

ALABAMA QUALITY ASSURANCE FOUNDATION

PRO GENERAL MEMORANDUM 96/99-13a

TO: Hospital Administrators and Chiefs of Staff at All Alabama Hospitals

**FOR IMMEDIATE DISTRIBUTION to your Medical Staff,
UR/QA Departments, Medical Records Departments, and
Outpatient Service Departments**

FROM: H. Terrell Lindsey
President and Chief Executive Officer

DATE: November 13, 1998

**SUBJECT: UPDATE ON PHYSICIAN MEDICARE ACKNOWLEDGMENT
STATEMENT REQUIREMENTS**

Purpose: The purpose of this General Memorandum is to inform providers on clarifications in the monitoring of physician acknowledgment statements by the PROs as directed by the Health Care Financing Administration (HCFA). Specialty or Exempt Hospitals and Speciality or Exempt Units are not included in this requirement.

Background: Medicare Regulations at 42 CFR 412.46 requires hospitals to obtain only one signed acknowledgment from physicians who are granted admitting privileges at a particular hospital. The physician must complete the acknowledgment at the time he or she is granted admitting privileges at the hospital, or before or at the time the physician admits his or her first patient to the hospital. Existing acknowledgments signed by the physicians already on staff remain in effect, as long as the physician has admitting privileges at the hospital. When the hospital submits a claim, it must have on file a signed and dated acknowledgment from the attending physician that the physician has received the notice specified in 42 CFR 46 (b).

The proceeding information has not changed from that provided to your hospital in General Memorandum No. 93/96-17 dated May 17, 1994.

Monitoring: *Per Section 4260 of the Peer Review Organization Manual, on an ongoing basis, PROs are to monitor hospitals' compliance with obtaining and filing signed and dated physicians' acknowledgment statements. PROs are to establish a monitoring plan using the hospitals' own internal procedures to secure the acknowledgment statements from physicians. PROs are to coordinate, as necessary, with the intermediary and hospitals in the review area when developing and implementing their monitoring plan. If during monitoring, a determination that a corrective action is necessary:*

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- *PROs must notify the hospital that it must correct the deficiency immediately. Concurrently, they must inform the HCFA Region VI Associate Regional Administrator, Dallas, TX.*
- *If the problem continues or a pattern of noncompliance is established, the PRO must refer the case to the HCFA Associate Regional Administrator for further action(s).*

The preceding italicized paragraphs **indicates a change** from that provided in General Memorandum No. 93/96-17 dated May 17, 1994 in which PROs were notified via contract Direct Change Order to stop the physician acknowledgment monitoring system.

Physician Acknowledgment Report: AQAF will continue to request hospitals submit a copy of each newly signed Acknowledgment Statement along with the attached form indicating the name and UPIN number of the new admitting physician. This will assist us in fulfilling the monitoring requirement. A sample Acknowledgment Statement format is attached for your use and can be copied onto hospital letterhead, if needed.

In accordance with regulations at 42 CFR 412.46, AQAF will begin randomly reviewing claims submitted by new admitting physicians not reported to AQAF by providers, and will be monitoring Acknowledgment Statements for these physicians. In the event an Acknowledgment Statement has not been forwarded to us, a copy will be requested. Profiles will be maintained to determine hospital compliance with this requirement. Providers will be requested to provide corrective action plans in the event a pattern of non-compliance is identified. AQAF's monitoring plan is provided as an attachment to this memorandum.

This General Memorandum also serves as an amendment to the PRO/Hospital Memorandum of Agreement (MOA).

Questions concerning this memorandum should be directed to Dixie Ragland at 205-970-1600. Ext 3207.

cc: Provider contact person; AQAF Board of Directors; L. Robinson and F. Richards, MD, FMQAI; Patty Rawlings, PO/DHHS; J. Michael Horsley/ALAHA; Cary Kuhlmann/MASA; Frazer Rolen/ALAHA-Birmingham; Jane M. Cottos/OIG-DHHS; Lynda Northcutt/BCBS

Attachment

ALABAMA QUALITY ASSURANCE FOUNDATION

PHYSICIAN ACKNOWLEDGMENT REPORT

DATE: _____

PROVIDER NAME: _____

PROVIDER NUMBER: _____

PHYSICIAN NAME: _____

PHYSICIAN UPIN NUMBER: _____

DATE PHYSICIAN GRANTED ADMITTING PRIVILEGES: _____

DATE PHYSICIAN SIGNED STATEMENT: _____

NAME OF PROVIDER CONTACT: _____

MAIL TO: (Attach a copy of the signed acknowledgment)

**ALABAMA QUALITY ASSURANCE FOUNDATION
ONE PERIMETER PARK SOUTH, SUITE 200 NORTH
BIRMINGHAM, ALABAMA 35243-2354**

ATTENTION: Dixie Ragland

PHYSICIAN ACKNOWLEDGMENT REPORT

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****(Internet Users, please request attachments)