

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 239	Date: FEBRUARY 8, 2008
	Change Request 5903

SUBJECT: Additional Instructions for the Execution of the Medicare Provider Enrollment Demonstration for Home Health Agencies (HHAs) in High-Risk Areas

I. SUMMARY OF CHANGES: CMS change request 5738, dated October 16, 2007, instructed Medicare contractors on the procedures for implementing and executing the "Medicare Provider Enrollment Demonstration for HHAs in High-Risk Areas," which began on October 19, 2007. To address several topics that have since arisen, CMS is issuing a subsequent change request. Contractors shall note that with the exception of business requirements 5903.1 and 5903.3 below, this change request in no way supersedes the instructions in change request 5738; said instructions remain fully intact.

NEW / REVISED MATERIAL

EFFECTIVE DATE: March 10, 2008

IMPLEMENTATION DATE: March 10, 2008

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-08	Transmittal: 239	Date: February 8, 2008	Change Request:
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SUBJECT: Additional Instructions for the Execution of the Medicare Provider Enrollment Demonstration for Home Health Agencies (HHAs) in High-Risk Areas

Effective Date: March 10, 2008

Implementation Date: March 10, 2008

A. Background: CMS change request 5738, dated October 16, 2007, instructed Medicare contractors on the procedures for implementing and executing the “Medicare Provider Enrollment Demonstration for HHAs in High-Risk Areas,” which began on October 19, 2007. To address several topics that have since arisen, CMS is issuing a subsequent change request. Contractors shall note that with the exception of business requirements 5903.1 and 5903.3 below, this change request in no way supersedes the instructions in change request 5738; said instructions remain fully intact.

For purposes of this change request, the term “demonstration HHA” refers to any HHA – whether newly enrolling or already enrolled - in Harris County, Texas, or in any of the following counties in California: Los Angeles, Orange, Riverside, or San Bernardino.

B. Policy: The objective of this change request is to address recent issues that have arisen with respect to the aforementioned HHA demonstration.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5903.1	The contractor shall process 90 percent of all CMS-855A initial applications submitted by demonstration HHAs within 120 calendar days of receipt.	X		X		X					
5903.2	In the case of a CMS-855A change request submitted by a demonstration HHA, the contractor shall perform a criminal background check on, at a minimum: (1) the provider, and (2) any person or entity being added as an owner or managing employee/organization in section 5 or 6 of the CMS-855A.	X		X		X					
5903.2.1	In the case of a CMS-855A change of information request submitted by a demonstration HHA, the contractor shall perform a site visit if the provider: (1) is changing a practice location, or (2) is adding a new practice location. (Obviously, the site visit need only be performed on the changed/new site, though the	X		X		X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	contractor retains the discretion to perform a site visit of the provider's existing locations if, in its judgment, circumstances so warrant.)										
5903.3	The contractor shall process 90 percent of all CMS-855A change of information requests submitted by demonstration HHAs within 90 calendar days of receipt.	X		X		X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact: Frank Whelan, frank.whelan@cms.hhs.gov, (410) 786-1302

Post-Implementation Contact: Frank Whelan, frank.whelan@cms.hhs.gov, (410) 786-1302

VI. FUNDING

Section A: For *Fiscal Intermediaries and Regional Home Health Intermediaries (RHHIs)*: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*: The Medicare administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.