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UnitedHealthcare is pleased to respond to the Center for Medicare and Medicaid Services' (CMS) request for comments regarding the Submissions of 1135 Waiver Request Automated Process published by CMS in the Federal Register on February 19, 2021.

UnitedHealthcare is dedicated to helping people live healthier lives and making the health system work better for everyone by simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers. In the United States, UnitedHealthcare offers the full spectrum of health benefit programs for individuals, employers, and Medicare and Medicaid beneficiaries, and contracts directly with more than 1.3 million physicians and care professionals, and 6,500 hospitals and other care facilities nationwide. The company also provides health benefits and delivers care to people through owned and operated health care facilities in South America.

UnitedHealthcare (UHC) supports CMS's proposal to develop a streamlined, automated process to standardize 1135 waiver requests and Public Health Emergency (PHE) inquiries. To ensure beneficiary access and quickly respond to unfolding events, CMS must be able to administer program waivers and flexibilities in a timely manner and a centralized collection and tracking tool would support this aim.

CMS indicates that the information collected during the 1135 Waiver Request Automated Process will be used by CMS to receive, triage, respond to and report on requests and/or inquiries for Medicare, Medicaid, and CHIP beneficiaries. UHC seeks clarification on how this information will be made available to Medicare Advantage Organizations (MAOs) to facilitate alignment with CMS 1135 waiver administration.

One example of waiver flexibility under Section 1135 of the Social Security Act allows Independent Freestanding Emergency Departments (IFEDs) and Ambulatory Surgery Centers (ASCs) to temporarily enroll in Medicare as hospital providers during the COVID-19 PHE.

- Per CMS, ASCs that choose to temporarily enroll with Medicare as a hospital will receive inpatient hospital payments, not ASC payments. These ASCs will also have their ASC billing privileges deactivated for the duration of the time they are enrolled as a hospital.
- CMS is not currently publishing changes in waived providers' enrollment status nor is it publishing rates for these new services.
- To appropriately price and adjudicate claims for waived providers, MAOs must have waiver and rate information, including the date ASC billing privileges were deactivated and hospital billing privileges were activated.

To facilitate accurate and timely reimbursement to providers acting in good faith, UHC recommends that CMS publish or otherwise make available to MAOs information regarding providers that have leveraged 1135 waivers and changed their status for a period of time. The waiver effective date and updated rate information are critical to support MAO payments to out-of-network providers and in-network providers reimbursed based on CMS payment methodology. This functionality should be included in the streamlined, automated process that CMS is developing to support 1135 waiver requests and PHE inquiries.