
CMS Manual System

Pub. 100-08 Medicare Program Integrity

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

Transmittal 97

Date: JANUARY 21, 2005

CHANGE REQUEST 3582

SUBJECT: Provider Enrollment and Inpatient Rehabilitation Facility (IRF) Compliance Reviews

I. SUMMARY OF CHANGES: This change request clarifies the role of fiscal intermediaries' provider enrollment units with respect to Transmittal 221, Change Request (CR) 3334, of the Medicare Claims Processing Manual. The CR 3334, instructed fiscal intermediaries to undertake various activities to ensure that inpatient rehabilitation facilities are in compliance with certain Medicare provisions. There is confusion among some fiscal intermediaries as to who should be charged in FY 2005 with the functions outlined in CR 3334. In other words, it is unclear which fiscal intermediary unit should include the tasks outlined in CR 3334 as FY 2005 costs attributable to that particular unit.

For FY 2005 only, all costs budgeted towards carrying out the tasks identified in CR 3334, shall be attributable to provider enrollment. Some of the tasks outlined in CR 3334 – such as payment adjustments and the collection of overpayments - are best handled by units other than provider enrollment. This, however, is a matter to be internally determined by each fiscal intermediary's respective management. For purposes of this CR, the costs associated with undertaking the tasks outlined in CR 3334 shall be considered provider enrollment costs in FY 2005.

NEW/REVISED MATERIAL – EFFECTIVE DATE: November 26, 2004
IMPLEMENTATION DATE: February 22, 2005

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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING:

Each fiscal intermediary has already been allotted \$37,000 to perform these tasks. This money was forward-funded out of FY 2004 year-end funding for the FY 2005 IRF reviews and was specifically assigned as a provider enrollment cost/activity.

IV. ATTACHMENTS:

Business Requirements

	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

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

Attachment – One-Time Notification

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SUBJECT: Provider Enrollment and Inpatient Rehabilitation Facility (IRF) Compliance Reviews

I. GENERAL INFORMATION

A. Background: This change request clarifies the role of fiscal intermediaries' provider enrollment units with respect to Transmittal 221, Change Request (CR) 3334, of the Medicare Claims Processing Manual. The CR 3334 instructed fiscal intermediaries to undertake various activities to ensure that IRFs are in compliance with certain Medicare provisions. There is confusion among some fiscal intermediaries as to who should be charged in FY 2005 with the functions outlined in CR 3334. In other words, it is unclear which fiscal intermediary unit should include the tasks outlined in CR 3334 as FY 2005 costs attributable to that particular unit.

Policy: For FY 2005 only, all costs budgeted towards carrying out the tasks identified in CR 3334 shall be attributable to provider enrollment. Of course, some of the tasks outlined in CR 3334 – such as payment adjustments and the collection of overpayments - are best handled by sections other than provider enrollment. This, however, is a matter to be internally determined by each fiscal intermediary's respective management. For purposes of this CR, the costs associated with undertaking the tasks outlined in CR 3334 shall be considered provider enrollment costs.

C. Provider Education: None

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3582	All costs budgeted for FY 2005 towards carrying out the tasks identified in CR 3334 shall be attributable to provider enrollment.	Fiscal intermediaries

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

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B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: November 26, 2004</p> <p>Implementation Date: February 22, 2005</p> <p>Pre-Implementation Contact(s): Frank Whelan (410) 786-1302</p> <p>Post-Implementation Contact(s): Frank Whelan (410) 786-1302</p>	<p>Each fiscal intermediary has already been allotted \$37,000 to perform these tasks. This money was forward-funded out of FY 2004 year-end funding for the FY 2005 IRF reviews and was specifically assigned as a provider enrollment cost/activity.</p>
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