March 2020

2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs)

1. How is CMS using its authority under Section 1135 of the Social Security Act to offer flexibilities with Medicare provider enrollment to support the 2019-Novel Coronavirus (COVID-19) national emergency?

CMS is exercising its 1135 waiver authority in the following ways:

Physicians and Non-Physician Practitioners Eligible to Enroll in Medicare

- Establish toll-free hotlines to enroll and receive temporary Medicare billing privileges
- Waive the following screening requirements:
    - Criminal background checks associated with fingerprint-based criminal background checks (FCBC) - 42 C.F.R 424.518 (to the extent applicable)
    - Site visits - 42 C.F.R 424.517
- Postpone all revalidation actions

All Other Providers and Suppliers (including DMEPOS) Eligible to Enroll in Medicare

- Expedite any pending or new applications
    - All clean web applications will be processed within 7 business days and all clean paper applications in 14 business days
- Waive the following screening requirements for all enrollment applications received on or after March 1, 2020:
    - Application Fee – 42 C.F.R. 424.514
    - Criminal background checks associated with fingerprint-based criminal background checks (FCBC) – 42 C.F.R. 424.518 (to the extent applicable)
    - Site-visits – 42 C.F.R. 424.517
- Postpone all revalidation actions

2. What are the COVID-19 Medicare Provider Enrollment Hotlines?

CMS has established toll-free hotlines at each of the Medicare Administrative Contractors (MACs) to allow physicians, non-physician practitioners and Part A certified providers and suppliers establishing isolation facilities to initiate temporary Medicare billing privileges. Physicians and non-physician practitioners may also contact the hotline to report a change in practice location.

The hotlines should also be used if providers/suppliers have questions regarding the other provider enrollment flexibilities afforded by the 1135 waiver.

3. What are the Medicare Provider Enrollment Hotline numbers and hours of operation?

2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs)

Providers and suppliers should only contact the hotline for the MAC that services their geographic area. To locate your designated MAC refer to https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/MACs-by-State-June-2019.pdf.

The hotlines are operational Monday – Friday and at the specified times below.

CGS Administrators, LLC (CGS)
The toll-free Hotline Telephone Number: 1-855-769-9920
Hours of Operation: 7:00 am – 4:00 pm CT

First Coast Service Options Inc. (FCSO)
The toll-free Hotline Telephone Number: 1-855-247-8428
Hours of Operation: 8:30 AM – 4:00 PM EST

National Government Services (NGS)
The toll-free Hotline Telephone Number: 1-888-802-3898
Hours of Operation: 8:00 am – 4:00 pm CT

National Supplier Clearinghouse (NSC)
The toll-free Hotline Telephone Number: 1-866-238-9652
Hours of Operation: 9:00 AM – 5:00 PM ET

Novitas Solutions, Inc.
The toll-free Hotline Telephone Number: 1-855-247-8428
Hours of Operation: 8:30 AM – 4:00 PM EST

Noridian Healthcare Solutions
The toll-free Hotline Telephone Number: 1-866-575-4067
Hours of Operation: 8:00 am – 6:00 pm CT

Palmetto GBA
The toll-free Hotline Telephone Number: 1-833-820-6138
Hours of Operation: 8:30 am – 5:00 pm ET

Wisconsin Physician Services (WPS)
The toll-free Hotline Telephone Number: 1-844-209-2567
Hours of Operation: 7:00 am – 4:00 pm CT

4. **Can Part A certified providers and suppliers establishing isolation facilities utilize the provider enrollment hotline?**

2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs)

Part A certified providers and suppliers, who are establishing new isolation facilities which will operate during the public health emergency in order to furnish care to patients with COVID-19, can initiate temporary Medicare billing privileges via the hotline. Part A certified providers and suppliers will be asked to provide limited information, including, but not limited to, Legal Business Name, National Provider Identifier (NPI), Tax Identification Number (TIN), state license, address information and contact information (telephone number).

CMS is waiving the following screening requirements:

- Application Fee – 42 C.F.R. 424.514
- Criminal background checks associated with the fingerprint-based criminal background checks (FCBC) – 42 C.F.R. 424.518 (to the extent applicable)
- Site-visits – 42 C.F.R. 424.517

The MAC will attempt to screen the certified provider or supplier over the phone regarding the establishment of an isolation facility, however, temporary Medicare billing privileges will not be established during the phone conversation and may take up to 2 business days since additional certification actions are required to be completed that involve the CMS Location Offices. Once final approval is received from the CMS Location Office, the MAC will notify the certified provider or supplier of their temporary Medicare billing privileges and effective date via email. Note: Certified providers and suppliers who do not pass the screening requirements will not be granted temporary Medicare billing privileges and cannot be paid for services furnished to Medicare beneficiaries.

5. How long will the provider enrollment hotline be operational?

The hotline will be providing Medicare temporary billing privileges and addressing questions regarding the other provider enrollment flexibilities afforded by the 1135 waiver until the public health emergency declaration is lifted.

6. What information should I have available to enroll as a physician or non-physician practitioner when I call the provider enrollment hotline?

To initiate temporary billing privileges, you will be asked to provide limited information, including, but not limited to, Legal Name, National Provider Identifier (NPI), Social Security Number, a valid in-state or out-of-state license, address information and contact information (telephone number).

7. How long will it take the MAC to approve a physician or non-physician practitioner's temporary Medicare billing privileges?

2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs)

The MAC will attempt to screen and enroll the physician or non-physician practitioner over the phone and will notify the physician or non-physician practitioner of their approval or rejection of temporary Medicare billing privileges during the phone conversation.

The MAC will follow up with a letter via email to communicate the approval or rejection of the physician or non-physician practitioner's temporary Medicare billing privileges. Note: Physicians and non-physician practitioners who do not pass the screening requirements will not be granted temporary Medicare billing privileges and cannot be paid for services furnished to Medicare beneficiaries.

8. What will be the effective date of my temporary Medicare billing privileges?

Physicians and non-physician practitioners will be assigned an effective date as early as March 1, 2020. They may bill for services furnished on or after the effective date and until the public health emergency is lifted.

9. I am not a physician or non-physician practitioner. Can I use the enrollment hotline to submit my initial enrollment or change of information?

All other providers and suppliers, including DMEPOS suppliers, but excluding Part A certified providers and suppliers establishing isolation facilities, are required to submit initial enrollments and changes of information via the appropriate CMS-855 application. Your MAC will expedite their processing of these applications if received on or after March 1, 2020. Specifically, all clean web applications received on or after March 18, 2020, will be processed within 7 business days, and all clean paper applications received on or after March 18, 2020, will be processed in 14 business days. CMS encourages providers to submit their applications via Internet-Based PECOS (https://pecos.cms.hhs.gov/pecos/login.do).

CMS is waiving the following screening requirements for all enrollment applications received on or after March 1, 2020:

- Application Fee – 42 C.F.R. 424.514
- Criminal background checks associated with the FCBC – 42 C.F.R. 424.518 (to the extent applicable)
- Site-visits – 42 C.F.R. 424.517

CMS is also postponing all revalidation actions.

10. Will my temporary Medicare billing privileges as a physician or non-physician practitioner be deactivated once the national emergency is lifted?

2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs)

Your Medicare billing privileges are being granted on a provisional basis as a result of the public health emergency declaration and are temporary. Upon the lifting of the public health emergency declaration, you will be asked to submit a complete CMS-855 enrollment application in order to establish full Medicare billing privileges, following the MAC's review of your application. Failure to respond to the MAC's request within 30 days of the notification, will result in the deactivation of your temporary billing privileges. No payments can be received for services provided after the deactivation of your temporary billing privileges.

11. Can Medicare fee-for-service rules regarding physician State licensure be waived in an emergency?

The HHS Secretary has authorized 1135 waivers that allow CMS to waive the Medicare requirement that a physician or non-physician practitioner must be licensed in the State in which s/he is practicing for individuals for whom the following four conditions are met: 1) the physician or non-physician practitioner must be enrolled as such in the Medicare program, 2) the physician or non-physician practitioner must possess a valid license to practice in the State which relates to his or her Medicare enrollment, 3) the physician or non-physician practitioner is furnishing services – whether in person or via telehealth – in a State in which the emergency is occurring in order to contribute to relief efforts in his or her professional capacity, and 4) the physician or non-physician practitioner is not affirmatively excluded from practice in the State or any other State that is part of the 1135 emergency area.

In addition to the statutory limitations that apply to 1135-based licensure waivers, an 1135 waiver, when granted by CMS, does not have the effect of waiving State or local licensure requirements or any requirement specified by the State or a local government as a condition for waiving its licensure requirements. Those requirements would continue to apply unless waived by the State. Therefore, in order for the physician or non-physician practitioner to avail him- or herself of the 1135 waiver under the conditions described above, the State also would have to waive its licensure requirements, either individually or categorically, for the type of practice for which the physician or non-physician practitioner is licensed in his or her home State.

A physician or non-physician practitioner may seek an 1135-based licensure waiver from CMS by contacting the Medicare Provider Enrollment Hotline for the MAC that services their geographic area.

12. Can the distant site practitioner furnish Medicare telehealth services from their home? Or do they have to be in a medical facility?

2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs)

There are no payment restrictions on distant site practitioners furnishing Medicare telehealth services from their homes. The practitioner is not required to update their Medicare enrollment with the home location. The practitioner should list the home address on the claim to identify where the services were rendered. The discrepancy between the practice location in the Medicare enrollment (clinic/group practice) and the practice location identified on the claim (provider's home location) will not be an issue for claims payment.

13. I am due to revalidate. Will my due date be extended?

CMS is temporarily ceasing revalidation efforts for all Medicare providers or suppliers. Upon the lifting of the public health emergency, CMS will resume revalidation activities.

14. Will the Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) accreditation and reaccreditation requirements be waived?

CMS is not requiring accreditation for newly enrolling DMEPOS suppliers and extending any expiring supplier accreditation for a 90-day time period. CMS will monitor all billing activity during the emergency and continue to reassess this requirement. Aberrant billing practices may be subject to further action.

15. I have an application pending with the MAC that was submitted prior to March 1, 2020. When will it be approved?

Pending applications for all providers and suppliers received prior to March 1, 2020 are being processed in accordance with existing processing timeframes. Generally, web applications are processed within 45 days and paper applications within 60 days.

16. I am currently opted-out. Can I terminate my opt-out status early and enroll in Medicare?

Under the 1135 waiver authority, the opt-out requirements can be waived to allow practitioners to terminate their opt-out early and enroll. Opted-out physicians and practitioners can contact their MAC through the provider enrollment hotline to terminate their opt-out and establish Medicare temporary billing privileges. Your Medicare billing privileges are being granted on a provisional basis as a result of the public health emergency declaration and are temporary.