

General Information Regarding Medicare/Medicaid Initial Certification and Application Documents

This information concerns the requirements and procedures through which your facility may be approved to participate in Medicare as a provider of services. The Division of Long Term Care certifies and periodically re-certifies whether *providers* of services meet the Medicare Requirements for Long Term Care Facilities, to assist the Centers for Medicare and Medicaid Services in determining whether facilities and agencies can participate in Medicare. Such approval, when required, is prerequisite to qualifying to participate in the State Medicaid program as well.

There are two federal forms that are necessary to complete if you desire to participate in Medicare. These are **CMS 671**- Long Term Care Facility Application for Medicare and Medicaid form and **CMS 1561**- Health Insurance Benefits Agreement form. 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 the 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, ptr., 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.

Complete these two forms and return them promptly to Bureau of Health Care Services, Long Term Care Division, P.O. Box 30664, Lansing, MI 48909 in order to avoid unnecessarily delaying approval, since your facility cannot claim provider reimbursement for services furnished prior to approval. In addition to these forms, you must request enrollment in Medicare using the Centers for Medicare and Medicaid Services enrollment process at <http://www.cms.hhs.gov/medicareprovidersupenroll>. Forms are also available on this website.

If you desire to participate, you should arrange with the Long Term Care Division for a survey of your compliance with the Medicare Requirements for Long Term Care Facilities. An early survey assures the earliest possible effective date of participation. However, we cannot conduct a survey prior to approval of the **CMS-855, Provider Enrollment Application**.

The Division's surveyors will inspect the facility, interview you and members of your staff, review documents, and undertake other procedures necessary to evaluate the extent to which your facility meets the Medicare Requirements for Long Term Care Facilities. If your institution has significant deficiencies in any of the Requirements, you will be

informed and given an opportunity to correct them. Following the survey, the Long Term Care Division will recommend to the Centers for Medicare and Medicaid Services whether your facility should participate.

After it is determined by the Centers for Medicare and Medicaid Services that all requirements are met, the Health Insurance Benefits Agreement will be countersigned. One copy will be returned to you along with the notification that your institution has been approved. If operation of the entire facility is later transferred to another owner, ownership group, or to a lessee, the Agreement will be automatically assigned to the successor. However, you are required to notify the Centers for Medicare and Medicaid Services at the time you are planning such a transfer.

Those facilities and agencies that are denied approval to participate in the Medicare program are sent notification giving the reasons for the denial and information about their rights to appeal the decision.

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