

Chart of CMS COVID-19 Guidance – Updated as of 3/18

Date Released	Subject	Applicable To	Links	Description
Ongoing	All	All	<ul style="list-style-type: none"> • Link • Link • Link 	<ul style="list-style-type: none"> • Government wide resources on the response to the coronavirus. • CMS resource page • CMS stakeholder call transcripts and audio recordings.
3/17	Health & Safety: Guidance to PACE Organizations	PACE Organizations	<ul style="list-style-type: none"> • Press release • Guidance 	<ul style="list-style-type: none"> • Guidance to PACE organizations on accepted policies and standard procedures with respect to infection control.
3/17	Waivers	Medicaid	<ul style="list-style-type: none"> • Approval • Press release 	<ul style="list-style-type: none"> • CMS approved Florida’s request for 1135 Medicaid waiver in Florida, which includes flexibilities that enable the state to waive prior authorization requirements to remove barriers to needed services, streamline provider enrollment processes to ensure access to care for beneficiaries, allow care to be provided in alternative settings in the event a facility is evacuated to an unlicensed facility, suspend certain nursing home screening requirements to provide necessary administrative relief, and extend deadlines for appeals and state fair hearing requests.
3/17	Coverage: Telehealth	Medicare FFS	<ul style="list-style-type: none"> • Fact sheet • FAQs • Press release 	<ul style="list-style-type: none"> • Medicare may pay for office, hospital, and other visits furnished via telehealth across the country and including in patients’ places of resident starting 3/6/20. • HHS Office of Civil rights will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through telehealth technologies.
3/17 (OIG)	Coverage: Telehealth	Federal Health Care Programs	<ul style="list-style-type: none"> • Fact Sheet • Policy Statement 	<ul style="list-style-type: none"> • Beneficiaries can obtain services by telehealth instead of going to their doctor’s office in the public health emergency, and the physician or practitioner is not required to charge any cost-sharing. • Physicians do not risk enforcement actions if they waive any cost-sharing for telehealth visits or under either the Federal anti-kickback statute or the beneficiary inducements civil monetary penalty statute for waiving or reducing such cost-sharing
3/17	Coverage: Telehealth	Medicaid FFS	<ul style="list-style-type: none"> • Guidance • Existing Guidance 	<ul style="list-style-type: none"> • Provides policy options for states for paying providers that use telehealth technology to deliver services. • Notes that additional considerations may be warranted for states interested in offering telehealth within other delivery systems.
3/15	Waivers	Medicare FFS	<ul style="list-style-type: none"> • Guidance • Guidance 	<ul style="list-style-type: none"> • Outlines policies and procedures that may be available when section 1135 authority is invoked. • Outlines emergency-related policies and procedures that may be implemented without 1135 waivers.

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3/13	Coverage & Health & Safety: Health Care Providers	Federal Health Care Programs	<ul style="list-style-type: none"> • Press release • Fact Sheet • Medicaid Disaster Response Toolkit 	<ul style="list-style-type: none"> • Provides a summary of blanket section 1135 waivers CMS is providing related to skilled nursing facilities, critical access hospitals, housing acute care patients in excluded distinct part units, durable medical equipment, care for excluded inpatient psychiatric unit patients in the acute care unit of a hospital, care for excluded inpatient rehabilitation unit patients in the acute care unit of a hospital, supporting care for patients in long-term care acute hospitals, home health agencies, provider locations, provider enrollment, and Medicare appeals. • Also notes state flexibility to request additional section 1135 waivers related to their Medicaid or CHIP program.
3/13	Health & Safety: Nursing Homes	Medicare Providers	<ul style="list-style-type: none"> • Press Release • Guidance 	<ul style="list-style-type: none"> • Directs nursing homes to significantly restrict visitors and nonessential personnel, as well as restrict communal activities inside nursing homes
3/13	Health & Safety: State Survey Agency and Accrediting Organization Survey Suspension	Providers	<ul style="list-style-type: none"> • FAQs 	<ul style="list-style-type: none"> • CMS is suspending survey activity for certain non-emergency state survey inspections, allowing inspectors to prioritize the most serious health and safety threats like infectious diseases and abuse.
3/12	Coverage: Emergency Preparedness, Eligibility and Enrollment, Benefit and Coverage Flexibilities	Medicaid and CHIP	<ul style="list-style-type: none"> • FAQs 	<ul style="list-style-type: none"> • Provides guidance to state Medicaid and CHIP programs on resources available to assist states, what waiver flexibilities exist, what eligibility and enrollment flexibilities are available, how states can best provide Medicaid services and benefits to quarantined beneficiaries (including telehealth), what authority is available to eliminate cost-sharing, and what flexibilities are available to ease the burden on state budgeting and financing requirements, among others.
3/12	Coverage: Essential Health Benefit Coverage	Individual and Small Group Plans	<ul style="list-style-type: none"> • FAQs 	<ul style="list-style-type: none"> • EHB generally includes coverage for the diagnosis and treatment of COVID-19, medically necessary hospitalizations and a vaccine if it becomes available
3/12	Payment: Pricing of CDC and non-CDC	Medicare Laboratories	<ul style="list-style-type: none"> • Fact Sheet 	<ul style="list-style-type: none"> • Starting in April, laboratories performing COVID-19 tests can bill Medicare and other health insurers for services that occurred after 2/4/2020 using the newly created HCPCS code

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	Tests for COVID-19			(U0001), used only for tests developed by the CDC. For non-CDC lab tests, bill using HCPCS code U0002
3/10	Coverage: Coverage Flexibilities and Obligations	MAOs, Part D Sponsors, Medicare-Medicaid Plans	<ul style="list-style-type: none"> • Guidance 	<ul style="list-style-type: none"> • Describes special requirements and permissive actions for MAOs, Part D Plans, and Medicare-Medicaid plans that are triggered by the declaration of a disaster or an emergency.
3/10	Health & Safety: State Survey Agencies, Healthcare Workers	Medicare FFS, Medicaid	<ul style="list-style-type: none"> • Press Release • Memo 	<ul style="list-style-type: none"> • Clarifies the application of CMS policies expanding the types of facemasks healthcare workers may use in situations involving COVID-19 and other respiratory infections • State surveyors are not require -on a temporary basis – to validate the date of a facility’s last annual test of the fit of N95 masks worn by workers in Medicare and Medicaid-certified facilities to minimize the discarded masks associated with such testing
3/10	Health & Safety: Home Health Providers and Dialysis Facility Providers	Medicare FFS, Medicaid	<ul style="list-style-type: none"> • Press Release • Home Health Agencies Memo • Dialysis Facilities Memo 	<ul style="list-style-type: none"> • Advises all Medicare-enrolled dialysis facilities to identify high risk individuals prior to appointments or upon arrival, and immediately begin screening for fever or symptoms of a respiratory infection. • Recommends screening visitors for potential exposure to the virus, giving detailed instructions for dealing with staff who have been exposed or are showing signs of illness • Recommends home health agencies remain vigilant, regularly monitor patients for any symptoms of the virus, and communicate effectively with patients, family members and other caregivers so that the entire care team understands a patient’s individual needs and goals of care
3/9	Health & Safety: Hospice Providers, Nursing Homes	Medicare Providers	<ul style="list-style-type: none"> • Press Release • Hospice Providers • Nursing Homes 	<ul style="list-style-type: none"> • Supports hospices with information about how to address potential and confirmed COVID-19 cases, including the screening, treatment and transfer of patients to higher level of care
3/9	Health & Safety: Hospitals with Emergency Departments	Medicare Providers	<ul style="list-style-type: none"> • Press Release • Memo 	<ul style="list-style-type: none"> • Medicare-participating hospitals should continue following both CDC guidance for infection control and Emergency Medical Treatment and Labor Act requirements. • Medicare-certified hospitals with emergency departments are to provide a federally required, appropriate medical screening examination to every patient that comes to the ED, including those suspected of having COVID-19

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3/9	Coverage: Telehealth, Coverage and Payment Related to COVID-19	Medicare, Medicare Advantage	<ul style="list-style-type: none"> • Press Release • Fact Sheet 	<ul style="list-style-type: none"> • Medicare Part B covers medically necessary clinical diagnostic laboratory tests • Provides additional guidance about the telehealth benefits in the agency’s Medicare program • Medicare Advantage plans may also provide enrollees access to Medicare Part B services via telehealth in any geographic area and from a variety of places, including coverage of clinically appropriate telehealth services for treatment of COVID-19
3/6	Payment: Payment for Lab Tests and other COVID-Related Services	Medicare	<ul style="list-style-type: none"> • Press Release • FAQs 	<ul style="list-style-type: none"> • Guidance on how to bill and receive payment for testing patients at risk of COVID-19 • Information of billing for telehealth or in-home provider services
3/5	Coverage & Payment: Medicare Coverage and Payment for COVID-19	Medicare	<ul style="list-style-type: none"> • Fact Sheet 	<ul style="list-style-type: none"> • Provides guidance for the coverage and payment for traditional Medicare, Medicare Advantage (Part C) and Part D on telehealth, diagnostic tests, vaccines, inpatient hospital care services and other relevant services to COVID-19 treatment
3/5	Coverage & Payment: Individual and Small Group Market Coverage	Individual and Small Group Markets	<ul style="list-style-type: none"> • Fact Sheet 	<ul style="list-style-type: none"> • Outlines existing federal rules governing health insurance coverage as it applies to the diagnosis and treatment of coronavirus. States may choose to work with plans and issuers to determine the coverage and cost-sharing parameters for COVID-19 related diagnoses, treatments, equipment, telehealth and home health services, and other related costs.
3/5	Coverage & Payment: Medicaid and CHIP Coverage and Payment	Medicaid, CHIP	<ul style="list-style-type: none"> • Fact Sheet 	<ul style="list-style-type: none"> • Provides guidance for coverage and benefits related to COVID-19 treatment for Medicaid and CHIP beneficiaries • Includes information on the availability of testing, diagnostic and laboratory services, hospital care, telehealth, nursing facilities, prescription drugs and cost-sharing