

## **CMS COVID-19 Call Covers Waivers, Q&A**

On Friday, March 20, the Centers for Medicare & Medicaid Services (CMS) held a call with home health organizations to discuss recent developments related to the novel coronavirus COVID-19. Even though the call was specific to home health agencies there hospice questions addressed, as well.

CMS indicated it plans to hold similar calls weekly, but these have not yet been scheduled. Stay tuned to NAHC Report for additional information.

This was a short 30-minute call in which CMS briefly summarized recent activity related to the 1135 waivers and home health providers and then responded to questions from callers. The questions and answers are below. “We” in the answers is CMS.

**Q: Do our agencies need to submit 1135 waiver requests or is a request submitted by a department of health or association on our behalf sufficient?**

A: If your concerns are listed on the waiver requests it is fine. No need to send another. When we look at specific provider requests, we do look at whether it would be good to have it applicable to all.

**Q: Does the 1135 waiver that allows telehealth for F2F visits include both home health and hospice, and if included will there be a code added for COVID19 to allow for billing?**

A: **Telehealth for the F2F encounter for home health is allowed under the existing waiver.** We are looking to update this on our website and FAQ pages and should see this later today. We are continuing to look at what additional flexibilities that we have in regard to hospice, but we are not able at this time to make additional waivers in regard to the 1135 process. We are looking closely and very seriously to these concerns . Also, by regulation, the cost of remote patient monitoring, if used to augment the patient care process, is allowed on the home health cost report.

**Telehealth cannot be used to substitute for an in person visit – statute prohibits this, but we are still looking closely to see what flexibilities we have.**

**Q: I think I can infer from your last statement that hospice is not part of the 1135 waiver and I am puzzled by this because it is inconsistent with social distancing guidance and I am curious if soon we can anticipate a waiver covering these F2F visits for certification, and if it does occur will it be retroactive?**

A: The statute under which we operate is very different between home health and hospice. **It relates to section 1834(m) which does not include hospice telehealth. The 1135 waiver specifically references our ability to provide telehealth waivers specific to 1834(m).** We are thinking as creatively as we can as to whether we have additional flexibility under this authority or other types of authorities.

**Q: So in order for our medical directors to feel like we are providing care responsibly we feel it is mandatory that we forgo F2F visits to protect the health of our patients and our staff when we already have a staff person on site who can give the information to the physician for a hospice certification decision.**

A: This is along the lines of our thinking and **we continue to look at this scenario.**

**Q: Do you think hospices will be penalized for trying to protect the safety of their staff and their patients?**

A: We certainly understand the need for safety and we are making efforts to try to align the payment policies, processes and regulations with this need.

**Q: Please reiterate what you are saying about telehealth for F2F for home health and home health homebound status – will it be extended to cover COVID-19?**

A: Homebound – in regard to individuals contraindicated to leave their home in this COVID emergency, we are looking to see what additional flexibilities we might be able to grant. **With regard to the F2F visit, it can be performed by telehealth in accordance with the 1135 waiver.** With regard to aspects of other telehealth visits – telehealth cannot be substituted for other in-person visits.

**Q: Providers are increasingly low on masks and other supplies. Will you change regulations as they get increasingly lower?**

A: We understand the concern across all settings about this shortage and we are working with the CDC to look at guidelines and see how they can be modified. We do encourage you to look at state and local systems as they have the ability to manage the stockpile.

Additional questions can be submitted to [1135waiver@cms.hhs.gov](mailto:1135waiver@cms.hhs.gov).

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