

**MEDICARE GEOGRAPHIC CLASSIFICATION REVIEW BOARD**

2520 Lord Baltimore Drive, Suite L, Baltimore, MD 21244-2670

2009 JOINT APPLICATION FOR HOSPITAL GROUPS

FOR GEOGRAPHIC RECLASSIFICATION

EFFECTIVE FEDERAL FISCAL YEARS 2011 THROUGH 2013

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**PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION**

THIS APPLICATION MUST BE COMPLETED AND RECEIVED BY THE MGRB BY  
**5:00 P.M. EDT, SEPTEMBER 1, 2009.** FAILURE TO COMPLY WILL RESULT IN DISMISSAL.

**PRINT IN INK OR TYPE WHEN COMPLETING THIS APPLICATION**

**I. GROUP INFORMATION**

1. NAME OF THE COUNTY IN WHICH THE HOSPITALS ARE LOCATED:

\_\_\_\_\_

2. IDENTIFICATION CODE FOR THE AREA INDICATED IN NUMBER 1 (REFER TO GROUP INSTRUCTIONS):

\_\_\_\_\_

3. CONTACT FOR ALL COMMUNICATIONS REGARDING THIS APPLICATION:

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

4. A. THE GROUP SHOULD PROVIDE, USING THE FOLLOWING FORMAT, A LISTING OF ALL IPHS HOSPITALS IN THE COUNTY AT **ATTACHMENT A**. COLUMNS A THROUGH C ARE SELF-EXPLANATORY. FOR COLUMN D., PROVIDE AN ASTERISK IF THE HOSPITAL IS ALSO FILING AN INDIVIDUAL APPLICATION WITH THE MGRB. IN COLUMN E, THE GROUP MUST IDENTIFY ALL HOSPITALS WHICH ARE ALREADY RECLASSIFIED FOR THE WAGE INDEX IN FFY 2011 AS PART OF A 3-YEAR RECLASSIFICATION. COMPLETE COLUMN E BY INDICATING THE AREA IDENTIFICATION CODE TO WHICH THE HOSPITAL IS RECLASSIFIED IN FFY 2011. **NOTE:** THE BOARD WILL RULE ON A GROUP RECLASSIFICATION REQUEST BEFORE IT RULES ON A HOSPITAL'S INDIVIDUAL REQUEST. IF THE BOARD RECLASSIFIES A GROUP, IT WILL DISMISS ANY INDIVIDUAL RECLASSIFICATION APPLICATION FILED BY HOSPITALS IN THE GROUP.

<u>COL. A</u>	<u>COL. B</u>	<u>COL. C</u>	<u>COL. D</u>	<u>COL. E</u>
<u>HOSPITAL</u>	<u>ADDRESS</u>	<u>MEDICARE PROV.</u>	<u>INDIVIDUAL</u>	<u>FFY 2011</u>
<u>NAME</u>	<u>ADDRESS</u>	<u>NUMBER</u>	<u>APPLICATION</u>	<u>RECLASS. AREA</u>

- B. IN SUPPORT OF 4.A. IMMEDIATELY ABOVE, INCLUDE, AS **ATTACHMENT B**, A CURRENT LETTER FROM THE APPROPRIATE CMS REGIONAL OFFICE WHICH LISTS ALL OF THE CURRENTLY LICENSED IPPS HOSPITALS IN THE COUNTY NAMED IN I.1. ABOVE.

**II. RECLASSIFICATION REQUEST**

**NOTE: PLEASE READ THE ACCOMPANYING HOSPITAL GROUP INSTRUCTIONS (PAGES 2 AND 3) FOR THE BOARD'S TREATMENT OF URBAN AND RURAL AREAS.**

5. NAME OF THE AREA (RURAL /URBAN AREA) TO WHICH THE GROUP IS REQUESTING RECLASSIFICATION (THE GROUP MAY BE RECLASSIFIED TO ONLY ONE AREA):  
\_\_\_\_\_
6. IDENTIFICATION CODE FOR THE AREA SHOWN IN NO.5 (REFER TO GROUP INSTRUCTIONS)  
\_\_\_\_\_
7. THE GROUP SHOULD CIRCLE THE RECLASSIFICATION CRITERIA UNDER WHICH IT IS APPLYING AND COMPLETE THE SECTIONS INDICATED:
- A. ALL HOSPITALS IN A RURAL COUNTY SEEKING REDESIGNATION TO AN URBAN AREA (42 C.F.R. 412.232). COMPLETE SECTIONS III, IV, V, THE WAGE INDEX COMPARISON AND THE AFFIDAVIT (S).
- B. ALL HOSPITALS IN AN URBAN COUNTY SEEKING REDESIGNATION TO ANOTHER URBAN AREA (42 C.F.R. 412.234). COMPLETE SECTIONS III, IV, VI, THE WAGE INDEX COMPARISON AND THE AFFIDAVIT (S).

**III. GENERAL INFORMATION**

8. ARE ALL IPPS HOSPITALS IN THE COUNTY LISTED IN NO. 4 MEMBERS OF THE GROUP?  
YES \_\_\_\_\_ NO \_\_\_\_\_
9. HAVE THE HOSPITALS IN THE GROUP ALSO REQUESTED RECLASSIFICATION AS A PART OF A STATEWIDE WAGE INDEX APPLICATION FOR FFY 2011?  
YES \_\_\_\_\_ NO \_\_\_\_\_
10. IF THE GROUP APPLYING FOR RECLASSIFICATION IS AN URBAN GROUP:
- A. IS ANY IPPS HOSPITAL IN THE COUNTY CURRENTLY CLASSIFIED BY THE CMS REGIONAL OFFICE UNDER 42 C.F.R. § 412.103 AS BEING IN A RURAL AREA?  
YES \_\_\_\_\_ NO \_\_\_\_\_

B. DOES ANY IPPS HOSPITAL IN THE COUNTY HAVE A PENDING APPLICATION WITH THE CMS REGIONAL OFFICE TO BE TREATED AS BEING IN A RURAL AREA UNDER 42 C.F.R. § 412.103?

YES \_\_\_\_\_ NO \_\_\_\_\_

C. IF THE ANSWER TO 10.A. IS “YES,” HAS THE HOSPITAL(S) OBTAINED WRITTEN NOTICE FROM THE CMS REGIONAL OFFICE DEMONSTRATING THAT IT’S RURAL REDESIGNATION WILL CANCEL PRIOR TO OCTOBER 1, 2010?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF “YES” TO EITHER 10.A., 10.B., OR 10.C., PROVIDE A LIST OF THE HOSPITALS AT **ATTACHMENT C**. ALSO PROVIDE A COPY OF THE APPLICABLE CMS REGIONAL OFFICE APPROVAL LETTER FOR ANY HOSPITAL LISTED IN **ATTACHMENT C** UNDER 10.A. AND 10.C. (**ATTACHMENT C-1 AND C-3 RESPECTIVELY**) AND THE HOSPITAL’S OWN LETTER REQUESTING CMS REGIONAL OFFICE APPROVAL UNDER 10.B. (**ATTACHMENT C-2**). REFER TO THE INSTRUCTIONS FOR FURTHER DETAIL.

11. IS THE GROUP REQUESTING AN ORAL HEARING?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF “YES” ATTACH RATIONALE UNDER **ATTACHMENT D**.

12. PRIOR YEAR GROUP CASE NUMBER (S):

08G \_\_\_\_\_ 09G \_\_\_\_\_ 10G \_\_\_\_\_

**IV. ADJACENCY (ALL GROUPS)**

13. IS THE COUNTY IN WHICH THE HOSPITALS ARE LOCATED ADJACENT (CONTIGUOUS) TO THE AREA TO WHICH THE GROUP SEEKS REDESIGNATION?

YES \_\_\_\_\_ NO \_\_\_\_\_

(ATTACH MAP UNDER **ATTACHMENT E**.)

**V. METROPOLITAN CHARACTER (RURAL GROUP ONLY)**

14. DOES THE COUNTY IN WHICH THE HOSPITALS ARE LOCATED MEET THE STANDARDS FOR REDESIGNATION TO AN URBAN AREA AS AN “OUTLYING COUNTY”?

YES \_\_\_\_\_ NO \_\_\_\_\_

(ATTACH THE SUPPORTING U.S. CENSUS BUREAU DATA UNDER **ATTACHMENT F**.)

**VI. CSA/CBSA CRITERIA (URBAN GROUP ONLY)**

15. IS THE COUNTY IN WHICH THE HOSPITALS ARE LOCATED A PART OF THE COMBINED STATISTICAL AREA (CSA) OR CORE-BASED STATISTICAL AREA (CBSA) THAT INCLUDES THE URBAN AREA TO WHICH THE GROUP SEEKS REDESIGNATION?

YES \_\_\_\_\_ NO \_\_\_\_\_

(ATTACH OFFICIAL U.S. CENSUS BUREAU CSA OR CBSA LISTING UNDER **ATTACHMENT G.**)

**WAGE CRITERIA – 88 PERCENT COMPARISON (RURAL AND URBAN GROUPS)**

ATTACH THE GROUP'S AGGREGATE HOURLY WAGE COMPUTATIONS USING 3-YEAR AVERAGES OF WAGES AND HOURS FOR THE 88 PERCENT COMPARISON AS **ATTACHMENT H.** TAB 1 OF THE GROUP APPLICATION INSTRUCTIONS PROVIDES AN EXAMPLE OF THIS COMPARISON.

**AFFIDAVIT**

COUNTY OR PARISH OF \_\_\_\_\_

STATE OF \_\_\_\_\_

I, \_\_\_\_\_ (TYPE OR PRINT NAME), BEING DULY SWORN, DEPOSE AND SAY AS FOLLOWS:

- (1) I CERTIFY THAT I HAVE EXAMINED THE ACCOMPANYING APPLICATION FOR GEOGRAPHIC RECLASSIFICATION AND ALL OF THE SUPPORTING INFORMATION AND DATA INCLUDED IN THE SUBMITTAL BY \_\_\_\_\_ (HOSPITAL NAME AND MEDICARE PROVIDER NUMBER) THAT IS DUE TO THE MEDICARE GEOGRAPHIC CLASSIFICATION REVIEW BOARD NO LATER THAN SEPTEMBER 1, 2009. I HEREBY DECLARE UNDER PENALTY OF PERJURY (28 U.S.C. SECTION 1746) THAT THE FOREGOING IS TRUE AND CORRECT.
- (2) I UNDERSTAND THAT AN OMISSION, MISSTATEMENT, MISREPRESENTATION, OR ERROR MADE IN A HOSPITAL'S APPLICATION AND SUPPORTING INFORMATION AND DATA FOR GEOGRAPHIC RECLASSIFICATION MAY BE GROUNDS FOR DENIAL OF THE HOSPITAL'S APPLICATION.
- (3) I UNDERSTAND THAT AN OMISSION, MISSTATEMENT, MISREPRESENTATION, OR ERROR MADE IN A HOSPITAL'S APPLICATION AND SUPPORTING INFORMATION AND DATA FOR GEOGRAPHIC RECLASSIFICATION MAY BE CAUSE FOR LEGAL ACTION AGAINST THE APPLICANT HOSPITAL AND ITS OFFICIALS.
- (4) I CERTIFY THAT I AM AN OFFICER OF THE HOSPITAL NAMED IN (1) ABOVE OR A CORPORATE OFFICER OF THE HOSPITAL'S PARENT CORPORATION WITH AUTHORITY TO SIGN THE APPLICATION FOR GEOGRAPHIC RECLASSIFICATION ON BEHALF OF THE HOSPITAL.

SIGNATURE:

\_\_\_\_\_

TITLE:

\_\_\_\_\_

PHONE NUMBER:

\_\_\_\_\_

E-MAIL ADDRESS:

\_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2009  
(DAY) (MONTH)

\_\_\_\_\_  
(SIGNATURE OF NOTARY)

NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_