

To: Applicants

Re: Provider-Based Designations

Dear Applicant:

Certain provider applicants must submit documentation regarding provider-based status, pursuant to the April 7, 2001 hospital outpatient Prospective Payment System (“PPS”) final rule (65 Federal Register 18433), which became effective January 10, 2001. If the provider would like to view CMS’s rules and regulations for determination of provider-based designation, please view the rules at **42 CFR 413.65**.

Following submission of the requested documentation to the Indiana State Department of Health, (“Department”), your response will be sent to the Chicago RO for review. If additional information is needed, you will be contacted directly by RO. The final determination will be communicated to you in writing.

Should you have questions concerning the Request Form or the provider-based regulations, please contact CMS’s Division of Financial Management at 312-353-9316.

Sincerely,

Kelly Hemmelgarn
Program Director, RHC
Division of Acute Care
317-233-7541

Requested Elements for Provider-Based Designation Requests

The purpose of this document is to provide the CMS with sufficient information to determine whether or not the applicant meets the criteria for provider based designation

Please submit a cover letter stating that you are in compliance with the main criteria that will be used to make the determination. The cover letter should state the following:

Main Provider’s Name and Provider Number

Main Provider’s Physical Address (including county)

Provider-based Entity’s Name (and current Provider Number, if applicable)

Entity’s Physical Address (including county)

Fiscal Intermediary of the Main Provider

- That you are in compliance with the Office of Civil Rights requirements (see attachment);
- Have provided the CCN number of the hospital that the RHC is provider-based to (this information is collect on the Verification of Clinic data sheet – CMS 29);
- That you are aware that the legal entity holding the provider agreement for the RHC must be the same legal entity holding the hospital’s provider’s agreement; *(If they are not the same and are merely a related subsidiary, the RHC is not eligible for provider-based designation).*
- That the RHC must have under fifty (50) certified beds.

Please complete your description of the information submitted by adding the following certifications:

I certify that the information provided above and in the attachments are accurate, complete, and current as of this date.

Signed: _____

Print Name: _____

Title: _____

Date: _____