Medicare Form Instruction Letter

Dear applicant:

The following provides specific information about the required forms required for processing a provider's request for CMS Medicare Certification.

- Questions regarding the CMS-855A or Certification Survey:
 - Any questions concerning the Medicare Provider/Supplier Enrollment
 Application (Form CMS-855A) should be directed to your fiscal intermediary/carrier. The CMS-855A and capitalization requirements must be verified by the Regional Home Health Intermediary and approved by the RO.
 - Any questions concerning your initial certification survey should be directed to your accreditation association.
- Forms—the following forms MUST BE COMPLETED in order to participate in the Medicare program. Institutions/agencies cannot claim provider reimbursement for services furnished prior to your certification as a Medicare/Medicaid provider.
 - One (1) copy of the Office of Civil Rights <u>Attestation of Compliance</u> form.
 - One (1) copy of the Health insurance Benefits Agreement (Form CMS-1561).
 - NOTE: On the second line of the Health Insurance Benefits Agreement (Form CMS-1561) after the term, Social Security Act, enter the entrepreneurial name of the enterprise, followed by the trade name (if different from the entrepreneurial name). Ordinarily, this is the same as the business name used on all official IRS correspondence concerning payroll withholding taxes, such as W-3 or 941 forms. For example, the ABC Corporation, owner of the Community General Hospital, would enter on the agreement: "ABC Corporation d/b/a Community General Hospital". A partnership of several persons might complete the agreement to read: "Robert Johnson, Louis Miller, and Paul Allen, partners, Easy Care Home Health Services". A sole proprietorship would complete the agreement to read: "John Smith d/b/a Mercy Hospital". The person signing the Health Insurance Benefits Agreement must be

someone who has the authorization of the owners of the enterprise to enter into this agreement. If the Health Insurance Benefits Agreement is signed by someone other than an officer, director or partner of the enterprise, then one of the officers, directors or partners of the enterprise as listed on the Medicare Provider/Supplier Enrollment Application (Form CMS-855A) must give that individual written permission to sign. Please submit a copy of this letter of authorization.

- Office of Civil Rights Information -Include one (1) copy of the Attestation of Compliance form. Please contact the Office of Civil Rights for questions.
- O Please ensure that all forms required for initial Certification processing, including duplicate forms, have original signatures. Also, note your request for participation in the Medicare program cannot be forwarded and/or processed to CMS-RO until your Fiscal Intermediary/Carrier has approved and the Department has received the Medicare Provider/Supplier Enrollment Application (Form CMS-855A), the survey results from the accreditation organization (AO), the completed forms (CMS-1561, and the Attestation of Compliance form.



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

EFFECTIVE IMMEDIATELY

From: Indiana State Department of Health, Division of Acute Care, Home Health, Hospice,

& RHC, if applicable

To: All Initial Providers and providers seeking a Change of Ownership

Date: November 04, 2016

Re: New Changes for Completion & Submission of the Office of Civil Rights (OCR) Application & Clearance

Effective September 1, 2016, Centers for Medicare & Medicaid Services published <u>S & C Memo 16-37</u> to revise the OCR Clearance process for new providers and Change of Ownership (CHOW).

A brief summary of the changes are shown below:

- The new process requires that providers successfullly submit electronically an attestation of compliance with the civil rights requirements to the OCR before the State survey agency (SA) and the Regional office (RO) may process requests for initial surveys or CHOWs.
- Confirmation from OCR of successful submission of the attestation will meet the requirements for OCR clearance and eliminates the need for CMS ROs to issue provisional provider agreements.
- OCR will begin receiving electronic attestations on September 1, 2016.

This memo changes the method that facilities will use to submit OCR clearance materials. The whole process is now electronic, including the submission of the HHS 690 form.

Facilities are required to submit to their State agency a copy of the email submitted by the OCR to the facility when they have successfullly submitted all of their clearnace materials. **Note: do not submit the HHS 690, Assurance of Compliance, or the OCR checklist with policies.**

You must; however, submit the **CMS 1561, Health Insurance Benefits agreement** along with the OCR verification to your state agency.

This summary amends any prior information and instructions regarding the submission of OCR documents.

If you have questions regarding this policy, please contact the Office of Civil Rights, or visit their website at www.ocrportal.hhs.gov/ocr/aoc/instructions.jfs.

Please review the following page for additional information and resources.





Civil Rights Clearance for Medicare Provider Applicants

Civil Rights Clearance for Medicare Provider Applicants

If you are a health care provider seeking initial Medicare Part A certification and/or undergoing a change of ownership (CHOW), you will need a civil rights clearance from the Office for Civil Rights (OCR) to be certified as a Medicare Part A provider by the Centers for Medicare and Medicaid Services (CMS). To seek a civil rights clearance from OCR, follow the instructions below:

Medicare Part A providers are required to sign an attestation of their compliance with all applicable civil rights laws enforced by OCR (including Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975 and Section 1557 of the Affordable Care Act). This attestation is referred to as an Assurance of Compliance. New applicants for Medicare funding and current providers undergoing a change of ownership are responsible for submitting this attestation electronically to OCR.

To submit this attestation, go to the <u>Assurance of Compliance Portal</u>. Please follow all of the instructions and provide the required information. Please note that the former process in which CMS granted providers conditional approvals while OCR processed the provider's civil rights clearance application are no longer granted or an accepted temporary clearance. After September 1, 2016, OCR will accept only Assurance of Compliance forms and only via the <u>Assurance of Compliance Portal</u> for clearance purposes.

CMS has legal authority under Title XVIII of the Social Security Act to require health care providers to meet the legal requirements of the civil rights nondiscrimination statutes and regulations enforced by OCR in order to participate in the Medicare Part A program. These statues and regulations ensure that eligible persons have equal access to quality health care regardless of their race, color, national origin, disability, or age. The specific statutes include: Title VI of the Civil Rights Act of 1964 (which prohibits discrimination on the basis of race, color and national origin); Section 504 of the Rehabilitation Act of 1973 (which prohibits discrimination on the basis of disability); the Age Discrimination Act of 1975 (which prohibits discrimination on the basis of age); and Section 1557 of the Affordable Care Act (which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities).

Click here for more detailed technical assistance, more information on civil rights, and the same civil rights sample policies and procedures.

For questions about submitting a civil rights clearance, contact OCR.