medicaid Services (CMS). SHM will continue to provide you with updated policy and regulatory information relevant to hospital medicine as it is released. This issue contains: [Licensure Requirements](#), [Visa for Medical Professionals](#), [Blanket Waivers](#), [Telehealth Waivers](#), [Physician Self-Referral Act Waivers](#), [Discharge Planning Waivers](#), [Critical Access Hospital Blanket Waivers](#), [CMS FAQs](#) and [SHM's PPE Position Statement](#).

Licensure Requirements: States and CMS

In an effort to ensure bureaucratic hurdles do not limit capacity to provide care for patients during the COVID-19 pandemic, most states have issued waivers allowing licensed out-of-state clinicians to provide care in states where they are not licensed. For a full and up-to-date list of state licensure actions, and to check licensure changes for a specific state, [click here](#) to download The Federation of State Medical Board's most recent "States Temporarily Waiving Licensure Requirements" PDF.

Additionally, CMS has temporarily waived Medicare and Medicaid requirements that state physicians and non-physician practitioners must be licensed in the state where they are providing services. However, individual state requirements (listed in the PDF link above) will still apply. More information on the CMS blanket waiver can be found [here](#), beginning on page 4.

Visas for Medical Professionals

The U.S. State Department is lifting the suspension of visas for medical professionals, and with it encourages medical professionals with an approved U.S. non-immigrant or immigrant visa petition (I-129, I-140, or similar) or a certificate of eligibility in an approved exchange visitor program (DS-2019), particularly those working to treat or mitigate the effects of COVID-19, to review the website of their nearest embassy or consulate for procedures to request a visa appointment.

Additionally, physicians on a J-1 visa are encouraged to consult with their program sponsor to extend their program. [Click here](#) to read an article in *The Hospitalist* for more information, and [click here](#) to read more on the State Department website.

COVID-19 Emergency Declaration Blanket Waivers: CMS Flexibilities to Fight COVID-19

In light of the emergency declaration, CMS and the Administration have issued numerous flexibilities to quickly respond to the potential surge of COVID-19 patients. These waivers have been issued with the intention of adding flexibility to the healthcare workforce, increase telehealth access, and reduce administrative burdens.

These waivers are universally applied to the Medicare program and will not require individual Section 1135 requests. This fact sheet provides a comprehensive guide to waivers and flexibilities included in this blanket waiver declaration. To read the full list of waivers, [click here](#). You can [click here](#) to access the list of waivers most relevant to physicians and other clinicians.

Highlighted below are several of the waivers most relevant to hospital medicine.

Telehealth Waivers

CMS has continued to expand access to telemedicine and has allowed 80 additional services to be furnished via telemedicine, including many services commonly billed by hospitalists. When billing for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, indicating that the service rendered was actually performed via

telehealth. Additionally, providers can utilize telehealth for virtual check-ins and remote patient monitoring. To learn more about these waivers, [click here](#). Information about telehealth and remote health care can be found on pages 1-3.

Blanket Waivers of Sanctions Under Physician Self-Referral Act

CMS issued a blanket waiver of sanctions under the physician self-referral law, known as the “Stark Law” for COVID-19 purposes. The waivers are effective March 1, 2020 and may be used without notifying CMS. Effectively, this means that clinicians providing patient care for those impacted by COVID-19 will not be subject to restrictions under the Physician Self-Referral Act. To access the CMS spotlight on this change, [click here](#). To read a more detailed outline of these changes, [click here](#).

Discharge Planning Waivers

CMS is reducing discharge plan requirements to expedite the safe discharge and movement of patients among care settings. However, CMS is maintaining the discharge planning requirements that ensure a patient is discharged to an appropriate setting with the necessary medical information and goals of care.

Discharge plans must:

- Include a list of HHAs, SNFs, IRFs, or LTCHs that are available to the patient.
- Inform the patient or the patient’s representative of their freedom to choose among participating Medicare providers and suppliers of post-discharge services.
- Identify in the discharge plan any HHA or SNF to which the patient is referred in which the hospital has a disclosable financial interest, as specified by the Secretary, and any HHA or SNF that has a disclosable financial interest in a hospital under Medicare.

For more information regarding Discharge Plan waivers, [click here](#). Information on discharge planning begins on page 2.

Critical Access Hospital (CAH) Blanket Waivers

CMS has issued several waivers related to CAHs. In particular, CMS is temporarily waiving the rural location requirement for CAHs, which will allow CAHs flexibility when establishing surge locations. Additionally, CMS is waiving the length of stay (LOS) and bed number requirements.

To read more information about these waivers, [click here](#). Information on CAHs begins on page 6.

CMS Frequently Asked Questions Documents

[2019-Novel Coronavirus \(COVID-19\) Medicare Provider Enrollment Relief](#)

[FAQs](#): This FAQ outlines information related to COVID relief. This FAQ provides contact information for Medicare Provider Hotlines. Additionally, this FAQ provides information about the Section 1135 waivers and information about temporary Medicare billing privileges.

[2019-Novel Coronavirus \(COVID-19\) Provider Burden Relief FAQs](#): This FAQ outlines relief efforts to help ensure practices, hospitals, and financial providers remain financially solvent throughout this crisis. Changes include temporary suspensions of fee-for-service (FFS) review, temporary suspensions of prior authorization for certain services, and more. Please review the full FAQ for more information.

SHM Position Statement on PPE

SHM issued a position statement on March 31, 2020 related to PPE access, which has been published to our website. [Click to view the full position statement](#). The statement can also be found on the COVID-19 [resource page](#).

Thank You

The SHM team thanks you for your tireless work and service and wishes you safety and good health in this unprecedented time.



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