AGENDA

• Welcome and Introductions

• Updates from HSCRC & Medicaid

• Overview of COVID-related Regulatory Changes and Waivers

• COVID Open Discussion

• Adjourn
UPDATES FROM HSCRC & MEDICAID

Chris Peterson, HSCRC
Laura Goodman, Medicaid
COVID-19 FEDERAL AND STATE FLEXIBILITIES

Maansi Raswant
MHA

Maryland Hospital Association
CMS 1135 WAIVER PROCESS

- CMS has issued waivers of several administrative requirements pursuant to presidential and HHS declaration of state of emergency
- Waivers are for requirements under Medicare and Medicaid authority
- CMS has issued many blanket waivers – automatically in effect once issued (retroactive effective date of March 1)
STATE POLICY WAIVERS TO SUPPORT COVID-19 RESPONSE

• Gov. Hogan declared state of emergency and catastrophic health emergency on March 5
• Numerous Executive Orders and agency directives have been issued, including several impacting
  – Workforce
  – Telehealth
  – Payer practices
  – Clinical operations
WORKFORCE: FEDERAL

- Licensed practitioners practicing within their scope of practices, including nurse practitioners (NP) and physician assistants (PA), can order home health services.

- Any rehabilitation professionals may perform initial and/or comprehensive home health assessments, regardless of whether the service establishes eligibility for patient to receive home care.

- Physicians may delegate tasks that are otherwise required to be performed by the physician to NPs, CNSs, or PAs in long term care facilities.

- Definition of "direct supervision" revised to allow for direct supervision by physicians using real-time interactive audio and video technology.

- Medicare patients do not need to be under the care of a physician; hospitals may fully use other NPPs (such as PAs and NPs).
WORKFORCE: STATE

- Expanding scope of practice

- State orders establish interstate reciprocity

- State and federal flexibilities authorize providers with inactive/expired licenses to practice

- State and federal requirements loosen physician supervision requirements
TELEHEALTH: FEDERAL

• Elimination of originating site requirements during public health emergency

• Limitations on how frequently telehealth may be used for subsequent hospital care services in inpatient (once every three days) and nursing facilities (once every 30 days) settings removed

• Payment for audio-only services
TELEHEALTH: STATE

- Authorize audio-only telehealth services
- Allow originating site to include participant’s home
- Expansion of remote patient monitoring
PAYER PRACTICES

• Adjust provider panels to account for access to COVID-19 treatment

• Waive cost-sharing requirements (federal and state levels for testing; by carrier for treatment)

• Relax utilization review requirements (across Medicare, Medicaid, and commercial payers)
CLINICAL OPERATIONS: FEDERAL

• Temporary emergency coverage of SNF services without a qualifying hospital stay (i.e., waiver of three-day prior hospitalization requirement) permitted

• Expanded list of permissible ambulance destinations to include all destinations from any point of origin equipped to treat the conditions of the patient (including home)

• Hospitals not required to provide list of available post-acute care (PAC) facilities or inform patient of ability to choose PAC provider, but providers must focus on finding the appropriate setting for the patient

• Long term care facilities may transfer or discharge residents with waiver of discharge and transfer requirements to another facility solely for patient cohorting
CLINICAL OPERATIONS: STATE

• Add hospital capacity and establish alternative care sites
• Require Office of Health Care Quality to support return of resident to nursing home of origin
• Establish medical assist teams to deploy to congregate living facilities
DISCUSSION

• Critical lessons learned from your field/industry’s response to the crisis

• Key areas that stakeholders- including providers, payers and state agencies- should focus on strengthening as we prepare for a potential next wave and as we build a better system

• The regulatory flexibilities introduced during the crisis that should be retained post pandemic
UPCOMING MEETING DATES

September 16, 2020
9 AM- 11 AM

December 11, 2020
9 AM- 11 AM