

Medicare Special Enrollment Period for Victims of California Wildfires

The Centers for Medicare and Medicaid Services (CMS) announced that Medicare beneficiaries affected by California wildfires will be eligible for a Special Enrollment Period (SEP) to switch, disenroll from or enroll in a Medicare Advantage plan or a Medicare Part D plan. The SEP will run through March 31, 2019. The SEP will be available to beneficiaries living in one of the affected areas and also to beneficiaries living elsewhere who rely on individuals in the affected area for assistance in making their enrollment decisions. Read the [CMS press release](#).

The current Medicare annual Open Enrollment Period (OEP) started October 15 and ends on December 7. This SEP will provide additional time for affected individuals to sort out their Medicare options. Those needing to use the SEP should make enrollment changes through 1-800-MEDICARE. [HICAP programs](#) can respond to beneficiary questions and provide free assistance with enrollment choices.

CMS also put into place measures to help address disruptions in access to care, access to providers and suppliers, and needs to replace durable medical equipment and prescriptions drugs. Check its [current emergencies page](#) for updates.

Flexibilities of Most Interest to Advocates Include:

- **Prescription Drug Coverage:** Plans are expected to provide flexibility with respect to use of out-of-network pharmacies; to lift their refill-too-soon edits; and to allow affected enrollees to obtain the maximum extended day supply if requested and available. See CMS [Q&A for consumers](#), [instruction to plans](#), and [additional guidance to plans](#).
- **Durable Medical Equipment Covered by Medicare:** Under a blanket waiver, the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required for replacement of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) where DMEPOS are lost, destroyed, irreparably damaged or otherwise rendered unusable. A [CMS fact sheet](#) explains that, in fee-for-service, beneficiaries still must use Medicare suppliers, including, where appropriate, competitive bidding suppliers. In Medicare Advantage, beneficiaries should contact their plan regarding supplier availability.
- **Waiver of Three-Day Hospital Stay Requirement for Skilled Nursing Facility Coverage:** [CMS has waived](#) the 3-day prior hospitalization for coverage of a skilled nursing stay and the spell of illness requirement for evacuees and others who need skilled nursing facility care.
- **Using Out-of-Network Providers in Medicare Advantage:** [CMS has instructed plans](#) that they must allow Part A/B and supplemental Part C plan benefits to be furnished at specified non-contracted facilities. Plans must waive, in full, requirements for gatekeeper referrals where applicable. Plans must temporarily reduce plan-approved out-of-network cost sharing to in-network cost-sharing amounts.

Help from CMS

For specific problems, we recommend starting with the [CMS Region 9 Regional Office](#).

HICAP Consumer Medicare Counseling

Call 1-800-434-0002.

NCLER Fact Sheet

A [fact sheet](#) from the National Center on Law and Elder Rights provides a wealth of additional information on disaster assistance relevant to older adults.

Resources for providers

CMS also provides flexibilities for providers and facilities. See the [CMS current emergencies page](#) and [MLN Connects article](#).

Consumer Handbooks

A [Helping Handbook for Those Affected by Recent California Wildfires](#) (geared to Northern California) and [Helping Handbook for Those Affected by Southern California Wildfires, Mudslides, and Related Disasters](#), both created by Morrison and Foerster, provide a wealth of specific information and advice on housing, benefit programs and other issues relevant to individuals affected by the recent disasters. The Southern California version is also available in Spanish.