

# MEMORANDUM

Texas Department of Human Services \* Long Term Care/Policy

**TO:** LTC-R Regional Directors  
Section/Unit Managers

**FROM:** Marc Gold  
Section Manager  
Long Term Care-Policy  
State Office MC: W-519

**SUBJECT:** Regional Survey & Certification Letter #99-18

**DATE:** May 28, 1999

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The attached RS&C Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 99-18 - Revised HCFA 855 Procedures - Effective Immediately; Call Beverly Tucker, Section Manager, Professional Services, at (512) 438-2631.

If you have any questions, please direct inquiries to the individuals or sections listed above.

~Original Signature on File~

Marc Gold

Attachment

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**Health Care Financing Administration**

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Region VI  
1301 Young Street, Room 833  
Dallas, Texas 75202

April 22, 1999

REGIONAL SURVEY AND CERTIFICATION LETTER NO: 99-18

To: All State Survey Agencies (Action)  
All Title XIX Single State Agencies (Information)

Subject: Revised HCFA 855 Procedures - Effective Immediately

This is to inform the State Survey Agencies that Region VI will be piloting new procedures for the Health Care Provider/Supplier Application (HCFA 855). These procedures modify State Operations Manual (SOM) Section 2005 and Intermediary Manual Section 3040. The major modification is that the Intermediaries and Carriers will no longer be sending copies of HCFA 855s or request for additional information to the Regional Office. All HCFA 855 information will flow through the State Survey Agencies.

The facility will contact the State to request the Initial or CHOW packets which will include the HCFA-855. The state agency will send the appropriate packet to the provider and upon receipt of the completed forms from the facility the state agency will forward the HCFA-855 directly to the intermediary.

**State Survey Agency Action for Initials:** The SSA will establish its control record for the packet, make a copy of the HCFA 855 and the related documentation, and forward the original HCFA 855 and appropriate attachments to the Intermediary/Carrier. The SSA will review the survey and certification forms to make sure they are completed properly, while awaiting the recommendation of approval/denial, and copy of the final HCFA 855, from the Intermediary **or** Carrier. Upon receipt of the notice of the approved application from the Medicare contractor, the SSA will schedule its initial survey. After the survey, the SSA will send the appropriate forms, including a copy of the approved HCFA 855, to the HCFA RO, DMSO.

**State Survey Agency Action for CHOWS:** For a change of ownership (CHOW), the SSA will establish its control record for the packet, make a copy of the HCFA 855, and forward the original HCFA 855 to the Intermediary **or** Carrier. The SSA will review the CHOW packet for completion of forms and appropriate documents, while awaiting the recommendation of approval/denial, and copy of the final HCFA 855, from the Intermediary **or** Carrier. Upon receipt of approved applications, the SSA will forward the completed CHOW packet, including a copy of the HCFA 855 and approval, to the HCFA RO, DMSO.

**Intermediary/Carrier Action for Initials and CHOWS:** The Intermediary/Carrier will review and develop for information on the HCFA 855 on initials and CHOWS. If the

Intermediary/Carrier returns the HCFA 855 to the provider for additional information, it will send the SSA a copy of the letter requesting additional information. Once the Intermediary/Carrier has completed its review and development of the HCFA 855, it will send its approval or denial to the SSA. The Intermediary **or** Carrier will send a corrected copy of the approved HCFA 855 to the State Survey Agency along with its approval letter. The RO will receive notice from the SSA of the **final** recommendation on the HCFA 855 for both Initial Applications or CHOWs. It is no longer necessary for the intermediaries to send a copy of the 855 and approval letter to HCFA since the state agencies will be responsible for the notification to HCFA.

**Regional Office (RO) Actions:** Upon receipt of the initial or CHOW certification documents (including the HCFA-855 and approval letter), from the state agency the RO will make a final determination.

If you have questions, please call LaDonna Fulton at (214) 767-6301.

Sincerely,

~Signature on File~

Calvin Cline, Chief  
Survey and Certification Operations Branch  
Division of Medicaid and State Operations