

CMS REVISES INITIAL CERTIFICATION PROCESS FOR HHAS

The Centers for Medicare & Medicaid Services (CMS) has issued revisions to the process Home Health Agencies (HHA) must undergo prior to initial certification. The revised process adds an additional review of enrollment criteria performed by the Regional Home Health Intermediary (RHHI) or Medicare Administrative Contractor (MAC).

Previously, a prospective HHA would submit a Form CMS-855A to the RHHI/MAC, who would then verify the information provided and subsequently notify the State Survey Agency (SA) and CMS Regional Office (RO) of their recommendation of approval. This recommendation triggers the initial certification survey to determine compliance with the Conditions of Participation (CoPs). After a successful initial survey, if the RO concurs with the SA or an approved Accreditation Organization (AO) recommendation for certification, the RO signs the provider agreement on behalf of the Secretary and issues a CMS Certification Number (CCN) to the HHA. The RO notifies the RHHI/MAC that the provider is in compliance with the CoPs and notes the date of compliance.

The revised procedure is reflective of CMS' Center for Program Integrity's ongoing efforts to improve the enrollment process and reduce the Medicare program's vulnerability to fraud. An additional step is added to the current procedure- after the SA's or AO's recommendation for certification after the initial survey, the RO will now **hold** the issuance of a CCN and provider agreement until the RHHI/MAC review certain Medicare enrollment requirements and has notified the RO that the prospective HHA continues to be in compliance with the criteria.

The requirements the RHHI/MAC will be re-verifying relate to program integrity and include, but are not limited to, site visit verification, capitalization requirements, and Medicare exclusion checks.

The RHHI/MAC will conduct the re-review and then notify the RO of the results by e-mail. If the re-review indicates that the prospective HHA remains in compliance with all enrollment criteria and the RO concurs, the RO will issue the CCN and provider agreement and forward a Form CMS-2007 to the RHHI/MAC with the effective date of participation being the date the HHA was determined to be in compliance with the CoPs.

If the RHHI/MAC re-review determines the prospective HHA is no longer in compliance, the MAC will notify the HHA and RO by letter. The RO will issue a denial letter to the HHA explaining that certification has not been granted due to the HHA's failure to meet the enrollment requirements. The prospective HHA may appeal this decision.

Should you have any questions, please contact:

Todd Selby at 317.977.1440 or tsselby@hallrender.com;

Brian Jent at 317.977.1402 or bjent@hallrender.com; or

David Bufford at 502.568.9368 or dbufford@hallrender.com,

or your regular Hall Render attorney.