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.