



Missouri Department of Health and Senior Services

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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);
• Assurance of Compliance (HHS 690): New applicants for Medicare funding and current providers undergoing a Change of Ownership (CHOW) will be responsible for submitting this attestation electronically to the Office for Civil Rights via OCR's online Assurance of Compliance portal at https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf. The provider will receive electronic verification from OCR of successful submission of the attestation. You must submit a copy of this confirmation to the SA.

CMS-855A Medicare Enrollment Application: Submit directly to the designated Medicare fee-for-service contractor (also referred to as the fiscal intermediary or the Medicare Administrative Contractor (MAC)). 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. Please note the fee for the CMS-855A Medicare application is only assessed when requesting a new provider number or for Initial Medicare certification.

Initial Medicare Certification: The designated MAC 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. Please refer to 100-07 State Operations Manual, Appendix PP, Interpretive Guidelines for Long-Term Care Facilities.

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.

CHOW: The CMS-855A must be submitted directly to the current MAC of the facility, as part of the CHOW application. A survey is not required for a CHOW. 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.