



CMS Approves Medicaid Section 1135 Waivers for Eleven Additional States in Response to COVID-19, including Louisiana

The Centers for Medicare & Medicaid Services (CMS) approved an additional 11 state Medicaid waiver requests under Section 1135 of the Social Security Act (Act), bringing the total number of approved Section 1135 waivers for states to 13.

The waivers were approved within days of states' submitting them, and offer states new flexibilities to focus their resources on combating the outbreak and providing the best possible care to Medicaid beneficiaries in their states. These waivers support President Trump's commitment to operating a COVID-19 response that is locally executed, state managed and federally supported. **Examples of waivers available under section 1135 of the Act include:**

- Temporarily suspend prior authorization requirements;
- Extend existing authorizations for services through the end of the public health emergency;
- Modify certain timeline requirements for state fair hearings and appeals;
- Relax provider enrollment requirements to allow states to more quickly enroll out-of-state or other new providers to expand access to care, and
- Relax public notice and submission deadlines for certain COVID-19 focused Medicaid state plan amendments, enabling states to make changes faster and ensure they can be retroactive to the beginning of the emergency.

These section 1135 waivers are effective March 1, 2020 and will end upon termination of the public health emergency, including any extensions.

For more information on the waiver, please [click here](#).

***Subscribe to our
newsletter for more
updates:***

WWW.CHEARDY.COM

CMS to Halt Routine Inspections of Nursing Homes, Focus on Critical Situations

The Centers for Medicare and Medicaid Services (CMS) plans temporarily to halt routine nursing home inspections to focus on the most severe situations as cases of COVID-19 spread in US facilities. “The federal Medicare agency will work with the Centers for Disease Control and Prevention to help prevent COVID-19 outbreaks at high-risk hospitals and nursing homes, CMS Administrator Seema Verma said.” The CMS plan “calls for state inspectors to conduct targeted infection control surveys of nursing homes and hospitals that may be ripe for an outbreak, based on projections that the CDC has derived from Medicare claims data.” Verma said on a telephone briefing Monday, “This is an extraordinary step designed for extraordinary times.” For the next three weeks, as part of the new guidance, “surveyors will only be focusing on three kinds of surveys: immediate-jeopardy level complaints and incidents, targeted infection control surveys, and the self-assessments.



For more information on this, please [click here](#).

Hospital Service Districts and Open Meetings Law Relaxed



On March 23, 2020, OIG released a [COVID-19 Fraud Alert](#) warning the public about fraud schemes related to COVID-19. Scammers are offering COVID-19 tests to Medicare beneficiaries in exchange for personal details, including Medicare information. However, the services are unapproved and illegitimate. The personal information can be used to fraudulently bill Medicare and commit medical identity theft. According to the OIG, fraudsters are targeting Medicare beneficiaries through telemarketing calls, social media, and door-to-door visits. OIG recommends that beneficiaries be cautious of unsolicited requests for their Medicare or Medicaid numbers; be suspicious of any unexpected calls or visitors offering COVID-19 testing or supplies; ignore advertisements for COVID-19 testing or treatments on social media; and see their physician or other trusted healthcare provider to assess their condition and approve any requests for COVID-19 testing.

Should you have any specific questions or needs, please contact the
Chehardy Sherman Williams Healthcare Team
~ David Sherman, George Mueller, Adam Stumpf, Chris Martin, Adrienne
Ellis & Rory Bellina