



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Peter Lyskowski
Director



Jeremiah W. (Jay) Nixon
Governor

Medicare Application Instructions

Please submit the following to the Department of Health & Senior Services (DHSS), Division of Regulation and Licensure (DRL), Section for Long-Term Care (SLCR). (Referred to as the State Agency (SA)):

- Long Term Care Facility Application for Medicare and Medicaid (CMS 671);
• Bed Listing for Licensure & Certification (DA 113);
• Floor Diagram with room numbers indicated;
• Health Insurance Benefit Agreement (CMS 1561) (2 copies);
• Patient Transfer Agreement as required under 42 CFR § 483.75(n).
• OCR Package: To receive civil rights clearance, complete the "Civil Rights Information Request for Medicare Certification Form".
• Assurance of Compliance (HHS 690): New applicants for Medicare funding and current providers undergoing a CHOW will be responsible for submitting this attestation electronically to the OCR via OCR's online Assurance of Compliance portal at https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf.

CMS-855A Medicare Enrollment Application: Submit directly to the designated fiscal intermediary. The CMS-855A application is available online, http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855a.pdf. After completing and submitting the CMS-855A, you should promptly pay the application fee through www.pay.gov.

Initial Medicare Certification: The designated fiscal intermediary must send the CMS-855A approval recommendation before SLCR can conduct a survey, and subsequently, the facility must have achieved compliance with the requirements for participation in the Medicare program through the survey process. Federal regulations are available online, http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html.

Certification Fee: DHSS will assess a certification fee upon receipt of the application. This is separate from the licensure fee. Certification assesses a \$1,000 certification fee annually in October.

Change of Ownership: The CMS-855A must be submitted directly to the current Fiscal Intermediary of the facility, as part of the Change of Ownership application. A survey is not required for a Change of Ownership. The certification fee prorated invoice will be assessed and submitted to the operator upon receipt of the application.

Medicare/Medicaid Dual Certification: DHSS will forward the application to Mo HealthNet and the Missouri Medicaid Audit and Compliance Unit (MMAC), email MMAC.ProviderEnrollment@dss.mo.gov. MMAC will send the operator the Medicaid provider package.

The above materials may be submitted via email to: Lisa.Veltrop@health.mo.gov, or mail to:

Lisa Veltrop, SLCR Certification Unit
DHSS Division of Regulation and Licensure
PO Box 570
Jefferson City, MO 65102

Overnight delivery address: SLCR Certification Unit
DHSS Division of Regulation and Licensure
3418 Knipp Drive, Ste. F
Jefferson City, Missouri 65109

If you have any questions or concerns, please contact Lisa Veltrop at 573-526-8507.

www.health.mo.gov

Rev 09-07-2016

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.