471-000-66 Example of Form HCFA 1539, "Medicare/Medicaid Certification and Transmittal"

DEPARTMENT OF HEALTH AND HUMAN SERVICES — CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

PART 1 - TO BE COMPLETED BY STATE SURVEY AGENCY

1. MEDICARE/MEDICAID PROVIDER NO. L1
2. STATE VENDOR OR MEDICAID NO. L2
3. NAME AND ADDRESS OF FACILITY L3 L4 STATE L5 L6
4. TYPE OF ACTION: 1. INITIAL SURVEY 2. RECERTIFICATION 3. TERMINATION 4. CHOW 5. VALIDATION 6. COMPLAINT 7. ON SITE VISIT 8. TERMINATION OF ICF BEDS 9. OTHER L8
5. EFFECTIVE DATE FOR CHANGE OF OWNERSHIP (M M D D Y Y) L9
6. DATE OF SURVEY (M M D D Y Y) L34
7. PROVIDER/SUPPLIER CATEGORY L7
   - 01 HOSPITAL, 02 SNF/ICF (DUALLY CERTIFIED), 03 SNF/ICF (DISTINCT PART), 04 SNF, 05 HHA, 06 LAB, 07 X-RAY, 08 OPT/SF, 09 ESRD, 10 ICF, 11 IMR, 12 RHC, 13 PTIP, 14 CORF, 15 ASC, 16 HOSPICE
9. FISCAL YEAR ENDING DATE (M M D D) L35
8. ACCREDITATION STATUS L10
   - 0 UNACCREDITED, 1 JCAHO, 2 AOA, 3 OTHER
10. THE FACILITY IS CERTIFIED AS:
    - A. IN COMPLIANCE WITH PROGRAM REQUIREMENTS — COMPLIANCE BASED ON: 1 - ACCEPTABLE POC
    - B. NOT IN COMPLIANCE WITH PROGRAM REQUIREMENTS AND/OR APPLIED WAIVERS: A/B (IF APPLICABLE CODES 1-9) L12
    - AND/OR APPROVED WAIVERS OF THE FOLLOWING REQUIREMENTS: 2 - TECHNICAL PERSONNEL; 3 - 24HR RN; 4 - 7-DAY RN (RURAL SNF); 5 - LIFE SAFETY CODE; 6 - SCOPE OF SERVICE LIMITED; 7 - MEDICAL DIRECTOR; 8 - PATIENT ROOM; 9 - BEDS PER ROOM
11. LTC PERIOD OF CERTIFICATION (a) From (b) To (M M D D Y Y)
12. TOTAL FACILITY BEDS L18
13. TOTAL CERTIFIED BEDS L17
14. LTC CERT. BED BREAK DOWN — A 18 SNF L37; B. 18/19 SNF L38; C. 19 SNF L39; D. ICF L42; E. IMR L43; F. SNF/ICF DUALLY CERT. L40
15. FACILITY MEETS 1861(e)(1) or 1861(j)(1) 1 - YES 2 - NO L15
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE IN REMARKS)

17. SURVEYOR SIGNATURE (M M D D Y Y) L19
18. STATE SURVEY AGENCY APPROVAL (M M D D Y Y) L20

PART II - TO BE COMPLETED BY CMS REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY 1 - FACILITY IS ELIGIBLE TO PARTICIPATE 2 - FACILITY IS NOT ELIGIBLE TO PARTICIPATE L21
20. COMPLIANCE WITH CIVIL RIGHTS ACT
21. 1 - STATEMENT OF FINANCIAL SOLVENCY (CMS-2572) 2 - OWNERSHIP AND CONTROL INTEREST DISCLOSURE STATEMENT (CMS 1513) 3 - BOTH OF THE ABOVE
22. ORIGINAL DATE OF PARTICIPATION (M M D D Y Y) L24
23. LTC AGREEMENT BEGINNING DATE (M M D D Y Y) L41
24. LTC AGREEMENT ENDING DATE (M M D D Y Y) L25
25. LTC EXTENSION DATE (M M D D Y Y) L27
27. ALTERNATIVE SANCTIONS — A. SUSPENSION OF ADMISSIONS (M M D D Y Y) L44; B. RESCIND SUSPENSION DATE (M M D D Y Y) L45
26. TERMINATION ACTION L30
   - VOLUNTARY: 1 - MERGER, CLOSURE; 2 - DISSATISFACTION WITH REIMBURSEMENT; 3 - RISK OF INVOLUNTARY TERMINATION; 4 - OTHER REASON FOR WITHDRAWAL
   - INVOLUNTARY: 5 - FAILURE TO MEET HEALTH/SAFETY; 6 - FAILURE TO MEET AGREEMENT
   - OTHER: 7 - PROVIDER STATUS CHANGE
28. TERMINATION DATE (M M D D Y Y) L28
29. INTERMEDIARY/CARRIER NO. L31
30. REMARKS
31. RO RECEIPT OF CMS-1539 (M M D D Y Y) L32
32. DETERMINATION APPROVAL DATE (M M D D Y Y) L33
DETERMINATION APPROVAL

FORM CMS-1539 (7-84)