

Process of Initial Medicare Certification

- ❖ Indiana has **MANDATORY** State licensure laws for home health agencies; therefore, the home health agency (HHA) **MUST** be licensed in the State of Indiana as a home health agency in order to become a Medicare Certified Provider.
- ❖ To forward the certification forms to CMS for their approval the Department must receive the following documentation and the provider must be a licensed home health agency.
 - ✓ A survey from an Accredited Association (AO) with **deemed status**.
 - ✓ An approved CMS-855A application from the provider's fiscal intermediary.
 - ✓ Health Insurance Benefit Agreement (Form CMS-1561)-1 copy
 - ✓ Office of Civil Rights Attestation of Compliance form -1 copy
- ❖ The timeline for initial license and certification will be as follows:
 - ✓ The Department receives and approves the initial application for licensure and paperwork for initial certification.
 - ✓ The Department issues the provisional license.
 - ✓ The provider notifies the Department in writing when the provider has provided care to **three (3)** and the provider is ready for their **initial licensure survey**. **Please note if you are having the Department conduct an initial Medicaid survey in tandem with the initial licensure survey the federal requirement for survey readiness is **ten (10) skilled patients with seven (7) active at time of survey**.
 - ✓ The Department conducts the initial licensure survey and if there are no deficiencies or if the Plan of Correction (POC) is accepted and/or

Post Survey Revisit (PSR) verifies corrections of deficiencies, then a full license is issued to the provider.

- ✓ When the Department receives the following information and has issued a full license the Department forwards the survey and required forms to CMS for approval.
 - The Department receives the CMS-855 recommending approval from the fiscal intermediary.
 - The Department receives a copy of the accreditation survey from the AO and the provider meets the COPs (Conditions of Participation) for Medicare (deemed standards).
- ✓ The Department will assemble and forward to CMS the completed initial certification survey from the Accreditation Organization (AO), the CMS-855A application and the initial certification forms received at the Department and if the accreditation survey meets COPs will recommend certification to CMS.
- ✓ CMS sends a confirmation letter to the provider assigning a CCN (CMS Certification Number) with effective date of participation into the Medicare program.
- ✓ CMS grants final approval of the home health agency Medicare certification.