

APPENDIX. SELECTED TEMPORARY MEDICARE COVID-19-RELATED REGULATORY CHANGES THAT COULD BE MADE PERMANENT

Regulatory change	Can Centers for Medicare and Medicaid Services (CMS) make this change without an act of Congress?
Theme: Alternate sites of care	
Permit hospitals to provide services in other facilities and to set up expansion sites	Yes
Permit ambulatory surgical centers and similar facilities to temporarily enroll as hospitals	Yes
Partially waive the Emergency Medical Treatment and Active Labor Act to permit hospitals to screen patients at an off-campus location	No
Allow ambulances to transport beneficiaries to alternative sites that are part of a hospital	Yes
Permit hospitals to provide select services remotely, including in beneficiaries' homes	Yes
Waive the requirement for each federally qualified health center (FQHC) and rural health clinic (RHC) location to be considered independently for Medicare approval	Yes
Waive the dialysis facility main premises requirement to allow them to provide services to their patients who reside in facilities	Yes
Authorize the establishment of special purpose renal dialysis facilities without the normal determination regarding lack of access to care	Yes
Permit skilled nursing facilities (SNFs) to temporarily transfer their COVID-positive residents to another facility, without issuing a formal discharge	Yes
Theme: Benefits and care management	
Waive the requirement for a three-day prior hospitalization for coverage of an SNF stay and authorize renewed SNF coverage without first having to start a new benefit period	No
Cease enforcement of the clinical indications for respiratory, home anticoagulation management, infusion pump, and therapeutic continuous glucose monitors coverage decisions	Yes
Waive certain paperwork timeframe requirements for hospitals, such as providing a copy of a medical record and having written policies and procedures on visitation of patients and seclusion	Yes
Waive the requirement for a comprehensive initial assessment and reassessment within three months for all dialysis facility patients	Yes
Waive the requirement for a dialysis facility to implement the initial plan of care in a timely manner and to ensure that patients are seen by a physician or certain other clinicians on a monthly basis	Yes
Waive the requirement for periodic monitoring of home adaptation for patients receiving home dialysis	Yes
Pause the national Medicare prior authorization program for certain durable medical equipment, prosthetics, orthotics, and supplies	No
Waive the requirements for a registered nurse (RN) or other professional to conduct an onsite visit every two weeks to evaluate if home health and hospice aides are providing care consistent with the care plan	Yes

Regulatory change	Can Centers for Medicare and Medicaid Services (CMS) make this change without an act of Congress?
Theme: Benefits and care management (continued)	
Allow RNs to conduct an initial home health assessment visit remotely or by record review	Yes
Permit physicians and nurse practitioners to use telecommunications technology for the purpose of recertifying a patient for hospice services	No
Permit Medicare Advantage (MA) plans to expand midyear benefit enhancements when provided in connection with the COVID-19 outbreak	No
Allow MA plans to waive the Part C plan premium if offered to all plan enrollees uniformly and limited to the COVID-19 outbreak	No
Prohibit MA plans from charging cost sharing or imposing any prior authorization or other utilization management requirements for COVID tests	No
Require Part D sponsors to permit enrollees to obtain the total supply prescribed for a covered Part D drug up to a 90-day supply and relax "refill-too-soon" safety edits	Yes
Permit Medicare diabetes prevention program suppliers to accept self-reported beneficiary weight measurements and allow beneficiaries to choose either to continue to participate virtually during and after the public health emergency or to suspend services and later resume in-person services once these are available	Yes
Set payment rates for COVID-19 vaccines and establish that these will be made available to all Americans without out-of-pocket expenses	No
Theme: Telehealth	
Add urban locations and patients' homes as allowable telehealth sites	No
Add FQHCs and RHCs as allowable telehealth sites	Yes
Increase payment rates for telehealth evaluation & management (E&M) to equal standard E&M	Yes
Permit additional practitioners, such as physical therapists, occupational therapists, and speech-language pathologists to use telehealth	No
Create codes for some audio-only telehealth services	No
Permit new (rather than only established) patients to use telehealth	Yes
Allow remote physiologic monitoring services for both acute and chronic conditions and single conditions	Yes
Remove frequency limitations for certain follow-up and other services	Yes
Permit providers to waive patient cost sharing for telehealth services	Yes
Permit specific end-stage renal disease and SNF services to be provided by telehealth	Yes