

OMB Approval No. 0938-0685

SECTION 7: CHAIN HOME OFFICE INFORMATION

All providers that are currently part of a chain organization or who are joining a chain organization must complete this section with information about the chain home office. This information will be used to ensure proper reimbursement when the provider year-end cost report is filed with the Medicare fiscal intermediary. It is important to furnish the information in this section to avoid overpayments and/or other administrative actions or penalties.

Chain organizations are generally defined as multiple providers owned, leased, or through any other device, controlled by a single organization. The controlling organization is known as the chain "home office." Typically, the chain "home office":

- Maintains uniform procedures in each facility for handling admissions, utilization review, preparation and processing admission notices and bills, and
- Maintains and centrally controls individual provider cost reports and fiscal records. In addition, a major portion of the Medicare audit for each provider in the chain can be performed centrally at the chain "home office."

A few of the most common provider types that would typically be in a chain organization are Comprehensive Outpatient Rehabilitation Facilities (CORFs), Skilled Nursing Facilities (SNFs), and Home Health Agencies (HHAs).

- A. Check Box** - If this section does not apply to this provider, check the box provided and skip to Section 8.
- B. Type of Action this Provider is Reporting** - Check the appropriate box to indicate the type of action this provider is reporting about its relationship to the chain organization.

Check the:

- 1st box if this provider is enrolling in Medicare for the 1st time, or is undergoing a change of ownership. If this box is checked, complete this entire section.
- 2nd box if the provider is no longer associated with the chain organization previously reported. Furnish the effective date of this action, and identify the old chain home office in Section 7D.
- 3rd box if the provider has changed from one chain to another. Furnish the effective date of this action, and complete Section 7D with information about the NEW chain home office.
- 4th box if only the name of the chain home office is changing and all other information remains the same. Furnish the effective date of this action, and furnish the new chain home office name in Section 7D1.

- C. Chain Home Office Administrator Information** - If this section is being completed to report a change to the information previously reported about the chain home office administrator, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:
- Furnish the name of the chain home office administrator, and his/her title, social security number, and date of birth.
- D. Chain Home Office Information** - If this section is being completed to report a change to the information previously reported about the chain home office, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:
1. Furnish the legal business name of the chain home office as reported to the IRS.
 2. Furnish the street address, telephone number, fax number, and e-mail address of the home office corporate headquarters. Do not give a P.O. Box or Drop Box address.
 3. Furnish the home office tax identification number and the home office "cost report" year-end date.
 4. Furnish the name of the home office fiscal intermediary and the home office chain number. If this is a new chain organization, furnish the name of the fiscal intermediary of choice for the home office and write "pending" in the space for chain number.
- E. Type of Business Structure of the Chain Home Office** - If this section is being completed to report a change to the information previously reported about the chain home office's business structure, check "Change," provide the effective date of the change, check the appropriate box in this section, and sign and date the certification statement. Otherwise:
- Check one of the choices given that best describes the home office business structure.
- F. Provider's Affiliation to the Chain Home Office** - If this section is being completed to report a change to the information previously reported about the provider's affiliation to the chain home office, check "Change," provide the effective date of the change, check the appropriate box, and sign and date the certification statement. Otherwise:
- Check the appropriate box to indicate how this provider is affiliated with the home office.