



**NEW JERSEY
MEDICARE
BENEFICIARY
PROTECTION
PROGRAM**

Memorandum

TO: Acute Care and Long-term Acute Care Hospital (LTACH) HQSI Liaisons
FROM: Carolyn Hezekiah Hoitela, MLS, Director, Library & Information Services
DATE: February 16, 2010
RE: 2009 Physician Acknowledgement Statements

Healthcare Quality Strategies, Inc., (HQSI) is required by the Centers for Medicare & Medicaid Services (CMS) to annually monitor physician acknowledgement statements for all acute and long term care facilities in the state of New Jersey. For specific information regarding your facility's responsibilities, please refer to the *Medicare Hospital Manual*, Section 415, Page 4-149.

To summarize, your facility is required to have on file a signed and dated acknowledgement statement (dated in 2009) from each new attending physician granted privileges in 2009 at the time of or before:

- Admitting privileges were granted to the physician at your facility
- The physician admits his/her first patient

Existing acknowledgement statements signed by physicians already on staff or annual re-signed statements will remain in effect as long as the physicians have admitting privileges at your facility (see 42 CFR 412.46, attached). These statements should not be submitted to HQSI as a part of the annual review.

CMS requires that facilities send HQSI a list of physicians granted admitting privileges in **calendar year 2009**, in addition to a photocopy of the signed and dated physician acknowledgement statement for each new physician on the list. Using the attached Excel spreadsheet (2009 Physician Acknowledgements.xls), please fill in the following information for each new physician granted privileges:

- Physician name (last name, first name)
- National Provider Identifier (NPI) (e.g., 2345678801)
- The date the physician signed the acknowledgement statement, must be during CY 2009
- The date the first claim was submitted for payment to Medicare

Please print out and return the completed spreadsheet and the hard copies of the signed physician acknowledgement statements via regular mail to my attention by March 16, 2010. As directed by CMS, HQSI must refer noncompliance with this request to the CMS Regional Office.

If you have any questions regarding this request, please feel free to contact me at 1-732-238-5570, extension 2012, or via E-mail at choitela@njqio.sdps.org. The spreadsheet and instructions are also available on our website at www.hqsi.org, under Healthcare Providers, Medicare Case Review, Resources.

Thank you for your attention to this matter.