

<b>CMS Guidance Document</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub. 100-04-Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Executive Guidance Number 0089</b>	<b>Date: October 16, 2007</b>
<b>Planned Web Site Address <a href="http://www.cms.hhs.gov/manuals/">http://www.cms.hhs.gov/manuals/</a></b>	<b>Release planned:10/30/07</b>

**PROGRAM AREA:** Indian Health Service

**SUBJECT:** Correction to Calculation of Coinsurance for Indian Health Service Critical Access Hospitals (IHS CAHs)

**APPLIES TO:** Hospital

**I. SUMMARY OF DOCUMENT:** Corrects the calculation of Part B coinsurance for IHS CAHs.

**II. CHANGES IN POLICY INSTRUCTIONS:** (If not applicable, indicate N/A)

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

**III. CLEARANCES:**

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Liz Richter (410-786-4164 CMM)
Agency POC	Cindy Murphy (410) 786-5733 CMM/PBG/DICP

**IV. TYPE (Check appropriate boxes for type of guidance)**

<input type="checkbox"/>	<b>Audit Guide</b>
<input checked="" type="checkbox"/>	<b>Change Request</b>
<input type="checkbox"/>	<b>HPMS</b>
<input type="checkbox"/>	<b>Joint Signature Memorandum/Technical Director Letter</b>
<input type="checkbox"/>	<b>Manual Transmittal/Non-Change Request</b>
<input type="checkbox"/>	<b>State Medicaid Director Letters</b>
<input type="checkbox"/>	<b>Other</b>

**V. STATUTORY OR REGULATORY AUTHORITY:** N/A



Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B  M A C	D M E  M A C	F I	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
	receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.											

#### IV. SUPPORTING INFORMATION

##### Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
FS4761R6	This was the source of the incorrect calculation.

#### V. CONTACTS

**Pre-Implementation Contact(s):** Cindy Murphy, [cindy.murphy@cms.hhs.gov](mailto:cindy.murphy@cms.hhs.gov), 410-786-5733, or Susan Guerin, [susan.guerin@cms.hhs.gov](mailto:susan.guerin@cms.hhs.gov), 410-786-6138.

**Post-Implementation Contact(s):** Dallas Regional Office

#### VI. FUNDING

##### A. Fiscal Intermediaries, and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2008 operating budgets.

##### B. Medicare Administrative Contractors (MACs):

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.