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CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Waiver / Flexibility Request

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX (Expires XX/XX/XXXX). This is a voluntary information collection. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ******CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Adriane Saunders at Adriane.Saunders@cms.hhs.gov.**

Under **Section 1135 or 1812(f) of the Social Security Act**, CMS can issue several blanket waivers when there's a disaster or emergency. Blanket waivers prevent gaps in the access to care for beneficiaries affected by the emergency.

When a blanket waiver is issued, providers don't have to apply for an individual waiver. If there's no blanket waiver, providers can ask for an individual Section 1135 waiver.

If you have a request or inquiry, please use this form to submit your request to CMS.

Who are you?

- (•) An Organization / Provider
- ( ) A Beneficiary

What would you like to do?

- (•) I want to submit a waiver / flexibility request
- ( ) I want to submit an inquiry request

Submit a waiver / flexibility request

1 Select a Public Health Emergency

Select the Public Health Emergency (PHE) that applies to your waiver request

Public Health Emergency (PHE) (required) *

Please select one

COVID-19	3/13/20 - 10/31/2020	
California Wildfire	3/13/20 - 10/31/2020	CA
Hurricane Laura	8/15/20 - 11/15/2020	
Hurricane Revelation	9/13/19 - 12/13/2019	

2 Provide Your Contact Information

Some explanatory text on what's in the step

Point of Contact

Who should CMS contact in response to this waiver request?

Email address (required) *

First name (required) *

Last name (required) *

Phone number

Organization Information

Who is the organization making this request?

Organization name (required) *

State/US Territory/Federal District (required) *

Alaska × California × Ne

- [ ] Nebraska
- [ ] Nevada
- [ ] New York

Organization Categories

Who is the organization making this request?

General | Emergency Provider / Supplier Types | Other

- [ ] Association
- [ ] Advocacy Group
- [ ] Congressional Office
- [ ] Corporation
- [ ] Department of Health and Human Services
- [ ] Part D Prescription Plan
- [ ] State Government
- [ ] State Medicaid Agency
- [ ] State Survey Agency
- [ ] Tribal Nation

General | Emergency Provider / Supplier Types | Other

- [ ] Ambulatory Surgical Center (ASC)
- [ ] Community Mental Health Center (CMHC)
- [ ] Comprehensive Outpatient Rehabilitation Facility (CORF)
- [ ] Critical Access Hospital (CAH)
- [ ] Community Mental Health Center (CMHC)
- [ ] End Stage Renal Disease (ESRD)
- [ ] Home Health Agencies (HHA)(OPO)
- [ ] Hospice(OPO)
- [ ] Hospital
- [ ] Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- [ ] Nursing Homes (SNF/NF)
- [ ] Organ Procurement Organization
- [ ] Outpatient Physical Therapy/Speech Therapy (OPT/ST)
- [ ] Programs of All-Inclusive Care for Elderly (PACE)
- [ ] Psychiatric Residential Treatment Facility (PRTF)
- [ ] Religious Non-Medical Health Care Institution (RNCHI)
- [ ] Rural Health Clinic/Federally Qualified Health Center (RHC/FQHC)
- [ ] Transplant Center

General | Emergency Provider / Supplier Types | Other

- [ ] Ambulance
- [ ] Durable Medical Equipment (DME)
- [ ] Lab
- [ ] Palliative
- [ ] Physician
- [ ] Other

Organization Identification Numbers

What are the identification numbers for your organization?

These numbers will be different, depending on the categories you have selected for your organization including: CCN/Provider, Medicare Contract Number, or NPI.

For the categories selected above, use:

NAME-OF-IDENTIFICATION-NUMBER

3 Describe your 1135 Waiver / Flexibility Request

Select the type of request you are making. Depending on your request type, we may ask you for additional information.

Request #1

Waiver Request Type (required) *

Regulation Related to this Request

Regulation Description (required) *

+ Add another waiver request

4 Submit your request

Submit

Confirmation Message (need content)
Case #

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Organization Workflow

CMS 1135 Inquiry Request

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Who are you? (?)

- [x] An Organization / Provider
- [ ] A Beneficiary

What would you like to do?

- [ ] I want to submit a waiver / flexibility request
- [x] I want to submit an inquiry request

Submit an inquiry

1 Select a Public Health Emergency

Select the Public Health Emergency (PHE) that applies to your inquiry request

Public Health Emergency (PHE) (required) * (?)

California Wildfire 3/13/20 - 10/31/20 CA ▾

2 Provide Your Contact Information

Some explanatory text on what's in the step

Point of Contact (?)

Who should CMS contact in response to this inquiry request?

Email address (required) *

First name (required) *

Last name (required) *

Phone number

3 Inquiry

Inquirer Type (required) *

Please select an option ▾

Inquiry Topic (required) *

Please select an option ▾

Inquiry Form

Submit

Confirmation Message (need content)

WARNING: Individually identifiable health information in this system is subject to the Health Information Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submission to the 1135 Waivers System that contains Protected Health Information (PHI) is a violation of these Acts. Questions containing PHI will be deleted from the system and not processed. For detailed information regarding transmitting or receiving healthcare information or data read the QualityNet System Security Policy (PDF).

INFORMATION NOT TO BE RELEASED TO PUBLIC UNLESS AUTHORIZED BY LAW: This information is for internal Government use only and has not been publicly disclosed. It may contain information that is privileged, confidential, or otherwise protected from disclosure under public law. Do not share Publicly Identifiable Information (PII) and/or Public Health Information (PHI). Unauthorized disclosure may result in prosecution to the full extent of the law.

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Beneficiary Workflow

CMS 1135 Inquiry Request

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- (•) A Beneficiary

What would you like to do?

- ( ) I want to submit a waiver / flexibility request
- (•) I want to submit an inquiry request

Submit an inquiry

1 Select a Public Health Emergency

Select the Public Health Emergency (PHE) that applies to your inquiry request

Public Health Emergency (PHE) (?)

California Wildfire 3/13/20 - 10/31/20 CA ▾

2 Provide Your Contact Information

Some explanatory text on what's in the step

Point of Contact (?)

Who should CMS contact in response to this inquiry request?

Email address (required) *

First name (required) *

Last name (required) *

Phone number

3 Inquiry

Inquirer Type (required) *

Please select an option ▾

Inquiry Topic (required) *

Please select an option ▾

Inquiry Form

Submit

Confirmation Message (need content)

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