

Application Process

Participation in the demonstration is voluntary. If an application meets basic eligibility requirements, it will be referred to a technical review panel for evaluation and scoring. Panels of experts will conduct an independent review. The panelists' evaluations will include ratings based upon responses to the questions asked of the applicants. Panelists will examine the hospital's financial need, its strategy for improving its financial situation, and the benefit to its service area.

For a hospital to receive consideration by the technical review panel, it must submit the information that is requested on the cover sheet of CMS' Medicare Waiver Demonstration Application, which is included below. This cover sheet, or Medicare Waiver Demonstration Application Data Sheet, must be completed. In addition, applicants must submit the following information:

Objective Information:

- 1. Evidence that the hospital is in a Federally designated rural area, as defined by the statutes referenced above.**
- 2. Miles to the nearest hospital or CAH by road (A map with distances between providers would be helpful).**
- 3. Number of acute care beds, from the latest cost report (Beds in a psychiatric or rehabilitation unit of a hospital shall not be counted toward the total number of acute beds).**
- 4. Does the hospital make available 24-hour emergency care services?**
- 5. Is the hospital eligible for CAH designation?**
- 6. Total Medicare payment for inpatient services from the latest cost report.**
- 7. Total Costs for Medicare inpatient services from the latest cost report.**
- 8. The hospital's Medicare inpatient operating margin.**
- 9. The hospital's total operating margin (including inpatient services, outpatient services, distinct part psychiatric units, rehabilitation units, skilled nursing units, and home health agencies). The applicant should specify which among these is used in calculating this amount.**

For 3, 6, 7, and 8 the applicant should also submit the relevant pages from the most recently submitted cost report. (Acute care beds: Worksheet S-3 Part I; Medicare Payment for Inpatient Services: Worksheet E, Part A; Total Medicare Inpatient Costs: Worksheet D-1; Medicare Inpatient Operating Margin: the applicant should calculate this amount from Medicare Payment for Inpatient Services and Total Medicare Inpatient Costs)

Descriptive Information:

- 1. Goals for Demonstration The applicant should describe any specific projects for which it will use additional Medicare funds obtained through the demonstration, and how any such projects will benefit the hospital and the community. Goals of such projects may include but are not limited to enhanced staffing, increased access to care and community outreach, provision of particular services, and shifts in**

service type. The applicant should describe the characteristics and duties of hospital staff, and how these might be enhanced by the demonstration.

2. Strategy for Financial Viability The applicant should describe its strategy for improving its financial situation, both in terms of efforts it has undertaken recently and those that it plans for under the demonstration. In particular, applicants should detail efforts to control costs so as to be viable. How much revenue is expected from a change in Medicare reimbursement? Would this program allow the hospital to stay open, or not reduce services?

3. Collaboration with Other Providers to Serve Area The applicant should describe its current service area and the population it serves. The applicant should describe how it works with other health care providers and facilities together to serve the population and how any enhancements supported by additional Medicare funds will contribute to the population's health. How would this program allow the hospital to expand existing services? Will relationships with other providers change as a result of the demonstration?

Due Date:

Applications will be considered timely if we receive them on or before July 2, 2004. Applications must be received by 5 PM EDT on the due date.

Only applications that are considered "timely" will be reviewed and considered by the technical panel.

Application Submission:

Complete, sign, date, and return the Medicare Waiver Demonstration Applicant Data Sheet found on this web page. Fill in the five-year Project Duration according to the hospital's cost report year beginning and end dates.

An unbound original and two copies plus an electronic copy on diskette or CD of the application must be submitted; however, applicants may, but are not required to, submit six additional copies to assure that each review panelist receives the application in the manner intended by the applicant (e.g., collated, tabulated, colorized). The applications should be MAILED or sent by an overnight delivery service to the following address:

Centers for Medicare & Medicaid Services
ATTN: Sid Mazumdar, Rural Community Hospital Demonstration
Medicare Demonstrations Program Group
Mail Stop C4-15-27
7500 Security Boulevard
Baltimore, Maryland 21244

Applications must be typed for clarity and should not exceed 10 double-spaced pages, exclusive of the Medicare Waiver Demonstration Application Data Sheet, cost report pages, and maps. Because of staffing and resources limitations, and

because we require an application containing an original signature, we cannot accept applications by facsimile (FAX) transmission.

For further information, contact Sid Mazumdar at (410) 786-6673 or smazumdar@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0880. The time required to complete this information collection is estimated to average 10 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Demonstration Materials

The web site includes various documents describing the demonstration including the Federal Register notice announcing the demonstration. Be sure to check this web site periodically as we will update it as new information becomes available:

Medicare Waiver Demonstration Application (.pdf 49 KB)

http://www.cms.hhs.gov/researchers/demos/rch/Standard_Waiver.pdf