



R1[®]

COVID-19 Update

CMS Hospitals Without Walls Initiative | March 2020 | R1 Regulatory

Executive Summary

- Effective immediately, the Centers for Medicare and Medicaid Services (CMS) [announced](#) it will permit hospitals to establish “Temporary Expansion Sites” to provide inpatient and outpatient services at other locations.
- Hospital customers will be impacted by change in allowable billing privileges and reimbursement rules.
- R1 can help customers avail themselves of such advantageous reimbursement policies through enrollment assistance and implementing changes to the chargemaster and modifications to coding and billing practices.

Important Waiver Details



Hospital services may be provided in facilities, locations and sites not previously allowed when they were not considered to be part of the hospital.



Hospitals may establish or set up temporary expansion sites to increase capacity to care for patients.



During the public health emergency (PHE), Ambulatory Surgical Centers (ASCs) may contact the Provider Enrollment Hotline to receive **temporary billing privileges as hospitals**. Other facilities, such as freestanding emergency departments, may enroll as ASCs and seek similar billing privileges.



CMS is waiving enforcement of certain Emergency Medical Treatment and Active Labor Act (EMTALA) provisions to allow hospitals, psychiatric hospitals, and critical access hospitals (CAHs) to screen patients at an offsite location of the hospital’s campus.



CMS is waiving certain Conditions of Participation (CoPs) to allow hospitals to utilize their current provider-based department locations if needed to care for hospital patients.



CMS is waiving certain rural location requirements for CAHs as well as their location relative to other hospitals and CAHs.



CMS is allowing acute care hospitals to house inpatients in excluded distinct part units (DPUs). Acute care hospitals should continue to bill under the Inpatient Prospective Payment System and note in the medical record that they are being housed in the excluded unit because of capacity issues related to the emergency.



CMS is allowing inpatient psychiatric and rehabilitation patients to receive care in other areas of the hospital. The hospital should continue to bill for those services under the appropriate Prospective Payment System and annotate the medical record to indicate the patient is being cared for in an acute care bed because of capacity or other exigent circumstances related to the PHE.