

**MEMORANDUM**  
**Texas Department of Aging & Disability Services**

**TO:** Regulatory Services Division  
Regional Directors and State Office Managers

**FROM:** Todd Boerger, Unit Manager  
Policy, Rules and Curriculum Development Unit  
State Office MC E-370

**SUBJECT:** Centers for Medicare and Medicaid Services Region VI Regional Survey and Certification Letter No. 10-02

**DATE:** July 2, 2010

---

The referenced Region VI Centers for Medicare and Medicaid Services (CMS) Regional Survey and Certification (RS&C) Letter was issued on May 27, 2010. This letter, which was distributed by e-mail on June 29, 2010, is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 10-02 – Documents for Processing Certification Actions for All Non-Long Term Care Providers/Suppliers (except ICFs/MR and Clinical Laboratories)

If you have any questions about this memo, please contact a home health/hospice policy program specialist in the Policy, Rules and Curriculum Development unit at 512-438-3161.

Attachment



**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  
Fax (214) 767-0270

May 27, 2010

**Regional Survey and Certification Letter No. 10-02**

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

Subject: Documents for Processing Certification Actions for All Non-Long Term Care  
Provider/Suppliers (except ICFs/MR and clinical laboratories)

**This Regional Survey and Certification (RS&C) letter supersedes RS&C letters 03-05 and 02-05.**

The purpose of this letter is to clarify the documents our State survey agencies are to include in provider/supplier certification packets that are submitted to the regional office (RO) for approval or denial of actions. In addition, this letter will provide clarification regarding which documents may be submitted via electronic means, including use of scanned copies or attachments in the ASPEN system.

Each action should be submitted with a completed Medicare/Medicaid Certification and Transmittal (C&T), which serves as a cover sheet for the documents that must be mailed. The State agency (SA) should ensure that the following items on the C&T are complete for the providers listed above:

- 16. State Survey Remarks – In this section, annotate appropriate detailed information to provide clarification regarding the recommended action. List the approved services, SA recommendation for approval or denial of certification and the recommended effective date.
- 20. State Survey Agency Approval – The authorized SA representative's signature constitutes verification that the submitted information is correct. (See State Operations Manual §2764.)
- 22. Original Date of Participation (L24) – Required for changes of ownership and relocations.
- 29. Intermediary/Carrier No. (L31) – Enter the Medicare Administrative Contractor (MAC) identification number.

When the certification action is finalized by the RO, the MAC will be notified via tie-in or tie-out notice by the RO. The SA will be able to retrieve certification information from the ASPEN system.

Attached is a listing of forms and documents that must be forwarded to the RO for various certification actions, by provider/supplier type. Some documents are marked with an asterisk,

indicating the document should be attached to ASPEN, via data entry or scanned, and a hard copy should not be sent to the RO.

If you have any questions, please refer to our current divisional contact list for the assigned staff member's name and phone number, or contact our office at 214.767.6301.

Sincerely,

David Wright  
Associate Regional Administrator  
Dallas Division of Survey and Certification

Attachments:

- Ambulatory Surgical Center
- Community Mental Health Center
- Comprehensive Outpatient Rehabilitation Facility
- Critical Access Hospital
- End Stage Renal Disease
- Home Health Agency
- Hospice
- Hospital
- Outpatient Physical Therapy
- Portable X-Ray
- Rural Health Clinic
- Transplant

## **Ambulatory Surgical Center (ASC)**

### **Initial Certification (Deemed)**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855B
MAC Approval Letter	
Accrediting Organization (AO) Approval Letter – Deemed Status	
*ASC Request for Certification in the Medicare Program	CMS-377
Original Health Insurance Benefit Agreement	CMS-370

### **Initial Certification (Not Deemed)**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855B
MAC Approval Letter	
*Statement of Deficiencies (Health & LSC)	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS-670
*Crucial Data Extract – ASC	CMS-378E
*Fire Safety Survey Report	CMS-2786U
*ASC Request for Certification in the Medicare Program	CMS-377
Original Health Insurance Benefit Agreement	CMS-370

### **Initial Denial**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855B
MAC Approval Letter	
*Statement of Deficiencies (Health & LSC)	CMS-2567
*Survey Team Composition and Workload Report	CMS-670

### **Change of Ownership (CHOW)**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855B
MAC Approval Letter	
Legal Documentation of Sale	
Original Health Insurance Benefit Agreement	CMS-370

### **Voluntary Termination/Cessation of Business**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment, if available	CMS-855B
MAC Approval Letter, if available	
Evidence of voluntary termination or withdrawal, including effective date	

## Community Mental Health Center (CMHC)

### Initial Certification

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Attestation Statements	Exh-275
Crucial Data Extract	Exh-131
Original Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

### Change of Ownership (CHOW)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Legal Documentation of Sale	
Original Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

### Voluntary Termination/Cessation of Business

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment, if available	CMS-855A
MAC Approval Letter, if available	
Evidence of voluntary termination or withdrawal, including effective date	

### Name Change/Address Change

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Recommendation Letter	
RO pre-approval letter (address changes only)	

### Alternative Location

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Recommendation Letter	

## **Comprehensive Outpatient Rehabilitation Facility (CORF)**

### **Initial Certification**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS-670
*Request to Establish Eligibility	CMS-359
Original Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

### **Initial Denial**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies	CMS-2567
*Request to Establish Eligibility	CMS-359
*Survey Team Composition and Workload Report	CMS-670

### **Change of Ownership (CHOW)**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Legal Documentation of Sale	
Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

### **Voluntary Termination/Cessation of Business**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment, if available	CMS-855A
MAC Approval Letter, if available	
Evidence of voluntary termination or withdrawal, including effective date	

### **Address Change that Requires a Survey of the New Site**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567

## Critical Access Hospital (CAH)

### Conversion from Certified Acute Care Hospital (Deemed)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Accrediting Organizations (AO) Approval Letter – Deemed Status	
*Hospital/CAH Medicare Database Worksheet	
A document with the hospital's fiscal year ending date	
Evidence of compliance with distance requirements, 42 CFR 485.610	

### Conversion from Certified Acute Care Hospital (Non- Deemed)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies (Health & LSC)	CMS-2567
* Plan of Correction-, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Worksheet Report	CMS-670
*Hospital/CAH Medicare Database Worksheet	
A document with the hospital's fiscal year ending date	
Evidence of compliance with distance requirements, 42 CFR 485.610	

### Initial Denial

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies	CMS-2567
*Survey Team Composition and Workload Report	CMS-670

### Change of Ownership (CHOW)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Health Insurance Benefit Agreement	CMS-1561
Legal Documentation of Sale	

### Voluntary Termination/Cessation of Business

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment, if available	CMS-855A
MAC Approval Letter, if available	
Evidence of voluntary termination or withdrawal, including effective date	

### Swing Beds (Deemed)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Accrediting Organizations (AO) Approval Letter – Deemed Status	
*Request for Approval as a Hospital Provider of Extended Care Services	CMS-605
*Hospital Survey Report Crucial Data Extract	CMS-1537E
*Medicare/Medicaid Hospital Swing-Bed Survey Report	CMS-1537C

**\*Denotes documents to be entered in ASPEN only.**

**RS & C Letter 10-02**

**Swing-Beds (Non-deemed)**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies	CMS-2567
*Survey Team Composition and Worksheet Report	CMS-670
*Request for Approval as a Hospital Provider of Extended Care Service	CMS-605
*Hospital Survey Report Crucial Data Extract	CMS-1537E
*Medicare/Medicaid Hospital Swing-Bed Survey Report	CMS-1537C

**Initial Certification (Attestation) for Rehabilitation or Psychiatric Units** – See “Hospital” section

## End Stage Renal Disease (ESRD)

### Initial Certification

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies (Health & LSC)	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS-670
*ESRD Application/Notification and Survey and Certification Report	CMS-3427

### Initial Denial

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies (Health & LSC)	CMS-2567
*Survey Team Composition and Workload Report	CMS-670

### Change of Ownership (CHOW)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*ESRD Application/Notification and Survey and Certification Report	CMS-3427
Legal Documentation of Sale	

### Voluntary Termination/Cessation of Business

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment, if available	CMS-855A
MAC Approval Letter, if available	
Evidence of voluntary termination or withdrawal, including effective date	

### Address Change that Requires a Survey of the New Site

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies (Health & LSC)	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS-670
*ESRD Application/Notification and Survey and Certification Report	CMS-3427

## Home Health Agency (HHA)

### Initial Certification (Deemed)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Accrediting Organization (AO) Approval Letter – Deemed Status	
*Home Health Agency Survey and Deficiencies Report	CMS-1572a,b
Original Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

### Initial Certification (Non-Deemed)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS-670
*Home Health Agency Survey and Deficiencies Report	CMS-1572a,b
Original Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

### HHA Branches

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
HHA Branch Questionnaire	

### Change of Ownership (CHOW)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Legal Documentation of Sale	
Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

### Initial Denial

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies	CMS-2567
*Survey Team Composition and Workload Report	CMS-670

### Voluntary Termination/Cessation of Business

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment, if available	CMS-855A
MAC Approval Letter, if available	
Evidence of voluntary termination or withdrawal, including effective date	

## Hospice

### Initial Certification (Deemed)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Accrediting Organization (AO) Approval Letter – Deemed Status	
*Hospice Request for Certification in the Medicare Program	CMS-417
*Hospice Survey and Deficiencies Report	CMS-643
Original Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

### Initial Certification (Non-Deemed)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies (Health & LSC-inpatient only)	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS-670
*Hospice Request for Certification in the Medicare Program	CMS-417
*Hospice Survey and Deficiencies Report	CMS-643
*Fire Safety Survey Report (See 42 CFR 418.110)	CMS-2786R
Original Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

### Initial Denial

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies	CMS-2567
*Survey Team Composition and Workload Report	CMS- 670
*Hospice Request for Certification in the Medicare Program	CMS-417

### Change of Ownership (CHOW)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Legal Documentation of Sale	
Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

### Multiple Locations

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Documentation listed at State Operations Manual §2088	

**Voluntary Termination/Cessation of Business**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment, if available	CMS-855A
MAC Approval Letter, if available	
Evidence of voluntary termination or withdrawal, including effective date	

**Address Change that Requires a Survey of the New Site**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies (Health & LSC-inpatient unit only)	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS-670

**Inpatient Unit (Deemed)**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Accrediting Organization (AO) Approval Letter	

**Inpatient Unit (Non-deemed)**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies (Health & LSC)	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS-670

## Hospitals

### **IPPS Hospitals:**

#### **Initial Certification for Acute Deemed Hospital**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Accrediting Organization (AO) Approval Letter – Deemed Status	
*Hospital/CAH Medicare Database Worksheet	
A document with the hospital's fiscal year ending date	
Original Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

#### **Initial Certification for Acute Non-Deemed Hospital**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Hospital/CAH Medicare Database Worksheet	
A document with the hospital's fiscal year ending date	
*Statement of Deficiencies (Health & LSC)	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS-670
*Crucial Data Extract – Health	CMS-1537A
*LSC Crucial Data Extracts	CMS-2786E & R
Original Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

#### **Initial Denial**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies (Health & LSC)	CMS-2567
*Survey Team Composition and Worksheet Report	CMS-670

### **IPPS-Exempt Hospitals and Units:**

#### **Initial Certification for Psychiatric Hospital (Deemed)**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Accrediting Organization (AO) Approval Letter – Deemed Status	
*Statement of Deficiencies and Plan of Correction (B tags)	CMS-2567
*Survey Team Composition and Workload Report (B tags)	CMS-670
A document with the hospital's fiscal year ending date	
*Hospital/CAH Medicare Database Worksheet	
Original Health Insurance Benefit Agreement	CMS-156
Office of Civil Rights (OCR) Packet	

**\*Denotes documents to be entered in ASPEN only.**

**RS & C Letter 10-02**

**Initial Certification for Psychiatric Hospital (Non-deemed)**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies (Health, A-tags, & LSC)	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Statement of Deficiencies and Plan of Correction (B tags)	CMS-2567
*Survey Team Composition and Workload Report	CMS-670
A document with the hospital's fiscal year ending date	
*Hospital/CAH Medicare Database Worksheet	
Original Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

**Initial Certification (Attestation) for Psychiatric Unit**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Psychiatric Unit Criteria Work Sheet	CMS-437
Medical records protocols & Staff Requirements (See 42 CFR 412.27)	

**Initial Certification for Rehabilitation Hospital (Deemed),**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Accrediting Organization (AO) Approval Letter – Deemed Status	
Rehabilitation Hospital Criteria Work Sheet	CMS-437B
A document with the hospital's fiscal year ending date	
*Hospital/CAH Medicare Database Worksheet	
Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	
Facility Attestation of Compliance with Rehabilitation Requirements in 412.23(b)(2)	
Certification that inpatient population the hospital intends to serve meets the requirements of 412.23(b)(2).	
Documentation of compliance with the Medical Director requirements 412.23(b)(5).	

**Initial Certification for Rehabilitation Hospital (Non-deemed)**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies (Health & LSC)	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS- 670
Rehabilitation Hospital Criteria Work Sheet	CMS-437B
A document with the hospital's fiscal year ending date	
*Hospital/CAH Medicare Database Worksheet	
Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	
Facility Attestation of Compliance with Rehabilitation Requirements in 412.23(b)(2)	
Certification that the inpatient population the hospital intends to serve meets the requirements of 412.23(b)(2).	

**Initial Certification (Attestation) for Rehabilitation Unit**

**\*Denotes documents to be entered in ASPEN only.**

**RS & C Letter 10-02**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Rehabilitation Unit Criteria Work Sheet	CMS-437A
Documentation that the unit meets the Medical Director requirements (See 42 CFR 412.29)	

**Conversion to Long Term Care Hospital**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC letter verifying the hospital meets the length of stay requirements and the moratorium.	
Documentation regarding Hospital within Hospital requirements, if applicable. (See 42 CFR 412.22(e))	

**Initial Certification for Children’s Hospitals (Deemed and Non-deemed)**

Submit the same documents required for an acute deemed or non-deemed hospital.  
Letter from the MAC verifying the age criterion data for the hospital.

**Other Actions:**

**Swing-Beds for an Acute (Deemed or Non-deemed) Hospital**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies	CMS-2567
*Survey Team Composition and Worksheet Report	CMS-670
*Request for Approval as a Hospital Provider of Extended Care Service	CMS-605
*Hospital Survey Report Crucial Data Extract	CMS-1537E
*Medicare/Medicaid Hospital Swing-Bed Survey Report	CMS-1537C

**An Accreditation Organization cannot deem the swing-bed requirements for acute hospitals.**

**Voluntary Termination/Cessation of Business**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment, if available	CMS-855A
MAC Approval Letter, if available	
Evidence of voluntary termination or withdrawal, including effective date	

**Emergency Services for non-participating hospitals**

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

**Ownership Changes and Related Actions:**

**Change of Ownership (CHOW)**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
A document with the hospital’s fiscal year ending date	
Legal Documentation of Sale	
Health Insurance Benefit Agreement	CMS-1561

**\*Denotes documents to be entered in ASPEN only.**

**RS & C Letter 10-02**

**CHOW with change to practice location**

A hospital can purchase another hospital with the intent to make the purchased hospital a practice location of the surviving hospital. Submit a CHOW packet including the CMS-855 which should indicate that the purchased location is to become a practice location to the surviving CCN number. Also, submit a packet to retire the purchased CCN number.

**Merger**

There are different types of mergers:

- If two hospitals are owned by two different entities, a CHOW must occur first because there must be common ownership before a merger can occur.
- If two hospitals are owned by the same owner, a merger can occur because there is already common ownership.

Mergers always involve two hospitals. As a result of the merger one CCN will retire and that location will usually become a practice location for the surviving CCN.

**Surviving Provider**

Medicare/Medicaid Certification and Transmittal (C&T)

CMS-1539

Medicare General Enrollment

CMS-855A

MAC Approval Letter

Legal Documentation concerning the Merger

A document with the hospital's fiscal year ending date

In the remarks section, indicate when the merger occurred and what will happen with the retired provider.

The summary page should state if the retired provider will become a practice location of the surviving provider.

**Retired Provider**

Medicare/Medicaid Certification and Transmittal (C&T)

CMS-1539

Medicare General Enrollment

CMS-855A

MAC Approval Letter

**Stock/Management Transfer**

Medicare/Medicaid Certification and Transmittal (C&T)

CMS-1539

Medicare General Enrollment

CMS-855A

MAC Approval Letter

Legal Documentation of Sales/Purchase/Lease

## **Out Patient Physical Therapy (OPT)**

### **Initial Certification**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies (Health & LSC)	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS-670
*Request to Establish Eligibility	CMS-1856
Original Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

### **Initial Denial**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies	CMS-2567
*Survey Team Composition and Workload Report	CMS-670
*Request to Establish Eligibility	CMS-1856

### **Change of Ownership (CHOW)**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
Legal Documentation of Sale	
Health Insurance Benefit Agreement	CMS-1561
Office of Civil Rights (OCR) Packet	

### **Addition or Deletion of Extension Unit or Services**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
<i>Note: The CMS-1539 must note the services provided at the extension location</i>	
Medicare General Enrollment	CMS-855A
MAC Approval Letter	
*Statement of Deficiencies (Health & LSC)	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS-670

### **Voluntary Termination/Cessation of Business**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment, if available	CMS-855A
MAC Approval Letter, if available	
Evidence of voluntary termination or withdrawal, including effective date	

## **Portable X-Ray (PXR)**

### **Initial Certification**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855B
MAC Approval Letter	
*Statement of Deficiencies	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS-670
*Request for Certification as Supplier of Portable X-Ray Services	CMS-1880

### **Initial Denial**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855B
MAC Approval Letter	
*Statement of Deficiencies	CMS-2567
*Survey Team Composition and Workload Report	CMS-670
*Request for Certification as Supplier of Portable X-Ray Services	CMS-1880

### **Change of Ownership (CHOW)**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment	CMS-855B
MAC Approval Letter	
Legal Documentation of Sale	

### **Voluntary Termination/Cessation of Business**

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment, if available	CMS-855B
MAC Approval Letter, if available	
Evidence of voluntary termination or withdrawal, including effective date	

## Rural Health Clinic (RHC)

### Initial Certification

Medicare/Medicaid Certification and Transmittal	CMS-1539
Medicare General Enrollment Application	CMS-855A
MAC Recommendation Letter	
*Request to Establish Eligibility	CMS-29
*Statement of Deficiencies (Health & LSC)	CMS-2567
*Plan of Correction, if applicable, with signed first page	CMS-2567
*Survey Team Composition and Workload Report	CMS-670
*Rural Health Clinic Survey Report	CMS-30E
Original Health Insurance Benefit Agreement	CMS-1561A
Office of Civil Rights (OCR) Packet (Provider-based only)	

### Initial Denial

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment Application	CMS-855A
MAC Recommendation Letter	
*Statement of Deficiencies	CMS-2567
*Survey Team Composition and Workload Report	CMS-670

### Change of Ownership (CHOW)

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment Application	CMS-855A
MAC Recommendation Letter	
*Request to Establish Eligibility	CMS-29
Health Insurance Benefit Agreement	CMS-1561A
Office of Civil Rights (OCR) Packet (Provider-based only)	
Legal Documentation of Sale	

### Voluntary Termination/Cessation of Business

Medicare/Medicaid Certification and Transmittal (C&T)	CMS-1539
Medicare General Enrollment Application	CMS-855A
MAC Recommendation Letter	
Evidence of voluntary termination or withdrawal, including effective date	

## Transplant

### Initial Certification

Medicare/Medicaid Certification and Transmittal (C&T)

CMS-1539

\*Statement of Deficiencies (Health & LSC)

CMS-2567

\*Plan of Correction, if applicable, with signed first page

CMS-2567

\*Survey Team Composition and Worksheet Report

CMS-670

Patient ID List (Under Cert Kit Attachments)

TPQR (Under Cert Kit Attachments)