

Provider Notice Issued 03/20/2020

Date: March 20, 2020

To: All Medical Assistance Program Providers

Re: Provider Enrollment, Billing, and Payment Changes Prompted by COVID-19

This notice informs providers of changes to provider enrollment, billing, and payment policy due to the current public health emergency related to COVID-19.

As authorized under Section 1135 of the [Social Security Act](#), the Department is requesting waivers by the federal government of certain regulations to provide flexibility to providers during the COVID-19 pandemic. The following **temporary changes** relates specifically to provider participation and conditions for payment.

Provider Participation Requirements

- Waive the requirement that physicians and other healthcare professionals are licensed in the State of Illinois to serve Illinois Medicaid beneficiaries within Illinois or out-of-state, so long as they have an equivalent license in another state or Veterans Affairs or are enrolled in Medicare;
- Waive the requirement that providers who order, refer, or prescribe to Medicaid beneficiaries be enrolled with Medicaid;
- Waive site visits to temporarily enroll a provider;
- Waive fingerprint requirements for providers designated as high-risk to temporarily enroll a provider;
- Suspend revalidation of Medicaid providers, allowing them to remain enrolled;
- Allow physicians whose privileges will expire and new physicians to practice before full medical staff/governing body review and approval to keep clinicians on the front line and allow hospitals and health systems to prioritize patient care needs during the emergency; and
- Allow non-emergency ambulance suppliers and non-enrolled Non-Emergency Medical Transportation (NEMT) providers to provide services when necessary.

Referring and Prescribing

- Waive regulatory limitations on physician referral to allow hospitals to compensate physicians for unexpected or burdensome work demands (e.g., hazard pay), encourage multi-state systems to recruit additional practitioners from out-of-state, and eliminate a barrier to efficient placement of patients in care setting; and
- Waive limitations on who can prescribe certain covered benefits, including broadening physician extenders, such as allowing nurse practitioners and physician assistants to prescribe without direct oversight by a physician when necessary due to the public health emergency.

Atypical Providers and Facilities

- Allow reimbursement for atypical transportation providers such as Uber or Lyft if other transportation cannot be arranged;
- Allow emergency congregate assessment centers/recovery facilities to slow the spread; and

- Allow for sheltering patients at non-certified facilities;

Training, Supervision and Other Administrative Requirements

- Suspend SNF bed hold timelines for SNF residents that are temporarily moved home or who go into a hospital;
- Allow home health agencies to perform certifications, initial assessments and determine patients' homebound status remotely or by record review to allow patients to be cared for in the best environment while supporting infection control and reducing impact on acute care and long-term care facilities. This allows those clinicians to focus on caring for patients with the greatest acuity during the public health emergency;
- Waive the four-month rule and the full training requirements for the Training and Certification of Nurse Aides regulations during the public health emergency to fill critical nurse aide positions with staff who have completed training and testing;
- Suspend two-week aide supervision requirement by a registered nurse for home health agencies; and
- Suspend the supervision of hospice aides by a registered nurse every 14 days for hospice agencies.

Payment Requirements

- For out-of-state providers, waive the limit on instances of care furnished and the limit on the number of participants who received care within a 180-day period;
- Extend the 180-day timely filing limit to two months from the end date of the public health emergency;
- Provide payments for services provided in alternative settings due to the public health emergency, including an unlicensed facility. Payments for services include, but are not limited to:
 - Providing coverage and reimbursement for large-scale screening, triage, and pre-clinical services outside the hospital setting;
 - Permitting treatment to occur in patient vehicles, assuming patient safety and comfort, to accommodate drive through specimen collection sites for COVID-19 and allow basic evaluation and treatment in patient vehicles in order to prevent potential spread of the virus to the facility;
 - Allowing payments to providers at mobile testing sites, temporary shelters or other care facilities, such as commandeered hotels, other places of temporary residence, and other facilities that are suitable for use as places of temporary residence or medical facilities as necessary for quarantining, isolating or treating individuals who test positive for COVID-19 or who have had a high-risk exposure and are thought to be in the incubation period, or to expand overall capacity to meet high demand; and
 - Allowing Federally Qualified Health Centers, Rural Health Centers, and Encounter Rate Clinics to bill for their encounter rate, or other permissible reimbursement, when providing services at alternative physician settings, such as a mobile clinic or temporary location for the period of the public health emergency.
- Allow physicians to bill as the teaching physician when real-time audio video or access through a window is provided when hospitals are running low on supplies to limit the number of providers with direct patient contact; and
- Permit Medicaid payment for hospital outpatient observation services up to 48 hours, if not longer.

Other Provider Flexibilities

- Allow flexibility for hospitals in meeting Patient Self Determination Act Requirements to allow staff to more efficiently deliver care to a larger number of patients. This would not apply to the requirement hospitals inquire about the presence of an advance directive;
- Allow for a new isolation and quarantine system to provide safe places for people who cannot quarantine at home;
- Permit provider flexibility under sterile compounding regulations to allow masks removed and retained in the compounding area to be re-donned and reused during the same work shift only. This will conserve scarce face mask supplies which will help with the impending shortage of medications; and
- Allow for nutritional services, including healthy meals, to be provided to families who may not have access to meals during the period of social distancing.

During this difficult and unprecedented time, we appreciate your help in your continued commitment to Medicaid members and the health of all Illinoisans. Questions regarding the information provided above may be directed to the appropriate bureau:

Bureau of Professional and Ancillary Services – 877-782-5565

Bureau of Hospital and Provider Services – 877-782-5565

Bureau of Long Term Care – 844-528-8444

Kelly Cunningham
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