

The CARES Act – Highlights for Health Care Providers: Telehealth, Regulatory Relief, Reimbursement & Program Support

Amundsen Davis Health Care Alert
March 26, 2020

The CARES Act includes numerous provisions for health care providers intended to provide financial assistance, regulatory relief, technology development encouragement, and extensions of existing programs. Many of the provisions are explicitly directed at encouraging a greater use of telehealth services that will continue beyond this immediate emergency. Other provisions are focused on long-term trends favoring coordination and integration of primary care, mental health services, and substance use disorder programs. There are also a number of provisions focused on the short-term emergency, providing financial support and reimbursement for services as well as regulatory relief intended to relieve some of the heightened demand for acute care beds. The following outlines the key provisions of interest for a wide variety of health care providers.

Sections 3202/3 – Coverage for diagnostic testing for COVID-19 by private insurance without cost-sharing at negotiated rate or provider's published rate.

3211 – Supplemental award of \$1.32 Billion for federally qualified health centers (FQHC) for prevention, diagnosis and treatment of COVID-19 .

3212 – Reauthorizes HRSA grant programs that promote the use of telehealth technologies for FQHCs.

3215 – Limitation on liability for health care professionals providing volunteer medical services within the scope of their license. This is during the COVID-19 public health emergency (the "Emergency Period") relating to the diagnosis, care or treatment of actual or suspected cases of COVID-19.

3221 – Allows for care coordination and disclosure of substance use disorder treatment by 42 CFR Part 2 Programs. This includes aligning those Programs' more stringent disclosure, re-disclosure, privacy and breach notification standards with HIPAA. Also, the Program may rely upon the patient's initial consent for such disclosure and re-disclosure purposes.

RELATED SERVICES

Health Care

3403 – HHS is authorized \$40 Million per year for 2021-2025 for grants and contracts to support training of health professionals in geriatrics and programs that integrate geriatrics with primary care.

3404 – HHS is authorized \$137 Million per year from 2021-2025 to address national nursing needs, including training, education and programs that increase access to quality health care services.

3703 – During the Emergency Period this section eliminates the requirement that Medicare telehealth benefits require the patient to be seen by the professional performing the telehealth services within the past 3 years. This allows for patients to access telehealth services from a broader range of providers.

3704 – FQHCs and Rural Health Clinics may serve as a “distant site” for Medicare telehealth services.

3705 – During the Emergency Period, this section eliminates the requirement for a nephrologist to conduct a face-to-face evaluation of a patient for home dialysis.

3706 – During the Emergency Period face-to-face recertifications for hospice care can be performed using telehealth.

3708 – Physician Assistants and Nurse Practitioners may provide the certification for Medicare home health services.

3710 – This increases by 20% the amount Medicare pays to a hospital for treating a patient admitted with COVID-19.

3711 – During the Emergency Period, this section waives the “3-Hour Rule” for Inpatient Rehabilitation Facilities, which requires that patients receive at least 3 hours per day (15 hours per week) of intensive rehab therapy services. This is intended to increase the ability of acute care hospitals to transfer patients into such settings.

3715 – Allows State Medicaid Programs to pay for direct support professionals and caregivers helping with activities of daily living and assisting disabled individuals.

3720 – Increases the availability of States to access the enhanced Medicaid FMAP authorized by the recent Families First Coronavirus Response Act.

3811 – Extension of the Medicaid “Money Follows the Person” demonstration program through 11/30/2020. This is intended to help patients transition from nursing homes to a home setting.

3813 – Delays the Medicaid Disproportionate Share Hospital reductions until fiscal year 2022.

The CARES Act – Highlights for Health Care Providers: Telehealth, Regulatory Relief, Reimburse- ment & Program Support

3814 – Extension and expansion of Medicaid community mental health services demonstration program through 11/30/2020, which provides coordinated care to patients with mental health and substance use disorders.

++ Includes \$275 Million to HRSA to support the Ryan White HIV/AIDS programs and rural critical access hospital and telehealth programs.

++ Includes \$955 Million for the Administration for Community Living to support nutrition programs, home and community based services, and expand oversight and protections for seniors.

++ Includes \$200 Million for CMS to assist nursing homes with infection control programs and support States in preventing the spread of COVID-19 in nursing homes.

++ Includes \$425 Million to SAMHSA to increase mental health services through Community Behavioral Health Clinics, suicide prevention programs, emergency response systems, and outreach for people experiencing homelessness.

The CARES Act – Highlights for Health Care Providers: Telehealth, Regulatory Relief, Reimburse- ment & Program Support