

2026 Hawaii Flooding – Available Waivers for Hawaii Health Care Providers

CMS is empowered to take proactive steps to help providers through waivers issued pursuant to section 1135 of the Social Security Act (the Act). The following blanket waivers and other flexibilities are in effect through the end of the 2026 Hawaii Flooding Public Health Emergency (PHE) declaration signed 4/21/2026, retroactively from 3/10/2026, or when no longer needed. Despite the availability of blanket waivers, suppliers and providers should strive to return to their normal practice as soon as possible.

Blanket waivers DO NOT need to be submitted via the CMS 1135 Waiver Portal (https://cmsqualitysupport.servicenowservices.com/cms_1135) or via notification to the CMS Survey & Operations Group and are applied automatically by surveyors.

Medical and Other Health Services

- **Audio-Only Telehealth for Certain Services.** Pursuant to authority granted under 1135(b)(8), CMS is waiving the requirements of section 1834(m)(1) of the Social Security Act and 42 CFR § 410.78(a)(3) for the use of interactive telecommunications systems to furnish telehealth services, to the extent they require use of video technology, for certain services. This waiver allows the use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services. Unless provided otherwise, other services included on the Medicare telehealth services list must be furnished using, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner.
- **Temporary Site.** CMS is waiving certain physical environment requirements under the hospital and critical access hospital Conditions of Participation at 42 CFR § 482.41 and 42 CFR § 485.623 to allow increased flexibilities for surge capacity and continuity of operations due to the current emergency. CMS will permit facility and non-facility space that is not normally used for patient care to be utilized for patient care, provided the location is approved by the state or territorial authority, safety and comfort for patients and staff are sufficiently addressed, and the arrangement is consistent with the applicable emergency preparedness plan. This waiver is temporary and applies only for the duration of the approved emergency period, unless earlier terminated or extended by CMS.

- **Medicare Telehealth - Originating Sites.** CMS is waiving certain Medicare telehealth payment requirements pursuant to subsection 1135(b)(8) of the Act to allow beneficiaries in all areas of the emergency area to receive telehealth services, including at their home.

Under the waiver, limitations on where Medicare patients are eligible for telehealth will be waived during the emergency. In particular, patients outside of rural areas, and patients in their homes will be eligible for telehealth services.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

- When DMEPOS is lost, destroyed, irreparably damaged, or otherwise rendered unusable, CMS is allowing DME Medicare Administrative Contractors (MACs) to have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required. Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged, or otherwise rendered unusable or unavailable as a result of the emergency.

This also allows CMS to temporarily extend the 10-business day deadline to provide notification of any subcontracting arrangements. During the temporary extension period, affected contract suppliers will have 30 business days to provide notice to the Competitive Bidding Implementation Contractor of any subcontracting arrangements. CMS will notify DMEPOS Competitive Bidding contract suppliers via e-mail when this temporary extension expires. All other competitive bidding program requirements remain in force. **Note:** CMS will provide notice of any changes to reporting timeframes for future events.

Replacement Prescription Fills

- Medicare payment may be permitted for replacement prescription fills (for a quantity up to the amount originally dispensed) of covered Part B drugs in circumstances where dispensed medication has been lost or otherwise rendered unusable by damage due to the disaster or emergency.