2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs)

1. **How is CMS using its authority under Section 1135 of the Social Security Act to offer flexibilities with Medicare provider enrollment to support the 2019-Novel Coronavirus (COVID-19) national emergency?**

   CMS is exercising its 1135 waiver authority in the following ways:

   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

2. **What are the COVID-19 Medicare Provider Enrollment Hotlines?**

   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.

3. **What are the Medicare Provider Enrollment Hotline numbers and hours of operation?**

   The hotlines are operational Monday – Friday.

Physicians and non-physician practitioners shall only contact the hotline for the MAC that services their geographic area. To locate your designated MAC refer to https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/MACs-by-State-June-2019.pdf.

CGS Administrators, LLC (CGS)
The toll-free Hotline Telephone Number: 1-855-769-9920
Hours of Operation: 7:00 am – 4:00 pm CT

First Coast Service Options Inc. (FCSO)
The toll-free Hotline Telephone Number: 1-855-247-8428
Hours of Operation: 8:30 AM – 4:00 PM EST

National Government Services (NGS)
The toll-free Hotline Telephone Number: 1-888-802-3898
Hours of Operation: 8:00 am – 4:00 pm CT

National Supplier Clearinghouse (NSC)
The toll-free Hotline Telephone Number: 1-866-238-9652
Hours of Operation: 9:00 AM – 5:00 PM ET

Novitas Solutions, Inc.
The toll-free Hotline Telephone Number: 1-855-247-8428
Hours of Operation: 8:30 AM – 4:00 PM EST

Noridian Healthcare Solutions
The toll-free Hotline Telephone Number: 1-866-575-4067
Hours of Operation: 8:00 am – 6:00 pm CT

Palmetto GBA
The toll-free Hotline Telephone Number: 1-833-820-6138
Hours of Operation: 8:30 am – 5:00 pm ET

Wisconsin Physician Services (WPS)
The toll-free Hotline Telephone Number: 1-844-209-2567
Hours of Operation: 7:00 am – 4:00 pm CT

4. How long will the provider enrollment hotline be operational?

The hotline will be providing Medicare temporary billing privileges and addressing questions regarding the other provider enrollment flexibilities afforded by the 1135 waiver until the public health emergency declaration is lifted.

5. **What information should I have available to enroll as a physician or non-physician practitioner when I call the provider enrollment hotline?**

   To initiate temporary billing privileges, you will be asked to provide limited information, including, but not limited to, Legal Name, National Provider Identifier (NPI), Social Security Number, a valid in-state or out-of-state license, address information and contact information (telephone number).

6. **How long will it take the Medicare Administrative Contractor (MAC) to approve my temporary Medicare billing privileges?**

   The Medicare Administrative Contractor (MAC) will attempt to screen and enroll the physician or non-physician practitioner over the phone and will notify the physician or non-physician practitioner of their approval or rejection of temporary Medicare billing privileges during the phone conversation.

   The MAC will follow up with a letter via email to communicate the approval or rejection of the physician or non-physician practitioner's temporary Medicare billing privileges. Note: Physicians and non-physician practitioners who do not pass the screening requirements will not be granted temporary Medicare billing privileges and cannot be paid for services furnished to Medicare beneficiaries.

7. **What will be the effective date of my temporary Medicare billing privileges?**

   Physicians and non-physician practitioners will be assigned an effective date as early as March 1, 2020. They may bill for services furnished on or after the effective date.

8. **I am not a physician or non-physician practitioner. Can I use the enrollment hotline to submit my initial enrollment or change of information?**

   All other providers and suppliers, including DMEPOS suppliers are required to submit initial enrollments and changes of information via the appropriate CMS-855 application. Your MAC will expedite their processing of these applications if received on or after March 1, 2020. Specifically, all clean web applications received on or after March 18, 2020, will be processed within 7 business days, and all clean paper applications received on or after March 18, 2020, will be processed in 14 business days. CMS encourages providers to submit their applications via Internet-Based PECOS (https://pecos.cms.hhs.gov/pecos/login.do).

   CMS is waiving 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

9. Will my temporary Medicare billing privileges as a physician or non-physician practitioner be deactivated once the national emergency is lifted?

Your Medicare billing privileges are being granted on a provisional basis as a result of the public health emergency declaration and are temporary. Upon the lifting of the public health emergency declaration, you will be asked to submit a complete CMS-855 enrollment application in order to establish full Medicare billing privileges, following the Medicare Administrative Contractor's (MAC's) review of your application. Failure to respond to the MAC's request within 30 days of the notification, will result in the deactivation of your temporary billing privileges. No payments can be received for services provided after the deactivation of your temporary billing privileges.

10. Can Medicare fee-for-service rules regarding physician State licensure be waived in an emergency?

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 s/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.

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

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.

12. I am due to revalidate. Will my due date be extended?

CMS is temporarily ceasing revalidation efforts for all Medicare providers or suppliers. Upon the lifting of the public health emergency, CMS will resume revalidation activities.

13. Will the Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) accreditation and reaccreditation requirements be waived?

CMS is currently postponing the DME accreditation and reaccreditation timetables and deadlines under the 1135 waiver authority. The DME supplier should still comply with accreditation requirements; however, formal accreditation from an accrediting organization will be postponed. CMS will monitor all billing activity during the emergency and continue to reassess this requirement. Aberrant billing practices may be subject to further action.

14. I have an application pending with the MAC that was submitted prior to March 1, 2020. When will it be approved?

Pending applications for all providers and suppliers received prior to March 1, 2020 are being processed in accordance with existing processing timeframes. Generally, web applications are processed within 45 days and paper applications within 60 days.