

FAQs: Health Care Provisions in the Senate Amendment to H.R. 748, the Coronavirus Aid, Relief, and Economic Security (CARES) Act

Prepared by the Energy and Commerce and Ways and Means Committee Staff

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PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

How much funding is included in the Public Health and Social Services Emergency Fund (PHSSEF) for assistance for hospitals and health care providers? Who is eligible for the funding?

Of the whole fund, \$100 billion set aside for reimbursement for eligible health care entities. These entities include: public entities, Medicare or Medicaid enrolled suppliers and providers, and others that the Secretary of Health and Human Services (HHS) can specify, within the United States (including territories), that provide diagnoses, testing, or care for patients with possible or actual cases of COVID-19.

What is the purpose of this funding? What can providers be reimbursed for?

The purpose of this funding is for health care providers and suppliers to prevent, prepare for, and respond to COVID-19, domestically or internationally. These grants are meant to reimburse health care related expenses or lost revenues that are attributable to COVID-19.

The funds are available for the following:

- building or construction of temporary structures;
- leasing of properties;
- medical supplies and equipment including personal protective equipment (PPE) and testing supplies;
- increased workforce and trainings;
- emergency operation centers;
- retrofitting facilities; and
- surge capacity.

How can providers apply? Is there one application period?

The CARES Act requires that the HHS Secretary receive applications on a rolling basis. The applicants will have to include a justification for why they need the funds. HHS will issue specific application guidance in the coming weeks.

How is funding disbursed?

The CARES Act gives discretion to the HHS Secretary to include pre-payment, prospective payment, or retrospective payment but does require that the payment mechanisms take into consideration possible efficient payment systems during the emergency. HHS will issue specific funding distribution guidance in the coming weeks.

Is there a certain amount set aside for hospitals, physicians, health centers, or labs?

There are no specific set-asides for any of these providers, but all are eligible to apply for funds if they are public entities, Medicare or Medicaid enrolled providers or suppliers, or others that the Secretary specifies.

TELEHEALTH

Can Medicare physicians and practitioners use audio-only phone calls to treat their patients?

Medicare currently pays for “virtual check-ins” for quick audio-only calls with existing patients, regardless of the COVID-19 public health emergency. With the passage of the CARES Act, Medicare providers across the country can now also treat their patients using e-visits with both video and/or audio calls for the duration of the public health emergency. To see a list of telehealth eligible codes, see page 7 of [this document](#).

Does the physician have to have a pre-existing relationship with the Medicare beneficiary to conduct an e-visit with telehealth in Medicare?

Earlier this month, the Centers for Medicare & Medicaid Services (CMS) released guidance stating it would not enforce a provision of law that requires a pre-existing relationship with a physician or practitioner to use telehealth for expanded telehealth services during the COVID-19 public health emergency. Additionally, the CARES Act struck the statutory requirement of this pre-existing relationship in order to furnish Medicare telehealth services for the duration of the COVID-19 public health emergency, in order to expand telehealth use.

Can Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) bill for telehealth services?

Currently, under Medicare physicians and practitioners enrolled in Medicare who practice at FQHCs and RHCs can bill for telehealth services, but the FQHC and RHC facilities themselves cannot bill for these services. Under the CARES Act, FQHC and RHC facilities can now bill for telehealth services during the COVID-19 public health emergency. The FQHCs and RHCs will be paid based on payment rates that are similar to the national average payment rates that Medicare physicians get paid under the Medicare Physician Fee Schedule. This is to ensure a level playing field with physicians who bill for Medicare telehealth services in other care settings.

What about patients with End-Stage Renal Disease (ESRD)?

Currently, patients with ESRD are eligible for telehealth. If a patient is receiving home dialysis, telehealth can be used to monitor the adequacy of nutrition, assessment of growth and development, and counseling of parents. However, a physician or practitioner must have an in-person visit monthly to check the Medicare beneficiary’s vascular access site. Given the frailty of this population and its vulnerability to COVID-19, the CARES Act gives the HHS Secretary authority to waive this in-person visit for the home-dialysis population during the COVID-19 public health emergency.

Can patients in hospice receive services through telehealth?

In order for a Medicare beneficiary to continue to be eligible for hospice care, a hospice provider must have a face-to-face encounter with the beneficiary and recertify their eligibility for hospice. The CARES Act waives the requirement that this recertification must be face-to-face and allows for physicians and nurses to recertify patients for hospice through telehealth during the COVID-19 public health emergency.

What about health care facilities that don't offer telehealth now, but want to expand their capabilities to include this service, especially in rural areas?

The CARES Act reauthorizes Health Resources and Services Administration (HRSA) grant programs that promote the use of telehealth technologies for health care delivery, education, and health information services. The bill also reauthorizes HRSA grant programs to strengthen rural community health by focusing on quality improvement, increasing health care access, coordination of care, and integration of services.

COVERAGE AND AFFORDABILITY

Do consumers get out-of-pocket cost protections for COVID-19 treatment?

While the House bill made sure that beneficiaries were not burdened with costs associated with COVID-19 treatment, the CARES Act provides no such assistance to seniors or individuals in private insurance. The maintenance of effort (MOE) provisions included in the Families First Coronavirus Response Act (FFCRA), passed on March 18th, does require, as a condition of receiving increased federal funds, that states cover COVID-19 treatment without cost-sharing for Medicaid beneficiaries, but this is limited to the duration of the COVID-19 public health emergency. The House bill also covered treatment for the uninsured, unlike the CARES Act. Providing assistance to patients for the costs of COVID-19 treatment would have helped struggling Americans, many of whom face large deductibles and removed a known barrier to care at a time of economic uncertainty.

Does the CARES Act make sure that patients don't have costs associated with COVID-19 testing?

The FFCRA provided that COVID-19 testing would be free of charge to all Americans, including those in Medicare, Medicaid, and private insurance, as well as the uninsured. The CARES Act builds on these consumer protections.

Does the CARES Act make sure that patients don't have costs associated with COVID-19 vaccination?

The CARES Act requires that any COVID-19 vaccine developed in the future be provided free of charge to Medicare beneficiaries and individuals with private insurance coverage. It does not mandate coverage of vaccines in the Medicaid program or for the uninsured. While the MOE provisions in the FFCRA does condition the temporary increase in federal funds on states Medicaid programs covering vaccines without cost sharing, this is a temporary fix for the duration of the COVID-19 public health emergency. The House bill would have made this permanent, and would have also applied this requirement to the uninsured.

What does the CARES Act do to help consumers who lose their employer sponsored insurance?

The CARES Act does not offer additional assistance for individuals who lose coverage with the loss of a job. This is unlike the House bill, which offers help to individuals and families to stay insured and get insured at a time when health care needs are unpredictable through COBRA subsidies, enhanced advanced premium tax credits, an enhanced federal medical assistance percentage (FMAP) to incentivize states to expand Medicaid, and a special enrollment period for the Affordable Care Act Marketplaces.

Was there anything done to help insurance companies who are potentially facing a great number of costs because of the pandemic?

The CARES Act provides no risk mitigation or assistance to health insurers. Without risk mitigation, such as risk corridors which were included the House bill, consumers may experience premium increases of up to 20 percent next year.

Does my state qualify for the enhanced FMAP that was included in FFCRA?

All states automatically qualify for the 6.2 percent increased FMAP, as long as they meet the law's MOE requirements. The MOE generally requires that a state Medicaid program's eligibility standards, methodologies, and procedures, are no more restrictive than they were on January 1, 2020. It also requires that a state cannot have higher Medicaid premiums than they were on January 1, 2020. The CARES Act contains a provision that would give states 30 days to come into compliance with the MOE if the state increased Medicaid premiums after January 1, 2020 but before the date of enactment of the FFCRA. The MOE also requires that states cover all testing, treatments, and vaccines for COVID-19 without cost-sharing. Finally, the MOE requires that a state provides continuous coverage for the duration of the COVID-19 public health emergency for any Medicaid beneficiary who was enrolled as of the date of enactment of the FFCRA, or who enrolls after the date of enactment.

How does my state cover testing for uninsured individuals?

The FFCRA provided states with a new option to extend Medicaid coverage for COVID-19 testing to any uninsured individual living in the state for the duration of the COVID-19 public health emergency. If a state wants to adopt this option, it will need to submit a state plan amendment and get CMS approval.

Does the Medicaid coverage for the uninsured also cover treatment and vaccines?

The House bill would amend the law to ensure that treatment and vaccines would be covered under the new uninsured coverage pathway, but this provision was not included in the CARES Act.

OTHER PROVISIONS

Nursing homes have become hot spots in the COVID-19 crisis. Is there any support to help these facilities manage the crisis?

The CARES Act includes \$200 million to CMS to assist nursing homes with infection control and support states' survey and certification efforts to improve quality of care and prevent the spread of COVID-19 in nursing homes. They can also access the \$100 billion funding in the PHSSEF. Nursing homes will also benefit from the provision in the CARES Act that delays the Medicare sequester, which cuts payments by two percent, until December 31, 2020.

What does the CARES Act do to help Community Health Centers?

The CARES Act includes \$1.3 billion in additional funding for Community Health Centers (CHC) to respond to COVID-19. This includes providing expanded health care services, purchasing necessary equipment like PPE, or expanding staffing levels. They can also access the \$100 billion funding in the PHSSEF. In addition, the CARES Act extends the CHC Fund through November 30, 2020.

What does the CARES Act do to help our health care workers receive more PPE?

The CARES Act contains many funding streams available to health care entities to purchase additional PPE for their front-line workers. This includes:

- \$100 billion included in the PHSSEF – PPE purchase is an eligible expense for health entities;
- \$16 billion for the Strategic National Stockpile (SNS) – PPE purchase and distribution are eligible expenses;
- \$1.5 billion for Centers for Disease Control and Prevention (CDC) to send to states/localities/territories/tribes – PPE purchase and distribution are eligible expenses;
- \$1 billion for the Defense Production Act to invest in manufacturing to help increase production of PPE; and
- \$250 million for the Hospital Preparedness Program – PPE purchase and distribution are eligible expenses.