# CMS Update

## Overview of the CMS COVID-19 Response

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*This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference*

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# Objectives

- **Overview of Key Initiatives at CMS**
  - Update of outpatient evaluation/management documentation policy
  - Alignment of quality measures

- **The COVID-19 Response**
  - The basics of 1135 waivers
  - Key regulatory flexibilities
  - Update: vaccine and therapeutics policy

- **Questions**

1 With **better access to patient data**, I can provide more informed treatment recommendations and help my patients make better care decisions.

2 I know how to **contact other providers** my patient is seeing so we can share information and provide coordinated care.


**PROVIDERS**

4 As a participant in **alternative payment models**, I can showcase my commitment to health care interoperability and standards-based data exchange.

3 **E-notifications** that my patients are admitted or discharged keep me in the loop.

# Update: Physician Fee Schedule
Evaluation and Management Policies

## Policies for E/M Office/Outpatient Visits Finalized for CY 2021

- We are largely aligning our Evaluation and Management (E/M) coding with changes laid out by the American Medical Association (AMA) Current Procedural Terminology (CPT) Editorial Panel for office/outpatient E/M visits, which:
  - Retain 5 levels of coding for established patients, reduce the number of levels to 4 for office/outpatient E/M visits for new patients, and revise the code definitions
  - Revise the times and medical decision making guidelines for all of the codes and requires performance of history and exam only as medically appropriate
  - Allow clinicians to choose the E/M visit level based on either medical decision making or time
- Visit the AMA CPT E/M webpage for more details
- We believe this approach reflects CMS' goals of reducing documentation burden

https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management

https://www.cms.gov/newsroom/fact-sheets/finalized-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar

# New Core Sets from the Core Quality Measures Collaborative

http://www.qualityforum.org/CQMC/


**Focus on Improving Patient Care, Reducing Burden, and Eliminating Redundancies**

- Four updated core measure sets:
  - Gastroenterology
  - HIV and Hepatitis C
  - Obstetrics and Gynecology
  - Pediatrics
- Additional core sets planned in the following areas:
  - Medical Oncology
  - Orthopedics
  - Primary Care/PCMH/ACO
  - Cardiology
  - Behavioral Health
  - Neurology

# COVID-19 Response

- CMS is empowered to take proactive steps through 1135 waivers
- In constant contact with state health officials and health care providers and partners to understand new needs
- Working to make sure every stakeholder in the system is fully informed

More information found on the CMS Current Emergencies Website

# What is an 1135 Waiver?

1135 Waivers allow HHS to waive various administrative requirements to increase access to medical services during a time of national emergency.

The waivers ensure that sufficient health care items and services are available to meet the needs of Medicare, Medicaid and CHIP beneficiaries, and that health care providers that provide such services in good faith can be reimbursed for them and not be subjected to sanctions for noncompliance, absent any fraud or abuse.

# Scope of 1135 Waivers

| | |
|---|---|
| Scope | Federal requirements only; not state licensure or conditions of participation. |
| Purpose | Allows reimbursement during an emergency or disaster even if providers can't comply with certain requirements that would under normal circumstances prohibit Medicare, Medicaid or CHIP payment |
| Duration | Begins as of the effective date of the declared emergency. In this instance, they are retroactively effective as of **March 1, 2020**. Ends no later than the termination of the emergency period, or 60 days from the date the waiver or modification is published, unless the HHS Secretary extends the waiver by notice for additional periods of up to 60 days. |

# CMS Blanket Waivers

Blanket waiver summary available at: https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

- Waivers and Flexibilities for Hospitals and other Healthcare Facilities
  - Skilled Nursing Facilities (SNFs)
  - Critical Access Hospitals
  - Acute Care Hospitals
  - Inpatient Psychiatric Services
  - Inpatient Rehabilitation Services
  - Long-Term Care Acute Hospitals
  - Home Health Agencies
  - Hospice
- Provider Licensing and Enrollment
- Suspension of Enforcement Activities
- Telehealth
- Signature Requirements
- Financial Relief for Medicare Providers

Details for these waivers can be found on the CMS website: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

**The effective date for all blanket waivers will retroactively be applied as of March 1, 2020.**

# Examples of Flexibilities

## Telehealth

People with Medicare can now get telehealth services from their home, increasing their access to care.

## COVID-only Care Centers

During the Public Health Emergency, hospitals and dialysis centers can set up COVID-only centers to help reduce transmission to others.

## Care by Phone

Patients can consult with a doctor, nurse practitioner, psychologist, and others and

Medicare will cover it.

## Testing Patients Where They Are

Medicare will no longer require an order from the treating physician or other practitioner for beneficiaries to get COVID-19 tests and certain laboratory tests required as part of a diagnosis.

## Expanding Hospital Capacity

Community resources like hotels, convention centers and surgery centers can be converted for hospital care.

https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

# Telehealth Flexibilities Under the PHE

- Waived geographic restrictions
- Waived originating site restrictions
- Enforcement discretion on HIPAA complaint technology
- Enforcement discretion on established relationship with provider
- Expanded set of provider types allowed to bill
- Allowed audio-only interactions for a defined subset of services
- Allowed cost sharing to be waived
- Expanded list of telehealth services under Category 2

# Medicare Telehealth Visits

Reference: https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

| TYPE OF SERVICE | WHAT IS THE SERVICE? | HCPCS/CPT CODE | Patient Relationship with Provider |
|---|---|---|---|
| **MEDICARE TELEHEALTH VISITS** | A visit with a provider that uses telecommunication systems between a provider and a patient. | Common telehealth services include:<br>• 99201-99215 (Office or other outpatient visits)<br>• G0425–G0427 (Telehealth consultations, emergency department or initial inpatient)<br>• G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)<br>For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes | For new* or established patients.<br>*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency |

- Under the public health emergency, all beneficiaries across the country can receive Medicare telehealth and other communications technology-based services wherever they are located.
- Clinicians can provide these services to new or established patients. In addition, providers can waive Medicare copayments for these telehealth services for beneficiaries in Original Medicare.
- Licensed clinical social worker services, clinical psychologist services, physical therapy services, occupational therapist services, and speech language pathology services can be paid for as Medicare telehealth services.

# Interim Final Rule with Comment (IFC) published April 30

- **Further Expand Telehealth in Medicare**
  - For the duration of the COVID-19 emergency, CMS is waiving limitations on the types of clinical practitioners that can furnish Medicare telehealth services.
  - CMS is increasing payments for these telephone visits to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about $14-$41 to about $46-$110. The payments are retroactive to March 1, 2020.
  - Since some Medicare beneficiaries don't have access to interactive audio-video technology that is required for Medicare telehealth services, or choose not to use it even if offered by their practitioner, CMS is waiving the video requirement for certain telephone evaluation and management services, and adding them to the list of Medicare telehealth services.

https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid

# Temporary Expansion of Telehealth Services

(excerpt)

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

| Service | Related Code(s) |
|---|---|
| Group Psychotherapy | CPT code 90853 |
| Cognitive Assessment and Care Planning Services | CPT code 99483 |
| Visit Complexity Inherent to Certain Office/Outpatient E/Ms | HCPCS code GPC1X |
| Prolonged Services | CPT code 99XXX |
| Critical Care Services | CPT 99291-99292 |
| End-Stage Renal Disease Monthly Capitation Payment codes | CPT 90952, 90953, 90956, 90959, and 90962 |
| Radiation Treatment Management Services | CPT 77427 |
| Emergency Department Visits, Levels 1-5 | CPT 99281-99285 |
| Domiciliary, Rest Home, or Custodial Care services, New & Established | CPT 99336-7, 99324- 99328 |
| Home Visits, New Patient, all levels and Established patient | CPT 99341- 99345, 99349-50 |
| Initial and Subsequent Observation and Observation Discharge Day Management | CPT 99217- 99220; CPT 99224- 99226; CPT 99234- 99236 |

# Documentation for E&M Telehealth Services During the PHE

- Interim policy to specify that the office/outpatient E/M level selection for these services when furnished via telehealth can be based on MDM or time (all of the time associated with the E/M on the day of the encounter);

- Remove any requirements regarding documentation of history and/or physical exam in the medical record for these services

- It remains our expectation that practitioners will document E/M visits as necessary to ensure quality and continuity of care.

- This policy **only applies to office/outpatient visits furnished via Medicare telehealth, and only during the PHE for the COVID-19 pandemic**.

# Flexibilities within Medicare Advantage and Part D

- **Flexibility to Provide Expanded Benefits**: CMS is exercising enforcement discretion to allow Medicare Advantage plans to expand telehealth services and other mid-year benefit enhancements beyond those included in their approved 2020 benefits when such mid-year benefit enhancements are provided in connection with the COVID-19 outbreak, are beneficial to enrollees, and are provided uniformly to all similarly situated enrollees.
- **Prior Authorization for Part D Drugs:** Part D Sponsors may waive prior authorization requirements at any time that they otherwise would apply to Part D drugs used to treat or prevent COVID-19, if or when such drugs are identified. Part D Sponsors can also choose to waive or relax PA requirements at any time for other formulary drugs in order to facilitate access with less burden on beneficiaries, plans, and providers.
- **Coverage of Testing and Testing-Related Services for COVID-19:** Medicare Advantage Organizations are not permitted to charge cost sharing for clinical laboratory tests for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, the administration of such tests, and specified COVID-19 testing-related services during the period March 18, 2020 through the end of the public health emergency declared by the Secretary under section 319 of the Public Health Service Act.

https://www.cms.gov/files/document/covid-ma-and-part-d.pdf

# Updates for Quality Payment Program during COVID-19

## For the 2020 Performance Year

- **Clinicians significantly impacted by the public health emergency may submit an Extreme & Uncontrollable Circumstances Application to reweight any or all of the MIPS performance categories.** Those requesting relief via the application will need to provide a justification of how their practice has been significantly impacted by the public health emergency.

- **CMS added a new *COVID-19 clinical trials* improvement activity.** There are two ways MIPS eligible clinicians or groups can receive credit for this new improvement activity:
  - A clinician may participate in a COVID-19 clinical trial and have those data entered into a data platform for that study; or
  - A clinician participating in the care of COVID-19 patients may submit clinical COVID-19 patient data to a clinical data registry for purposes of future study.
  - Read more about the *COVID-19 clinical trials* improvement activity in the 2020 Improvement Activities Inventory.

- Review the 2020 Exception Applications Fact Sheet and QPP Exception Applications webpage for more information about submitting an Extreme & Uncontrollable Circumstances Application.

https://qpp-cm-prod-content.s3.amazonaws.com/uploads/966/QPP%20COVID-19%20Response%20Fact%20Sheet.pdf

# Center for Medicare & Medicaid Innovation
## All-inclusive Portfolio

**Accountable Care**
- ACO investment Model
- Comprehensive ESRD Care Model
- Medicare Health Care Quality Demonstration
- Next Generation ACO Model
- Vermont All-Payer ACO Model

**Episode-based Payment Initiatives**
- *BPCI Advanced*
- BPCI Models 2-4
- Comprehensive Care for Joint Replacement Model
- Oncology Care Model

**Primary Care Transformation**
- Comprehensive Primary Care Plus
- *Direct Contracting Model (3 voluntary model options)*
- Graduate Nurse Education Demonstration
- Independence at Home Demonstration
- *Primary Care First*
- Transforming Clinical Practice Initiative

**Initiatives Focused on the Medicare-Medicaid Enrollees**
- Medicaid Innovation Accelerator Program
- Financial Alignment Initiative for Medicare-Medicaid Enrollees
- Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents: Phase Two
- *Integrated Care for Kids Model*
- *Maternal Opioid Misuse Model*

**Initiatives to Accelerate the Development & Testing of Payment and Service Delivery Models**
- Accountable Health Communities Model
- *Artificial Intelligence Health Outcomes Challenge*
- *Emergency Triage, Treat, and Transport Model*
- Frontier Community Health Integration Project Demonstration
- *Home Health Value-Based Purchasing Proposed Model*
- *International Pricing Index Proposed Model*
- Maryland All-Payer Model
- Maryland Total Cost of Care Model
- *Medicare Advantage Qualifying Payment Arrangement Incentive Demonstration*
- *Medicare Advantage Value-Based Insurance Design Model*
- Medicare Care Choices Model
- Medicare Intravenous Immune Globulin Demonstration
- Part D Enhanced Medication Therapy Management Model
- *Part D Payment Modernization Model*
- Pennsylvania Rural Health Model
- Rural Community Hospital Demonstration

**Initiatives to Speed the Adoption of Best Practices**
- Health Care Payment Learning and Action Network
- Medicare Diabetes Prevention Program Expanded Model
- Million Hearts
- Million Hearts: Cardiovascular Disease Risk Reduction Program
- Partnership for Patients

**Blue text** = Announced in 2018-2019

# COVID-19 Flexibilities for CMMI Models

https://innovation.cms.gov/innovation-models/covid-19-flexibilities

| Innovation Center Model | Financial Methodology Changes | Quality Reporting Changes | Model Timeline Changes |
|---|---|---|---|
| **Medicare ACO Track 1+ Model** | • Remove episodes of care for treatment of COVID-19<br>• Medicare Shared Savings Program Extreme and Uncontrollable Circumstances policy applies to 2020 financial reconciliation | • 2019 Web Interface quality measure reporting deadline extended from March 31, 2020 to April 30, 2020<br>• Medicare Shared Savings Program Extreme and Uncontrollable Circumstances policy applies to 2019 and 2020 reporting<br>• Continue to monitor impact on 2020 quality reporting | • Voluntary election to extend agreement for 1 year through December 2021 |
| **Next Generation ACO (NGACO)** | • Reduce 2020 downside risk by reducing shared losses by proportion of months during the PHE.<br>• Cap NGACOs' gross savings upside potential at 5% gross savings<br>• Remove episodes of care for treatment of COVID-19<br>• Use retrospective regional trend, rather than prospective, for 2020<br>• Remove 2020 financial guarantee requirement | • 2019 Web Interface quality measure reporting deadline extended from March 31, 2020 to April 30, 2020<br>• 2019 quality audit canceled<br>• Continue to monitor impact on 2020 quality reporting | • Extend model through December 2021 |

# Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (IFC-4)

Issued October 28, 2020

- Creates flexibilities for states maintaining Medicaid enrollment during the COVID-19 PHE;
- Establishes enhanced Medicare payments for new COVID-19 treatments;
- Takes steps to ensure price transparency for COVID-19 tests, and
- Provides an extension of Performance Year 5 for the Comprehensive Care for Joint Replacement (CJR) model; and
- Creates flexibilities in the public notice requirements and post-award public participation requirements for a State Innovation Waiver under Section 1332 of the Patient Protection and Affordable Care Act during the COVID-19 PHE.

Additional information on this IFC can be found in the fact sheet here: https://www.cms.gov/newsroom/fact-sheets/fourth-covid-19-interim-final-rule-comment-period-ifc-4

# Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (IFC-4)

## Vaccine Coverage provisions

- **Medicare:** Beneficiaries with Medicare pay nothing for COVID-19 vaccines and their copayment/coinsurance and deductible are waived.
- **Medicare Advantage (MA):** For calendar years 2020 and 2021, Medicare will pay directly for the COVID-19 vaccine and its administration for beneficiaries enrolled in MA plans. MA plans would not be responsible for reimbursing providers to administer the vaccine during this time. Medicare Advantage beneficiaries also pay nothing for COVID-19 vaccines and their copayment/coinsurance and deductible are waived.
- **Medicaid:** State Medicaid and CHIP agencies must provide vaccine administration with no cost sharing for most beneficiaries during the public health emergency. Following the public health emergency, depending on the population, states may have to evaluate cost sharing policies and may have to submit state plan amendments if updates are needed.
- **Uninsured:** For individuals who are uninsured, providers will be able to be reimbursed for administering the COVID-19 vaccine to individuals without insurance through the Provider Relief Fund, administered by the Health Resources and Services Administration (HRSA).

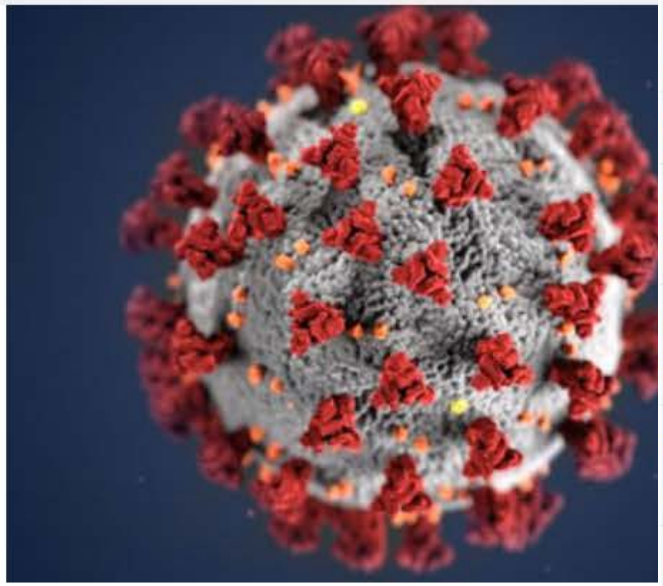
The COVID-19 vaccine resources for providers, health plans and State Medicaid programs can be found here: https://www.cms.gov/covidvax

# COVID-19 Vaccine and Therapeutics Toolkits

## COVID-19 Vaccine Policies & Guidance

We're giving you the information you need to be ready for the COVID-19 vaccine when it's available. If we can prepare a wide pool of providers to administer the COVID-19 vaccine, then we can ensure the vaccine is covered and available free of charge for every American.

Read IFC 4 (PDF)



**COVID-19**

- Enrollment for Administering COVID-19 Vaccine Shots
- Coding for COVID-19 Vaccine Shots
- Medicare COVID-19 Vaccine Shot Payment
- Medicare Billing for COVID-19 Vaccine Shot Administration
- SNF: Enforcement Discretion Relating to Certain Pharmacy Billing
- Beneficiary Incentives for COVID-19 Vaccine Shots
- CMS Quality Reporting for COVID-19 Vaccine Shots
- *New* Monoclonal Antibody COVID-19 Infusion

**Vaccine guidance:** https://www.cms.gov/covidvax

**Insurer/health plan toolkit:** https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf

**FAQs on billing therapeutics:** https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

# General CMS COVID-19 Resources

For practice specific questions, please email: covid-19@cms.hhs.gov

If you have billing or coverage concerns, contact your Medicare Administrative Contractor https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List

COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

For information on the COVID-19 waivers and guidance, and the Interim Final Rules, please go to CMS COVID-19 flexibilities webpage: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers.

# Additional Resources from CMS

**COVID-19 Resources**

- For Health Care Professionals
- For Consumers & Patients

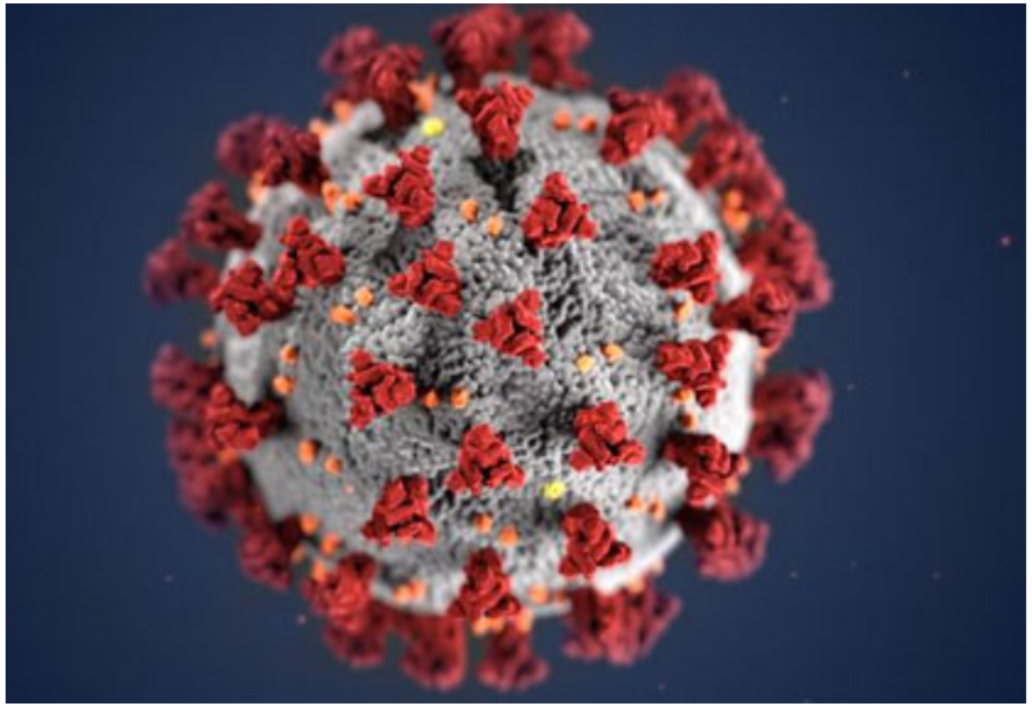
Immunization and Vaccine Resources

Health Care Professionals & Researchers

Consumers & Community Partners

Resources by Language

## COVID-19 Resources on Vulnerable Populations



The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) has compiled the following Federal resources on the 2019 Novel Coronavirus (COVID-19) to assist our partners who work with those most vulnerable—such as older adults, those with underlying medical conditions, racial and ethnic minorities, rural communities, and people with disabilities. Please share these materials, bookmark the page, and check back often for the most up-to-date information.

https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/COVID-19-Resources

# Rural Health


**Spotlight**

## New Rural Health Resources

Access a collection of essential rural health care resources, tools, and trainings that health care workers and organizations can utilize to prepare for and respond to COVID-19.

Find COVID-19 Resources for Rural Health Care

https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health

## Telehealth and Other Virtual Services

| Title | Description | RHC | FQHC | CAH | Hospital | SNF |
|---|---|---|---|---|---|---|
| **Beneficiary Location for Telehealth Services** | Medicare can pay for many types of office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence. Additionally, the HHS OIG is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.[2] | ✓ | ✓ | ✓ | ✓ | |
| ****Additional Telehealth Services Covered by Medicare** | Clinicians are allowed to provide more than 135 new telehealth services, including: emergency department visits, initial and subsequent observation, initial hospital care and hospital discharge day management, initial nursing facility visits, critical care services, intensive care services, therapy services.[3] On October 14, 2020, using a new expedited process, CMS added 11 new services to the Medicare telehealth services list. Medicare will begin paying eligible practitioners who furnish these newly added telehealth services effective immediately and for the duration of the PHE. These new telehealth services include certain neurostimulator analysis and programming services, and cardiac and pulmonary rehabilitation services. | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Virtual Check-Ins, Remote Evaluations, & E-Visits** | Clinicians can provide virtual check-in, remote evaluation of patient-submitted video/images, and e-visit services to both new and established patients. These services were previously limited to established patients. Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits, virtual check-ins, and remote evaluations. A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients. | ✓ | ✓ | ✓ | ✓ | |
| **Remote Patient Monitoring** | Clinicians can provide remote patient monitoring services to both new and established patients. These services can be provided for both acute and chronic conditions and can now be provided for patients with only one disease.[4] | ✓ | ✓ | ✓ | ✓ | |

https://www.cms.gov/files/document/omh-rural-crosswalk.pdf

## Additional Guidance

| Title | Description | RHC | FQHC | CAH | Hospital | SNF |
|---|---|---|---|---|---|---|
| **COVID-19 FAQs on Medicare Fee-for-Service (FFS) Billing** | CMS released a Frequently Asked Questions (FAQs) document to supplement previously released FAQs: 1135 Waiver FAQs and Without 1135 Waiver FAQs. The supplemental document can be found here: https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf | ✓ | ✓ | ✓ | ✓ | ✓ |
| **COVID-19 Provider Burden Relief FAQs** | CMS released a Frequently Asked Questions (FAQs) document regarding provider burden relief, which can be found here: https://www.cms.gov/files/document/provider-burden-relief-faqs.pdf | ✓ | ✓ | ✓ | ✓ | |
| **FAQs About Visitation Considerations for Nursing Home Residents** | CMS released a Frequently Asked Questions (FAQs) document with recommendations regarding nursing homes reopening to visitors, which can be found here: https://www.cms.gov/files/document/covid-visitation-nursing-home-residents.pdf | | | | | ✓ |
| **Standards of Practice and Flexibilities for Hospitals** | CMS released a document providing guidance on infection control and prevention related to COVID-19. The guidance was targeted towards hospitals, psychiatric hospitals, CAHs, nursing homes, and outpatient providers, among others, and can be found here: https://www.cms.gov/files/document/qso-20-13-hospitals-cahs-revised.pdf | | | ✓ | ✓ | |
| **Standards of Practice and Flexibilities for Outpatient Settings** | CMS released a document providing guidance on infection control and prevention related to COVID-19 in outpatient settings. The document includes FAQs and other considerations, and can be found here: https://www.cms.gov/files/document/qso-20-22-asc-corf-cmhc-opt-rhc-fqhcs.pdf | ✓ | ✓ | | | |
| **Standards of Practice for Infection Control and Prevention of COVID-19 in Nursing Homes** | CMS released additional guidance for nursing homes to help them improve their infection control and prevention practices to prevent transmission of COVID-19. The guidance can be found here: https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf | | | | | ✓ |
| **Hospital Flexibilities under EMTALA** | CMS released guidance on the Emergency Medical Treatment and Labor Act (EMTALA) requirements for hospitals and CAHs, including screening obligations and stabilization, transfer, and recipient hospital obligations. The guidance can be found here: https://www.cms.gov/files/document/qso-20-15-hospital-cah-emtala-revised.pdf | | | ✓ | ✓ | |

https://www.cms.gov/files/document/omh-rural-crosswalk.pdf



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