



Center for Clinical Standards and Quality/Survey & Certification Group

Admin Info: 13-16-RHC

DATE: January 25, 2013

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Revised Form CMS-29/Verification of Clinic Data – Rural Health Clinic (RHC) Program

Memorandum Summary

- **Revised Form CMS-29:** This Centers for Medicare and Medicaid Services (CMS) form has been revised to reduce the amount of data collected and renamed to better describe its purpose. The CMS-29 is utilized for both initial certification and recertification of RHCs, as well as when an existing RHC relocates.
- **Electronic Version of the Form to be Updated Later:** Revisions to the electronic version of the Form CMS-29 embedded in the Automated Survey Process Environment (ASPEN) will be implemented in a future ASPEN release. In the meantime, a “No” answer must be selected for any mandatory data field that remains in ASPEN. Failure to complete the form in ASPEN will prevent the certification kit from uploading.
- **Accrediting Organizations (AOs):** An AO is not required to complete the CMS-29 for an RHC it recommends for initial or renewed deeming. The State Survey Agency (SA) must collect the completed form from the RHC, include it in the hard copy certification package, and enter it into ASPEN in order to upload the certification kit.

The Form CMS-29/Verification of Clinic Data – Rural Health Clinic Program must be completed by suppliers of RHC services requesting participation in the Medicare program. This form initiates the process of obtaining a decision as to whether the RHC conditions for certification (CfCs) are met. It also promotes collection and retrieval of data on key RHC characteristics from the ASPEN and related survey and certification databases. The form has been revised to reduce the amount of data collected from suppliers and renamed to better describe its purpose. The former title of the form was “*REQUEST TO ESTABLISH ELIGIBILITY TO PARTICIPATE IN THE HEALTH INSURANCE FOR THE AGED AND DISABLED PROGRAM TO PROVIDE RURAL HEALTH CLINIC SERVICES.*”

The CMS-29 is completed during the initial RHC application process, the recertification process and when an existing RHC relocates.

Uses of the Form:

- **Initial Certification:** The SA uses the information on the form to make a preliminary determination as to whether or not the rural and shortage area location requirements at 42 CFR 491.5 are met prior to an on-site survey. It would be inefficient to conduct an on-site survey for a facility that is not eligible to become an RHC due to its location. Although this location information requires an off-site evaluation prior to survey, surveyors are expected to confirm when on-site that the location listed on the Form CMS-29 is the same as the location where services are actually being provided.

Likewise the form is used to collect basic information concerning staffing, type of control, and provider-based status that is entered into ASPEN and which may be aggregated for policy analysis.

- **Recertification:** Under current regulations located at 42 CFR 491.5(b)(1), CMS does not remove an existing RHC's certification due to its location no longer meeting the rural or shortage area location requirements. When surveyors are on-site conducting a recertification survey they must ask the RHC to complete and sign an updated Form CMS-29. The information collected on the Form CMS-29 is entered into ASPEN to update data which may be aggregated and used for policy analysis.
- **Relocation:** – If an RHC has moved the form is used to make an off-site determination as to whether or not the new address meets the basic location and staffing requirements. Based on the information received, the RO has the discretion to require an on-site survey.

AO Responsibilities - AOs are not required to collect or evaluate the Form CMS-29. The SA is responsible for collecting the completed Form CMS-29 from the RHC applicant/recertified RHC.

ASPEN

An electronic version of the Form CMS-29 exists in ASPEN and will not be aligned with the revised form until an ASPEN release in 2013. Below please find instructions on what to do in the interim for those fields that have been revised or deleted.

Interim ASPEN Data Entry Instructions for Revised/Deleted Fields

Field	Mandatory? Y/N	Wording Revised or Deleted?	Interim Instructions
RH 11	No	Revised	Enter the CCN number of the hospital or CAH to which the RHC is provider-based (found at RH12 on the revised hard copy Form CMS-29)
RH 12	Yes	Revised	Select “No”
RH 13	No	Revised	Leave blank
RH 14	No	Deleted	Leave blank
RH 15	No	Revised	Enter the date the RHC official signed the form (found at RH13 on the revised hard copy Form CMS-29)

Attached are a copy of the revised Form CMS-29 and a crosswalk showing the old and new language for the revised fields as well as deleted fields.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
Thomas E. Hamilton

Attachments:

- (1) - Crosswalk
- (2) - Revised Form CMS-29

cc: Survey and Certification Regional Office Management