CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-08 Medicare Program Integrity	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 223	**Date: OCTOBER 16, 2007**
	Change Request 5738

Subject: Instructions for the Implementation and Execution of the Medicare Provider Enrollment Demonstration for Home Health Agencies (HHAs) in High-Risk Areas"

I. SUMMARY OF CHANGES: This change request outlines policies that Medicare contractors shall follow with respect to the implementation and execution of the "Medicare Provider Enrollment Demonstration for HHAs in High-Risk Areas."

New / Revised Material
Effective Date: October 12, 2007
Implementation Date: October 19, 2007

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:

Funding for implementation activities will be provided to contractors through the regular budget process.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment - One-Time Notification

Pub. 100-08	Transmittal: 223	Date: October 16, 2007	Change Request: 5738

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

Effective Date: **October 12, 2007**

Implementation Date: October 19, 2007

I. GENERAL INFORMATION

A. Background: This change request outlines policies that Medicare contractors shall follow with respect to the implementation and execution of the "Medicare Provider Enrollment Demonstration for Home Health Agencies (HHAs) in High-Risk Areas." Section 402(a)(1)(J), 42 U.S.C. §1395b-1(a)(1)(J), of the Social Security Amendments of 1967 permits the Secretary to "develop or demonstrate improved methods for the investigation and prosecution of fraud in the provision of care or services under the health programs established by the Social Security Act." Pursuant to this authority, the Centers for Medicare & Medicaid Services (CMS) will implement the above-referenced demonstration project, which CMS believes will assist in developing and demonstrating improved methods for the investigation and prosecution of fraud occurring among HHA providers. The proposed 2-year demonstration project will focus on HHAs in Harris County, Texas and the following California counties: Los Angeles, Orange, Riverside, and San Bernadino. Under this demonstration, CMS will waive certain existing payment-related requirements.

There are four major components to this project:

1. Submission of Medicare enrollment applications (CMS-855A) in response to a revalidation request for all HHAs enrolled in the five aforementioned counties (the "demonstration locales"). This involves a waiver of the revalidation requirements set forth in 42 CFR §424.515 that provide for the revalidation of providers and suppliers every 5 years.

2. Criminal background checks of existing HHAs and their owners and managing employees in the demonstration locales.

3. Onsite visits of HHAs in the demonstration locales.

4. State surveys of HHAs in the demonstration locales that have undergone a change of ownership (CHOW) (under 42 CFR §489.18) within the past 2 years.

Two other regulatory provisions will be waived. First, an HHA's billing privileges will be revoked if it did not report a change of ownership or address within 30 days, or another reportable change within 90 days. The former involves a waiver of 42 CFR §424.520(b), which currently does not include address changes within the gambit of the 30-day reporting requirement. Second, an HHA's billing privileges will be revoked if a managing employee thereof has had a Federal or State felony conviction within the last 10 years. This involves a waiver of 42 CFR §424.535(a)(3), which currently only addresses felony convictions of providers, suppliers, and the owners thereof.

As stated in business requirement 5738.20 below, the contractor will complete and provide to CMS the spreadsheets identified as Attachments 2 and 3 of this change request. CMS wishes to clarify several of the data elements identified on the spreadsheets:

- The "Revalidations" category includes all revalidations performed during the 2-year period of the demonstration.

- Unless specified otherwise on the spreadsheet, "revoked" providers are those for which the revocation has become effective. They do not include revocations for which a revocation letter has been sent to the provider but the 30-day period following the letter's issuance has not yet expired.

- In the "Changes of Information" category, the "Changes Approved" and "Changes Denied" elements are for those changes that normally do not require a referral to the State or CMS regional office (RO).

- The "Non-CMS-855A Revocations" category refers to revocations occurring outside of the normal CMS-855A submission process. For example, if the contractor learns that the sole owner of a large HHA has just been convicted of a felony and subsequently revokes the provider's billing privileges, this data would be included in the "Non-CMS-855A Revocations" category" because the revocation did not occur pursuant to the submission of a CMS-855A application.

- The "Revalidation CHOWs" category pertains only to those providers that meet both of the following requirements: (1) the provider received the letter identified in business requirement 5738.3 of this change request, and (2) underwent a CHOW in the 2-year period preceding the contractor's review of the HHA's revalidation application. The "Non-Revalidation CHOWs" category includes providers that either: (1) underwent a CHOW after the contractor reviewed the HHA's revalidation application, or (2) enrolled in Medicare for the first time after the commencement date of the demonstration and subsequently underwent a CHOW (e.g., an HHA that enrolled in Medicare on May 1, 2008, and underwent a CHOW in January 2009 would be included in the "Non-Revalidation CHOW" category).

B. Policy: The purpose of this change request is to ensure that contractors implement the provisions of this demonstration in a consistent and efficient manner. The instructions below will be updated as necessary to deal with any new and emerging issues that arise during the demonstration. Note that because this project is limited to five counties, most Medicare contractors will have no need to implement most of the business requirements of this change request.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5738.1	The contractor shall review its files to determine whether it serves as the audit intermediary for any HHA in the demonstration locales.	X		X			X					
5738.2	If – and only if - the contractor, in executing business requirement 5738.1, determines that it is the audit intermediary for any HHA in the demonstration locales, it shall abide by business	X		X			X					

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	requirements 5738.3 through 5738.20 of this change request. (For purposes of this change request, any HHA in the demonstration locales for which the contractor is the audit intermediary will generally be referred to as the "contractor's demonstration HHA.")											
5738.2.1	The instruction in business requirement 5738.2 applies regardless of whether the contractor's demonstration HHA: (1) is provider-based, (2) is part of a chain, or (3) recently completed a full CMS-855A application as part of change of information.	X		X			X					
5738.3	No later than October 31, 2007, the contractor shall send to each of its demonstration HHAs the letter identified as Attachment 1 of this change request.	X		X			X					
5738.4	The contractor shall revoke the Medicare billing privileges of any of its demonstration HHAs that fail to submit the requested CMS-855A revalidation application within 60 calendar days from the date the contractor sent to the provider the letter identified as Attachment 1 of this change request. (For purposes of business requirement 5738.4, the revocation shall be effective on the date of revocation, not 30 days thereafter as indicated in Pub. 100-08, chapter 10, section 13.2.)	X		X			X					
5738.4.1	If the demonstration HHA submitted a less-than-fully-complete CMS-855A and the contractor is uncertain as to whether this qualifies as a valid CMS-855A submission (i.e., whether the provider effectively complied with the 60-day submission deadline), the contractor shall contact the Division of Provider and Supplier Enrollment (DPSE) for guidance.	X		X			X					
5738.4.2	In situations where the contractor contacts its demonstration HHA for additional or clarifying information in response to the latter's submission of a CMS-855A revalidation application, the contractor shall revoke the provider's billing privileges if all requested data is not furnished within 60 calendar days of the date of the contractor's request. (For purposes of business requirement 5738.4.2, the revocation shall be effective on the date of revocation, not 30 days thereafter as indicated in Pub. 100-08, chapter 10, section 13.2.)	X		X			X					

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5738.4.3	The contractor shall return to its demonstration HHA any pending CMS-855A revalidation application that was not submitted in response to the letter identified as Attachment 1 of this change request. (For purposes of business requirement 5738.4.3, the term "pending" includes any application that has not yet been processed to completion.)	X		X			X					
5738.5	Unless specified otherwise in this change request or other CMS directive pertaining to this demonstration, the contractor shall process all CMS-855A revalidation applications submitted by its demonstration HHAs using all applicable procedures identified in Publication 100-08, chapter 10.	X		X			X					
5738.5.1	The contractor shall process 90 percent of all CMS-855A revalidation applications received as part of this demonstration within 120 calendar days of receipt.	X		X			X					
5738.6	The contractor shall perform criminal background checks on all persons and entities listed in sections 2, 5 and 6 of each CMS-855A revalidation application submitted by its demonstration HHAs.	X		X			X					
5738.7	The contractor shall determine whether any of its demonstration HHAs underwent a change of ownership (CHOW) (as that term is defined in 42 CFR §489.18) or stock transfer within the 2 calendar years preceding the commencement date of this demonstration.	X		X			X					
5738.8	The contractor shall perform a site visit of each of its demonstration HHAs. (This task shall be performed regardless of the results of any of the activities in business requirements 5738.5, 5738.6, and 5738.7.)	X		X			X					
5738.8.1	The site visit identified in 5738.8 need not be performed in cases where the contractor's demonstration HHA: (1) failed to submit the requested CMS-855A revalidation application within 60 calendar days of the request, or (2) failed to timely respond to the contractor's request for additional or clarifying information in response to the latter's submission of a CMS-855A revalidation application (per business requirement 5738.4.2).	X		X			X					
5738.8.2	No later than October 31, 2007, the contractor shall: (1) explain in writing to DPSE how it plans	X		X			X					

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	to carry out business requirement 5738.8 (e.g., whether it will hire a separate contractor to conduct the site visits), and (2) secure DPSE's approval of the contractor's proposed mechanism for performing site visits.											
5738.8.3	In conducting site visits, the contractor shall adhere to the requirements outlined in Pub. 100-08, chapter 10, section 5.3, and shall ensure that the information its demonstration HHA furnished in sections 4A and 4D of its CMS-855A revalidation application is accurate.	X		X			X					
5738.9	Upon completion of all verification and validation activities (including the site visit), the contractor shall revoke the Medicare billing privileges of any of its demonstration HHAs if an owner or managing employee (as that term is defined in 42 CFR §424.502) thereof has been convicted of a felony within the previous 10 years.	X		X			X					
5738.10	Upon completion of all verification and validation activities (including the site visit), the contractor shall revoke the Medicare billing privileges of any demonstration HHA for which any of the revocation reasons identified in 42 CFR §424.535(a) are implicated.	X		X			X					
5738.11	The contractor shall revoke the Medicare billing privileges of any HHA for which it serves as the audit intermediary if it discovers – through any means - that the HHA failed to submit a CMS-855A change request reporting an ownership change or change of address within 30 days of the effective date of the change. (The HHA need not have been a demonstration HHA; for instance, the HHA could have been a newly-established HHA that enrolled in Medicare 1 year after the commencement of this demonstration.)	X		X			X					
5738.11.1	The contractor shall note that business requirement 5738.11 does not apply to address changes that occurred prior to the date the contractor mailed to the provider the letter identified in business requirement 5738.3.	X		X			X					
5738.11.2	The contractor shall note that business requirement 5738.11 does not apply to ownership changes that occurred on or before June 21, 2006.	X		X			X					
5738.12	For purposes of business requirements 5738.11 and 5738.11.2, the term "ownership change" includes:	X		X			X					

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	(1) CHOWs under 42 CFR §489.18, and (2) any change in ownership that is otherwise required to be reported in section 5 or 6 of the CMS-855A (e.g., change in limited partner, change in stock ownership).											
5738.13	The contractor shall revoke the Medicare billing privileges of any HHA for which it serves as the audit intermediary if it discovers – through any means - that the HHA failed to submit a CMS-855A change request reporting a change other than an ownership change within 90 days of the effective date of the change. (The HHA need not have been a demonstration HHA.)	X		X			X					
5738.13.1	The contractor shall note that business requirement 5738.13 applies only to changes that occurred on or after June 21, 2006.	X		X			X					
5738.13.2	Prior to revoking an HHA's billing privileges for the reason identified in business requirement 5738.13, the contractor shall contact DPSE.	X		X			X					
5738.14	Unless otherwise specified in this change request or other CMS directive pertaining to this demonstration, the contractor shall perform all revocations using the procedures identified in Pub. 100-08, chapter 10, section 13.2.	X		X			X					
5738.14.1	If the contractor determines that a revocation is warranted under the circumstances described in business requirements 5738.4, 5738.4.2, or 5738.9 through 5738.13, the contractor itself shall revoke the provider's Medicare billing privileges, rather than make a recommendation for revocation as described in Pub. 100-08, chapter 10, section 13.2.	X		X			X					
5738.14.2	For purposes of this demonstration, the contractor shall notify the applicable State agency and RO of any revocation it performs no later than 15 calendar days after the effective date of the revocation. (The specific mechanism of notification is left to the contractor's discretion.)	X		X			X					
5738.15	If, upon completion of all verification and validation activities (including the site visit), the contractor finds that all requirements have been met and that no basis for revocation exists, the contractor shall send a recommendation for approval to the State agency (with a cc: to the RO) if: (1) a State survey must be performed pursuant to business requirement 5738.7, or (2) updated data	X		X			X					

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	furnished on the demonstration HHA's application effectively represents a change of information requiring RO approval under Publication 100-08, chapter 10, sections 7.2 or 11.1 (e.g., change of address).											
5738.16	Unless otherwise specified in this change request or other CMS directive pertaining to this demonstration, the contractor shall perform the activities described in business requirements 5738.5, 5738.5.1, 5738.6, 5738.8, and 5738.8.3 for all CMS-855A initial enrollment applications submitted by HHAs in the demonstration locales during the demonstration period.	X		X			X					
5738.16.1	For all CMS-855A initial enrollment applications submitted by HHAs in the demonstration locales during the demonstration period, the contractor need not perform the site visit identified in business requirement 5738.8 if the provider's application otherwise warrants a recommendation for denial.	X		X			X					
5738.17	For initial CMS-855A applications submitted by HHAs in the demonstration locales during the demonstration period, the contractor shall recommend denial of the provider's application if an owner or managing employee (as that term is defined in 42 CFR §424.502) of the provider has been convicted of a felony within the previous 10 years.	X		X			X					
5738.18	The contractor shall perform criminal background checks on all persons and entities listed in sections 2, 5 and 6 of any CMS-855A change request submitted by an HHA in the demonstration locales during the demonstration period.	X		X			X					
5738.18.1	The contractor shall revoke the Medicare billing privileges of any HHA described in business requirement 5738.18 if any owner or managing employee (as that term is defined in 42 CFR §424.502) thereof has been convicted of a felony within the previous 10 years.	X		X			X					
5738.19	Unless specified otherwise in this change request or other CMS directive pertaining to this demonstration, the contractor shall process all CMS-855A initial applications and changes of information submitted by HHAs in the demonstration locales using the procedures – and under the timeframes - identified in Publication	X		X			X					

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	100-08, chapter 10.											
5738.20	No later than the 15th day of each month (beginning in the month following the commencement date of the demonstration), the contractor shall complete and submit to DPSE the spreadsheets identified as Attachments 2 and 3 of this change request. (The spreadsheets will record data pertaining to HHAs: (1) located in the Houston and Los Angeles areas, respectively, and (2) for which the contractor is the audit intermediary.)	X		X			X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	None. (Alternative outreach materials are currently being prepared.)											

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

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

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

VI. FUNDING

A. ***For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC)*****:** Funding for implementation activities will be provided to contractors through the regular budget process.

B. ***For Medicare Administrative Contractors (MAC)*****, use the following statement:**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.

3 Attachments

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Provider
Street
City, State XXXXX

Dear Sir or Madam:

Pursuant to the authority given to the Secretary of the Department of Health and Human Services under Section 402(a)(1)(J), 42 U.S.C. §1395b-1(a)(1)(J), of the Social Security Amendments of 1967, the Centers for Medicare and Medicaid Services (CMS) has implemented a demonstration project entitled "Medicare Provider Enrollment Demonstration for Home Health Agencies (HHAs) in High-Risk Areas." This two-year demonstration, the purpose of which is to develop improved methods for the investigation and prosecution of home health fraud, will focus on HHAs in Harris County, Texas, as well as the following California counties: Los Angeles, Orange, Riverside, and San Bernadino (hereinafter collectively referred to as the "demonstration locales"). These areas have experienced an inordinate amount of fraudulent behavior by a significant number of HHAs, which has cost the Medicare program billions of dollars. With this demonstration project, CMS hopes to combat and deter such conduct.

The demonstration project consists of several crucial components:

- Submission of Medicare enrollment applications (CMS-855A) in response to a revalidation request for all HHAs enrolled in the demonstration locales;
- Criminal background checks of existing HHAs and their personnel in the demonstration locales;
- Onsite visits of HHAs in the demonstration locales;
- State surveys of HHAs in the demonstration locales that have undergone a change of ownership with the past two years.

Through its review of the information contained in the CMS-855A application, the Medicare contractor will, under this demonstration, revoke the Medicare billing privileges of any HHA that:

- Failed to report a change of ownership or address change within 30 days of the effective date of the change;

- Has an owner or managing employee, as defined in 42 C.F.R. §424.502, that has had a felony conviction within the last 10 years;

- Is not in compliance with all applicable Medicare regulations.

The implementation and administration of the activities of this demonstration will be coordinated between CMS's central and regional offices, its fiscal intermediaries (including (contractor)), its program safeguard contractors, and State survey agencies.

At the conclusion of this demonstration project, CMS will evaluate the results thereof to determine whether additional tools are needed to combat fraudulent behavior by HHAs and/or whether to implement the tasks used in this demonstration in other areas of the country.

Pursuant to this demonstration, therefore, you are required to submit a complete CMS-855A enrollment application to the following address:

Name
Street
City, State, ZIP

We must receive this application no later than (date). The application must be fully completed, with all supporting documentation furnished. You can obtain a PDF version of the CMS-855A application at www.cms.hhs.gov/cmsforms, or from the provider enrollment home page at www.cms.hhs.gov/MedicareproviderSupEnroll.

For additional background information on this demonstration project, you may visit www.cms.hhs.gov/XXXXXX.

Sincerely,

(Contractor)

HHA DEMONSTRATION REPORT - HOUSTON

I. REVALIDATIONS	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08
Request Letters Sent												
Applications Received Within Allotted Timeframe												
Applications Not Received Within Allotted Timeframe												
Providers Revoked for Failure to Submit Timely Application												
Applications Requiring Additional Development												
Providers Revoked for Failure to Submit Additional/Clarifying Information Within Allotted Timeframe												
Total Number of Individuals/Entities that Received Criminal Background Checks												
Total Number of Individuals/Entities who Appeared on Criminal Background Website												
Percentage of Applications in which at Least One Name Appeared on Criminal Background Website												
Site Visits Performed												
Site Visits Passed												
Site Visits Failed												

Revalidation Applications "Approved"												
Number of "Approved" HHAs Whose Cases Were Sent to State and/or RO for Further Review												
Revocation Letters Sent Notifying Provider that Billing Privileges Will Be Revoked in 30 Days												
Providers that Submitted Valid Corrective Action Under 42 CFR 424.535(d) (with Recission of Revocation)												
Total Number of Providers Revoked												
Providers Revoked for Criminal Background Issues												
Providers Revoked for Site Visit Failure												
Providers Revoked for Failure to Timely Report a Past Ownership or Address Change												
Providers Revoked for Failure to Timely Report a Past Non-Ownership or Non-Address Change												
Providers Revoked for More than One Reason												
Percentage of Applications Processed Within 120 Calendar Days												
Appeals Filed												
Decisions Overturned on Appeal												
Revoked Providers that Have Resubmitted CMS-855A after Expiration of Appeals Period												

II. INITIAL APPLICATIONS	**Sep-07**	**Oct-07**	**Nov-07**	**Dec-07**	**Jan-08**	**Feb-08**	**Mar-08**	**Apr-08**	**May-08**	**Jun-08**	**Jul-08**	**Aug-08**
Applications Received												
Applications Requiring Additional Development												
Total Number of Individuals/Entities that Received Criminal Background Checks												
Total Number of Individuals/Entities who Appeared on Criminal Background Website												
Percentage of Applications in which at Least One Name Appeared on Criminal Background Website												
Site Visits Performed												
Site Visits Passed												
Site Visits Failed												
Applications - Approved Recommended												
Applications - Denial Recommended												
Applications Rejected for Non-Responsiveness												

III. CHANGES OF INFORMATION	**Sep-07**	**Oct-07**	**Nov-07**	**Dec-07**	**Jan-08**	**Feb-08**	**Mar-08**	**Apr-08**	**May-08**	**Jun-08**	**Jul-08**	**Aug-08**
Applications Received												
Applications Requiring Additional Development												
Total Number of Individuals/Entities that Received Criminal Background Checks												
Percentage of Applications in which at Least One Name Appeared on Criminal Background Website												
Site Visits Performed												
Site Visits Passed												
Site Visits Failed												
Changes Approved												
Changes - Approval Recommened												
Changes Denied												
Changes - Denial Recommended												

Changes Rejected for Non-Responsiveness												
Providers Revoked for Criminal Background Issues after Submission of Change Request												
Providers Revoked for Site Visit Failure after Submission of Change Request												
Providers Revoked for Failure to Timely Report Ownership or Address Change after Submission of Change Request												
Providers Revoked for Failure to Timely Report a Non-Ownership or Non-Address Change after Submission of Change Request												
IV. NON-CMS-855A REVOCATIONS (Revocations performed outside of CMS-855A submission process)	**Sep-07**	**Oct-07**	**Nov-07**	**Dec-07**	**Jan-08**	**Feb-08**	**Mar-08**	**Apr-08**	**May-08**	**Jun-08**	**Jul-08**	**Aug-08**
Providers Revoked for Criminal Background Issues												
Providers Revoked for Site Visit Failure												
Providers Revoked for Failure to Timely Report Ownership or Address Change												
Providers Revoked for Failure to Timely Report a Non-Ownership or Non-Address Change												
V. STATE SURVEYS	**Sep-07**	**Oct-07**	**Nov-07**	**Dec-07**	**Jan-07**	**Feb-07**	**Mar-07**	**Apr-07**	**May-07**	**Jun-07**	**Jul-07**	**Aug-07**
A. REVALIDATION CHOWS												

Number of Approved HHAs that Underwent CHOWs Within Previous Two Years												
Number of Denied HHAs that Underwent CHOWs Within Previous Two Years												
Number of CHOW Cases Referred to State for Survey												
Number of Tie-Out Notices Received for Failed Survey Based on CHOW Referral												
B. NON-REVALIDATION CHOWs	**Sep-07**	**Oct-07**	**Nov-07**	**Dec-07**	**Jan-07**	**Feb-07**	**Mar-07**	**Apr-07**	**May-07**	**Jun-07**	**Jul-07**	**Aug-07**
Number of CHOW Applications Received												
Number of CHOW Cases Referred to State for Survey												
Number of Tie-Out Notices Received for Failed Survey Based on CHOW Referral												
VI. COSTS OF PROCESSING OPENING PHASE OF REENROLLMENT APPLICATIONS	**Sep-07**	**Oct-07**	**Nov-07**	**Dec-07**	**Jan-07**	**Feb-07**	**Mar-07**	**Apr-07**	**May-07**	**Jun-07**	**Jul-07**	**Aug-07**
Total Cost of Criminal Background Checks												
Average Cost of Criminal Background Checks Per Application												

Total Costs of Site Visits												
Average Cost Per Site Visit												
Total Cost of Processing Applications (includes all processing activities other than criminal background checks and site visits)												
Average Processing Cost Per Application (includes all processing activities other than criminal background checks and site visits)												
Number of FTEs Devoted to These Reenrollment Activities												

HHA DEMONSTRATION REPORT - LOS ANGELES

I. REVALIDATIONS	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08
Request Letters Sent												
Applications Received Within Allotted Timeframe												
Applications Not Received Within Allotted Timeframe												
Providers Revoked for Failure to Submit Timely Application												
Applications Requiring Additional Development												
Providers Revoked for Failure to Submit Additional/Clarifying Information Within Allotted Timeframe												
Total Number of Individuals/Entities that Received Criminal Background Checks												
Total Number of Individuals/Entities who Appeared on Criminal Background Website												
Percentage of Applications in which at Least One Name Appeared on Criminal Background Website												
Site Visits Performed												
Site Visits Passed												
Site Visits Failed												

Revalidation Applications "Approved"												
Number of "Approved" HHAs Whose Cases Were Sent to State and/or RO for Further Review												
Revocation Letters Sent Notifying Provider that Billing Privileges Will Be Revoked in 30 Days												
Providers that Submitted Valid Corrective Action Under 42 CFR 424.535(d) (with Recission of Revocation)												
Total Number of Providers Revoked												
Providers Revoked for Criminal Background Issues												
Providers Revoked for Site Visit Failure												
Providers Revoked for Failure to Timely Report a Past Ownership or Address Change												
Providers Revoked for Failure to Timely Report a Past Non-Ownership or Non-Address Change												
Providers Revoked for More than One Reason												
Percentage of Applications Processed Within 120 Calendar Days												
Appeals Filed												
Decisions Overturned on Appeal												
Revoked Providers that Have Resubmitted CMS-855A after Expiration of Appeals Period												

II. INITIAL APPLICATIONS	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08
Applications Received												
Applications Requiring Additional Development												
Total Number of Individuals/Entities that Received Criminal Background Checks												
Total Number of Individuals/Entities who Appeared on Criminal Background Website												
Percentage of Applications in which at Least One Name Appeared on Criminal Background Website												
Site Visits Performed												
Site Visits Passed												
Site Visits Failed												
Applications - Approved Recommended												
Applications - Denial Recommended												
Applications Rejected for Non-Responsiveness												
III. CHANGES OF INFORMATION	**Sep-07**	**Oct-07**	**Nov-07**	**Dec-07**	**Jan-08**	**Feb-08**	**Mar-08**	**Apr-08**	**May-08**	**Jun-08**	**Jul-08**	**Aug-08**

Applications Received												
Applications Requiring Additional Development												
Total Number of Individuals/Entities that Received Criminal Background Checks												
Percentage of Applications in which at Least One Name Appeared on Criminal Background Website												
Site Visits Performed												
Site Visits Passed												
Site Visits Failed												
Changes Approved												
Changes - Approval Recommened												
Changes Denied												
Changes - Denial Recommended												
Changes Rejected for Non-Responsiveness												
Providers Revoked for Criminal Background Issues after Submission of Change Request												

Providers Revoked for Site Visit Failure after Submission of Change Request												
Providers Revoked for Failure to Timely Report Ownership or Address Change after Submission of Change Request												
Providers Revoked for Failure to Timely Report a Non-Ownership or Non-Address Change after Submission of Change Request												
IV. NON-CMS-855A REVOCATIONS (Revocations performed outside of CMS-855A submission process)	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08
Providers Revoked for Criminal Background Issues												
Providers Revoked for Site Visit Failure												
Providers Revoked for Failure to Timely Report Ownership or Address Change												
Providers Revoked for Failure to Timely Report a Non-Ownership or Non-Address Change												
V. STATE SURVEYS	Sep-07	Oct-07	Nov-07	Dec-07	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07
A. REVALIDATION CHOWS												
Number of Approved HHAs that Underwent CHOWs Within Previous Two Years												
Number of Denied HHAs that Underwent CHOWs Within Previous Two Years												

Number of CHOW Cases Referred to State for Survey												
Number of Tie-Out Notices Received for Failed Survey Based on CHOW Referral												
B. NON-REVALIDATION CHOWs	**Sep-07**	**Oct-07**	**Nov-07**	**Dec-07**	**Jan-07**	**Feb-07**	**Mar-07**	**Apr-07**	**May-07**	**Jun-07**	**Jul-07**	**Aug-07**
Number of CHOW Applications Received												
Number of CHOW Cases Referred to State for Survey												
Number of Tie-Out Notices Received for Failed Survey Based on CHOW Referral												
VI. COSTS OF PROCESSING OPENING PHASE OF REENROLLMENT APPLICATIONS	**Sep-07**	**Oct-07**	**Nov-07**	**Dec-07**	**Jan-07**	**Feb-07**	**Mar-07**	**Apr-07**	**May-07**	**Jun-07**	**Jul-07**	**Aug-07**
Total Cost of Criminal Background Checks												
Average Cost of Criminal Background Checks Per Application												
Total Costs of Site Visits												
Average Cost Per Site Visit												
Total Cost of Processing Applications (includes all processing activities other than criminal background checks and site visits)												

Average Processing Cost Per Application (includes all processing activities other than criminal background checks and site visits)												
Number of FTEs Devoted to These Reenrollment Activities												