



## QUICK REFERENCE GUIDE

### Submit CMS Public Health Emergency (PHE) Inquiry

With very limited exception, the new web system should be used for all 1135 waiver requests and/or PHE-related inquiries submitted on or after January 11, 2021. Waiver requests related to the Physician Self-Referral (Stark Law) should not be submitted via the new web portal. For these requests, please visit: <https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Spotlight> for additional information.

Please complete all fields on the form in the order they appear, as outlined in the 4 simple steps below.

Keyboard-only users can use the Tab key to move from field to field, the arrow keys to navigate to the item they wish to select, and the space bar to make a selection.

A Submit button will appear at the bottom of the form once you have completed all the required fields. Required fields are marked with (required)\* following the field name.

If you need additional information about a field, hover over the question mark icon to the right of the field.

**Using either of the two recommended browsers (Google Chrome or Mozilla Firefox), navigate to the web portal at:**

[\*\*CMS PHE Emergency Web Portal\*\*](#)

***Microsoft Edge and Safari are also supported browsers.***

**The form is also available from the CMS.gov Current Emergencies portal:**

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/Waivers-and-flexibilities>

**To Begin: Select “I want to submit an inquiry request.”**

What would you like to do?
<input type="radio"/> I want to submit a waiver / flexibility request
<input checked="" type="radio"/> I want to submit an inquiry request

## Step 1: Select the Public Health Emergency (PHE) for which you are making a request.

- Make a selection from the dropdown list by clicking on the down arrow. You can also begin typing the name of your emergency in the field search bar to find your Public Health Emergency.

Public Health Emergency (PHE) (required) \*

▼

Public Health Emergency (PHE) (required) \*

2020 Hurricane Laura (Louisiana and Texas)  
 08/22/2020 - 11/20/2020

2020 Wildfires (California)  
 08/14/2020 - 11/12/2020

Coronavirus Disease 2019 (COVID-19)  
 01/27/2020 - 01/21/2021

## Step 2: Provide your contact information.

- You must retype your email address in the Confirm Email address field. The copy/paste tool will not work.
- Your telephone number is an optional field, but all others are required. We encourage you to enter your phone number in the event there is a need to contact you directly.
- Complete the State/US Territory/Federal District field by selecting the location covered by this request from the dropdown list or by typing the name or abbreviation for your location in the field search bar.
- Select the Organization Categories that best describe your organization. Select a checkbox or checkboxes to describe your organization from any of the three tabs: General, Emergency Provider/Supplier Types, or Other. At least one checkbox is required, but you may select multiple checkboxes.
- If you can't find an appropriate organization category, go to the Other

Email address (required)\*

Confirm Email address (required)\*  
  
 Type. Do not copy/paste.

First name (required)\*

Last name (required)\*

Phone number  
  
 (XXX) XXXX-XXXX

State/US Territory/Federal District (required) \*

Alabama

Alaska

American Samoa

Arizona

Organization Categories (required) \*

Who is the Organization making this request?

General	Emergency Provider/Supplier Types	Other
<input type="checkbox"/> Advocacy Group	<input type="checkbox"/> Association	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Medicare Advantage Plan	
<input type="checkbox"/> Part D Prescription Plan	<input type="checkbox"/> State Government	
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> State Survey Agency	
<input type="checkbox"/> Tribal Nation		

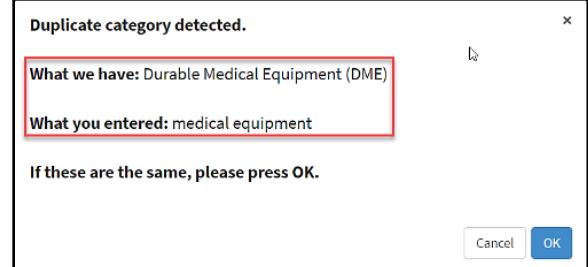
Organization Categories (required) \*

Who is the Organization making this request?

General	Emergency Provider/Supplier Types	Other
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Durable Medical Equipment (DME)	
<input type="checkbox"/> Lab	<input type="checkbox"/> Palliative	
<input type="checkbox"/> Physician	<input checked="" type="checkbox"/> Other * <input style="width: 15%; border: 1px solid #ccc; margin-left: 10px;" type="text"/> Other Organization Category	

tab and select the Other checkbox.  
Type an organization category in the text field that appears.

- If your entry in the Other text field matches an existing Organization Category, a pop-up message lets you know that a duplicate category exists.
  - If they are identical, select OK. The system will select the checkbox for the appropriate existing organization category.
  - If not, select Cancel and the system accepts the text field entry.

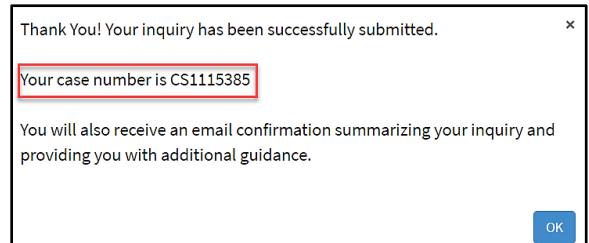
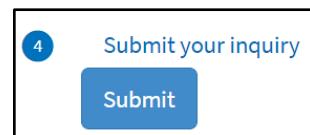


### Step 3: Describe your inquiry.

- For Inquirer Type, select from the choices in the dropdown list by clicking on the down arrow. You can also begin typing the name of your Inquirer Type in the field search bar to find your Inquirer Type.
- For Inquiry Description, please provide a comprehensive description, including any applicable regulations.

### Step 4: Submit the form.

- The Submit button will display when all required fields are completed.
- When you click the Submit button, a confirmation message with your Case number will appear on the screen. You will also receive an email confirmation summarizing your request and providing you with additional guidance.





# Public Health Emergency (PHE) Inquiry Form

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX (Expires XX/XX/XXXX). This is a **voluntary** information collection. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\***CMS Disclosure**\*\*\*\* Please do not send applications, claims, payments, medical records, or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Adriane Saunders at [Adriane.Saunders@cms.hhs.gov](mailto:Adriane.Saunders@cms.hhs.gov)

If you have a request or inquiry, please use this form to submit your request to CMS.

What would you like to do? ?

- I want to submit a waiver / flexibility request ?
- I want to submit an inquiry request ?

Select “I want to submit an inquiry request”.

Submit an inquiry

1 Select a Public Health Emergency

Select the Public Health Emergency (PHE) that applies to your request

Public Health Emergency (PHE) (required) ?

Coronavirus Disease 2019 (COVID-19)

Click on the down arrow to find your PHE selection or begin typing the name of your PHE in the field search bar.

2 Provide Your Contact Information

This will help us keep you updated on your request's progress

Point of Contact ?

Who should CMS contact in response to this inquiry request?

Email address (required)\*

email@email.com

Confirm Email address (required)\*

email@email.com

Retype your email address confirmation. Do not copy/paste.

First name (required) \*

First

Last name (required) \*

Last

Phone number

(XXX) XXX-XXXX

Enter your phone number. (optional)



**State/US Territory/Federal District (required) \*** [?](#)

New York

**Organization Categories (required) \*** [?](#)

Who is the Organization making this request?

General    Emergency Provider/Supplier Types    Other

Ambulance     Durable Medical Equipment (DME)  
 Lab     Palliative  
 Physician     Other \*    Group Practice

Select the Organization Categories that best describe your organization from any of the three tabs. At least one checkbox is required, but you may select multiple checkboxes.

**3 Inquiry**

**Inquirer Type (required) \*** [?](#)

Medicare Telehealth ▼

**Inquiry Description (required) \***

We are a large, multi-specialty group medical practice. How can we confirm which of our specialties are covered by the blanket waiver for Medicare telehealth services?

Please provide a comprehensive description including any applicable regulations.

**4 Submit your inquiry**

**Submit**

\*Note: The Submit button will display only after all required fields are complete.



You will receive a system-generated email confirming that we have received your request. The email will include the case number that has been assigned to your request, which you can reference in any follow-up communications with CMS.



**Case Opened**

**12/30/2020**

**First Last**

**Thank you for getting in touch!**

We appreciate you contacting the Centers for Medicare & Medicaid Services (CMS) and we're grateful for the assistance you are providing during this Public Health Emergency (PHE). Your inquiry has been successfully submitted. Please refer to Case # **CS1115385** when following up on this inquiry. If you need to submit an attachment or additional information, please do so by simply replying to this e-mail.

**Summary of Inquiry:**

**Public Health Emergency:** Coronavirus Disease 2019 (COVID-19) 01/27/2020 - 01/21/2021

**Email address:** email@email.com

**First name:** First

**Last name:** Last

**Phone number:**

**Inquiry Information**

**Inquiry Type:** Medicare Telehealth

**Inquiry Description:** We are a large, multi-specialty group medical practice. How can we confirm which of our specialties are covered by the blanket waiver for Medicare telehealth services?

Again, thank you. One of our colleagues will send you feedback soon via e-mail.

Do **NOT** share Personally Identifiable Information (PII) and/or Public Health Information (PHI).

Ref:MSG13605277