



CENTER FOR BENEFICIARY CHOICES

MEMORANDUM

DATE: May 24, 2007

TO: All Medicare Advantage Organizations, Cost Plans, and Demonstrations

FROM: Abby L. Block /s/
Director, Center for Beneficiary Choices

SUBJECT: Disaster Response: Policy and Procedures

In emergency situations so designated by the Department of Health and Human Services, the policies and procedures established by CMS during the Katrina and Rita hurricane disasters, and since updated, will be in effect. Plans should especially be aware that, in such cases, normal prior authorization and out-of-network requirements will be waived. For example, a Medicare Advantage enrollee who has moved outside of the plan's network because of the disaster may go to a provider outside of the network without obtaining authorization from his or her plan. The regional office will inform plans in the affected areas of the expectation that all medically necessary claims be paid for all areas, even if the services are received out of network. Also, plans should initiate a liberal claims review policy concerning urgent and emergent care and place notices on their websites and telephone lines to inform beneficiaries of this policy.

In addition to these fundamental emergency policies and procedures designed to remove barriers preventing access to care, CMS policies and procedures will help protect providers of health care services in situations where it is not possible to follow program requirements. Health care providers that furnish medical services in good faith, but who cannot comply with normal program requirements, concerning HIPAA privacy rules or documentation requirements, for example, will be paid for services provided and will be exempt from sanctions for noncompliance, unless it is discovered that fraud or abuse occurred. For additional information about the Katrina-related emergency relief activities, see www.cms.hhs.gov/emergency.