CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 334	**Date: April 23, 2010**
	Change Request 6895

SUBJECT: Update to Site Verification Process

I. SUMMARY OF CHANGES: The process for conducting site verifications is being revised to include a date/time stamp on all photographs taken of the facility and a signed declaration by the individual that performed the site verification.

EFFECTIVE DATE: May 24, 2010
IMPLEMENTATION DATE: May 24, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	10/22.1/Site Verifications to Determine Operational Status
R	10/22.2/Site Verifications to Determine if a Provider or Supplier Meets or Continues to Meet the Regulatory Requirements for Their Provider or Supplier Type

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. 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.

IV. ATTACHMENTS:
Business Requirements
Manual Instruction

Unless otherwise specified, the effective date is the date of service.

Attachment - Business Requirements

Pub. 100-08	Transmittal: 334	Date: April 23, 2010	Change Request: 6895

SUBJECT: Update to Site Verification Process

EFFECTIVE DATE: May 24, 2010

IMPLEMENTATION DATE: May 24, 2010

I. GENERAL INFORMATION

A. Background: The process for conducting site verifications is being revised to include a date/time stamp on all photographs taken of the facility and a signed declaration by the individual that performed the site verification.

B. Policy: Per 42 CFR 424.510(d)(8) the Centers for Medicare & Medicaid Services (CMS) reserves the right, when deemed necessary, to perform on-site inspections of a provider or supplier to verify that the enrollment information submitted to CMS or its agents is accurate and to determine compliance with Medicare enrollment requirements. A Medicare enrollment site visit is not the same as a site visit to determine if a provider or supplier meets or continues to meet the conditions of participation for their provider or supplier type.

II. BUSINESS REQUIREMENTS TABLE

Use"Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6895.1	Contractors shall include a date/time stamp on all photographs taken of the business for inclusion in the supplier's file on an as needed basis.	X		X	X						
6895.2	Contractors shall include a signed declaration that states the facts and events that occurred during the site verification.	X		X	X						
6895.3	Contractors shall use the sample declaration in Pub. 100-08, chapter 10, section 22.1 and may revise as necessary.	X		X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Alisha Banks, Alisha.Banks@cms.hhs.gov, 410-786-0671
Post-Implementation Contact(s): Alisha Banks, Alisha.Banks@cms.hhs.gov, 410-786-0671

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers*:

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

Section B: *For Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. 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.

22.1 - Site Verifications to Determine Operational Status

(Rev.334, Issued: 04-23-10, Effective: 05-24-10, Implementation: 05-24-10)

When conducting a site verification to determine whether a practice location is operational, the Medicare contractor shall make every effort to limit its site verification to an external review of the practice location to determine if it is operational. If the Medicare contractor cannot determine if the practice location is operational based on an external review of the practice location, the Medicare contractor shall conduct an unobtrusive site verification by limiting its encounter with provider or supplier personnel or medical patients.

When conducting site verifications to determine whether a practice location is operational, the Medicare contractor shall:

- Document the date and time of the attempted visit to include the name of the individual attempting the visit;

- As appropriate, photograph the provider or supplier's business for inclusion in the supplier's file on an as needed basis. *All photographs should be date/time stamped*;

- Fully document observations made at the facility which could include facts such as; the facility was vacant and free of all furniture, a notice of eviction or similar documentation is posted at the facility, the space is now occupied by another company;

- Write a report of their findings regarding each site verification*; and*

- *Include a signed declaration stating the facts and verifying the completion of the site verification. (A sample declaration is below and may be revised as necessary)*

Declaration of (Name of Inspector/Investigator)
In the Case of _______________
Provider/Supplier No.___________

*I, **(Name of Inspector/Investigator)**, declare as follows:*

1. I have personal knowledge of each of the following matters in this Declaration except to those facts alleged on information and belief, and as to those matters, I believe them to be true. I am competent to testify to the following:

2. I am an Investigator for [Insert Contractor Name]. [Insert Contractor Name] is a CMS-contracted [Intermediary/Carrier/A/B Medicare Administrative Contractor (MAC)].

3. I have been trained as an Investigator and Site Inspector by [Insert Contractor Name], and I am knowledgeable of Medicare's compliance statutes, regulations and standards for suppliers enrolled in the Medicare program. I have worked in this capacity for [Insert years] years. During this period, I have conducted over [Insert Number] site inspections of the offices and facilities of providers/suppliers; and since January [Year in which case occurs], I have

conducted over [Insert Number] site inspections related to the compliance of suppliers with Medicare's requirements.

4. I prepared the attached document entitled "[Title of Document]," which is the report of my attempts to inspect Petitioner's facility. This report is a true and accurate account of the events that occurred and transpired on the dates described therein. I am capable and willing to testify as a witness at a hearing about the content of this report.

5. The foregoing information is based on my personal knowledge or is information provided to me in my official capacity. I declare under penalty of perjury that this information is true and correct to the best of my knowledge and belief.

*Executed this _**(Date)**__ day of _**(Month) (Year)**_ in _**(City)**_, _**(State)**_.*

____

SIGNATURE OF DECLARANT

Site verifications should be done Monday through Friday (excluding holidays) during their posted business hours. If there are no hours posted, the site verification should occur between 9 a.m. and 5 p.m. If during the first attempt, there are obvious signs that facility is no longer operational no second attempt is required. If, on the first attempt the facility is closed but there are no obvious indications the facility is non-operational, a second attempt on a different day during posted hours of operation should be made.

If a physician, non-physician practitioner, or other provider or supplier is determined not to be operational, the Medicare contractor shall revoke the Medicare billing privileges of the provider or supplier, unless the provider or supplier has submitted a change which notified the Medicare contractor of a change in practice location. Within 7 calendar days of CMS or the Medicare contractor determining that the provider or supplier is not operational, the Medicare contractor shall update PECOS or the applicable claims processing system (if the provider does not have an enrollment record in PECOS) to revoke billing Medicare billing privileges and issue a revocation notice to the provider or supplier. The Medicare contractor shall use either 42 CFR §424.535(a)(5)(i) or 42 CFR §424.535(a)(5)(ii) as the legal basis for revocation. Consistent with 42 CFR §424.535(g), the date of revocation is the date that CMS or the Medicare contractor determines that the provider or supplier is no longer operational. The Medicare contractor shall establish a 2-year enrollment bar for suppliers that are not operational. The Medicare contractor shall afford the provider or supplier with the applicable appeal rights in the revocation notification letter.

22.2 - Site Verifications to Determine if a Provider or Supplier Meets or Continues to Meet the Regulatory Requirements for Their Provider or Supplier Type

(Rev.334, Issued: 04-23-10, Effective: 05-24-10, Implementation: 05-24-10)

When conducting a site verification to determine whether a provider or supplier continues to meet the regulatory provisions for the provider or supplier type, the Medicare contractor shall conduct its site verification in a manner which limits the disruption for the provider or supplier.

When conducting site verifications to determine whether a provider or supplier continues to meet the regulatory provisions for the provider or supplier type, the Medicare contractor shall:

- Document the date and time of the attempted visit to include the name of the individual attempting the visit;

- As appropriate, photograph the provider or supplier's business for inclusion in the supplier's file on an as needed basis*. All photographs should be date/time stamped*;

- Fully document observations made at the facility which could include facts such as; the facility was vacant and free of all furniture, a notice of eviction or similar documentation is posted at the facility, the space is now occupied by another company; and

- Write a report of their findings regarding each onsite inspection*; and*

- *A signed declaration stating the facts and verifying the completion of the site verification. (Refer to section 22.1 for a sample declaration.)*

Site verifications should be done Monday through Friday (excluding holidays) during their posted business hours. If there are no hours posted, the site verification should occur between 9 a.m. and 5 p.m. If during the first attempt, there are obvious signs that facility is no longer operational no second attempt is required. If, on the first attempt the facility is closed but there are no obvious indications the facility is non-operational, a second attempt on a different day during posted hours of operation should be made.

If a Medicare contractor determines that the provider or supplier does not comply with the regulatory provisions for their provider or supplier type, the Medicare contractor shall revoke the provider or supplier's Medicare billing privileges. Within 7 calendar days of CMS or the Medicare contractor determining that the provider or supplier does not comply with the regulatory provisions for their provider or supplier type, the Medicare contractor shall update PECOS or the applicable claims processing system (if the provider does not have an enrollment record in PECOS) to revoke billing Medicare billing privileges and issue a revocation notice to the provider or supplier. The Medicare contractor shall use 42 CFR §424.535(a)(1) as the legal basis for revocation. Consistent with 42 CFR §424.535(g), the date of revocation is the date that CMS or the Medicare contractor determines that the provider or supplier is no longer in compliance with regulatory provisions for their provider or supplier type. The Medicare contractor shall establish a 2-year enrollment bar for the providers and suppliers that are not in compliance with provisions for their enrolled provider or supplier type. The Medicare contractor shall afford the provider or supplier with the applicable appeal rights in the revocation notification letter.