



To: Hospitals and IPAs
From: IEHP – Provider Relations
Date: March 31, 2020
Subject: **Updated CMS Rules and Waivers of Federal Requirements (issued March 30, 2020) to Address Patient Needs During the COVID-19 Pandemic**

On March 30, the Centers for Medicare & Medicaid Services (CMS) issued several new rules and waivers of federal requirements so our hospital partners and health systems can effectively manage the care of patients during the COVID-19 pandemic.

These waivers and guidelines will lessen the administrative burden and provide flexibility to our frontline providers and hospital partners.

IEHP is here to support your implementation of these new guidelines. These temporary changes include, but are not limited to the following:

Increase Hospital Capacity

Healthcare systems and hospitals can provide services in locations beyond their existing walls including but not limited to ambulatory surgery centers, inpatient rehabilitation hospitals, hotels and dormitories. Doctor-owned hospitals can increase their number of beds and ambulances can transport patients to a wider range of locations when other transportation is not medically appropriate.

Healthcare systems, hospitals and communities can set up testing and screening sites exclusively for the purpose of identifying COVID-19 positive patients in a safe environment.

Rapidly Expand the Healthcare Workforce

Barriers are being removed to allow for the rapid hiring of physicians, nurses and other clinicians by hospitals and healthcare systems so that workforce capacity is increased. Physician assistants and nurse practitioners are being utilized to the fullest extent possible. The current ratio for physicians supervising nurse practitioners and physician assistants is being waived and physicians can now supervise the number of NPs or PAs they are able to competently and confidently supervise without a statutory ratio in place. CMS is waiving the requirements of physician supervision of certified registered nurse anesthetist (CRNA) to allow for their function to the fullest extent allowed by the state.

Put Patients over Paperwork

Paperwork requirements are being temporarily eliminated so that clinicians can focus on patient care. This means that items like respiratory-related devices and equipment for any medical reason determined by a clinician will be covered, not just under certain circumstances that existed under previous Medicare regulations.

Further Promote Telehealth in Medicare

Reimbursement for telehealth services to Medicare beneficiaries continues to expand with now more than 80 additional services that can be provided via telehealth. Telehealth can be provided via audio-visual telecommunications and by audio only if the patient only has an audio phone.

Telehealth visits can include emergency department visits, initial nursing facility and discharge visits, home visits and therapy services and visits may be conducted with new as well as established patients.

The relaxation of telehealth requirements will allow clinicians to stay connected to patients and reduce COVID-19 exposure.

Please see the [official announcement](#) from CMS and IEHP will publish a *Guide to Understanding CMS's Temporary Rules and Waivers*. This guide will go into more detail about the new rules and areas of impact to IEHP providers.

Thank you for all you are doing to care for our Members at this crucial time.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > For Providers > Plan Updates > Correspondence.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.