
Program Memorandum Intermediaries

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal A-02-002

Date: JANUARY 11, 2002

CHANGE REQUEST 2001

SUBJECT: Discontinuance of Contract With Integriguard (Division of CMRI) to Conduct Community Mental Health Centers (CMHC) Site Visits After January 15, 2002

PURPOSE

The purpose of this Program Memorandum (PM) is to inform you that after January 15, 2002, CMS will no longer have a contract with Integriguard (National CMHC Site Visit Contractor) to conduct site visits of CMHCs for any reason. Therefore, after January 15, 2002, the fiscal intermediary (FI) will continue to verify enrollment information on the Form CMS-855A submitted by CMHCs seeking initial enrollment or undergoing changes of ownership (CHOWs). However, until further notice, once the FI has completed their review and recommended that the enrollment application or that the CHOW be approved, the FIs will forward any request for a site visit to the appropriate CMS regional office (RO), Division of Medicaid and State Operations (DMSO) who will then conduct the site visit.

ENROLLMENT ACTIONS

For Initial CMHC Applicant Enrollment

The CMHCs require an on-site visit prior to enrollment. Follow your current procedures for provider enrollment, including communicating and sharing information with the State agencies (SAs) (or for FIs in RO IX, your RO) regarding enrollment up to and including verification of the Form CMS-855A. If the Form CMS-855A cannot be verified, follow current procedures for recommending denial of enrollment.

In addition to your current provider enrollment procedures, check for a completed and signed CMHC attestation statement from the SA (or for FIs in RO IX, your RO). If the CMHC has not filed a completed attestation statement with the SA (or for FIs in RO IX, your RO), follow current procedures for recommending denial, and file a recommendation for denial.

If the Form CMS-855A has been verified, and the CMHC has filed a completed attestation statement, send a copy of the Form CMS-855A back to the SA (or for FIs in RO IX, your RO) for retention, and issue your recommendation for approval. Using Attachment B, "Community Mental Health Center Site Visit Request Form," contact the appropriate CMS RO, DMSO via E-mail to initiate a site visit of the CMHC applicant. Send carbon copies of the request to the SA, and the appropriate RO provider enrollment contact.

Once the site visit is completed, the RO DMSO will contact you via the provider agreement tie-in notice to inform you of the outcome of the site visit review process and the effective date of Medicare participation, if applicable.

For Visits to Existing Medicare CMHCs

There may be instances, such as a CMHC audit, which may prompt the RO DMSO to conduct a site visit of an existing CMHC. The RO DMSO may contact you prior to the site visit for information about the CMHC, including:

- ? Significant cost report audit information;
- ? Significant medical review information;
- ? Significant fraud information;
- ? CMS Customer Information System (HCIS) data from the two most recent completed data years on the CMHC to be visited; and
- ? Any information regarding overpayments from the overpayments database.

If possible, provide this information upon request, or as soon as possible.

In instances where a site visit is completed for an existing CMHC that does not have the Form CMS-855A on file, send the Form CMS-855A to the CMHC and request that it be completed. Direct all calls and correspondence regarding the CMHC site visit process to the appropriate RO DMSO address.

CHOW Processing

When a CMHC undergoes a CHOW, do the following to facilitate and ensure a site visit is completed. Be aware that the date of the CHOW is the date of the CMHC sale. A CHOW without prior notification is automatically processed as an assigned CHOW as explained in the "CHOW With Assignment" section below.

CHOW Without Assignment

If the CMHC buyer does not or will not be accepting assignment, the CMHC seller must submit the Form CMS-855A to apprise you of the CHOW as soon as possible. The CMHC buyer should submit a new Form CMS-855A and be treated as an initial applicant, in accordance with Program Integrity Manual (PIM), Chapter 10, Healthcare Provider/Supplier Enrollment, §10 and all other applicable instructions and procedures for initial applicants, with one exception: contact the RO DMSO 3 months after the date of the CMHC sale/CHOW to initiate the site visit.

Before initiating a site visit, check to ensure that the CMHC has not changed its address. If the CMHC has changed its address, notify the RO in writing. Use Attachment A, "Community Mental Health Center Notification and Approval of Address Change", to do so. Continue to process the application according to the time frame established in §15, PIM, Chapter 10. If the RO DMSO does not approve the change of address, follow current procedures found in Section 14.3, PIM, Chapter 10 for recommending denial and file a recommendation for denial citing the reason.

CHOW With Assignment

If the CMHC owners are or will be accepting assignment, the following should be done:

- ? The CMHC seller must submit the Form CMS-855A to apprise CMS of the CHOW as soon as possible. The CMHC buyer must also submit the Form CMS-855A;
- ? Once the Form CMS-855A is received from the buyer applicant, verify and process the Form CMS-855A in accordance with current procedures; and

- ? If the Form CMS-855A cannot be verified, follow current procedures for issuing a recommendation for denial.

Check for a completed and signed CMHC attestation statement from the SA (or for FIs in RO IX, your RO). If the CMHC buyer applicant has not filed a completed attestation statement with the SA (or for FIs in RO IX, your RO), follow current procedures found in §14.3 PIM, Chapter 10, for recommending denial, file a recommendation for denial, citing the reason.

Check to ensure that the CMHC has not changed its address. If the CMHC has changed its address, notify the RO in writing. Use Attachment A, to do so. Continue to process the application according to the time frame established in §15, PIM, Chapter 10. If the RO DMSO does not approve the change of address, follow current procedures found in §14.3, PIM, Chapter 10 for recommending denial and file a recommendation for denial, citing the reason.

If the Form CMS-855A is verified, the CMHC buyer applicant has filed a completed attestation statement, and has not changed its address, send a copy of the Form CMS-855A back to the SA (or for FIs in RO IX, your RO) for retention, and issue the recommendation for approval.

Three months after the Form CMS-855A verification, or sooner if the CMHC buyer applicant is suspect but enrollment cannot be denied based solely on the information provided on the Form CMS-855A, using Attachment B, contact the RO DMSO via E-mail to initiate a site visit of the CMHC. Send copies of the request to the SA (or for FIs in RO IX, your RO), and the appropriate RO provider enrollment contact. The RO DMSO may contact you prior to the site visit for information about the CMHC prior to and after the CHOW, including:

- ? Any significant cost report audit information;
- ? Any significant medical review information;
- ? Any significant fraud information;
- ? HCIS data from the two most recent completed data years on the CMHC to be visited; and
- ? Any information regarding overpayments from the overpayments database.

Provide this information upon request or as soon as possible. You may also provide this information with your request for the site visit. Direct all calls and correspondence regarding the CMHC site visit process to the appropriate RO DMSO address.

Once the site visit has been completed, the RO DMSO will contact you with the outcome of the site visit review process. In addition, the RO DMSO may determine that the results of the site visit warrant action such as payment suspension.

Attachments

The *effective date* for this PM is January 15, 2002.

The *implementation date* for this PM is January 15, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after January 15, 2003.

If you have any questions, contact James L. Ralls on (410) 786-9504.

ATTACHMENT A

COMMUNITY MENTAL HEALTH CENTER NOTIFICATION AND APPROVAL OF ADDRESS CHANGE

Date _____

Dear CMS Regional Office, Division of Medicaid and State Operations:

In processing the following Medicare Community Mental Health Center's (CMHC) change of ownership (CHOW) application, it was discovered that the CMHC applicant buyer has undergone a change in address. In order to complete the enrollment process, it is necessary for the fiscal intermediary (FI) to verify with you in writing that the CMHC applicant will still be serving the same community it served before the address change. Please complete the regional office (RO) Division of Medicaid and State Operations (DMSO) portion of this form and return it to the FI contact person at the address, fax number, or E-mail address listed below within 14 days. Thank you.

The following information has been reported by the CMHC applicant on the Form CMS-855A:

FI completes the following for the CMHC applicant

Doing Business as Name: _____

Legal Name: _____

Current Address: _____

Previous Address: _____

Current Phone Number: _____

Previous Phone Number: _____

Owner(s) Name: _____

Managing Employee: _____

Contact Person: _____

CHOW date: _____

FI completes the following for the FI

FI Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Regional Office, Division of Medicaid and State Operations completes the following

Date: _____

The address change reported for the CMHC applicant noted above (check one):

_____ **HAS BEEN approved.**

OR

_____ **HAS NOT been approved.**

RO DMSO Contact Person: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

ATTACHMENT B

COMMUNITY MENTAL HEALTH CENTER SITE VISIT REQUEST FORM

Date of request: _____

Check type of site visit:

_____ Initial applicant

_____ Change of ownership with assignment

_____ Change of ownership without assignment

_____ Other - (explain reason for visit) _____

Please complete the following for the CMHC applicant requiring a site visit:

Name: _____

Address: _____

Phone Number: _____

Owner(s) Name: _____

Managing/Directing Employee: _____

Contact Person: _____

Please complete the following for the fiscal intermediary:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Contact Person: _____

Corresponding CMS Regional Office: _____

CMS Regional Office Contact: _____