

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 315	Date: December 4, 2009
	Change Request 6735

SUBJECT: Provider Enrollment and Veterans Administration (VA) Hospitals

I. SUMMARY OF CHANGES: This change request states that while a VA hospital must submit a CMS-855A enrollment application and CMS-588 form if it wishes to bill Medicare for any non-emergency services performed, emergency services furnished by the VA hospital do not require the completion of a CMS-855 or CMS-588 form.

NEW / REVISED MATERIAL

EFFECTIVE DATE: March 8, 2010

IMPLEMENTATION DATE: March 8, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	10/11.4/Non-Participating Emergency Hospitals, Veterans Administration (VA) Hospitals, and Department of Defense (DOD) Hospitals

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-08	Transmittal: 315	Date: December 4, 2009	Change Request: 6735
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SUBJECT: Provider Enrollment and Veterans Administration (VA) Hospitals

EFFECTIVE DATE: March 8, 2010

IMPLEMENTATION DATE: March 8, 2010

I. GENERAL INFORMATION

A. Background: This change request updates Pub. 100-08, PIM, chapter 10, section 11.4, to state that while a VA hospital must submit a CMS-855A enrollment application and CMS-588 form if it wishes to bill Medicare for any non-emergency services performed, emergency services furnished by the VA hospital do not require the completion of a CMS-855 or CMS-588 form.

B. Policy: The purpose of this change request is to incorporate the above clarification into Pub. 100-08, PIM, chapter 10, section 11.4.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6735.1	The contractor shall note that while a VA hospital must submit a CMS-855A enrollment application and CMS-588 form if it wishes to bill Medicare for any non-emergency services performed, emergency services furnished by the VA hospital do not require the completion of a CMS-855 or CMS-588 form.	X		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact: Frank Whelan, (410) 786-1302, frank.whelan@cms.hhs.gov.

Post-Implementation Contact: Frank Whelan, (410) 786-1302, frank.whelan@cms.hhs.gov.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

11.4 – Non-Participating Emergency Hospitals, Veterans Administration (VA) Hospitals, and Department of Defense (DOD) Hospitals

(Rev.315, Issued: 12-04-09, Effective: 03-08-10, Implementation: 03-08-10)

A non-participating emergency *hospital or* DOD hospital must complete and submit a CMS-855A enrollment application and CMS-588 EFT form if it wishes to bill Medicare for any services performed.

A VA hospital must complete and submit a CMS-855A enrollment application and CMS-588 EFT form if it wishes to bill Medicare for any non-emergency services performed. Emergency VA services, however, do not require the completion of a CMS-855 or CMS-588 form.

When creating a PECOS enrollment record for one of these providers, the contractor shall select a Provider Type of “Other” and then enter the type of hospital in question.