On March 30, CMS unveiled several broad but temporary changes that provide new flexibilities for hospitals, physicians and other healthcare organizations during the COVID-19 pandemic.

Here are six key takeaways from the rules, which will last the length of the national emergency:

1. **Hospital capacity.** CMS is waiving rules that require hospitals to provide services within their own buildings. Under the temporary new rules, hospitals can transfer patients to outside facilities, including ambulatory surgery centers, hotels and dormitories, while still receiving hospital payments under Medicare. The waivers will also allow physician-owned hospitals to increase their bed count without incurring sanctions.

2. **Ambulatory surgery centers.** The rules allow ASCs to contract with local health systems to provide hospital services or to bill as hospitals during the emergency declaration. CMS said this will allow ASCs to take on certain services typically provided by hospitals, such as cancer procedures and certain essential surgeries.

3. **Ambulance transport.** The changes allow ambulances to transport patients to a wider range of locations, including physician’s offices, urgent care facilities and mental health centers.

In Other News

CDC is now recommending the general public wear a mask when going into public spaces such as the grocery store.  

For those interested in making masks to wear in nonclinical settings or for personal use, Kaiser Permanente offers step-by-step instructions and an accompanying how-to video.  

CDC recommendations on how to wear a face covering.  

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4. **COVID-19 testing.** Under certain circumstances, hospitals can perform COVID-19 tests on people at home and in other community-based settings. The new rules allow the establishment of special centers and dialysis facilities to treat COVID-19 patients. Medicare will also pay laboratory technicians to travel to a Medicare beneficiary’s home to collect a specimen for COVID-19 testing.

5. **Healthcare workforce.** CMS issued a waiver to allow hospitals to provide support, such as child care services and laundry service for personal clothing, to physicians and other staff while they’re providing patient care. CMS is also making it easier for providers to enroll in Medicare, allowing physician assistants, nurse practitioners and other healthcare professionals to perform certain services that have previously required a physician’s order, and giving medical residents more flexibility to provide services under the direction of a teaching physician. Teaching physicians are now permitted to provide supervision using audio or video technology.

6. **Telehealth.** CMS will pay for more than **80 additional services** when provided via telehealth, including emergency department visits and initial nursing facility and discharge visits. Physicians can also evaluate Medicare beneficiaries using any type of telephone. “During the public health emergencies, individuals can use interactive apps with audio and video capabilities to visit with their clinician for an even broader range of services,” CMS said. “Providers also can evaluate beneficiaries who have audio phones only.” Home health and hospice providers can provide more services using telehealth, if it is appropriate to do so and doesn’t replace needed in-person visits.

For additional background information on the waivers and rule changes visit the CMS Newsroom. [Visit the CMS Newsroom Now »](#)

Find more information on the COVID-19 waivers and guidance, and the Interim Final Rule, on the CMS COVID-19 flexibilities webpage. [Read More »](#)

These actions, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Coronavirus Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, visit [www.coronavirus.gov](http://www.coronavirus.gov).

For a complete and updated list of CMS actions, and other information specific to CMS, please visit the [Current Emergencies Page](#).