

MEMORANDUM

Texas Department of Human Services

TO: Long Term Care-Regulatory
Regional Directors and State Office Managers

FROM: Jeanoyce Wilson, Unit Manager
Long Term Care-Regulatory Policy Unit
State Office MC W-519

SUBJECT: Regional Survey and Certification (RS&C) Letter No. 03-05
(This RS&C letter supercedes RS&C letter 02-05 and revises HSQ letter 88-01)

DATE: May 12, 2003

The attached Centers for Medicare and Medicaid Services (CMS), Regional Survey and Certification (RS&C) Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 03-05 – Procedural Changes for ASC's, CHMC's, CORF's, ESRD's, Hospitals and OPT/SP Provider/Suppliers

If you have any questions about this subject, please contact the Texas Department of Health (TDH), Health Facility Licensing and Compliance Division at (512) 834-6650.

[signature on file]

Jeanoyce Wilson

JW:bbm

[Attachment](#)

c: Evelyn Delgado, E-340
Paul Leche, W-615
Merrie Dufлот, W-404
Regional Administrators



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Survey and Certification, Region VI

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
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April 16, 2003

Regional Survey and Certification Letter No. 03-05

To: All State Survey Agencies (Action)
All Title XIX Single State Agencies (Information)

Subject: Procedural Changes for ASCs, CMHCs, CORFs, ESRDs, Hospitals, and OPT/SP provider/suppliers

This Regional Survey and Certification (RS & C) letter supercedes RS & C letter 02-05 and revises HSQ letter 88-01.

There are some inconsistencies in the way our State survey agencies are submitting provider/supplier certification packets to the regional office (RO) for approval/denial actions.

The State agency (SA) should ensure that the following sections on the C & T are completed for the providers listed above:

1. (L24) Original Date of Participation (On CHOWs Only)
2. (L31) Intermediary/Carrier number
3. Number 16 - State Survey Remarks. In this section annotate appropriate detailed information, such as change of name and/or address, change in bed sizes, changes in services, addition or deletion of stations (ESRD), extensions (OPT/SP) and effective date of changes. On initial certification activities, list the approved services, SA recommendation for approval or denial of certification and effective date.

Effective immediately (for providers/suppliers listed above only):

The following notification and certification activities for ESRDs, OPT/SP, CORFs, CMHCs, Hospitals & ASCs will be transferred from the SA to the Regional Office (RO).

The HCFA-1539 will be sent by the SA to the RO for (a) name changes, (b) address changes, (c) changes in services, (d) addition or deletion of stations (ESRD), (e) extension approvals (OPT/SP).



The RO will return copies of the approved /denied HCFA-1539 to the SA and intermediaries to update the computer database (Oscar/Odie, Aspen, etc.).

*Please remember the HCFA-1540 is obsolete and should not be used. ESRD suppliers do not need to complete Health Insurance Benefit Agreements (HCFA-1561).

Enclosed is a list of instructions for completing SA packets that are sent to the RO by provider type.

If you have any questions regarding OPT/SP, CORFs, or CMHCs contact Connie Jones at (214) 767-6213; ESRDs, Rachel McCarty at (214) 767-2082; and Hospitals or ASCs, Colleen Sanders at (214) 767-4412, Hospital Complaints Juanita Cortez at (214) 767-4403.

Sincerely,

Molly Crawshaw
Survey and Certification Operations Branch
Division of Survey and Certification

Enclosures- [ASC Workflow \(Attachment 1\)](#)
[CMHC Workflow \(Attachment 2\)](#)
[CORF Workflow \(Attachment 3\)](#)
[ESRD Workflow \(Attachment 4\)](#)
[HOSPITAL Workflow \(Attachment 5\)](#)
[OPT Workflow \(Attachment 6\)](#)

*ESRD Suppliers only

Ambulatory Surgical Center (Attachment 1)

Initials Unaccredited (State)

Certification and Transmittal Complete	CMS-1539
Ambulatory Surgical Center Survey Report	CMS-378
Ambulatory Surgical Center Request to Certification	CMS-377
Statement of Deficiencies and Plan of Correction – Health	CMS-2567
Statement of Deficiencies and Plan of Correction –LSC	CMS-2567
Survey Team Composition and Workload Report	CMS-670
Provider Enrollment Application/with approval letter	CMS-855
Health Insurance Benefit Agreement (3 signed copies)	CMS-370

Initial AAAHC\JCAHO\AAAASF Accreditation

Certification and Transmittal Complete	CMS-1539
Ambulatory Surgical Center Survey Report	CMS-378
Ambulatory Surgical Center Request to Certification	CMS-377
Provider Enrollment Application/with approval letter	CMS-855
Health Insurance Benefit Agreement (3 signed copies)	CMS-370
Official Accreditation Decision Report	

Change of Ownership (CHOW's)

Certification and Transmittal Complete	CMS-1539
Ambulatory Surgical Center Request to Certification	CMS-377
Provider Enrollment Application/with approval letter	CMS-855
Health Insurance Benefit Agreement (3 signed copies)	CMS-370
Legal Documentation of Sales/Purchase/Lease	

Denial

Same forms as an initial.

Validation / Complaints

Certification and Transmittal Complete	CMS-1539
Medicare/Medicare/Complaint Form (Complaint)	CMS-562
Ambulatory Surgical Center Request to Certification	CMS-377
Ownership and Control Interest Disclosure Statement	CMS-1513
Statement of Deficiencies and Plan of Correction – Health	CMS-2567
Statement of Deficiencies and Plan of Correction –LSC	CMS-2567
Survey Team Composition and Workload Report	CMS-670
All letter sent provider and/or complainant (Both)	
Crucial Data Extract-ASC	CMS-378E
Crucial Data Extract-LSC	CMS-2786E
Fire Safety Survey Report	CMS-2786H
Narrative Report (complaint)	

Follow-up reports on ASC's under SA monitoring should contain the following:

Certification and Transmittal (Item 11 completed with
either box 2 or box 4 checked)
Post-Certification Revisit Report

CMS-1539
CMS-2567B

For actions not listed follow the same procedures used by the hospital. The requested forms will be different. Please call Colleen Sanders at 214-767-4412 for guidance and assistant. If not available call the main number at 214-767-6301.

Community Mental Health Centers (Attachment 2)
REGIONAL OFFICE DOCUMENTS

Send the following forms to the CMS Regional Office:

Initial Certification

Medicare General Enrollment & FI Approval letter	CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Statement of Financial Solvency (Exhibit 5 in SOM)	CMS-2572
CMHC Crucial Data Extract (CDE) (Exhibit 131 in SOM)	
CMHC Provider Agreement (Exhibit 276 in SOM) 3 signed originals	
Attestation Statement (Exhibit 275 in SOM)	

Change of Ownerships (CHOWs)

Medicare General Enrollment	CMS-855A
CMHC Crucial Data Extract (CDE) (Exhibit 131 in SOM)	
CMHC Provider Agreement (Exhibit 276 in SOM) 3 copies	
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Legal Documentation of Sale	

Involuntary Terminations

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Any other supporting documentation	

Voluntary Terminations/Cessation of Business

Medicare General Enrollment	CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Proof of the reason for voluntary termination or withdrawal	
Copy of newspaper notice (if applicable)	

Complaints

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare/Medicaid/CLIA Complaint Form	CMS-562
Narrative Report	

Name Change/Address Change

Medicare General Enrollment	CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Any supporting documentation that shows changes	
Note: CMHCs should have prior RO approval before relocation to ensure new location remains in the same community.	

Comprehensive Outpatient Rehabilitation Facilities (Attachment 3)
REGIONAL OFFICE DOCUMENTS

Send the following forms to the CMS Regional Office:

Initial Certification

Medicare General Enrollment & FI Approval	CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Statement of Deficiencies and Plan of Correction	CMS-2567
Request to Establish Eligibility	CMS – 359
Health Benefit Agreement (07/01 version)	CMS - 1561
CORF Survey Report	CMS - 360
Survey Team Composition and Workload Report	CMS – 670
Statement of Financial Solvency	
Statement of Fiscal Year End	

Change of Ownerships (CHOWs)

Medicare General Enrollment & FI Approval	CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Statement of Deficiencies and Plan of Correction	CMS-2567
Health Insurance Benefit Agreement (3 copies)	CMS - 1561
Legal Documentation of Sale	
Statement of Financial Solvency	
Statement of Fiscal Year End	

Initial Denials

Medicare General Enrollment	CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Statement of Deficiencies and Plan of Correction	CMS-2567
Request to Establish Eligibility	CMS - 359
Health Insurance Benefit Agreement (3 signed originals) (07/01version)	CMS-1561
CORF Survey Report	CMS - 360
Survey Team Composition and Workload Report	CMS – 670
Statement of Financial Solvency	
Statement of Fiscal Year End	

Involuntary Terminations

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Statement of Deficiencies and Plan of Correction	CMS-2567
Any other supporting documentation	

Voluntary Terminations/Cessation of Business

Medicare General Enrollment	CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Proof of the reason for voluntary termination or withdrawal	
Copy of newspaper notice (if applicable)	

Complaints

Medicare/Medicaid Certification and Transmittal (C & T)	CMS- 1539
Medicare/Medicaid/CLIA Complaint Form	CMS 562
Narrative Report	
Further instructions will be given with the implementation of the ACTS	

Name Change/Address Change

Medicare General Enrollment & FI Approval	CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Any supporting documentation that shows changes	

Addition/Deletion of Services

Medicaid Certification and Transmittal (C&T)	CMS-1539
Request to Establish Eligibility	CMS – 359
Statement of Deficiencies and Plan of Correction	CMS-2567
CORF Survey Report	CMS - 360
Survey Team Composition and Workload Report	CMS – 670
Any supporting documentation that shows changes	

END STAGE RENAL DISEASE (Attachment 4)
REGIONAL OFFICE DOCUMENTS

Send the following forms to the CMS Regional Office:

Initial Certification

Medicare General Enrollment (include intermediary approval letter)	CMS-855
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
ESRD Application/Notification and Survey and Certification Report	CMS-3427
Statement of Deficiencies and Plan of Correction	CMS-2567
Expression of Intermediary Preference	

Change of Ownerships (CHOWs)

Medicare General Enrollment (include intermediary approval letter)	CMS-855
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
ESRD Application/Notification and Survey and Certification Report	CMS-3427
Legal Documentation of Sale	
Expression of Intermediary Preference	

Initial Denials

Medicare General Enrollment (include intermediary approval letter)	CMS-855
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Statement of Deficiencies and Plan of Correction	CMS-2567

Involuntary Terminations

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Statement of Deficiencies and Plan of Correction	CMS-2567
Any other supporting documentation	

Voluntary Terminations/Cessation of Business

Medicare General Enrollment	CMS-855
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Proof of the reason for voluntary termination or withdrawal	
Copy of newspaper notice (if applicable)	

Complaints (Substantiated Only)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare/Medicaid/CLIA Complaint Form	CMS-562
Narrative Report	

Name Change/Address Change/Addition or Deletion of Stations or Services

Medicare General Enrollment (Name & Address Change only)	CMS-855
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
ESRD Application/Notification and Survey and Certification Report	CMS-3427
Any supporting documentation that shows changes	

Hospitals (Attachment 5)

Please contact the following RO staff according your action:

Colleen Sanders	214-767-4412	Initials, chows, validation, etc. (see list below)
Charlene Belfrey	214-767-4427	PPS Units, LTC & CAH
Juanita Cortez	214-767-4403	Complaints, JCAHO, Termination
Dodjie Guioa	214 767-6179	EMTALA in Texas
Dorsey Sadongei	214-767-3570	EMTALA in Oklahoma and New Mexico
David Wright	214-767-6346	EMTALA in Arkansas and Louisiana

Please forward the following hospital forms according to the action:

Initial Certifications

Acute JCAHO/AOA Accredited Hospitals -

Certification and Transmittal Complete	CMS-1539
Request to Establish Eligibility	CMS-1514
Statement of Intermediary Preference	
Statement of Financial Solvency	CMS-2572
Provider Enrollment Application/with approval letter	CMS-855
Health Insurance Benefit Agreement (3 signed copies)	CMS-1561
Official Accreditation Decision Report	

Acute Unaccredited Hospital (State)

Certification and Transmittal Complete	CMS-1539
Request to Establish Eligibility	CMS-1514
Statement of Deficiencies and Plan of Correction – Health	CMS-2567
Statement of Deficiencies and Plan of Correction –LSC	CMS-2567
Survey Team Composition and Workload Report	CMS-670
Statement of Intermediary Preference	
Statement of Financial Solvency	CMS 2572
Provider Enrollment Application/with approval letter	CMS-855
Health Insurance Benefit Agreement (3 signed copies)	CMS-1561

PPS HOSPITALS

Psychiatric - Accredited JCAHO/AOA Hospitals

Certification and Transmittal Complete	CMS-1539
Request to Establish Eligibility	CMS-1514
Statement of Deficiencies and Plan of Correction - Health	
Health Insurance Benefit Agreement (3 signed originals)	CMS-2567
Statement of Financial Solvency	CMS-1561
Statement of Intermediary Preference	CMS-2572

Survey Team Composition and Workload Report	CMS-670
Official Accreditation Decision Report	
Provider Enrollment Application/with approval letter	CMS-855

Psychiatric - Unaccredited (State) Hospitals

Certification and Transmittal Complete	CMS-1539
Request to Establish Eligibility	CMS-1514
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction –LSC	CMS-2567
Psychiatric Hospital Survey Report	CMS-1537A
Health Insurance Benefit Agreement (3signed originals)	CMS-1561
Statement of Financial Solvency	CMS-2572
Statement of Intermediary Preference	
Survey Team Composition and Workload Report	CMS-670
Provider Enrollment Application/with approval letter	CMS-855

An initial packet for a psychiatric hospital either certified by a national accrediting organization or by the State must include the two Special Conditions. These conditions must be surveyed by qualified psychiatric personnel. If the state does not have a qualified individual arrangements should be made with the regional office of CMS before scheduling the initial survey so that arrangement can be made with Central Office psychiatric consultants.

Rehabilitation Accredited JCAHO/AOA Hospitals

Certification and Transmittal Complete	CMS-1539
Request to Establish Eligibility	CMS-1514
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Statement of Financial Solvency	CMS-2572
Statement of Intermediary Preference	
Provider Enrollment Application/with approval letter	CMS-855

A hospital would have to provide to the State a written certification that inpatient population it intends to serve meets the requirements of 412.23(b)(2).

Rehabilitation Unaccredited (State) Hospitals

Certification and Transmittal Complete	CMS-1539
Request to Establish Eligibility	CMS-1514
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Statement of Financial Solvency	CMS-2572
Statement of Intermediary Preference	
Survey Team Composition and Workload Report	CMS-670
Rehabilitation Hospital Criteria Worksheet	CMS-437B
Provider Enrollment Application/with approval letter	CMS-855

Children’s Hospital Accredited/Unaccredited

Paperwork is the same as an acute hospital Accredited/Unaccredited.

The intermediary will verify the age criterion to indicate that majorities of the hospital’s inpatients are individuals under the age of 18.

Swing-Beds

Certification and Transmittal Complete	CMS-1539
Request for Approval as a Hospital Provider of Extended Care Services	CMS-605
Hospital Survey Report Crucial Data Extract	CMS-1537E
Statement of Deficiencies and Plan of Correction	CMS-2567
Medicare/Medicaid Hospital Swing-Bed Survey Report	CMS-1537C
Survey Team Composition and Workload Report	CMS-670

Validations/Complaints

Certification and Transmittal Complete	CMS-1539
Medicare/Medicaid/Complaint Form (Complaint)	CMS-562
Ownership and Control Interest Disclosure Statement	CMS-1513
Crucial Data Extract - Health (if applicable)	CMS-1537E
Crucial Data Extract - Life Safety Code (if applicable)	CMS-2786E
Statement of Deficiencies and Plan of Correction - Health (if applicable)	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC (if applicable)	CMS-2567
Survey Team Composition and Workload Report	CMS-670
All letters sent to provider and/or complainant (Both)	
Narrative Report (Complaints)	

Follow-up reports on hospitals under SA monitoring should contain the following:

Certification and Transmittal (Item 11 completed with either box 2 or box 4 checked)	CMS-1539
Post-Certification Revisit Report	CMS-2567B

Recertification-Accredited JCAHO/AOA Hospital- Short Term

Certification and Transmittal Complete	CMS-1539
Request to Establish Eligibility	CMS-1514
Ownership and Control Interest Disclosure Statement	CMS-1513
Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670

Change of Ownership (CHOW's)/Merger

Certification and Transmittal Complete	CMS-1539
Request to Establish Eligibility	CMS-1514
Statement of Intermediary Preference	
Provider Enrollment Application/with approval letter	MS-855
Health Insurance Benefit Agreement (3 signed copies)	CMS-1561
Legal Documentation of Sales/Purchase/Lease	
Statement of Financial Solvency	CMS-2572

Voluntary Termination/Cessation of Business

Certification and Transmittal **Complete**
Letter from the facility that is voluntary termination or withdrawal
Copy of newspaper notice (if applicable)

CMS-1539

Involuntary Termination

Refer to RSC-Letter No. 02-04 on required forms.

Denial

Same forms as an initial.

Name Change/Address Change/Addition or Deletion of Stations or Services

Medicare General Enrollment
Medicare/Medicaid Certification and Transmittal (C&T)
Any supporting documentation about changes

CMS-855
CMS-1539

Emergency Services for a non-participating hospital

Medicare/Medicaid Certification and Transmittal (C&T)
Any supporting documentation of service
Request to Establish Eligibility (By Facility)
The SA annotates at the top of form, "Emergency Hospital Services Only"

CMS-1539
CMS-1514

For areas not listed, please call CMS for guidance at 214-767-6301.

Outpatient Physical Therapy (OPT) (Attachment 6)
REGIONAL OFFICE DOCUMENTS

Send the following forms to the CMS Regional Office:

Initial Certification

Medicare General Enrollment & FI Approval	CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Request to Establish Eligibility	CMS -1856
OPT/SP Survey Report	CMS -1893
Statement of Deficiencies and Plan of Correction	CMS-2567
Health Insurance Benefit Agreement (3 signed originals) (07/01 version)	CMS – 1561
Survey Team Composition and Workload Report	CMS – 670
Statement of Financial Solvency	
Statement of Fiscal Year End	
List of Personnel and Job Titles	
Copy of Provider’s Social/Vocational Adjustment Services Screening Form (If applicable)	

Change of Ownerships (CHOWs)

Medicare General Enrollment & FI Approval	CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Statement of Deficiencies and Plan of Correction	CMS-2567
Health Insurance Benefit Agreement (07/01 version)	CMS - 1561
Statement of Financial Solvency	
Statement of Fiscal Year End	
Legal Documentation of Sale	

Extension Unit Request

Medicare General Enrollment & FI Approval	CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
(1539 must note the services provided at the extension location)	
Statement of Deficiencies and Plan of Correction	CMS-2567
Requesting Identification of Extension Units	CMS-381

Initial Denials

Medicare General Enrollment	CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Request to Establish Eligibility	CMS -1856
OPT/SP Survey Report	CMS -1893
Statement of Deficiencies and Plan of Correction	CMS-2567
Health Insurance Benefit Agreement (3 signed originals) (07/01 version)	CMS – 1561
Survey Team Composition and Workload Report	CMS – 670

Statement of Financial Solvency
Statement of Fiscal Year End

Involuntary Terminations

Medicare/Medicaid Certification and Transmittal (C&T) CMS-1539
Statement of Deficiencies and Plan of Correction CMS-2567
Any other supporting documentation

Voluntary Terminations/Cessation of Business

Medicare General Enrollment CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T) CMS-1539
Proof of the reason for voluntary termination or withdrawal
Copy of newspaper notice (if applicable)

Extension Closure

Medicare General Enrollment & FI Approval CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T) CMS-1539

Complaints

Medicare/Medicaid Certification and Transmittal (C & T) CMS 1539
Medicare/Medicaid/CLIA Complaint Form CMS 562
Statement of Deficiencies and Plan o Correction CMS - 2567
Narrative Report
Further instructions will be given with the implementation of the new ACTS

Name Change/Address Change

Medicare General Enrollment & FI Approval CMS-855A
Medicare/Medicaid Certification and Transmittal (C&T) CMS-1539
Any supporting documentation that shows changes

Addition or Deletion of Services

Medicare/Medicaid Certification and Transmittal (C&T) CMS-1539
Any supporting documentation that verifies changes
Request to Establish Eligibility CMS -1856
OPT/SP Survey Report CMS -1893
Statement of Deficiencies and Plan of Correction CMS-2567
Survey Team Composition and Workload Report CMS – 670

Note: Form 381 must be updated annually by OPT providers and a SA report must be submitted to the RO.