

CMS Issues Blanket Regulatory Waivers for Health Care Providers

APRIL 1, 2020

On March 30, 2020, The Centers for Medicare and Medicaid Services (“CMS”) announced it was issuing a significant number of Blanket Regulatory Waivers pursuant to its authority under Sections 1135 and 1812(f) of the Social Security Act. The regulatory waivers have a retroactive effective date of March 1, 2020 and will be in effect through the end of the Secretary of DHHS’ emergency declaration.

These blanket waivers do not require providers, suppliers, or states to specifically apply for them. The blanket waivers essentially have something for most, if not all, Medicare Part A and Part B providers and suppliers. There are waivers that have been issued for:

- Hospitals, Psychiatric Hospitals, and Critical Access Hospitals (“CAHs”), including Cancer Centers and Long-Term Care Hospitals (“LTCHs”)
- Long-Term Care Facilities and Skilled Nursing Facilities (“SNFs”) and/or Nursing Facilities (“NFs”)
- Home Health Agencies (“HHAs”)
- Hospice
- End-Stage Renal Dialysis (“ESRD”) Facilities
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (“DMEPOS”)
- Physicians – Practitioner Locations

CMS also issued blanket waivers relating to the Stark Self-Referral Law, provider enrollment, Medicare appeals, Medicare Advantage (“MA”), Part D, Medicaid, and CHIP.

Please note, we will be completing separate and more comprehensive summaries on specific waiver issues for certain provider and supplier types in the future as more information about implementation becomes available.

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