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](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)
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
QUESTIONS?
Contact your personal Account Advisor