CMS.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Waiver / Flexibility Request

CMS.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

According to the Pandemic Declaration Act of 1945, 42 USC 1135, 1135 waivers are required to relax or suspend certain provisions of Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) in order to ensure sufficient healthcare services are available to beneficiaries during a public health emergency. This form requests information from healthcare providers and organizations to request a waiver or inquiry, including the time to review instructions, search existing waiver descriptions, 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, Baltimore, Maryland 21244-1850. **PROGRAM 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 NOT be considered as a formal submission to CMS for any program. If you have questions concerning the status of your application or concerns regarding where to submit your documents, please contact Advance Beneficiary Notices at NoticesQuestions@cms.hhs.gov.**

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

What are your? (*)

- Healthcare Provider
- Beneficiary

Would you like to Do? (*)

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

I want to promote a success story on my beneficiaries and/or healthcare facility (*)

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

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

Submit a waiver / flexibility request

Select a Public Health Emergency

Select the Public Health Emergency (PHE) you are filing a request under.

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

Please select one

COVID-19 01/20/2020 - 04/20/2021

COVID-19 - PHE Extension 04/15/2021 - 10/17/2021

Provide Your Contact Information

This will help us to contact you if we have questions or 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) (*)

Press ↓ / ↑ / ARROW / ↵ to

- 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
Added: Qualified Health Plan, Medicare Advantage / Part C Plan, State Medicaid Agency		

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)		Nursing Home (SNF/NF)
Comprehensive Outpatient Rehabilitation Facility (CORF)		Organ Procurement Organization (OPO)
Critical Access Hospital (CAH)		Outpatient Physical Therapy/Speech Pathology (OPT/SP)
Community Mental Health Center (CMHC) Outpatient Hospital		Psychiatric Residential Treatment Facility (PRTF)
End Stage Renal Disease (ESRD) Facility		Religious Non-Medical Health Care Institution (RNCHI)
Home Health Agencies (HHA)		Skilled Nursing Facility/Medically Qualified Health Center (SNF/FQHC)
Hospice		Transplant Center
Hospital		Added Programs of All-Inclusive Care for Elderly (PACE)

General	Emergency Provider / Supplier Types	Other
Ambulance		Fellowship
Durable Medical Equipment (DME)		Physician
Lab		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: Certification, Medicare/Medicaid Provider, or Other.

For the categories selected above, use:

IDENTIFICATION NUMBER

Separate multiple identification numbers with a comma.

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) (*)

Select a brief summary of why the waiver is needed (for example: CMS is still continuously provide waiver/flexibility requests, waiver of the prior authorization requirement, Zoning, Annually, 3Yrs, or 5Yr, Lifetime). Will a waiver increase or decrease access to care for a beneficiary? If requested, do you need to provide legal or policy rationale.

- Add another waiver request

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 in this system is subject to the Health Insurance Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submitted to the 1135 Waivers System that contains Protected Health Information (PHI) is a violation of these Rules. Questions concerning the 1135 Waivers System should be directed to the Centers for Medicare & Medicaid Services (CMS) Beneficiary Complaint Tracking System at http://www.cms.hhs.gov/ Medicare/Medicare-Contracting/BenefitsCoordinationNew.html.

INFORMATION NOT TO BE RELEASED TO PUBLIC: Individually identifiable information (PII) is the information in the Internet Governance and only and has been publicly disclosed. It may contain information that is privileged, confidential, or otherwise protected from disclosure under public law. Do not share this information with anyone other than Public Health Information (PHI), Unauthorized disclosure may result in severe civil and criminal penalties.

CMS 1135 Waiver/Flexibility Request and Inquiry

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Drop down options

CMS

COVID-19 01/27/2020 - 04/20/2021

California Wildfire 08/19/2020 - 10/31/2020 CA

State/US Territory/Federal District

Alabama
Alaska
American Samoa
Arizona
Arkansas
California
Armed Forces Europe
Armed Forces Pacific
California
Colorado
Connecticut
Delaware
Florida
Georgia
Guam
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Marshall Islands
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
Utah
Virgin Islands
Utah
Vermont
Virginia
Washington
Washington DC.
West Virginia
Wisconsin
Wyoming

Waiver/Flexibility Request Type

Accelerated Advanced Payment
Accreditation Organizations Survey, Certification, Quality and Enforcement
Acute Care Hospitals/Critical Access Hospitals Survey, Certification, Quality and Enforcement
Acute Care Hospitals/ACA with Distinct Part Inpatient Psychiatric Units
Ambulance Services Survey, Certification, Quality and Enforcement
Ambulatory Surgical Center Survey, Certification, Quality and Enforcement
Allowing legally responsible individuals to render personal care services
Allowing Nursing Facility (NFs) services to be delivered by a qualified registered nurse and/or a practical nurse
Alternate Treatment Sites
Ambulance
Ambulatory Surgical Center (ASC) Survey, Certification, Quality and Enforcement
Ambulatory Surgical Center (ASC) Payment
Ambulance Fee Schedule
Ambulance Services & Agency Requirements
Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital: Where PPS and other acute care hospitals that treat no inpatient psychiatric patients 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 treat no inpatient rehabilitation patients from rehabilitation units in an acute care bed and unit
Certification
Certification Survey, Certification, Quality and Enforcement
Clinical Laboratory Improvement Amendments (CLIA) Survey, Certification, Quality and Enforcement
Community Mental Health Center (CMHC)
Critical Access Hospital (CAH) Payment
Critical Access Hospital (CAH) Survey, Certification, Quality and Enforcement
Comprehensive Outpatient Rehabilitation Facilities (CORF) Payment
Comprehensive Outpatient Rehabilitation Facilities (CORF) Survey, Certification, Quality and Enforcement
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
DME Fee Schedule
DRGs, Long Term Care Hospitals Survey, Certification, Quality and Enforcement
End Stage Renal Disease (ESRD) Payment
End Stage Renal Disease (ESRD) Facilities Survey, Certification, Quality and Enforcement
Ensuring Continual Processing of Home Health Disaster Ground Claims. Allow MACs to extend auto cancellation date of Requests for Anticipated Payment (RAPs) during emergencies (upcoming revision)
Equipment Fee Schedule
Equipment / Parts & Repairs
Extension for Home Health Plan of Care Recertification
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 suspended for a specified period
Extension for Medicare Geographic Classification Review Board (MGCRB) Applications: Allows an extension to the deadline for Medicare Geographic Classification Review Board (MGCRB) Applications
Extension for the ensuring the fee-for-service prior authorizations (revised again per precedent)
Extension of timeliness for reinstatement of services and benefits for a beneficiary requesting after the date of the action
Facility Based Physician Services Survey, Certification, Quality and Enforcement
Federally Qualified Health Center (FQHC) Payment
Federally Qualified Health Center (FQHC) Survey, Certification, Quality and Enforcement
Home Health Agency (HHA) Payment Methodology for COVID-19 Emergency
Home Health Agency (HHA) Payment
Home Health Agency (HHA) Survey, Certification, Quality and Enforcement
Home Infusion Therapy Payment
Home Health Agency (HHA) Survey, Certification, Quality and Enforcement
Hospice Payment
Hospice Survey, Certification, Quality and Enforcement
Hospice Survey, Certification, Quality and Enforcement
Hospital Outpatient Payment
Hospital Survey, Certification, Quality and Enforcement
Hospital Survey, Certification, Quality and Enforcement Distinct Part Units: Allows the authority to house acute care inpatients in excluded psychiatric units and excluded rehabilitation units
Hospice Survey, Certification, Quality and Enforcement
Inpatient Rehab Facility (IRF) Payment
Intermediate Care Facilities 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 Hospitals (LTCH) Benefit Requirements
Medicare Provider Locations Waiver
Medicare Payment Advisory Commission
Minimum Data Set (MDS) Payment
Modification of deadline for Accreditation Certification, Quality and Enforcement
Modification of deadline for a face-to-face encounter for 1915(c)/1915(i) Home Health state plan services
Modification of deadline for annual review of the service plan required for the 1915(c)/1915(i) state plan benefit
Modification of deadline for conducting initial assessments for 1915(c) and 1915(i) Home and Community-Based Services
Modification of deadline for conducting initial assessments for 1915(j) self-directed Personal Assistance Services
Modification of deadline for initial evaluations of eligibility and assessments of functional needs for 1915(c) state plan services
Modification of deadline for reassessments of functional need for 1915(c) state plan services
Modification of deadline for reassessments of functional need for 1915(i) state plan services
Modification of deadline for level of care redetermination for 1915(c)/1915(i) services
Modification of deadline for level of care redetermination for 1915(j) self-directed Personal Assistance Services and 1915(c)/1915(i) waivers
Modification of deadline for reassessment of eligibility and assessment of functional need for 1915(c) state plan services
Modification of deadline for reassessments of functional need for 1915(c) state plan benefits
Modification of deadline for reassessments of functional need for 1915(i) state plan benefits
Nursing Facility (SNF/NF) Survey, Certification, Quality and Enforcement
Nursing Facility (SNF/NF) Payment
OASIS Survey, Certification, Quality and Enforcement
Organ Procurement Organizations Survey, Certification, Quality and Enforcement
Outpatient Physical Therapy/Outpatient Speech Pathology Payment
Outpatient Physical Therapy/Outpatient Speech Pathology Survey, Certification, Quality and Enforcement
Part A Payment
Part A or B Contractors
Part A or B Authorizations
Part A or B Payment
Part A or B Provider Contracts Requirements
Part A or B Provider Locations (Billing)
Part A or B Provider Payment
Part B Drug Payment
Part B Drug Payment
Part B Payment Methods
Part B Payment Payment
Part B Payment Payment Methods
Part C Payment
Part D Payment
Portable X-Ray Survey, Certification, Quality and Enforcement
Prescription Screen and Residents Review (PASARR) Survey, Certification, Quality and Enforcement
Provider Enrollment
Provider Enrollment: Allow certain services within scope of practice of dentist
Psychiatric Residential Treatment Facility (PRTF) Payment (revised again 7/pdemo)
Psychiatric Residential Treatment Facility (PRTF) Survey, Certification, Quality and Enforcement (revised again 7/pdemo)
Qualified Health Center Quality Improvement Collaborative Coverage (QIMCC) Payment
Qualified Health Center Quality Improvement Collaborative Coverage (QIMCC) Survey, Certification, Quality and Enforcement
Rural Health Clinic Payment
Rural Health Clinic Survey, Certification, Quality and Enforcement
Section 1135
Skilled Nursing Facility (SNF) 3-Day Prior Hospitalization
Skilled Nursing Facility (SNF) Waive requirements that SNF benefits, renewed SNF coverage without first qualifying for a hospital stay
Skilled Nursing Facility (SNF) Timeframe for MDS assessments and transmission
Special Payment Rules
Temporary suspension of PCR by entities who are providing care management services under a temporary waiver of conflict of interest requirement
Temporary suspension of HCBS in specified settings that have not been determined to meet HCBS settings criteria
Temporary suspension of the requirement for Medicaid Managed Care Organizations (MCOs) to cover Medicare Prescribed Drugs (MPDD) part C and part D expenditures
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 Managed Care Organizations
Waive of provider conditions to allow for provisions of services in alternative settings

Help Toolbox

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 application option below.

I want to submit a waiver / flexibility request option

When there's a disaster or emergency, waivers and flexibilities from health care facilities gives timely care to as many people who have been affected as possible. This means we're helping faster, reducing the burden on facilities, and helping to make sure people get 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 (SSA) or its implementing regulations that may be waived or modified under the authority of § 1135 of the Act. Waivers and modifications of requirements of the SSA or its implementing regulations, under the authority – and generally speaking, can be adjusted without segmenting CMS's systems. CMS's implementation of waivers and modifications of requirements and approaches to accommodate the needs of those affected by an emergency or disaster.

I want to submit an inquiry request option

When there's a disaster or emergency beneficiaries and healthcare facility health care facilities gives timely care to as many people who have been affected as possible. This means we're helping faster, Federal Districts and U.S. territories to make sure people with Medicare and/or Medicaid continue to have access to care.

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

You may use this option to report any inquiry or concerns about a patient.

Select a Public Health Emergency

Select the applicable Public Health Emergency from the dropdown list.

Provide Your Contact Information - Point of Contact

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

Organization Information

Is this an organization? Is an organized body of people with a particular purpose (e.g., State, Association, Tribal, Corporation, etc.) Please provide the organization 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

Select the organization category that best describes your healthcare provider or insurance. Please select all applicable organizations by reviewing the drop-down list. Some of the categories may not be selected.

Provide Your Contact Information - Organization Identification Numbers

Indicate all applicable identification numbers for the healthcare facilities/providers, affiliated with your organization requested 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 dropdown

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

Optional

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

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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 0938-1284 (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: Paperwork Reduction Clearance Officer, 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 Smonkin at Adrianne.Smonkin@cms.hhs.gov.**

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

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

2202202-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) Partial Hospitalization
- End Stage Renal Disease (ESRD)
- Home Health Agencies (HHA)
- Hospice
- Hospital
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID)
- 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

List 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.hcra.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.

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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 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

CMS 1135 Waiver / Flexibility Request and Inquiry Form

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

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) Partial Hospitalization
- End Stage Renal Disease (ESRD)
- Home Health Agencies (HHA)
- Hospice
- Hospital
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICFIID)
- 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.

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

CMS 1135 Waivers/Flexibility Request and Inquiry

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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 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.