**Initial Home Health Agency Medicare Enrollment Process**

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.

**Step One – Application Submission**

Licensed home health agencies can apply for enrollment in the Medicare program or make a change in their enrollment information using either:

• The online Internet-based Provider Enrollment, Chain and Ownership System (PECOS), or

• The paper enrollment application process (e.g., CMS 855A).

For additional information regarding the Medicare enrollment process, including Internet-based PECOS, go to [www.cms.gov/MedicareProviderSupEnroll](http://www.cms.gov/MedicareProviderSupEnroll).

**Via online through PECOS:**

Access the following link: <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>

**Via mail:**

Download and complete all sections of the Medicare Enrollment Application ([CMS-855A](https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf)) including an email address where correspondence can be received. There is no charge for the application. 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

Palmetto Government Benefits Administration (Palmetto GBA) is designated by the U.S. Dept. of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) as the regional home health and hospice intermediary (RHHI) to receive Medicare applications from home health agencies in Florida.

If you have questions or concerns in completing the Medicare enrollment application, please contact Palmetto GBA at 803-382-6167.

**Step Two – Application Review**

Once the application has been submitted via mail or online, Palmetto GBA will review the application submitted by the home health agency. Palmetto GBA has 6 months to review and approve or deny the Medicare Enrollment Application.

When the application has been approved, Palmetto GBA will send a letter to the home health agency with a copy to AHCA’s Laboratory and In-Home Services Unit.

The application will then be reviewed by a Medicare Certification Specialist in the Unit to ensure that the information reported on the CMS-855A is consistent with the information on the home health agency licensure file.

If the information is not consistent, the home health agency will be notified via email of the errors or omissions and instructed to contact Palmetto GBA to update the CMS-855A.

If the information is consistent, the home health agency will be notified via email of the additional requirements needed for completion of the enrollment package.

Email correspondence from the Unit will be sent to the contact person and corresponding email address listed on the CMS-855A.

**Step Three – Additional Provider Requirements**

The home health agency will receive only one letter via email describing the additional requirements that must be addressed to deem the application complete. The email will be sent to the contact person and corresponding email address listed on the CMS-855A. No further action can be taken until the following is received:

**Federal Forms and Documents**

The following forms and documents must be completed and submitted to the Laboratory and In-Home Services Unit prior to certification.

* [OASIS G325 Compliance letter](http://ahca.myflorida.com/MCHQ/Field_Ops/Health_Standards/oasis.shtml) – see OASIS information for requirements
* [CMS 1561, Health Insurance Benefit Agreement](https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1561.pdf) – (2 originals)
* [HHS 690, Assurance of Compliance Medicare](https://www.hhs.gov/sites/default/files/hhs-690.pdf) – (2 originals)
* Civil Rights Clearance from the Office of Civil Rights (OCR) – (original and a copy)
* [OMB No. 0945-0006, Civil Rights Information Request for Medicare Certification](https://www.hhs.gov/sites/default/files/ocr/civilrights/clearance/pregrantchecklist.pdf) and;
* [Nondiscrimination policies and notices](https://www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/technical-assistance/index.html) – Please note the nondiscrimination policies and notices that are required to be developed and submitted with the Civil Rights Information Request Form.

You may submit the Certification Civil Rights Information Request Form and required attachments via online or mail.

**Via online through OCR:**

Access the following link: <https://ocrportal.hhs.gov/ocr/pgportal/>

* Answer all of the questions and submit the Civil Rights Clearance package online. The submission will go directly to the Office of Civil Rights (OCR).
* Once the OCR has processed the Civil Rights Clearance package, the provider will receive an e-mail from OCR stating that the provider has completed the civil rights submission. The e-mail will contain an OCR number, which is necessary for OCR to access the provider’s online submission.
* The home health agency must forward a copy of the e-mail from OCR to the Laboratory and In-Home Services Unit email box at [HQAhomehealth@ahca.myflorida.com](file:///%5C%5CHQ3HFSVIP01%5Cthomasc%5Ccertification%5CCertification%5CHQAhomehealth%40ahca.myflorida.com).
* The Laboratory and In-Home Services Unit will submit the email to the CMS Regional Office in lieu of the completed Civil Rights Clearance package.

**Via mail:**

Submit the Certification Civil Rights Information Request Form (original and a copy) and required nondiscrimination policies and notices, along with a copy of the letter from the Laboratory and In-Home Services Unit, to the following address:

Agency for Health Care Administration

Laboratory and In-Home Services Unit

2727 Mahan Drive, MS #32

Tallahassee, FL 32308

**OASIS Test Transmittal and Comprehensive Assessment**

A home health agency seeking Medicare and/or Medicaid certification must demonstrate compliance with the OASIS test transmission requirement and an OASIS comprehensive assessment on all adult skilled patients prior to the initial certification survey

Information on OASIS (Outcome and Assessment Information Set)

<http://ahca.myflorida.com/MCHQ/Field_Ops/Health_Standards/oasis.shtml>

Request an OASIS Test Account by completing the [Recommended Steps for Obtaining a Florida OASIS Test Account](http://ahca.myflorida.com/MCHQ/Field_Ops/Health_Standards/OASIS_Test_Acount_Steps.pdf).

Once the home health agency has successfully completed the test transmittal, the OASIS system will generate an Initial Feedback Report and the OASIS Help Desk will generate a G325 compliance letter.

* The Initial Feedback Report will be required for the initial certification survey.
* The G325 Compliance letter must be submitted to the Medicare Certification Specialist in the Unit to verify that the OASIS test transmittal requirement has been met.

If you have questions or need assistance with OASIS, please call the 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.”

**Step Four – Accepting Patients for Skilled Care Services**

Your agency must provide skilled nursing services, physical therapy, speech therapy or occupational therapy to a minimum of 10 patients before the deemed survey can be conducted. 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.

**Step Five – Deemed Survey**

CMS requires 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. Accreditation applies to compliance with state licensure standards only. “Deemed” status means that the HHA has met the Medicare Conditions of Participation during a survey conducted by the accrediting organization for compliance with the federal certification standards.

The following accrediting organizations have been approved by CMS to conduct deemed surveys for Medicare and Medicaid:

* Community Health Accreditation Program – toll free at (800) 656-9656 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](http://www.jointcommission.org)
* Accreditation Commission for Health Care – toll free at (855) 937-2242 or visit their web site at <https://www.achc.org/>.

**Preparing for the Survey**

CMS requires the home health agency to be currently providing skilled care services to a minimum of 7 patients at the time of the initial Medicare survey. 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](http://www.cms.hhs.gov/manuals) – click on the link for “Paper-Based Manuals”.

Once the survey has been successfully completed, the home health agency must send a copy of the deemed survey report to the AHCA Laboratory and In-Home Services Unit.

**Step Six – Enrollment in the Medicare Program**

If the requirements have been met, the AHCA Laboratory and In-Home Services Unit will forward the deemed survey, the civil rights documentation, OASIS test transmission, and recommendation for approval of enrollment to the CMS Regional Office in Atlanta, Georgia. If the recommendation is accepted, CMS will send a tie-in notice letter with the home health agency’s Medicare provider number to the home health agency, along with a copy to the AHCA Laboratory and In-Home Services Unit. It may take 4 to 6 weeks for CMS to issue the tie-in notice.

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

**Questions**

* CMS-855A Medicare Enrollment Application – 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 have received a letter from Palmetto GBA regarding your application, please contact the Palmetto GBA representative listed on 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 the Laboratory and In-Home Services Unit at (850) 412-4500 and ask to speak with a Medicare Certification Specialist or email HQAHomeHealth@ahca.myflorida.com.