

***** **Initial Medicare Certification Surveys*******

The Centers for Medicare and Medicaid Services (CMS) consider initial Medicare certification surveys to be the lowest priority for the Medicare program for those provider and supplier types (Home Health Agencies, Hospices, OPT, Rural Health Clinics) that have the option of becoming certified on basis of a deemed status accreditation by a CMS approved accreditation organization (listed below) instead of a survey by the Department of Health (DOH).

- Community Health Accreditation Program (CHAP) for home health agencies and hospice (www.chapinc.org)
- Accreditation Commission for Health Care (ACHC) for home health agencies and hospice (www.achc.org)
- American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) for OPT and rural health clinics (www.aaaasf.org)
- The Compliance Team (TCT) for rural health clinics (www.thecomplianceteam.org)
- The Joint Commission (TJC) for home health agencies and hospice (www.jointcommission.com)

If you **do not** choose to go through one of these accreditation organizations it may take **6-9 months** before DOH will be able to perform a certification survey since 'initial' certifications are categorized as lowest priority.

Reminder: All Medicare certification surveys are **unannounced**.

Initial surveys cannot be conducted unless:

- DOH has received an approved enrollment application (form CMS 855A) from the Medicare Administrative Contractor
- Agency/facility is operational and furnishing services to the required designated number of patients.

Note: The effective date of the Medicare provider agreement will be the last date of the survey **UNLESS** noncompliance with federal requirements is identified. The date of the receipt of an acceptable plan of correction would then be the effective date.