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CMS Turns to “Reopening” Movement with New Set of Regulatory Changes

On April 30, the federal agency unveiled yet another round of changes, this time with the aim of taking “action to ensure states and localities have the flexibilities they need to ramp up diagnostic testing and access to medical care, key precursors to ensuring a phased, safe, and gradual reopening of America,” in their own words.

“I’m very encouraged that the sacrifices of the American people during the pandemic are working. The war is far from over, but in various areas of the country, the tide is turning in our favor,” CMS Administrator Seema Verma said in a statement. “Building on what was already extraordinary, unprecedented relief for the American healthcare system, CMS is seeking to capitalize on our gains by helping to safely reopen the American healthcare system in accord with President Trump’s guidelines.”

Some of the highlights of the regulatory changes included the following:

• CMS is now requiring nursing homes to inform residents, their families, and representatives of any COVID-19 outbreaks in their facilities.
• Medicare will no longer require an order from a treating

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Additional background information on the new waivers and rule changes, further detailing steps taken to advance each of the numbered agency goals.

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Physician or other practitioner for beneficiaries to undergo COVID-19 testing and certain laboratory tests required as part of a COVID-19 diagnosis.

- Pharmacists will now be permitted to work with a physician or other practitioner to provide assessment and specimen collection services, and the physician or other practitioner can bill Medicare for the services. Pharmacists also can perform certain COVID-19 tests if they are enrolled in Medicare as a laboratory, in accordance with a pharmacist’s scope of practice, meaning that beneficiaries can get tested at “parking-lot” style test sites operated by pharmacies and other entities, consistent with state requirements.

- CMS will pay hospitals and practitioners to assess beneficiaries and collect laboratory samples for COVID-19 testing and make separate payment when that is the only service the patient receives. This builds on previous action to pay laboratories for technicians to collect samples for COVID-19 testing from homebound beneficiaries and those in certain non-hospital settings.

- “To help facilitate expanded testing and reopen the country, CMS is announcing that Medicare and Medicaid are (also) covering certain serology (antibody) tests, which may aid in determining whether a person may have developed an immune response and may not be at immediate risk for COVID-19 reinfection,” the press release read. “Medicare and Medicaid will cover laboratory processing of certain FDA-authorized tests that beneficiaries self-collect at home.”

The new changes are anticipated to apply for the duration of the current federal Public Health Emergency declaration. Providers and states don’t need to apply for the blanket waivers.