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More Waivers, New Rule Set Aside a Slew of Requirements; 'Phaseout' Strategy Is Needed

By Nina Youngstrom

Provider-based departments that relocate during the COVID-19 pandemic won't lose their coveted provider-based status, and patients' homes may be treated as provider-based departments when services are delivered by telehealth, CMS said in new blanket waivers^[1] and an updated interim final rule^[2] announced April 30. That adds up to hospitals continuing to bill the outpatient prospective payment system (OPPS) even if they move provider-based space temporarily because of COVID-19, and charging Medicare a facility fee when patients are at home.

"That's huge," said Ronald Hirsch, M.D., vice president of R1 RCM. "Many provider-based services can now be provided in a patient's home and billed as if the patient came into the clinic." But hospitals must notify CMS of their plans to extend their services to multiple locations (i.e., patients' homes). As CMS stated, "To the extent that a hospital may relocate to an off-campus provider-based department that otherwise is the patient's home, only one relocation request during the COVID-19 [public health emergency] is necessary."

Those are just two of a slew of new waivers and flexibilities in the interim final rule, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program. Through previous waivers and the interim final rule, CMS and Congress, with the Coronavirus Aid, Relief, and Economic Security (CARES) Act,^[3] continue to set aside requirements in a quest to expand the capacity for testing and treating patients for the coronavirus. Compliance officers and attorneys continue to express concern, however, about reversing course in a timely manner when the public health emergency (PHE) ends so the compliance and revenue of their organizations aren't suddenly at risk.

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