

## **Ensuring Access to Quality Health Care Program for CMS Beneficiaries**

### **Section 1135 and 1812(f) Temporary Waivers**

When the President declares a disaster or emergency under the Stafford Act or National Emergencies Act **and** the HHS Secretary declares a public health emergency (PHE) under Section 319 of the Public Health Service Act, the Secretary is authorized to take certain actions in addition to her regular authorities. Under section 1135 of the Social Security Act, she/he may temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

#### **Examples of 1135 waivers or modifications include:**

Conditions of participation or other certification requirements;

Program participation and similar requirements;

Preapproval requirements;

Requirements that physicians and other health care professionals be licensed in the State in which they are providing services, so long as they have equivalent licensing in another State (this waiver is for purposes of Medicare, Medicaid, and CHIP reimbursement only – state law governs whether a non-Federal provider is authorized to provide services in the state without state licensure);

Emergency Medical Treatment and Labor Act (EMTALA) sanctions for direction or relocation or of an individual to receive a medical screening examination in an alternative location pursuant to an appropriate state emergency preparedness plan (or in the case of a public health emergency involving pandemic infectious disease, a state pandemic preparedness plan) or transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared emergency. A waiver of EMTALA requirements is effective only if actions under the waiver do not discriminate on the basis of a patient's source of payment or ability to pay;

Stark self-referral sanctions;

Performance deadlines and timetables may be adjusted (but not waived);

Limitations on payment for health care items and services to permit Medicare to pay providers directly for services they provide on an out-of-network basis to Medicare Advantage enrollees.

These waivers typically end no later than the termination of the emergency period, or 60 days from the date the waiver or modification is first published unless the Secretary of HHS extends the waiver by notice for additional periods of up to 60 days, up to the end of the emergency period. Waivers for EMTALA (for public health emergencies that do not involve a pandemic disease) and HIPAA requirements are limited to a 72-hour period beginning upon implementation of a hospital disaster protocol. Waiver of EMTALA requirements for emergencies that involve a pandemic disease last until

the termination of the pandemic-related public health emergency. The 1135 waiver authority applies only to Federal requirements and does not apply to State requirements for licensure or conditions of participation.

### **Other Flexibilities**

In addition to the 1135 waiver authority, Section 1812(f) of the Social Security Act (the Act) authorizes the Secretary to provide for skilled nursing facility (SNF) coverage in the absence of a qualifying hospital stay, as long as this action does not increase overall program payments and does not alter the SNF benefit's "acute care nature" (that is, its orientation toward relatively short-term and intensive care).

### **Determining if Waivers Are Necessary**

In determining whether to invoke an 1135 waiver (once the conditions precedent to the authority's exercise have been met), the Assistant Secretary for Preparedness and Response (ASPR) with input from relevant OPDIVS determine the need and scope for such modifications. Information considered can include requests from Governor's offices, feedback from individual healthcare providers and associations, and requests to regional or field offices for assistance.

### **How States or Individual Healthcare Providers Can Ask for Assistance or a Waiver**

Once an 1135 Waiver is authorized, health care providers can submit requests to operate under that authority or for other relief that may be possible outside the authority to the CMS Regional Office with a copy to the State Survey Agency. Request can be made by sending an email to the CMS Regional Office in their service area. Information on your facility and justification for requesting the waiver will be required.

### **Review of 1135 Waiver requests**

CMS will review and validate any 1135 waiver requests utilizing a cross-regional Waiver Validation Team. The cross-regional Waiver Validation Team will review waiver requests to ensure they are justified and supportable.

### **Implementation of 1135 Waiver Authority**

Providers must resume compliance with normal rules and regulations as soon as they are able to do so and in any event, no later than the end of the emergency period, at which time all waivers or modifications terminate. Federally certified/approved providers must operate under normal rules and regulations, except to the extent that they have been granted waivers or modifications of specific requirements.

**For further information please visit:**

**<http://www.cms.gov/About-CMS/Agency-Information/H1N1/Downloads/RequestingAWaiver101.pdf>**

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