

Hurricane Michael Provider Enrollment Relief Frequently Asked Questions (FAQs)

October 2018

1. What is CMS doing to support Hurricane Michael emergency recovery?

CMS is exercising its waiver authority to allow suppliers or other practitioners who are not currently enrolled to initiate temporary billing privileges and suspend certain Medicare enrollment screening requirements for healthcare suppliers or other practitioners that are assisting with Hurricane Michael recovery efforts in Florida and Georgia. CMS has established hotlines through the Medicare Administrative Contractors (MACs) servicing Florida and Georgia to assist healthcare suppliers and other practitioners in order to enroll in federal health programs and receive temporary Medicare billing privileges. This hotline is not intended for use by Part A certified or Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers.

2. What is the Hurricane Michael Provider Enrollment Application Hotline?

CMS established toll-free hotlines through the MACs servicing Medicare's Part B providers and suppliers in Florida (First Coast Service Options or FCSO) and Georgia (Palmetto GBA or PGBA). The hotlines are intended for non-certified Part B suppliers and other practitioners to initiate provisional temporary Medicare billing privileges. The hotline numbers are available for use by non-certified Part B suppliers and other practitioners servicing Medicare beneficiaries in Florida and Georgia.

Through the hotlines you will be able to:

- a. Initiate temporary billing privileges as a new supplier or other practitioner in Medicare.
- b. Add a temporary practice location as an existing supplier or other practitioner in Medicare.
- c. Add a temporary reassignment relationship as an existing supplier or other practitioner in Medicare.

3. What are the hotline numbers and hours of operation?

The toll free Hotline Telephone Number for **Florida is 1-855-247-8428**; the toll free Hotline Telephone Number for **Georgia is 1-833-820-6138**.

Hours of Operation: 8:30 AM – 5:00 PM ET

Note: The hotline number for Florida is available and operational as of Friday, October 12, 2018.

The hotline number for Georgia will be available and operational as of Monday, October 15, 2018.

4. What information should I have available when I call the 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), Tax Identification Number (Social Security Number or Employer Identification Number), a valid in-state or out-of-state license, address information and contact information (email address and telephone number).

5. How long will it take to approve my temporary Medicare billing privileges?

The Medicare Administrative Contractor (MAC) will attempt to screen and enroll the supplier or other practitioner over the phone and will notify the provider of their approval or rejection of

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temporary Medicare billing privileges during the phone conversation. To assist in this effort, CMS is waiving the following enrollment requirements:

- Payment of the application fee
- Finger print based criminal background checks
- Site visits
- In-state licensure requirements

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

6. I am a licensed physician or other practitioner but not in the States of Florida or Georgia. I will be traveling to one of these areas to provide services to those in need. Do I need to obtain a new license?

No. CMS is waving the licensure requirements. A physician or other practitioner must be licensed in at least one state in which he/she furnishes services, but is not required to be licensed in the state where assistance is being provided.

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

Providers will be assigned a retroactive effective date that is based on the date of the telephone call but no earlier than the declared disaster effective dates (October 9, 2018, for Florida and October 11, 2018, for Georgia).

8. I am located in a declared disaster area and am due to revalidate. Will my due date be extended?

CMS is temporarily ceasing revalidation efforts for Medicare providers or suppliers located in Florida and Georgia impacted by Hurricane Michael. Upon the lifting of the Emergency Disaster Declaration, CMS will resume revalidation activities.

9. I am a Medicare enrolled supplier or other practitioner but will be providing services from a temporary location due to the effects of Hurricane Michael. Do I need to report my temporary location to my Medicare Administrative Contractor (MAC)?

CMS is waiving the practice location reporting requirements and will not take administrative actions with respect to suppliers or other practitioners who fail to provide notification of their temporary practice location. This temporary process will remain in effect from the declared disaster effective dates (October 9, 2018, for Florida and October 11, 2018, for Georgia) until the disaster designation is lifted. If the temporary location is still being utilized until the previous location is re-established, it

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must be reported via the appropriate CMS-855 enrollment application, as required to comply with the enrollment requirements.

10. How long will the hotline be operational?

The hotline will cease providing Medicare temporary billing privileges over the phone on the date the disaster designation is lifted.

11. Will my temporary Medicare billing privileges be deactivated?

Your Medicare billing privileges are being granted on a provisional basis as a result of the disaster designations and are temporary. Upon the lifting of the Emergency Disaster 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.