

Submitter : Ms. Denise Bonn
Organization : National Association for Home Care and Hospice
Category : Home Health Facility

Date: 05/02/2007

Issue Areas/Comments

GENERAL

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"See Attachment"

CMS-6003-P2-11-Attach-1.DOC

May 2, 2007

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-6025-P
P.O. Box 8017
Baltimore, MD 21244-8014

Via: Electronic submission

Re: Medicare Program; Appeals of CMS or Contractor Determinations When a Provider
or Supplier Fails to Meet the Requirements for Medicare Billing Privileges

72 Fed. Reg. 9479 (March 2, 2007)

File Code CMS-6003-P2

To whom it may concern:

This is an Erratum to correct an error in Comments submitted yesterday by the National Association for Home Care and Hospice, Inc. ("NAHC"). The correction is to the last paragraph on page 8, which continues onto page 9. The first and last sentences of this paragraph are corrected as follows:

CMS is proposing to eliminate the requirement in current rule section 498.78(a) that a provider or prospective provider must agree to a request by CMS to remand the case from an ALJ back to CMS. ... NAHC respectfully requests that CMS maintain the current requirement that a provider or prospective provider must agree to a request by CMS to remand the case from an ALJ back to CMS.

Respectfully Submitted,

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