INITIAL HOME HEALTH AGENCY MEDICARE ENROLLMENT PROCESS

I. OBTAINING THE APPLICATION:
The enrollment process starts with the licensed home health agency submitting a Medicare Enrollment Application to Palmetto Government Benefits Administration (Palmetto GBA), the Regional Home Health and Hospice Intermediary (RHII). Palmetto GBA is designated by the U.S. Dept. of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), to receive Medicare applications from home health agencies in Florida. The Medicare Enrollment Application (CMS Form 855A), can be printed from the CMS web site at http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp. At this site, click on “CMS Forms” on the left side of the screen, then pick the 855A form from the list of forms that will appear. There is no charge for the application. If you have questions or concerns in completing the Medicare enrollment application, please contact Palmetto GBA at 803-382-6167. The completed CMS Form 855A must be mailed to the following address:

    Palmetto GBA
    Part A Provider Enrollment (AG-331)
    P.O. Box 100144
    Columbia, S.C. 29202-3144

II. PROCESSING THE APPLICATION:
Palmetto GBA has 6 months to review and approve the Medicare Enrollment Application submitted by the home health agency. It usually takes the full six months due to the large number of applications received. When the application is approved, Palmetto GBA sends a letter to the home health agency with a copy to AHCA’s Home Care Unit. The Unit will then send a letter to the home health agency explaining the additional requirements, which are summarized below.

A. OASIS TEST TRANSMITTAL AND COMPREHENSIVE ASSESSMENT:
Any home health agency seeking Medicare certification is required to meet the Medicare Conditions of Participation in 42 Code of Federal Regulations Part 484 prior to certification. This includes compliance with the OASIS test transmittal and an OASIS comprehensive assessment on all adult skilled patients. New home health agencies must demonstrate that they can transmit OASIS data prior to the initial certification survey. If you need assistance with OASIS, please call the Florida OASIS Help Desk at 850-412-4501.

You may access the Medicare Conditions of Participation, 42 CFR Part 484, at the following website: http://www.gpoaccess.gov/cfr/index.html. You will need to enter 42CFR484 in the “search terms” box and click on “submit.”
B. FEDERAL FORMS AND DOCUMENTS:

The following forms will need to be completed and submitted to the Home Care Unit prior to certification. Please note the nondiscrimination policies and notices that are required to be developed and submitted with the Civil Rights Information Request Form.

1. HCFA 1561 (2 originals), Health Insurance Benefit Agreement
2. HHS 690 (2 originals), Assurance of Compliance Medicare
3. The Certification Civil Rights Information Request Form and nondiscrimination policies and notices may be submitted by one method as listed below:
   a) You may submit the Certification Civil Rights Information Request Form and required attachments to the Home Care Unit (submit an original and a copy)
   b) Or you may answer all questions and submit the entire civil rights clearance package online at https://ocrportal.hhs.gov/ocr/pgportal/. If the civil rights package is submitted online;
      1. The submission will go directly into the Office of Civil Rights (OCR) intake queue, and the provider will receive an e-mail from OCR stating that the provider completed the civil rights submission. The e-mail will contain an OCR number, which is necessary for OCR to access the provider’s submission from the OCR intake queue.
      2. The home health agency will forward a copy of the e-mail from OCR to the Home Care Unit’s email box: HQAhomehealth@ahca.myflorida.com.
      3. The Home Care Unit will submit the email to the CMS Regional Office in lieu of the completed civil rights package.

III. THE SURVEY:

AHCA will not be able to do the initial certification survey, as explained in the October 23, 2007 memo from Elizabeth Dudek, Deputy Secretary, also posted at this web page. However, you may choose a national accrediting organization to conduct your initial Medicare survey instead of the AHCA Field Office. This requires that you seek accreditation along with “deemed status” from one of the three national accrediting organizations listed below. “Deemed status” means that the HHA is found to meet the Medicare Conditions of Participation on unannounced survey conducted by the accrediting organization. (CMS retains the authority to have the state agencies conduct random validation surveys and complaint investigations for Medicare-certified organizations.) Listed below are the three accrediting organizations accepted by CMS to conduct deemed status surveys for Medicare and Medicaid:

- Community Health Accreditation Program - 1-800-656-9656 or (202) 862-3413 or visit their web site at http://www.chapinc.org
- The Joint Commission - (630) 792-5000 or visit their web site at www.jointcommission.org
- Accreditation Commission for Health Care - (919) 785-1214 or visit their web site at http://www.achc.org/index.php
Your agency must be providing skilled nursing, physical therapy, speech therapy or occupational therapy to a minimum of 10 patients before the survey is conducted. CMS requires that at least 7 of the 10 required patients must be receiving care from your agency at the time of the initial Medicare survey. These patients do not have to be Medicare patients, as CMS will not reimburse for any services prior to the effective date determined by CMS. Surveyors will expect to review a comprehensive assessment for each of these patients that include the required OASIS items.

To prepare for the survey, please review the Federal Regulation Set used by surveyors, which is based on the Federal Conditions of Participation. The Federal Regulation Set can be viewed and printed from http://cms.hhs.gov/manuals/Downloads/som107ap_b_hha.pdf.

The CMS Medicare Home Health Agency Manual should also be reviewed at www.cms.hhs.gov/manuals (click on “Paper-Based Manuals”).

Send a copy of the deemed status accreditation survey to the AHCA Home Care Unit.

IV. ENROLLMENT IN THE MEDICARE PROGRAM:

The AHCA Home Care Unit will forward the deemed status survey results, the civil rights documents, OASIS test transmission, and recommendation for enrollment to CMS in Atlanta, Georgia. If the recommendation is accepted, CMS will send a letter to the home health agency with a copy to the AHCA Home Care Unit of the home health agency’s Medicare provider number. Due to the large number of home health agencies seeking Medicare enrollment, it takes about 4 to 6 weeks for the home health agency to get the provider number from CMS. A Medicare certified license will then be issued to the home health agency by the AHCA Home Care Unit.

Payment procedures will be provided by Palmetto GBA to the home health agency.

V. QUESTIONS

- The Medicare Enrollment Application -- As stated above, questions about completing the Medicare Enrollment Application and the review of that application must be directed to Palmetto GBA at 803-382-6167. If you already submitted an application and received a letter from Palmetto GBA regarding your application, please call the Palmetto GBA representative who signed or is referenced in the letter.

- Once your Medicare application is approved by Palmetto GBA, if you have any questions about the remainder of the Medicare enrollment process, please contact Cynthia Thomas of the Home Care Unit at (850) 412-4403 or send an email to cynthia.thomas@ahca.myflorida.com.

Revised 07/16/2013