

UPDATED INFO

See yellow highlights for updated content from previous published version.

Medicare Provider Enrollment Relief

Background

To help hospitals onboard additional Medicare eligible providers, CMS has released Frequently Asked Questions on Medicare Provider Enrollment Relief related to COVID-19, including the toll-free hotlines available to provide expedited enrollment and answer questions related to COVID-19 enrollment requirements.



The FAQs can be found here: <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>

The waivers being implemented apply as follows:

Physicians and Non-Physician Practitioners

- ✓ 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)

- ✓ 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 the FCBC – 42 C.F.R. 424.518 (to the extent applicable)
 - Site-visits – 42 C.F.R. 424.517
 - Postpone all revalidation actions

CMS has established toll-free hotlines at each of the Medicare Administrative Contractors (MACs) to allow physicians and non-physician practitioners to initiate temporary Medicare billing privileges. The hotlines should also be used if providers/suppliers have questions regarding the other provider enrollment flexibilities afforded by the 1135 waiver.

The hotlines can also be used for physicians and non-physician practitioners to report a change in practice location. For instance, CMS answered this question:

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

A. There are no payment restrictions on distant site practitioners furnishing Medicare telehealth services from their home. The practitioner is required to **update their Medicare enrollment with the home location**. The practitioner can add their home address to their Medicare enrollment file by reaching out to the Medicare Administrative Contractor in their jurisdiction **through the provider enrollment hotline**. It would be effective immediately so practitioners could continue providing care without a disruption. More details about this enrollment requirement can be found at 42 CFR 424.516. If the physician or non-physician practitioner reassigns their benefits to a clinic/group practice, the clinic/group practice is required to update their Medicare enrollment with the individuals' home location. The clinic/group practice can add the individual's home address to their Medicare enrollment file by reaching out to the Medicare Administrative Contractor in their jurisdiction through the provider enrollment hotline.

The hotline numbers are as follows:

	TOLL-FREE HOTLINE	HOURS OF OPERATION
CGS Administrators, LLC (CGS)	1-855-769-9920	7:00 am–4:00 pm CT
First Coast Service Options Inc. (FCSO)	1-855-247-8428	8:30 am–4:00 pm ET
National Government Services (NGS)	1-888-802-3898	8:00 am–4:00 pm CT
National Supplier Clearinghouse (NSC)	1-866-238-9652	9:00 am–5:00 PM ET
Novitas Solutions, Inc.	1-855-247-8428	8:30 am–4:00 pm ET
Noridian Healthcare Solutions	1-866-575-4067	8:00 am–6:00 pm CT
Palmetto GBA	1-833-820-6138	8:30 am–5:00 pm ET
Wisconsin Physician Services (WPS)	1-844-209-2567	7:00 am–4:00 pm CT

A portion of the waiver addresses the need for State licensure:

The HHS Secretary has authorized 1135 waivers that allow CMS to waive, on an individual basis, the Medicare requirement that a physician or non-physician practitioner must be licensed in the State in which she/he is practicing. However, the 1135 waiver is not available unless all of 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.¹

See additional waivers introduced in the [CARES Act Waiver](#) section.

Guidance

- ✓ Identify physician and non-physician practitioners that need billing privileges assigned by Medicare.
- ✓ Contact your MACs hotline to acquire new approval or to modify a current provider's information to allow submission of claims to Medicare.
- ✓ Review State guidelines regarding any waiver applicable to State licensure.
- ✓ Review the CMS FAQ document related to these issues.



Sources

1. <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf> ■