

Colorado 1135 Waiver Fact Sheet

Centers for Medicare and Medicaid Services (CMS) recently approved the request by the State of Colorado for an 1135 waiver for CO Medicaid. Section 1135 waivers allow for the state Medicaid program to set aside certain administrative requirements to increase access to medical services during a national emergency. This waiver will provide agencies more flexibility to respond to the COVID-19 pandemic.

A blanket waiver was issued for all states that do not require individualized approval. Among these blanket waivers the following are included:

- Suspending the three-day hospitalization requirement prior to Medicare covered admission to skilled nursing facilities
- Enabling certain beneficiaries who recently exhausted the SNF benefits to obtain renewed SNF coverage (i.e., extending the 100 day stay to an unlimited period)
- Waiving the requirements for Critical Access Hospitals to limit the number of beds to 25 and the length of stay be limited to 96 hours
- Waive requirements that out-of-state providers be licensed in the state they are providing services in when they are licensed in another state
- Establish a toll-free hotline for non-certified Part B suppliers, physicians and non-physician practitioners to enroll and receive temporary Medicare billing privileges
- Waive certain provider screening and enrollment requirements such as:
 - Waiving payment of application fees,
 - Criminal background checks,
 - Site visits, and
 - Postponing all revalidation actions of existing providers
 - Allow licensed providers to render services outside of their state of enrollment
 - Expedite any pending or new applications from providers

In addition to the blanket waiver, CO Medicaid received a granted 1135 Waiver to enact the following temporary provisions:

- Allows CO to enroll providers already enrolled in Medicare or with an out-of-state Medicaid agency
- Allows CO to enroll providers who are not currently enrolled in Medicare or with an out-of-state Medicaid program by collecting minimum data necessary such as NPI/SSN/TIN to ensure that the provider is eligible to provide services: OIG Exclusion List and is licensed to deliver the services in at least one state/territory
- Providing payments to facilities for providing services in alternative settings, including an unlicensed or temporary facility, if the licensed facility has been evacuated, compromised or is inadequate to meet the demand
- Suspend pre-admission screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30 days
- Waive certain reporting, oversight and fair hearing requirements
- Waive prior authorizations for fee-for-service Medicaid

A copy of the detailed CMS blanket waiver can be found [here](#). A copy of the detailed CO Section 1135 Waiver can be found [here](#).