DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-12-25 Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-03-29

DATE: August 14, 2003

FROM: Director

Survey and Certification Group

SUBJECT: Discontinuance of Forms HCFA-1513, "Ownership and Control Interest

Disclosure Statement" and HCFA-2572, "Statement of Financial Solvency"

TO: Survey and Certification Regional Office Management (G-5)

State Survey Agency Directors

The purpose of this memorandum is to notify states and Regional Offices (ROs) of the discontinuation of the use and reproduction of forms HCFA-1513, "Ownership and Control Interest Disclosure Statement" and HCFA-2572, "Statement of Financial Solvency." As of June 15, 2003 these forms are no longer reproduced or required by the Centers for Medicare & Medicaid Services (CMS) for use when processing Medicare certification actions.

The decision to discontinue the reproduction and use of these forms is in accordance with CMS' efforts to reduce the paperwork burden as recommended by the Secretary's Regulatory Reform Task Force. In addition, the information collected on these forms is now gathered on the CMS-855A, "Medicare Federal Health Care Provider/Supplier Application for Health Care Providers that will Bill Medicare Fiscal Intermediaries," and CMS-855B, "Medicare Federal Health Care Provider/Supplier Application for Health Care Providers that will Bill Medicare Carriers." For policy guidance regarding the use of these forms, please refer to August 15, 2001 memorandum, S&C-01-22.

Although CMS will no longer produce and support these forms, State Medicaid Agencies may continue to use the HCFA-1513 and HCFA-2572 in administering their Medicaid programs. However, states must remove all references to "CMS," "HCFA," the "OMB Approved Number," and the "Paperwork Reduction Act Statement."

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For additional questions, please contact Milonda Mitchell at 410-786-3511 or via email at MMitchell@cms.hhs.gov.

Effective Date: Immediately

Training: This information should be shared with all survey and certification staff, surveyors, their managers, and the State/regional training coordinators.

/s/ Steven A. Pelovitz