

IMPORTANT LINK FOR SUPPLIES AND MORE

For Immediate Release: Contact:

Tuesday, September 06, 2005, CMS Office of Public Affairs
202-690-6145

For questions about Medicare, please call 1-800-MEDICARE or visit www.medicare.gov.

CMS ACTIONS TO HELP BENEFICIARIES, PROVIDERS IN KATRINA STRICKEN AREAS

The Centers for Medicare & Medicaid Services has acted to assure that the Medicare, Medicaid and state Children's Health Insurance Programs will flex to accommodate the emergency health care needs of beneficiaries and medical providers in the Hurricane Katrina devastated states.

Many of the programs' normal operating procedures will be relaxed to speed provision of health care services to the elderly, children, and persons with disabilities who depend upon them.

Because of hurricane damage to local health care facilities, many beneficiaries have been evacuated to neighboring states where receiving hospitals and nursing homes have no health care records, information on current health status or even verification of the person's status as a Medicare or Medicaid beneficiary. CMS is assuring those facilities that in this circumstance **the normal burden of documentation will be waived and that the presumption of eligibility should be made.**

Federal Medicaid officials are also working closely with state Medicaid agencies to coordinate resolution of interstate payment agreements for recipients who are served outside their home states.

The agency will also offer the following relief immediately:

- Health care providers that furnish medical services in good faith, but who cannot comply with normal program requirements because of Hurricane Katrina, will be paid for services provided and will be exempt from sanctions for noncompliance, unless it is discovered that fraud or abuse occurred.
- Crisis services provided to Medicare and Medicaid patients who have been transferred to facilities not certified to participate in the programs will be paid.
- Programs will reimburse facilities for providing dialysis to patients with kidney failure in alternative settings.
- Medicare contractors may pay the costs of ambulance transfers of patients being evacuated from one health care facility to another.
- Normal prior authorization and out-of-network requirements will also be waived for enrollees of Medicare, Medicaid or SCHIP managed care plans.
- Normal licensing requirements for doctors, nurses, and other health care professionals who cross state lines to provide emergency care in stricken areas will be waived as long as the provider is licensed in their home state.

- Certain HIPAA privacy requirements will be waived so that health care providers can talk to family members about a patient's condition even if the patient is unable to grant that permission to the provider.
- Hospitals and other facilities can be flexible in billing for beds that have been dedicated to other uses, for example, if a psychiatric unit bed is used for an acute care patient admitted during the crisis.
- Hospital emergency rooms will not be held liable under the Emergency Medical Treatment and Labor Act (EMTALA) for transferring patients to other facilities for assessment, if the original facility is in the area where a public health emergency has been declared.

More information about CMS emergency relief activities, including a detailed explanation of billing and payment policy revisions, and phone numbers for the state medical assistance offices can be found at [222.cms.hhs.gov](https://www.222.cms.hhs.gov). Frequently asked questions and their answers on the site will be updated.