

MEMORANDUM

Texas Department of Aging and Disability Services

TO: Regulatory Services Division
Regional Directors and State Office Managers

FROM: Dana McGrath, Interim Unit Manager
Policy, Rules and Curriculum Development Unit
State Office MC E-370

SUBJECT: Regional Survey and Certification (RS&C) Letter No. 10-01

DATE: April 5, 2010

The referenced Region VI Centers for Medicare and Medicaid Services (CMS) Regional Survey and Certification (RS&C) Letter was issued on March 2, 2010. This letter, which was distributed by e-mail on March 5, 2010, is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 10-01 – [Processing of Potential Provider Requests for Exception to the Priority Assignment of Initial Surveys](#)

If you have any questions, please contact a policy program specialist in the Policy, Rules and Curriculum Development Unit at (512) 438-3161.

Attachment



Division of Survey and Certification, Region VI

March 2, 2010

REGIONAL SURVEY AND CERTIFICATION LETTER NO.10-01

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

Subject: Processing of Potential Provider Requests for Exception to the Priority Assignment of Initial Surveys

The purpose of this guidance is to ensure consistency in processing provider requests for exception to the priority assignment of initial surveys.

Procedure:

The State Agency (SA) will inform prospective providers of the CMS initial survey priorities as outlined in the 2010 Survey Mission & Priority Document (MPD) and S&C Memo 08-03 & 08-01. There is no special form required to make a priority exception request however, it is strongly recommended that the provider's request be dated and signed by the provider and include the following information:

- provider's name
- provider's address
- provider's contact phone number
- type of service provided
- justification detailing why CMS should grant the provider an exception to the priority assignment of initial surveys.

The burden is on the applicant to provide data and other evidence that effectively establishes the probability of serious, adverse health care access consequences if the petitioner is not enrolled to participate in Medicare.

When the State Agency receives a request for exception, they should review the petitioner's information and documentation, confirm the provider is operational (i.e., providing services) and has received an approval through the 855A/B enrollment application process from a Medicare Administrative Contractor (MAC). The SA may make a recommendation to the CMS Regional Office (RO) as to whether the exception should be granted or not granted. **Decisions to grant an exception will be based on the probability of serious, adverse beneficiary health care access consequences if the petitioner is not enrolled to participate in Medicare.**

The State Agency will send the RO:

- a copy of the provider's 855A/B approval letter
- the provider's request letter
- additional documentation that may be pertinent for the RO to make a decision e.g. recommendations, statistical data, etc.

These documents may be sent via mail or via email to Connie Jones at connie.jones@cms.hhs.gov. The State Agency may copy their RO State Representative. The RO may request additional documentation as needed.

The RO will respond to the provider via letter and the State Agency via email that the RO either approves or disapproves the provider's request.

Action: Effective immediately

RO Monitoring:

The RO will track the number of exception requests and how many exceptions are approved or disapproved.

If you have any additional questions, please call Connie Jones at (214) 767-6213.

Sincerely,

/s/

David R. Wright,
Associate Regional Administrator
Division of Survey and Certification