

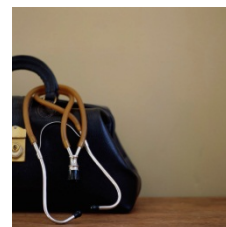
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# Home Health Agency (HHA) Application Process

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## What is an HHA?

An HHA is an agency providing skilled nursing services *and* at least one of the following other therapeutic services: physical therapy, speech language pathology, occupational therapy, medical social services, or home health aide services in the place of residence used as the patient's home.



## How do I become an HHA provider?

To establish State licensure and Centers for Medicare/Medicaid Services (CMS) Medicare certification of an HHA, an applicant must request, complete, and submit an application packet. Application materials are located below, or requested through the Bureau of Facility Standards at (208) 334 - 6626.

## What is included in the HHA application packet?

The application packet includes what must be submitted, reviewed, and approved (Items #1-6) prior to an initial survey and resource information related to HHAs (Items #7-12):

1. An HHA license is required to serve patients. To obtain a license, complete the HHA license [Application](#) and develop and submit, to this office for review and approval, the information on the [HHA Licensure Checklist](#). You may use this [Personnel Review Form](#) to track compilation of personnel documents to be submitted. An HHA license will be issued only after the information has been received, reviewed, and approved by this office.
2. Health Insurance Benefits Agreement - [CMS 1561 Form](#) (2 Signed Originals Required)
3. Fiscal year ending date [Form](#),
4. Home Health Agency Survey and Deficiencies Report - [CMS 1572a Form](#)  
Complete sections 1-22 of the form,

5. CMS requires all new applicants for HHAs to complete the form [CMS-855A](#), **Medicare Application for Health Care Providers that will Bill Fiscal Intermediaries**, and forward it to the Regional Home Health Intermediary (RHHI). This may be accomplished either by submitting a hardcopy or electronically. Submit the hardcopy to:

The RHHI for Idaho is:

National Government Services  
Provider Enrollment  
P.O. Box 7143  
Indianapolis, IN 46207-7143  
805/367-0734  
[www.ngsmedicare.com](http://www.ngsmedicare.com)

The internet-based Provider Enrollment, Chain and Ownership System (Internet-based PECOS) may be used in lieu of the Medicare enrollment application (i.e., paper CMS-855A). Information regarding this option may be found at: [PECOS](#)

6. “Office of Civil Rights Clearance for Medicare Certification” (OCR), [Assurance of Compliance Portal](#) This compliance may be completed and submitted on line, via <https://ocrportal.hhs.gov/ocr/pgportal/> *The submission will go directly into the OCR intake queue, and the provider will receive an e-mail from OCR stating that the provider completed the civil rights submission. The e-mail will contain an OCR number, which is critical to OCR’s ability to access the provider’s submission from the OCR intake queue. The provider will submit a copy of this e-mail to the SA, and the SA will submit it to the CMS Regional Office in lieu of the completed civil rights package.*
7. [Appendix Q](#), Guidelines for Determining Immediate Jeopardy,
8. CMS State Operations Manual (SOM) – [Chapter 2](#), Provider Certification (§2180 through §2186),
9. Home Health Agency Regulations, Survey Protocols, & Interpretive Guidelines, SOM [Appendix B](#),
10. State Rules, IDAPA 16.03.07, [Rules for Home Health Agencies](#) in Idaho,
11. Initial Surveys for New Medicare Providers, [CMS S&C Letter 08-03](#),
12. Revised HHA Initial Certification Process [CMS S&C Letter 12-15](#)

## How do I complete the Licensure and Certification application?

1. If you intend to seek licensure and certification, complete the enclosed application forms (Items #1-4 and #6) and return them to this office along with all the information listed on the Home Health Agency Licensure Checklist.
2. Submit the CMS 855A to National Government Services for review and approval.
3. Please ensure that all questions are answered when completing the application information indicated. Please ensure:
  - ◆ There are two originals of the Health Insurance Benefits Agreement - CMS-1561A (Item #2 above); *and*
  - ◆ There are two originals of the Assurance of Compliance HHS-690 (Included at Item #6 above); *and*
  - ◆ The two-page checklist at the front of the “Office of Civil Rights (OCR) Clearance for Medicare Certification” packet (Included at Item #6 above) is completed and signed; *and*
  - ◆ For Item #4, CMS-1572 form, all applicable items in data boxes 1 thru 22 are completed. All hand-printed applications must be clearly printed and easily readable.

## What if I want my HHA to be licensed, but not Medicare certified?

To be a state licensed only HHA, complete Application Packet Items #1 and #3 and submit the information to this office. You will also need the state licensing rules for HHAs (Refer to Application Packet Item #11). Once all the application information has been reviewed and approved by this office, an Idaho Home Health Agency license will be issued to the agency.

***Please be aware you will also need to contact Myers & Stauffer, at 1-800-263-5339, to obtain the necessary passwords to submit an OASIS test report.***

## Where do I send my completed Licensure and Certification application materials?



The application materials may be submitted by mail and/or hand delivered.

PLEASE KEEP A COPY FOR YOUR RECORDS.

1. If you are mailing the application packet, mail to:

Department of Health and Welfare  
Bureau of Facility Standards  
P.O. BOX 83720  
BOISE, ID 83720-0009

2. If you are hand delivering the application packet, deliver to:

Department of Health and Welfare  
Bureau of Facility Standards  
3232 Elder Street  
Boise ID 83705

### **What happens after I submit my Licensure and Certification application materials?**

Bureau of Facility Standards staff will review the materials submitted. If the application is incomplete, or if there are questions, Bureau staff will contact you. Once the application materials have been approved an Idaho home health license will be issued.

Upon issuance of an Idaho home health license your agency may admit patients and begin to provide services. When you notify the [Accrediting Organization](#) (AO) or this office that you have ten (10) patients, seven (7) of which are active, and you have successfully transmitted a test OASIS submission; you will receive an initial survey. Please be aware that this office has limited resources to complete initial certification surveys and this may delay the certification of your agency. We encouraged you to seek an initial deemed status Medicare certification survey through an AO.

Upon successful completion of the initial survey, the Department will recommend to CMS that you be given a Medicare provider number. You will not be able to bill and receive reimbursement until the Medicare provider number is issued.

Medicare reimbursement is not retroactive and usually becomes effective only after the survey is completed and you are in compliance with *all* regulations or have submitted an acceptable plan of correction.

## How long will the Licensure and Certification process take?

The length of the HHA initial Licensure and Certification process varies dependent on multiple factors such as whether the application is complete, whether additional information needs to be submitted, current work load and availability of resources necessary to complete the application review. Therefore, it is not possible for the Bureau of Facility Standards to establish specific timeframes.

Once the agency has received an initial Medicare deemed status survey by an AO, please forward to this office a copy of 1) the AO survey along with any plan of correction submitted in response to the survey and 2) the letter from the AO to you verifying accreditation. Once this information has been received and NGS has approved the CMS 855A, the Bureau of Facility Standards will process the Medicare certification on to the CMS Region X Office, Seattle, Washington, for review.

After CMS has reviewed and approved the application packet, it will request that NGS complete a reaffirmation of your Form CMS 855A and complete an agency site visit (Refer to Application Packet Item #12). Once NGS has completed these tasks, it will notify CMS. CMS will then send you written notification of final approval. A Medicare provider number, necessary for billing and reimbursement, will be included in the written notification.

## How do I get paid for providing services?

Completion the CMS forms in the Application Packet above are required for Medicare reimbursement. You will not be able to bill and receive reimbursement until the Medicare provider number is issued.

To become an Idaho Medicaid provider, you must submit an Idaho Medicaid provider enrollment application to DXC Technology, Idaho's Medicaid Management Information Systems (MMIS) Vendor. To submit an Idaho Medicaid provider enrollment application, go to [www.idmedicaid.com](http://www.idmedicaid.com) and register for a trading partner account. A step-by-step user guide can be found by selecting Reference Material, User Guides, New Provider Enrollment Guide. Additional provider enrollment help is available by contacting your Provider Relations Consultant or Provider Services. Contact information can be found at [www.idmedicaid.com](http://www.idmedicaid.com) or call (866) 686-4272.

Applying to be an Idaho Medicaid provider is a separate process from federal certification and state licensure.

Medicare/Medicaid reimbursement is not retroactive and usually becomes effective only after your enrollment application is approved, the survey is completed, and you are in compliance with all regulations or have submitted an acceptable plan of correction.

### **Additional information**

For additional information please access the website and reference information below or contact the Bureau of Facility Standards at (208) 334-6626 or email questions to [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov).

**Bureau of Facility Standards Home Health Informational Letters**  
[BFS HHA Informational Letters](#)

**Centers for Medicare & Medicaid Services Home Health Agency Center:**  
[CMS Home Health Center](#)

**Centers for Medicare & Medicaid Services OASIS Training**  
[CMS OASIS Training](#)

**Medicare Benefit Policy Manual**  
[CMS HHA Benefits Policy Manual](#)