
Program Memorandum Intermediaries

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

Transmittal A-02-042

Date: MAY 17, 2002

CHANGE REQUEST 2158

SUBJECT: Clarification to Periodic Interim Payments (PIP) For Home Health Providers and Clarification on Extension of Due Dates for Filing Provider Cost Reports

The purpose of this Program Memorandum (PM) is to clarify information in Transmittal A-02-007 (Change Request (CR) 1557) and in Transmittal A-01-149 (CR 2012).

Addendum to PIP for Home Health Providers

For Transmittal A-02-007 (CR 1557), the as-filed cost reports must reflect all payments received with respect to the cost period, including the one-time PIP provided by the Benefits Improvement Protection Act. Tentative settlements for cost reports containing the one-time PIP should be made no earlier than 45 days and no later than 90 days after the acceptance of a providers cost report.

Extension of Due Dates for Filing Provider Cost Reports

For Transmittal A-01-149 (CR 2012), fiscal intermediaries must make tentative settlements within 90 days after the acceptance of a providers cost report. The providers affected are identified in CR 2012 with cost report year ending dates between August 2000 and May 2002. The 90 days is a one-time exception to the 60 day requirement in Transmittal A-01-82 (CR 1468). This exception is for cost report ending dates between August 2000 and May 2002 only.

The effective date for this PM is June 1, 2002.

The implementation date for this PM is June 1, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after May 30, 2003.

If you have any administrative questions, contact Jerry Mulcahy on (410) 786-3374.