

ENROLLMENT FOR MEDICARE CERTIFICATION WHEN A FACILITY IS ALREADY MEDICAID CERTIFIED

The Centers for Medicare and Medicaid Services (CMS) require a number of forms to be completed in order to enroll in the Medicare program. All required forms are listed below:

FORM NUMBER AND NAME:	WEBSITE:
CMS-671 <i>“Skilled Nursing Facility Application for Medicare and Medicaid”</i>	http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS671.pdf
CMS 1561 <i>“Health Insurance Benefits Agreement” (2 copies)</i>	http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1561.pdf
<p>Providers are required to submit an electronic attestation of compliance with the civil rights requirements to the OCR before the state agency and the regional office processes any requests for initial surveys. New applicants for Medicare funding will be responsible for submitting this attestation <i>electronically</i> to the OCR via OCR’s online Assurance of Compliance portal which is listed below:</p> <p>Office of Civil Rights (OCR) Clearance https://ocrportal.hhs.gov/ocr/aoc/instructions.jsf.</p> <p>Providers will receive electronic verification from OCR of successful submission of the attestation. When the process has been completed, the provider will be able to print the Assurance of Compliance Completed with a confirmation number. A copy of the confirmation number must accompany the other required Medicare forms.</p>	
CMS-855A <i>“Medicare Enrollment Application”</i>	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855a.pdf

ADDITIONAL REQUIRED INFORMATION NEEDED FOR MEDICARE ENROLLMENT:

- FI Enrollment Application Letter
- Copy of the CMS-855 Medicare Enrollment application
- Copy of the FI approval letter
- A floor plan identifying the location of certified beds

Send or email all completed forms and additional required information to:

Patricia Purdon
 Survey, Certification and Credentialing Commission
 Kansas Department for Aging and Disability Services
 503 S. Kansas Ave., Topeka, Kansas 66603
 (785) 296-1261
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