



# 2020 NRTRC TAO VIRTUAL CONFERENCE



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# VIRTUAL SESSION INSTRUCTIONS

- Audio and video are muted for all participants
- Use the Q&A feature to ask questions 
- Moderator will read questions to the speaker
- Presentation slides are posted at <https://nrtrc.org/sessions>. Recordings will be posted after the conference.



## HRSA REGION 10 “STATE OF THE REGION” PANEL



- Moderator: Alia Fry
- Presenters:
  - John R Graham, HHS Regional Director, IEA
  - Mary Sheridan, Bureau Chief, Idaho Dept. of Health and Welfare
  - Rose Locklear, Oregon Office of Rural Health
  - Matt McCullough, Associate Director, NRTRC and UETN
  - Kimberly Miyazawa Frank, Regional Administrator, ACF
  - Rachelle Zylstra, Regional Administrator, ACL
  - Sharon Turner, Regional Administrator, HRSA
  - David Dickinson, Regional Administrator, SAMHSA
  - Tammy Arndt, Director, Northwest Telehealth
  - Darryl Means, Regional Administrator, CMS



# **CMS Waivers and COVID-19 Response**

April 15, 2020  
Darryl Means  
CMS Regional Administrator, Seattle

# 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	<b>Federal requirements only</b> ; not state licensure or conditions of participation. Requires Presidential declaration of a disaster or emergency AND HHS declaration of a health emergency.
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 <b>March 1, 2020</b> . 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.

# Two types of 1135 Waivers

## Medicare Blanket Waivers

CMS implements specific waivers or modifications on a “blanket” basis when a determination has been made that all similarly situated providers in the emergency area need such a waiver or modification.

**Once approved, these waivers apply automatically to all applicable providers and suppliers. Providers and suppliers do not need to apply for an individual waiver if a blanket waiver is issued by CMS.**

## Provider/Supplier Individual Waivers

Individual waivers can be issued for states, providers or suppliers. **These only need to be applied for if something is needed beyond what is provided under an existing blanket waiver.**

**Two new areas in this emergency are:**

1. COVID-19 facility setup, such as transfer from SNF, HH, etc. to another location (e.g. a hotel used as a temporary treatment facility)
2. Medical evaluation at drive-thru testing locations

# Already Issued Blanket Waivers

- 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

**Need more detail on the waivers: Go to [CMS.gov](https://www.cms.gov): Learn More.**

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



# Flexibility and Relief for State Medicaid Agencies

States and territories may seek 1135 waiver relief and flexibilities for Medicaid program requirements, including:

- Prior authorization in fee-for-service programs
- Allowing providers located out of state/territory to provide care to another state's Medicaid enrollees impacted by the emergency
- Temporarily suspending certain provider enrollment and revalidation requirements to increase access to care

**CMS has created a dedicated Medicaid.gov COVID-19 resource page which will be continually updated with relevant information, and contains further 1135 guidance through the Medicaid Disaster Response Toolkit. ([Go to Medicaid.gov: Resources for States](#))**

# Is your need covered by a Blanket Waiver?

- ✓ You **DO NOT** have to make a request for an accommodation covered by a blanket waiver that has already been issued.
- ✓ You **DO NOT** have to notify CMS if you are taking action in accordance with a waiver during the valid waiver time period.

However, if CMS regulations not covered by a blanket waiver are impeding your ability to respond to or recover from a disaster or emergency, you may need to apply for a waiver. Send waiver requests to [1135Waiver@CMS.HHS.GOV](mailto:1135Waiver@CMS.HHS.GOV)

# Waiver Request Status

CMS is currently reviewing the requests received from all healthcare providers. CMS will determine if frequent requests by specific providers or suppliers may be appropriate for a blanket waiver.

We recommend all healthcare entities to monitor waivers approved, [including blanket waivers available at: CMS.gov: Click on Learn More on the COVID-19 picture.](#)

# Expectations of Waived Providers

## Request

Provide sufficient information to justify actual need.

## Waived

Providers and suppliers will be required to keep careful records of beneficiaries to whom they provide services, in order to ensure that proper payment may be made.

## Normal Ops

Providers must resume compliance with normal rules and regulations as soon as they are able to do so.

# Submitting claims under Blanket Waivers

Apply the following to claims covered by the blanket waivers:

1. The “DR” (disaster related) condition code for institutional billing, i.e., claims submitted using the ASC X12 837 institutional claims format or paper Form CMS-1450
2. The “CR” (catastrophe/disaster related) modifier for Part B billing, both institutional and non-institutional, i.e., claims submitted using the ASC X12 837 professional claim format or paper Form CMS-1500 or, for pharmacies, in the NCPDP format

This requirement does not apply for purposes of compliance with blanket or individual waivers of sanctions under the physician self-referral law.

# Contact Information

- ✓ For questions, please email: [1135waiver@cms.hhs.gov](mailto:1135waiver@cms.hhs.gov)
- ✓ You can also reach out to CMS Seattle at (206) 615-2306, or email us at [CMSROSEA@cms.hhs.gov](mailto:CMSROSEA@cms.hhs.gov)
- ✓ If you have further billing or coverage concerns, contact the Medicare Administrative Contractor (MAC)

# Thank you!