

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-05-43

DATE: September 2, 2005

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Survey and Certification Issues Related to Hurricane Katrina

Memo Summary

- **Situation:** Residents of Florida, Louisiana, Mississippi, and Alabama face extraordinary circumstances due to Hurricane Katrina. Their efforts to cope, as well as the exceptional assistance being rendered by compassionate citizens and providers throughout the United States, warrant our full support. The conditions they are experiencing also warrant our use of professional and clinical judgement to ensure that CMS requirements, effective in normal circumstances, do not impede access and quality of care in extraordinary circumstances.
- **Authority:** CMS may waive or modify, to the extent necessary, certain requirements or timetables if providers, acting in good faith to provide needed items and services, are unable to comply with the requirements as a result of the effects of Hurricane Katrina.
- **Answers:** CMS is posting specific questions and answers on the internet (www.cms.gov). Because the answers depend a great deal on the circumstances, we are providing specific contact information to discuss any situation that arises.

Residents of the states affected by Hurricane Katrina, and the providers in all states that are assisting Katrina victims, are facing extraordinary circumstances. We fully support the efforts of all providers to offer assistance. We will take the extraordinary circumstances into account as we apply Medicare and Medicaid standards designed to assure quality of care for all beneficiaries.

Health and Human Services Secretary Mike Leavitt has invoked time-limited statutory authority under section 1135(b) of the Social Security Act to permit CMS (and its agents) to waive or modify certain requirements, or modify certain deadlines and timetables for the performance of required activities, but only to the extent necessary to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the Medicare, Medicaid, and SCHIP programs, and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of these requirements, may be reimbursed and exempted from sanctions that might otherwise apply, absent any determination of fraud or abuse.

Examples of requirements that are often modified in a disaster environment are the requirements for completion of MDS or OASIS assessments within specified time periods. Fulfillment of staffing and certification requirements may also be affected in emergency circumstances as individuals are admitted from one hospital or nursing home to another. A critical access hospital (CAH) may be able to provide extra assistance with assurance from CMS that it will be able to retain its CAH status despite exceeding the 25-bed limit for a limited period of time.

Because the use of reasonable discretion and the answers to particular questions will depend a great deal on the circumstances, we are providing specific contact information to discuss any situation that arises. We encourage you to communicate your questions and concerns to the contact individuals, as well as through normal channels, whichever is the most expeditious.

A comprehensive list of Questions & Answers about many types of issues that arise is available online for your reference at: www.cms.gov. This list will be updated as new inquiries are received, so please continue to check back. CMS will continue to update the provider & stakeholder communities on our efforts. To receive these messages, you may sign up for this listserv at: <http://www.cms.hhs.gov/opendoor/listservs.asp>

Another helpful Web site related to End Stage Renal Disease patients and their dialysis needs is found at www.esource.net

If you have questions or encounter circumstances in which additional guidance is advisable, please contact your CMS Regional Office contacts. A list of additional contacts, specially designated to handle inquiries related to Hurricane Katrina, is attached.

Effective Date: Immediately. The information contained in this announcement should be shared with all surveyors and supervisors as soon as possible.

/s/

Thomas E. Hamilton

cc:

Attachment – List of Contacts

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CMS Overall Contacts	RO Survey & Certification Contacts for State Survey Agency Personnel
Atlanta Regional Office	
Mike Taylor (404) 562-7374	Sandra Pace (404) 562-7454
Colleen Carpenter (404) 562-7242	Alfreda Walker (404) 562-7467
General Line – (404) 562-7390	
Dallas Regional Office	
Paula Hammond – (214)-767-8123	Jacque Douglas (214) 767-4406
Jimmy Sigmund – (214)-767-0250	Theresa Bennett (214) 767-4436
General Line – (214)-767-6401	
Kansas City Regional Office	
Phil Chiarelli - (816) 426- 5033	Paul Shumate (816) 426-6497
Jim Frisbie – (816) 426-6389	Dee Wills (816) 426-6476

Questions from Providers on Other Matters - Hurricane Katrina Medicare Contractors

Survey and Certification officials may receive questions from providers regarding payment or other matters that are not survey or quality of care questions. Such question should be directed toward the proper contacts, as described below.

CMS requests that the provider use the regular customer services lines. However, the following individuals are the point staff for provider calls if the provider does not receive an answer or does not consider their questions to be resolved:

Trispan – Angela Davenport	(601) 664-4466
Mutual – Shirley Vosika	1-(866) 734-9444 ext 2273
Cahaba MS – John Cook	(601) 977-5850
Cahaba AL – Scott Shelton	(205) 220-1336
Cahaba IA – Susan Pretnar	(515) 471-7302
Palmetto (DMERC) – Robin Spires	(803) 788-0222
Palmetto (RHHI) – Marilyn Reser	(803) 763-1856 (South Carolina)
Marjorie Webber	(727) 773-9225 ext. 15360 (Florida)
Arkansas BCBS (FI and carrier) – Kay Werner	(501) 210-9254
TrailBlazer Health Enterprises (FI and carrier) – Pat Lewis	(903) 463-8054 prefers e mail contact @ p.lewis@trailblazerhealth.com

If the provider cannot get through or does not get a response from the Medicare contractors, the provider may call the staff in the appropriate regional offices, identified above.