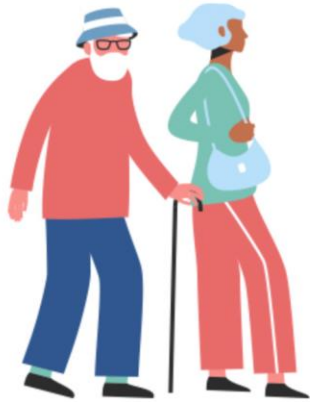
2021 FORUM

AMPLIFYING ALL VOICES IN AGING

Jennifer Podulka, MPA

October 2021

Transforming Medicare and Medicaid Beyond COVID-19 for a Person-Centered Future



Tracking Medicare COVID-19-Related Temporary Flexibilities

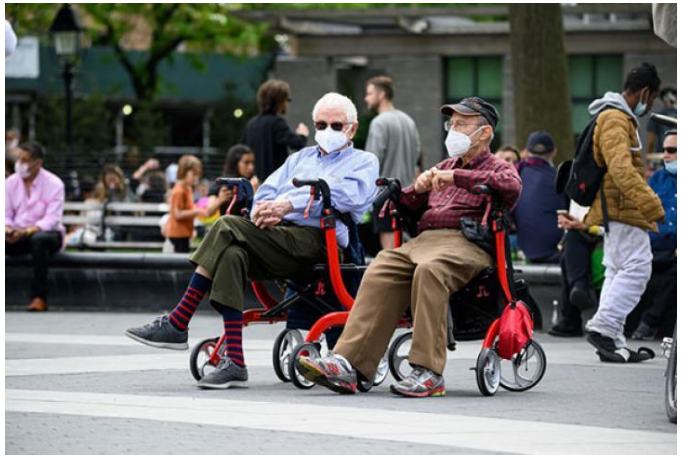
Medicare Policy Tracker and Studies

HMA created a catalog of all Medicare regulatory changes implemented in response to the COVID-19 pandemic with support from The SCAN Foundation and The Commonwealth Fund

Prior Medicare COVID-19 Studies

Regulatory Changes to Medicare in Response to COVID-19

By Jennifer Podulka, Jonathan Blum
August 2020



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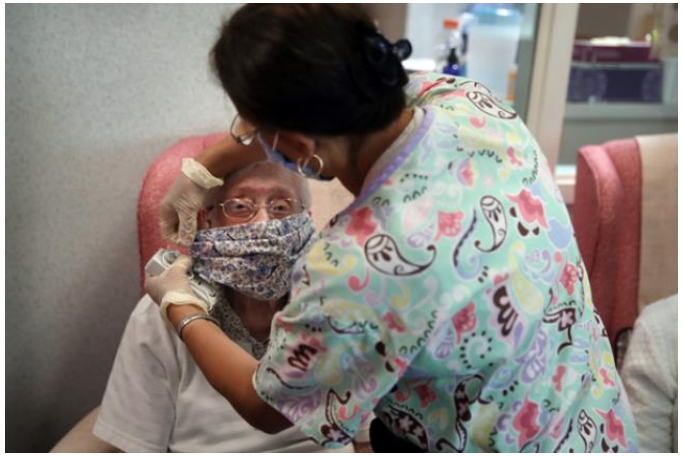
Ongoing Regulatory Changes to Medicare in Response to COVID-19

By Jennifer Podulka
January 2021



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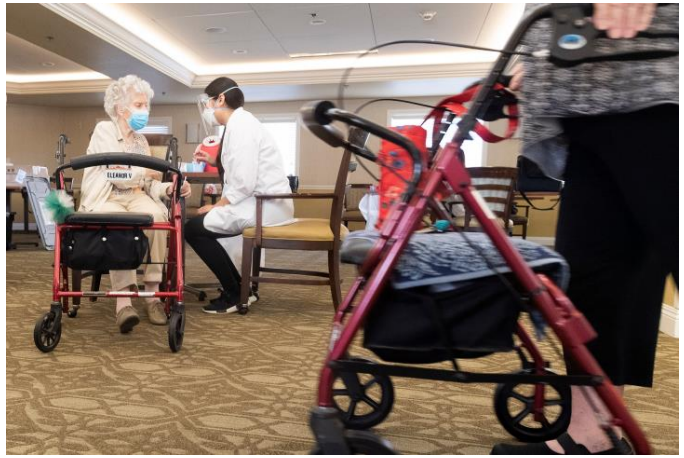
Which Medicare Changes Should Continue Beyond the COVID-19 Pandemic? Four Questions for Policymakers

By Jennifer Podulka, Jonathan Blum
May 2021



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COVID-19 prompted broad changes to Medicare

COVID-19 led to the declaration of a national public health emergency

- Officially began in January 2020 and may continue through the end of 2021 or longer
- Allows the Secretary of the Department of Health and Human Services (HHS) to take temporary actions in response to the emergency

About 250 COVID-19-related temporary regulatory changes to the Medicare program have been implemented

- Affect every type of provider
- Cover all aspects of the program

Without additional action, most changes will expire

- Expiration of most the COVID-19-related temporary regulatory changes is tied to the end of the public health emergency
- Congress and the Centers for Medicare & Medicaid Services (CMS) have re-visited about 11% of the temporary changes to expand them or make them permanent features of Medicare
- COVID-19-related temporary regulatory changes = unprecedented natural experiment
- Early indications that some key changes help people by
  - Maximizing service delivery flexibility through expanded use of telehealth and other remote services
  - Expanding and stabilizing the provider workforce

Maximizing service delivery flexibility

Temporary change	Pre-COVID policy
Allow telehealth in urban locations and patients homes	Most telehealth services limited to rural locations and excluded patients' homes
Permit audio-only telehealth services	Telehealth services generally must use two-way AV technology
Allow non-HIPAA compliant two-way AV technology for telehealth	Providers who furnish telehealth services are responsible for complying with HIPAA privacy requirements
Allow new patients to use telehealth	Most telehealth services limited to established patients
Permit RPM services for both acute and chronic conditions	RPM are limited to patients with chronic conditions

Note: HIPAA (Health Insurance Portability and Accountability Act), RPM (remote physiologic monitoring)

Expanding and stabilizing the provider workforce

Temporary change	Pre-COVID policy
Permit physicians to delegate tasks to NPPs in hospitals and SNFs, subject to state law	Physicians must personally perform certain tasks and may not delegate
Waive physician supervision of CRNAs, at the discretion of the hospital, CAH, or ASC and subject to state law	A CRNA must be under the supervision of a physician when providing services within a hospital, CAH, or ASC
Waive onsite visits requirements for healthcare provider enrollment	Medicare requires an onsite visit for certain healthcare providers to enroll
Reduce staffing coverage requirements for RHCs	Certain healthcare providers must be available to furnish patient care services at all times of clinic operation

Note: ASC (ambulatory surgical center), CAH (critical access hospital), CRNA (certified registered nurse anesthetist), NPP (non-physician practitioner), RHC (rural health clinic), SNF (skilled nursing facility).

Some changes address both issues

Temporary change	Pre-COVID policy
Allow physicians and NPPs to provide services in states in which they are not licensed, subject to state law	Physicians and NPPs must be licensed in the state where they are providing services
Allow FQHCs and RHCs to use telehealth	FQHCs and RHCs not permitted as telehealth distant sites
Allow NPPs to provide telehealth, subject to state law	Most telehealth services limited to physicians and other clinicians
Permit group practices to furnish imaging and laboratory services from alternate locations	The Physician self-referral law, or Stark law, prohibits physicians from referring patients for certain services that might present a financial conflict of interest

Note: FQHC (federally qualified health center), NPP (non-physician practitioner), RHC (rural health clinic).

Thank You!

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