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Senate Passes Stimulus Package

On March 25, the Senate passed the Coronavirus Aid, Relief, and Economic Security Act (H.R. 748), which now goes to the House of Representatives for consideration. Of note to skilled nursing facilities and assisted living facilities, the stimulus includes:

- A temporary suspension of Medicare sequestration cut
- \$100 billion fund for eligible health care providers
- Deferral of 6.2% payroll tax
- \$200 million in funding to prevent, prepare for, and respond to coronavirus
- Childcare support for health care sector employees
- New loan program for certain employers
- Funding for housing for the elderly and disabled

We expect the House to pass this bill later this week, and once it passes, we will offer a more detailed summary of the various provisions specific to long term care.

New Video Series: Mark's COVID-19 Updates

We're releasing our first video in a new series where AHCA/NCAL President & CEO Mark Parkinson gives a national update on the COVID-19 pandemic. In this first video, Mark talks with Chief Medical Officer Dr. David Gifford about what to do if your staff or residents are potentially COVID-19 positive ([view more detailed guidance](#)), and if you're running low on PPE.



WATCH NOW

Emotionally Supporting Staff

The COVID-19 pandemic has taken a mental and emotional toll on Americans across the country. Health care workers especially feel the burden of this crisis. Providers must take steps to ensure the health and well-being of their staff as they navigate this challenging time. AHCA/NCAL has compiled [resources](#) to help providers prevent burnout and ensure staff feel supported at work.

Status of Medicare Hearings and Appeals During COVID-19

Although the Office of Medicare Hearings and Appeals (OMHA) office space is closed to the general public, OMHA hearings and appeals processing measures are proceeding as scheduled. Unless an appellant is notified directly that a hearing has been postponed or canceled, appellants should continue to appear for hearings by telephone as scheduled. The office will demonstrate flexibility with regard to reasonable requests to reschedule hearings. Additional information and updates will be provided as the situation evolves.

UnitedHealthcare and Cigna Suspend Prior Authorizations for SNF Admissions

UnitedHealthcare (UHC) has issued a [press release](#) that they have suspended requiring Prior Authorizations (PAs) for all SNF admissions through May 31, 2020. According to UHC, the admitting provider must notify us within 48 hours

of transfer and penalties still apply. Further, length of stay reviews still apply, including denials for days that exceed approved length. This is a national release and appears to cover all UHC plans. Providers who are in network with UHC should check their provider manual or with their local UHC representative to confirm this policy change applies, and any other specific requirements related to PAs. If a provider is not in network with UHC, providers should continue to get and document PAs to protect their ability to bill claims.

Cigna has also [announced](#) it is waiving PAs for the transfer of its patients to in-network subacute facilities, including skilled nursing facilities. Providers who are in network with Cigna should check their provider manual or with their local Cigna representative to confirm this policy applies, and any other specific requirements related to PAs.

See our [template letter](#) requesting similar administrative relief from other Managed Care Organizations (MCOs).

CMS Delays Release of SNF PEPPER Report

The Centers for Medicare and Medicaid Services (CMS) has announced another measure to free up the attention of providers as they respond to the COVID-19 pandemic. To this end, the release of the Q4FY19 PEPPER schedule for an April release has been delayed for SNFs and other providers. Providers will be notified about the rescheduled release date for the Q4FY19 PEPPERs when determined.

DEA Permits Prescribing Across State Lines in Certain Cases

The Drug Enforcement Administration has granted an [exception](#) to allow practitioners in states that have granted reciprocity with other states for medical licensing to prescribe controlled substances in another state. Under the exception, DEA-registered practitioners are not required to obtain additional registration(s) with DEA in the additional state(s) where the dispensing (including prescribing and administering) occurs, if authorized to dispense controlled substances by both the state in which a practitioner is registered with DEA and the state in which the dispensing occurs.

Practitioners, in other words, must be registered with DEA in at least one state and have permission under state law to practice using controlled substances in the state where the dispensing occurs. This applies to prescription of controlled substances via telemedicine in states where they are not registered with DEA. This is effective March 23, 2020 through the duration of the public health emergency.

Please note that some states may also require state-specific registration for narcotic prescribing. Practitioners should be certain to comply with any additional steps required for state compliance.

Additional COVID-19 related information from the DEA is available [here](#).

For additional questions, please email COVID19@ahca.org and visit www.ahcancal.org/coronavirus for more information and resources.

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