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EXPERIENCE THE ACHC DIFFERENCE

Preparing for an Initial Medicare Certification Survey

HOME HEALTH AGENCY REQUIREMENTS

- General Requirements
 - *State Operations Manual, Chapter 2, Section 2180C*
- Is primarily engaged in providing Skilled Nursing services and other therapeutic services
- Has established policies and procedures
- Provides supervision of above-mentioned services by a physician or RN
- Maintains clinical records on all patients

HOME HEALTH AGENCY REQUIREMENTS

- Is licensed pursuant to state or local law
- Has in effect an overall plan and budget
- Meets the Medicare Conditions of Participation (CoPs)
- Meets additional requirements as the Secretary finds necessary
- Operates within the United States and/or US territories
- Meets capitalization requirements as established by the Centers for Medicaid & Medicare Services (CMS) intermediary for area in which the agency operates (proof of the availability of initial reserve operating funds)

INITIAL MEDICARE CERTIFICATION

- First step is to obtain a license by your state to operate as a home health agency, if applicable
- Complete and submit an 855A application to CMS, once approved submit approval letter to ACHC
 - This is your application for Medicare Enrollment
 - <https://www.cms.gov>
 - Once the 855A is approved, you will receive notification that your next step is to have an on-site survey completed
- Complete a successful test OASIS transmission

INITIAL MEDICARE CERTIFICATION

- Provide skilled nursing services and one other therapeutic service, PT, OT, SLP, MSS or Aide services; one discipline must be provided entirely by W2 employees
- Develop your patient caseload
 - 10 patients served with 7 active at time of survey
 - Must meet the definition of CMS skilled care per the Medicare Benefit Policy Manual Chapter 7
 - Do not have to be Medicare beneficiaries; do not have to be homebound for initial survey. Once able to bill, patients must meet all requirements

INITIAL MEDICARE CERTIFICATION

- Skilled Nursing Services, Physical Therapy, Speech-Language Pathology
 - Occupational Therapy, Medical Social Services, and Home Health Aide service must be provided with another skilled service
- Part-time or intermittent skilled nursing care
 - Requires the skills of a Registered Nurse (RN) or a Licensed Practical/Vocational Nurse (LPN/LVN)
 - Must be reasonable and necessary
 - Must be ordered by a physician

INITIAL MEDICARE CERTIFICATION

- To be considered a skilled service, the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel
- If a service can be safely and effectively performed (or self-administered) by an unskilled person, without the direct supervision of a nurse, the service cannot be regarded as a skilled nursing service even though a nurse actually provides the service
- A service that, by its nature, requires the skills of a nurse to be provided safely and effectively continues to be a skilled service even if it is taught to the patient, the patient's family, or other caregivers

INITIAL MEDICARE CERTIFICATION

- Clinical documentation must support:
 - The history and physical exam pertinent to the day's visit and the skilled services provided during each visit;
 - The patient's response to the skilled services provided;
 - The plan for the next visit based on the rationale of prior results;
 - Detailed rationale that explains the need for skilled services based on the patient's overall medical condition;
 - The complexity of the service to be performed; and
 - Any other pertinent information to support the need for continued skilled services

INITIAL MEDICARE CERTIFICATION

- Clinical documentation should accurately describe the patient's response to the skilled care received
- Also provide a clear picture of the treatment provided as well as the "next steps" to be taken
- Vague or subjective documentation does not adequately describe the need for skilled care:
 - Provided wound care as ordered
 - Continue with plan of care
 - Patient tolerated treatment well
- Chapter 7: Section 40.1.1 provides several examples of skilled need

INITIAL MEDICARE CERTIFICATION

- Successfully complete and transmit an Outcome and Assessment Information Set (OASIS) and submit a copy of the Final Validation Report to ACHC
 - Must apply for temporary user identification numbers and passwords from the state agency OASIS automation coordinator (OAC)
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/index.html>

INITIAL MEDICARE CERTIFICATION

- Recommended Reading:
 - State Operations Manual Chapter 2: The Certification Process
 - Medicare Benefit Policy Manual Chapter 7: Home Health Services
 - State Operations Manual Appendix B
 - ACHC Home Health Standards





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QUESTIONS?

Contact your personal Account Advisor