

Coronavirus Aid, Relief and Economic Security Act (CARES Act) Healthcare Provisions

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

The Families First Coronavirus Response Act ("FFCR") required that COVID-19 testing 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.

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.

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.

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.