

# OPENING A MEDICARE-CERTIFIED AGENCY

## KEY STEPS

### STEP 1: CERTIFICATE OF NEED

Determining your state's requirements concerning a Certificate of Need (CON) is your first step toward opening a home health agency and obtaining accreditation.

To determine if a CON is required for the program and state in which you want to operate a home health agency, visit [ncsl.org](http://ncsl.org), search for **certificate of need**, and click on **CON-Certificate of Need State Laws**.

### STEP 2: STATE LICENSURE REQUIREMENTS

You also need to determine if state licensure is required in the state where you want to operate a home health agency.

Log in to **Customer Central** ([cc.achc.org](http://cc.achc.org)), ACHC's customer portal. After logging in, select **Resources -> Education Library**. Under **Industry Links**, select your state in the **Home Health & Hospice** pull-down menu.



FOR PROVIDERS.  
BY PROVIDERS.

### STEP 3: CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

**CMS 855A** — An agency must have an approved **CMS 855A Medicare Enrollment Application – Institutional Providers** form to begin the accreditation process. Visit [cms.gov](http://cms.gov), search for **855A**, and click on Medicare Enrollment Application – Institutional Providers, CMS-855A.

**CMS Manuals** — Compliance with CMS rules and regulations is required in order to become ACHC-accredited. CMS essential manuals are located at [cms.gov](http://cms.gov). Below are some essential manuals to help you prepare for your survey.

- **State Operations Manual Appendix B - Revised** contains the Medicare Conditions of Participation (CoPs).
- **State Operations Manual Chapter 2 - The Certification Process** covers topics such as the general requirements for home health agencies, the organization of agencies, and OASIS information.
- **Medicare Benefit Policy Manual Chapter 7 - Home Health Services** provides guidance on the conditions needed to qualify for home health services, homebound status, plan of care requirements, as well as the definition of qualifying skilled nursing services and coverage of other home health services.

**SEPARATE BUSINESS ENTITIES** — **State Operations Manual Chapter 2 - The Certification Process, Section 2183** provides guidance on creating a separate business entity. If you choose to operate as a Medicare-certified home health program, all patients, regardless of payor, must meet the Medicare CoPs.

**MEDICARE ADMINISTRATIVE CONTRACTORS (MACS)** — MACs are responsible for processing Medicare claims and offering Medicare providers information on the Medicare billing requirements. To determine which MAC is responsible for your state, visit [cms.gov](http://cms.gov).

### STEP 4: ACHC ACCREDITATION STANDARDS

Adherence to ACHC Accreditation Standards demonstrates the ability to comply with the most stringent national standards and Medicare CoPs. Compliance with ACHC Accreditation Standards is essential to a successful ACHC survey.

The ACHC Accreditation Standards can be downloaded at [cc.achc.org](http://cc.achc.org).

### STEP 5: POLICIES AND PROCEDURES MANUAL

Having a comprehensive policies and procedures manual that incorporates the ACHC Accreditation Standards will aid staff with compliance and industry-based best practices.

### STEP 6: THE FINAL STEP

Once you have verified and completed steps 1 through 5, you may:

- 1 Submit your application
- 2 Pay your deposit
- 3 Submit your Preliminary Evidence Report (PER) Checklist

For more information and to start your accreditation application, visit [cc.achc.org](http://cc.achc.org).



Contact your Account Advisor for any additional questions, **855-937-2242** or visit [achc.org](http://achc.org)