CMS.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Waiver / Flexibility Request

CMS 1135 Waiver / Flexibility Request and Inquiry Form

According to the Payment Reduction Act of 1965, no persons are required to respond to a collection of information unless it displays a valid OMB control number. We estimate the average burden per response with this collection of information is 30 minutes, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. These burden estimates do not include the time needed to complete your 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. *****PHI Disclosure*** Please do not send applications, claims, payment, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence sent to the PRA Reports Clearance Office will be destroyed immediately upon receipt. Under no circumstances will the PRA Reports Clearance Office retain any personal information received. If you have questions or concerns regarding where to submit your documents, please contact Adrian Saunders at Adrian.Saunders@cms.hhs.gov.

If you have a question 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. (*)

I want to promote a positive update on the benefit/service and/or healthcare facility

Under **Section 1115 or 1135 of the Social Security Act**, CMS can issue several blanket waivers when there's a disaster or emergency. Blanket waivers present changes in the access to care for beneficiaries, providers, and facilities.

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.

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	01/20/2020 - 04/20/2021
Calendar Year 2021	04/15/2021 - 12/31/2021

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 present changes in the access to care for beneficiaries, providers, and facilities.

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.

2 Provide Your Contact Information

This will help us get in touch with you if we need more information.

Point of Contact (*)

Who should CMS contact in response to this waiver request?

Email address (required) (*)

Confirm email address (required) (*)

First name (required) (*)

Last name (required) (*)

Phone number

(555)555-5555

Organization Information (*)

Is this an organization making this request?

Organization Name (required) (*)

State/US Territory/Federal District (required) (*)

Enter 2 - 3 Letters (e.g. "Ma")

- Nebraska
- Nevada
- New York

Organization Categories (required) (*)

Select the organization making this request

General	Emergency Provider / Supplier Types	Other
Association	State Government	
Advocacy Group	State Survey Agency	
Corporation	Tribal Nation	

General	Emergency Provider / Supplier Types	Other
Ambulatory Surgical Center (ASC)	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	
Community Mental Health Center (CMHC)	Critical Access Hospital (CAH)	
Comprehensive Outpatient Rehabilitation Facility (CORF)	Organ Procurement Organization (OPO)	
Critical Access Hospital (CAH)	Outpatient Physical Therapy/Speech Pathology (OPT)	
Community Mental Health Center (CMHC)	Psychiatric Residential Treatment Facility (PRTF)	
End Stage Renal Disease (ESRD)	Religious Non-Medical Health Care Institution (RNCH)	
Home Health Agencies (HHA)	Skilled Nursing Facility/Qualified Health Center (SNF/QHC)	
Hospice	Transplant Center	
Hospital		

General	Emergency Provider / Supplier Types	Other
Ambulance	Pathlabs	
Durable Medical Equipment (DME)	Pharmacy	
Lab	Other	Other Organization Category

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: Certificate, Medicare/Medicaid Provider, or NPI.

For the categories selected above, use:

IDENTIFICATION NUMBER

Separate multiple identification numbers with a comma.

3 Describe your 1135 Waiver / Flexibility Request

Request #1

Waiver Request Type (required) (*)

Click here if you do not see your Waiver Request Type

Regulation Related to this Request (*)

Request Description (required) (*)

Detail a brief summary of why the waiver is needed (for example, CMS is still connecting provider and/or recipients inside systems at the point-of-care during the current pay-and-chase process, causing delays). (Yes, or N. Unknown). Link waiver/s needed to each item by # number. Use # for 1 number, # for 2 separate, etc. (#1,#2,#3 etc.) Use # and # for ranges. (#1-#3 etc.)

4 Add another waiver request

5 Submit your request

Submit

Thank You! Your request has been successfully submitted.

Your case number is <Case#>

You will also receive an email confirmation summarizing your request and providing you with additional guidance.

WARNING: Individually identifiable health information is the system's subject to the Health Information Privacy and Accountability Act of 1996 and the Privacy Act of 1974. Submitted to the 1135 Waiver/Section Spam that contains Protected Health Information (PHI) is a violation of these Acts. Questions regarding the Privacy Act of 1974 should be directed to the CMS Privacy Officer. Questions regarding the Health Insurance Portability and Accountability Act of 1996 should be directed to the CMS Security Officer. https://www.cms.gov/Privacy/privacyincidents.html

INFORMATION PUT TO RECORD: Information provided in 1135 Waiver/Section Spam will be shared with the Information Technology Governance Board and may not been publicly disclosed. It may contain information that is privileged, confidential, or otherwise protected from disclosure under public law. Do not share information with anyone who does not have a need to know. Protected Health Information (PHI), Unauthorized disclosure may result in prosecution to the fullest of the law.

CMS 1135 Waiver/Flexibility Request and Inquiry

Federal government website managed and paid for by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244

Drop down options

PHE

COVID-19 01/27/2020 - 04/20/21

Calendar Year 2021 04/15/2021 - 10/31/2021 CA

State/US Territory/Federal District

Alabama
Alaska
American Samoa
Arizona
Arkansas
Armed Forces Pacific
Armed Forces Europe
Armed Forces Americas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Guam
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Northern Marianas Islands
Ohio
Oklahoma
Oregon
Palau
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Trust Territory of the Pacific Islands
Utah
Vermont
Virginia
Virgin Islands
Washington DC
Washington
West Virginia
Wyoming

Waiver/Flexibility Request Type

Accelerated Advanced Payment
Accreditation Organizations Survey, Certification, Quality and Enforcement
Acute Care Hospitals/Critical Access Hospitals Quality and Enforcement
Acute Care Hospitals/ASC/Ambulatory Surgical Centers Quality and Enforcement
Ambulance Services Quality and Enforcement
Allowing eligible hospitals in order 1135 waivers
Allowing eligible responsible individuals to render personal care services
Allowing Nursing Facility Services to be delivered by a qualified registered nurse practitioner licensed pursuant to state law
Alternate Treatment Sites
Ambulance
Ambulatory Surgical Center (ASC) Survey, Certification, Quality and Enforcement
Ambulatory Surgical Center (ASC) Payment
Ambulance Services Payment
Appeals
Assisting Beneficiaries in Signing Documents
Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital: Where PPS and other acute care hospitals that meet its relevant requirements from rehabilitation units in an acute care bed and unit
Care for Excluded Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital: Where PPS and other acute care hospitals that meet its relevant requirements from rehabilitation units in an acute care bed and unit
Certification
Clinical Laboratory Improvement Amendments (CLIA) Survey, Certification, Quality and Enforcement
Clinical Laboratory Improvement Amendments (CLIA) Survey, Certification, Quality and Enforcement
Community Mental Health Center (CMHC) Payment
Comprehensive Outpatient Rehabilitation Facility (CORF) Survey, Certification, Quality and Enforcement
Comprehensive Outpatient Rehabilitation Facilities (CORF) Payment
Critical Access Hospital (CAH) Survey, Certification, Quality and Enforcement
Critical Access Hospital (CAH) Payment
Cost Reports
Critical Access Hospital (CAH) Survey, Certification, Quality and Enforcement
Critical Access Hospital (CAH): Waive the requirements that limit the number of beds to 25 and the length of stay to 96 hours
Critical Access Hospital (CAH): Payment
Dialysis Services Payment
Durable Medical Equipment (DME) Survey, Certification, Quality and Enforcement
Durable Medical Equipment (DME): If not, destroyed, irreparably damaged or otherwise rendered unusable, waive the requirement that it be in force requirements, a new prosthetic order and new medical necessity dx
Education
Emergency Preparedness
End Stage Renal Disease
ESRD Survey, Certification, Quality and Enforcement
End Stage Renal Disease (ESRD) Payment
Energy Conservation Measures Survey, Certification, Quality and Enforcement
Ensuring Uninterrupted Provisioning of Home Health Disaster-Related Claims: Allow RNCLs to extend auto-cancellation date of Requests for Anticipated Payment (RAPs) during emergencies
Fee-for-Service Payment
Fraud and Abuse
Fraud and Abuse Waivers
Extension for Inpatient Prospective Payment System (IPPS) Illegal Index Revisions
Extension for Inpatient Prospective Payment System (IPPS) Illegal Index Revisions: Allows Hospital Illegal Index development to be faster than the current six-month revisions
Extension for medicare Geographic Classification Review Board (MGCRB) Applications: Allows an extension to the deadline for submitting applications to the MGCRB
Extension for non-existing fee-for-service payment
Extension of timeliness for reimpairment of services and benefits for a fee hearing request after the date of the action notice, or the date of the fee hearing decision, if applicable
Federally Qualified Health Center (FQHC) Payment
Home Health Agency (HHA) Survey, Certification, Quality and Enforcement
Home Health Agency (HHA): Freeze/waive for CMGS extension
Home Health Agency (HHA) Payment
Home Health Agency (HHA) Survey, Certification, Quality and Enforcement
Home Infusion Therapy Payment
Hospice Survey, Certification, Quality and Enforcement
Hospice Payment
Hospital Survey, Certification, Quality and Enforcement
Hospital Outpatient Payment
Hospital Inpatient Payment
Hospital Survey, Certification, Quality and Enforcement
Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Survey, Certification, Quality and Enforcement
Intermediate Care Facility (ICF) Payment
Lab Payment
Level of Care Requirement
Life Safety Code (LSC)
Long Term Care Facility (LTCH) Benefit Requirements
Medicare Prevalent Locations Waiver
Medicare Payment Advisory Commission
Minimum Data Set (MDS) Payment
Modification of deadline for Survey and Certification, Quality and Enforcement
Modification of deadline for a face-to-face encounter for 1915(c)/1915(i) Home Health care plan services
Modification of deadline for annual review of the service plan required for the 1915(c)/1915(i) home care plan
Modification of deadline for a face-to-face encounter for Home Health care services for 1915(c)/1915(i) waivers
Modification of deadline for conducting annual assessments for 1915(c) and Directed Personal Assistance Services
Modification of deadline for annual evaluations of eligibility and assessment of functional needs for 1915(c) state plan services
Modification of deadline for conducting annual assessments for 1915(c)/1915(i) waivers
Modification of deadline for annual evaluations of eligibility and assessment of functional needs for 1915(c) state plan services
Modification of deadline for level of care determinations for 1915(c)/1915(i) waivers
Modification of deadline for annual evaluations of eligibility and assessment of functional needs for 1915(c) state plan services
Nursing Facility (NF) Survey, Certification, Quality and Enforcement
Intermediate Care Facility (ICF) Payment
Pathlab Payment
Level of Care Requirement
Life Safety Code (LSC)
Long Term Care Facility (LTCH) Benefit Requirements
Medicare Prevalent Locations Waiver
Medicare Payment Advisory Commission
Minimum Data Set (MDS) Payment
Modification of deadline for Survey and Certification, Quality and Enforcement
Modification of deadline for a face-to-face encounter for 1915(c)/1915(i) Home Health care plan services
Modification of deadline for annual review of the service plan required for the 1915(c)/1915(i) home care plan
Modification of deadline for a face-to-face encounter for Home Health care services for 1915(c)/1915(i) waivers
Modification of deadline for conducting annual assessments for 1915(c) and Directed Personal Assistance Services
Modification of deadline for annual evaluations of eligibility and assessment of functional needs for 1915(c) state plan services
Modification of deadline for conducting annual assessments for 1915(c)/1915(i) waivers
Modification of deadline for annual evaluations of eligibility and assessment of functional needs for 1915(c) state plan services
Modification of deadline for level of care determinations for 1915(c)/1915(i) waivers
Modification of deadline for annual evaluations of eligibility and assessment of functional needs for 1915(c) state plan services
Nursing Facility (NF) Survey, Certification, Quality and Enforcement
Nursing Facility (NF) Payment
Outpatient Physical Therapy/Outpatient Speech Pathology Payment
Outpatient Physical Therapy/Outpatient Speech Pathology Survey, Certification, Quality and Enforcement
Pathlab Payment
Part A or B Outpatient Payment
Part A or B Authorizations
Part A or B Payment
Part A or B Provider Contract Requirements
Part A or B Provider Locations (Billing)
Part A or B Provider Payment
Part B Drug Payment
Part B Drug Payment
Part B Outpatient Payment
Part B Outpatient Payment
Part B Provider Locations (Billing)
Part B Provider Payment
Portable X-Ray Survey, Certification, Quality and Enforcement
Preadmission Screen and Resident Review (PASRR) Survey, Certification, Quality and Enforcement
Prescribed Pediatric Extended Care Payment
Prior authorization: various waiver/s or waive approval/s of provision or denial
Psychiatric Residential Treatment Facility (PRTF) Payment
Psychiatric Residential Treatment Facility (PRTF) Survey, Certification, Quality and Enforcement
Qualified Medicare Beneficiary Limited Coverage (QMBLC) Survey, Certification, Quality and Enforcement
Qualified Medicare Beneficiary Limited Coverage (QMBLC) Survey, Certification, Quality and Enforcement
Rural Health Clinic Payment
Rural Health Clinic Survey, Certification, Quality and Enforcement
Sanctions
Skilled Nursing Facility (SNF) 3-Day Prior Hospitalization
Skilled Nursing Facility (SNF): Waive requirement who anticipated their SNF benefits, renewed SNF coverage without first having to start a new benefit period
Skilled Nursing Facility (SNF) Payment
Skilled Nursing Facility (SNF) Survey, Certification, Quality and Enforcement
Supervision of PCPS by entities who are providing care management services under a temporary waiver of conflict of interest requirement
Supervision of services of PCSS in specified settings that have not been determined to meet HCBS settings criteria
Supervision of services of PCSS in specified settings that have not been determined to meet HCBS settings criteria
Supplemental Medical Insurance (Part B) Premiums and Medicare Prescribed Drugs (Medicare Part D) Payment
Transplant Patient Care
Transplant Payment
Transplant Survey, Certification, Quality and Enforcement
Waive beneficiary and provider written consent of new or amended HCBS person-centered service plans
Waive Medicaid Fair Hearing requirements
Waiver of provider conditions to allow for provision of services in alternative settings

Help Toolbox

Who are you?

Choose the applicable option below.

I want to submit a waiver / flexibility request option

When there's a disaster or emergency, waivers and flexibilities help state facilities give timely care to as many people where been affected as possible. This means we're helping States, Federal Districts and U.S. territories to make sure people with Medicare and Medicaid continue to have access to care.

"Waiver" refers to a waiver or modification of a statutory requirement of the Social Security Act (SSA) or its implementing regulations that may be waived or modified under the authority of § 1135 of the SSA. "Flexibility" refers to a flexibility or modification of a requirement of the SSA or its implementing regulations under authority – and generally speaking, can be adopted without segmenting CMS's systems. CMS's implementation of waivers and flexibilities will be reviewed as appropriate and as circumstances dictate in light of those goals and priorities.

I want to submit an inquiry request option

When there's a disaster or emergency, waivers and flexibilities help health care facilities give timely care to as many people where been affected as possible. This means we're helping States, Federal Districts and U.S. territories to make sure people with Medicare and Medicaid continue to have access to care.

I want to provide a status update on my patients and/or healthcare facility residents

You may use this option to report any impact on your patients/residents.

Select a Public Health Emergency

Select the applicable Public Health Emergency from the drop-down list.

Provide Your Contact Information - Point of Contact

CMS uses your contact information to send responses and ask follow-up questions.

Organization Information

An organization is an organized body of people with a particular purpose(e.g., State, Association, Hospital, Lawyers, etc.) Please provide the requested information for your organization.

Organization Information - State/US Territory/Federal District drop-down

Choose all applicable States, US Territories and/or Federal Districts where your healthcare facilities are located.

Provide Your Contact Information - Organization Categories

Choose the organization category that best describes your organization or healthcare provider. Please select all applicable organizations by reviewing the drop-down list. If none of the drop-down categories apply, please select "Other".

Provide Your Contact Information - Organization Identification Numbers

Indicate all applicable identification numbers for the healthcare facilities/providers affiliated with your organization represented by the PHE.

Describe Your 1135 Waiver / Flexibility Request

CMS uses this information to route your request to the appropriate point-of-contact for faster response.

Describe Your 1135 Waiver / Flexibility Request - Waiver / Flexibility Request Type drop-downs

Start typing the words for your request. A list of waiver options that match your key word(s) will appear to choose from.

Describe Your 1135 Waiver / Flexibility Request - Regulation Related to this Request

Enter the regulation(s) you are requesting be waived (if applicable).

Describe Your 1135 Waiver / Flexibility Request - Request Description

Detail a brief summary of why the waiver is needed (for example, CMS is still connecting provider and/or recipients inside systems at the point-of-care during the current pay-and-chase process, causing delays). (Yes, or N. Unknown). Link waiver/s needed to each item by # number. Use # for 1 number, # for 2 separate, etc. (#1,#2,#3 etc.) Use # and # for ranges. (#1-#3 etc.)

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CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Inquiry Request

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CMS 1135 Waiver / Flexibility Request and Inquiry Form

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 0938-1384 (Expires 02/28/2021). 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 estimated or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Office, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. *****DO 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 returned. If you have questions or concerns regarding where to submit your documents, please contact Adrianne Sanders at Adrianne.Sanders@cms.hhs.gov.**

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

Who are you? ?

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

What would you like to do? ?

- (C) I want to submit a waiver / flexibility request ?
- (D) I want to submit an inquiry ?
- (E) I want to provide a status update on my beneficiaries and/or healthcare facility ?

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) * ?

COVID-19 — 01/27/2020 - 04/20/2021

2 Provide Your Contact Information

This will help help you updated on your request/ progress

Point of Contact ?

Who should CMS contact in response to this inquiry/ request?

Email address (required) *

Confirm email address (required) *

First name (required) *

Last name (required) *

Zip Code (required) * ?

XXXXX

Phone number

(XXX)XXX-XXXX

Organization Information ?

Who is the organization making this request?

Organization Name (required) *

Organization Categories (required) * ?

Who is the organization making this request?

General | Emergency Provider / Supplier Types | Other

- [ ] Advocacy Group
- [ ] Association
- [ ] Corporation
- [ ] Medicare Advantage / Part D Plan
- [ ] State Government
- [ ] Qualified Health Plan
- [ ] 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)
- [ ] Hospice
- [ ] Hospital
- [ ] Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- [ ] Nursing Homes (SNF/NF)
- [ ] Organ Procurement Organization (OPO)
- [ ] 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 — Other Organization Category

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 per

For the categories selected above, use:

IDENTIFICATION NUMBER

Separate multiple identification numbers with a comma.

3 Inquiry

Request #1

Topic (required) * ?

Please select an option

Type (required) * ?

Please select an option

- [ ] Click here if you do not see your type

Description (required) *

Provide a comprehensive description of your inquiry (including regulation citations if applicable).

+ Add another inquiry request

4 Submit Your Inquiry

Submit

Thank You! Your inquiry has been successfully submitted.

Your case number is <Case#>

You will also receive an email confirmation summarizing your request and providing you with additional guidance.

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 safeguarding protected healthcare information or data, please refer to the "HIPAA Security Rule" https://www.hhs.gov/hipaa/for-professionals/index.html.

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 laws 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.

CMS 1135 Waiver/Flexibility Request and Inquiry

A federal government website managed and paid for by the Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore MD 21244

Drop down options

PHE

COVID-19 — 01/27/2020 - 04/20/2021

Topic

Medicaid/CHIP
Original Medicare (Part A or B)
Medicare Advantage/Prescription Drug Plan
Qualified Health Plans

Type

638 Tribal Clinics
Original Medicare (Part A or B)
Academia
Medicare Advantage/Prescription Drug Plan
Access To Care
Qualified Health Plans
Advocate
Ambulance
Ambulatory Care Center
Appeals
Appendix K
Association/Society for Provider/Facility
Attorney for Provider/Facility
Billing Agency
Consultant for Provider/Facility
Critical Access Hospital
Denials
Dialysis Facility
Eligibility
Employer
Facility
Fair Hearings
Federal/State Government Agency
Federally Qualified Health Center (FQHC)
General Public
HCBS Waivers
Home Health
Hospice
Hospital
Insurance Company
Long Term Care Services And Supports
Managed Care
Medical Supplier/DME
Nurse/Nurse Practitioner
Nursing Home
Other
Payment Methodology/Rates
Pharmacist/Pharmacy
Physical/Occupational Therapy
Physician
Physician Assistant
Provider - Mental Health
Provider - Other
Provider Enrollment
Respite
Retainer Payments
Rural Health Clinic
Rural Health Clinic (RHC)
Skilled Nursing Facility
State Agency
Telehealth

Help Tooltips

Who are you?

This information helps CMS understand who you are so we can better assist you.

What would you like to do?

Choose the applicable option below.

I want to submit a waiver / flexibility request option

When there's a disaster or emergency, waivers and flexibilities help health care facilities give timely care to as many people as possible. Waivers and flexibilities can help Indian Health Service, Federal Districts and U.S. territories to make sure people with Medicare and/or Medicaid continue to have access to care.

I want to provide a status update on my patients and/or healthcare facility residents

You may use this option to report any impact on normal operations.

Select a Public Health Emergency

Select the applicable Public Health Emergency from the dropdown list.

Point of Contact

CMS uses your contact information to send responses and ask follow up questions.

Organization Information

An organization is an organized body of people with a particular purpose (e.g., State, Corporation, Health System, etc.). Please provide the required information for your organization.

Zip Code

Please enter your 5 digit zip code.

Organization Categories

This provides CMS additional information on the type of organization requesting a inquiry. Please select all applicable organizations by reviewing the data on all three tabs (At least one category must be selected).

Organization Identification Numbers

Indicate all applicable identification numbers for the healthcare facilities/providers affiliated with your organization impacted by the PHE.

Inquiry - Type dropdown

Choose your inquiry type from the dropdown list.

Inquiry - Topic dropdown

Choose from the dropdown list which category your inquiry would fall under.

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CMS 1135 Waiver / Flexibility Request and Inquiry Form

Beneficiary Workflow

CMS 1135 Inquiry Request

CMS.gov

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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
- I want to provide a status update on my beneficiaries and/or healthcare facility

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) *

COVID-19 — 01/27/2020 - 04/20/2021

2 Provide Your Contact Information

This will help help you updated on your request's progress

Point of Contact

Who should CMS contact in response to this inquiry request?

Email address (required) *

Confirm email address (required) *

First name (required) *

Last name (required) *

Zip Code (required) *

XXXXX

Phone number

(XXX)XXX-XXXX

Organization Information

Who is the organization making this request?

Organization Name (required) *

Organization Categories (required) *

Who is the organization making this request?

General | Emergency Provider / Supplier Types | Other

- Advocacy Group
- Association
- Corporation
- Medicare Advantage / Part D Plan
- State Government
- Qualified Health Plan
- 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)
- Hospice
- Hospital
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- Nursing Homes (SNF/NF)
- Organ Procurement Organization (OPO)
- 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 — Other Organization Category

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

IDENTIFICATION NUMBER

Separate multiple identification numbers with a comma.

3 Inquiry

Request #1

Topic (required) *

Please select an option

Type (required) *

Please select an option

Click here if you do not see your type

Description (required) *

Provide a comprehensive description of your inquiry (including regulation citations if applicable).

Add another inquiry request

4 Submit Your Inquiry

Submit

Thank You! Your inquiry has been successfully submitted.

Your case number is <Case#>

You will also receive an email confirmation summarizing your request and providing you with additional guidance.

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 I 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 safeguarding protected healthcare information or data please refer to the "HIPAA Security Rule" https://www.hhs.gov/hipaa/for-professionals/index.html.

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 Protected Health Identifiable Information (PII) and/or Public Health Information (PHI). Unauthorized disclosure may result in prosecution to the full extent of the law.

CMS 1135 Waiver/Flexibility Request and Inquiry

A federal government website managed and paid for by the Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore MD 21244

Drop down options

PHE

COVID-19 — 01/27/2020 - 04/20/2021

Topic

Medicaid/CHIP
Original Medicare (Part A or B)
Medicare Advantage/Prescription Drug Plan
Qualified Health Plans

Type

638 Tribal Clinics
Original Medicare (Part A or B)
Academia
Medicare Advantage/Prescription Drug Plan
Access To Care
Qualified Health Plans
Advocate
Ambulance
Ambulatory Care Center
Appeals
Appendix K
Association/Society for Provider/Facility
Attorney for Provider/Facility
Billing Agency
Consultant for Provider/Facility
Critical Access Hospital
Denials
Dialysis Facility
Eligibility
Employer
Facility
Fair Hearings
Federal/State Government Agency
Federally Qualified Health Center (FQHC)
General Public
HCBS Waivers
Home Health
Hospice
Hospital
Insurance Company
Long Term Care Services And Supports
Managed Care
Medical Supplier/DME
Nurse/Nurse Practitioner
Nursing Home
Other
Payment Methodology/Rates
Pharmacist/Pharmacy
Physical/Occupational Therapy
Physician
Physician Assistant
Provider - Mental Health
Provider - Other
Provider Enrollment
Respite
Retainer Payments
Rural Health Clinic
Rural Health Clinic (RHC)
Skilled Nursing Facility
State Agency
Telehealth

Help Tooltips

Who are you?

This information helps CMS understand who you are so we can better assist you.

What would you like to do?

Choose the applicable option below.

I want to submit a waiver / flexibility request option

When there's a disaster or emergency, waivers and flexibilities help health care facilities give timely care to as many people who've been affected as possible. This means we're helping States, Federal Districts and U.S. territories to make sure people with Medicare and/or Medicaid continue to have access to care.

"Waiver" refers to a waiver or modification of a statutory requirement of the Social Security Act (Act) or its implementing regulations that may be waived or modified under the authority of § 1135 of the Act or § 1812(f). A "flexibility" is an agency policy or procedure that can be adjusted under current authority - and generally speaking, can be adjusted without reprogramming CMS's systems. CMS will implement these waivers and flexibilities as necessary and appropriate to accommodate the needs of those impacted by an emergency or disaster.

I want to submit an inquiry request option

When there's a disaster or emergency, waivers and flexibilities help health care facilities give timely care to as many people who've been affected as possible. This means we're helping States, Federal Districts and U.S. territories to make sure people with Medicare and/or Medicaid continue to have access to care.

I want to provide a status update on my patients and/or healthcare facility residents

You may use this option to report any impact on normal operations.

Select a Public Health Emergency

Select the applicable Public Health Emergency from the dropdown list.

Point of Contact

CMS uses your contact information to send responses and ask follow up questions.

Organization Information

An organization is an organized body of people with a particular purpose (e.g., State, Corporation, Health System, etc.). Please provide the required information for your organization.

Zip Code

Please enter your 5 digit zip code.

Organization Categories

This provides CMS additional information on the type of organization requesting a inquiry. Please select all applicable organizations by reviewing the data on all three tabs (At least one category must be selected).

Organization Identification Numbers

Indicate all applicable identification numbers for the healthcare facilities/providers affiliated with your organization impacted by the PHE.

Inquiry - Type dropdown

Choose your inquiry type from the dropdown list.

Inquiry - Topic dropdown

Choose from the dropdown list which category your inquiry would fall under.