HCAF
Home Care Association of Florida
RESOURCES, EDUCATION, ADVOCACY

Medicaid Provider Enrollment Policy for Home Health Agencies

Current Situation

The Agency for Health Care Administration (AHCA) announced the lifting of the Medicaid home health agency moratorium earlier this summer, effective September 1, 2021. AHCA's Medicaid provider enrollment policy[1] requires a home health agency (HHA) to obtain a Medicare Certification Letter to enroll in Medicaid, which can only be obtained by becoming Medicare-certified and accredited through a federally-approved accrediting body.

Although Medicaid health plans have the choice to require HHAs that are currently participating in the Medicaid program under Limited Enrollment status, many plans have already notified contracted providers that they are fully enforcing the provider enrollment policy and requiring Full Enrollment.

In doing so, a licensed-only HHA with Limited Enrollment status will be unable to serve Medicaid recipients without becoming fully enrolled in Medicaid and certified by Medicare.

Areas of Concern

1. **Cost Prohibitive**
   - Accreditation fees range between $8-$10,000 for one licensed location initially, and then every three years thereafter. Providers with more than one licensed location will incur additional fees per location.
   - Additional time and manpower needed to apply, prepare, and maintain ongoing compliance with not only the state standards, but now the federal standards as well as an accrediting body standards.
   - Providers are already operating with razor-thin margins amid increasing labor rates and minimum wage while battling with Medicaid managed care plans who are reducing reimbursement rates to levels that do not even begin to cover a provider's cost for providing such care.

2. **Protracted Process**
   - In step #2 of 6, of AHCA's very own How to Get Medicare document,[2] it notes that "Palmetto GBA has 6 months to review and approve or deny the Medicare Enrollment Application." If it takes six months just to get thru step #2, there is a good chance providers will not meet the AHCA 12 month requirement.
   - Accrediting bodies are already behind on their existing survey activities. The requirement for providers to come into compliance with Medicaid enrollment within 12 months is next to impossible.

3. **Regulatory Burdens**
   - Medicaid-certified home health agencies that are fully-enrolled in Medicaid are now required to obtain Medicare certification even though they are already in compliance with the federal Conditions of Participation (CoPs) as Medicaid fee-for-service (FFS) providers and accredited by a federal deeming authority which is redundant at best.

---

[1] https://www.flrules.org/gateway/reference.asp?No=Ref-11331
[2] https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Lab_HomeServ/DOCS/HHA_Docs/How_to_Get_Medicare.docx

- G982 – §484.105(f) Standard: Services furnished.[3]
    - This requirement effectively eliminates the participation of nurse registries and licensed HHAs that provide non-skilled services, which will significantly hamstring the provision of services to a medically fragile population that is most in need of services in the home on top of staffing shortages that are already at an all-time high.
- Formal Quality Assurance and Performance Improvement (QAPI) program.
- Administrator and clinical manager qualifications and requirements
- Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) requirements.
- Medicare cost reports.

4. **Growth in the Number of Medicare-Certified HHAs**
    - Florida was subject to a five-year Medicare moratorium due to the perception that Florida had too many Medicare providers. After effectively slashing the number of Medicare providers in Florida the state is instituting a requirement to now become Medicare-certified in order to participate in the Medicaid program, which seems counterproductive to the aforementioned moratorium.

5. **Patient Access to Care**
    - Do providers discharge patients if they are unable to enroll in Medicaid by the deadline?

6. **Conflicting Information from Stakeholders**

Background

Effective December 4, 2015, a home health agency that does not hold a Medicaid ID can submit a Streamlined Credentialing (Limited Enrollment) application to provide services to Medicaid recipients enrolled in a Statewide Medicaid Managed Care (SMMC) health plan.[4]

Limited Enrollment is not an option for providers who service fee-for-service (FFS) recipients. FFS providers must seek traditional full Enrollment in order to directly bill Medicaid for reimbursement. For those providers who solely service recipients in a health plan, Limited Enrollment is a valuable option.

A home health agency can request a Medicaid ID in the following ways:

1. Register through a health plan for Limited Enrollment status
2. Apply directly to Medicaid via the online enrollment wizard for Limited Enrollment status
3. Apply directly to Medicaid via the online enrollment wizard for Full Enrollment status

[3] 484.105(f)(1) Skilled nursing services and at least one other therapeutic service (physical therapy, speech-language pathology, or occupational therapy; medical social services; or home health aide services) are made available on a visiting basis, in a place of residence used as a patient's home. An HHA must provide at least one of the services described in this subsection directly, but may provide the second service and additional services under arrangement with another agency or organization.

[4] https://growthzonesitesprod.azureedge.net/wp-content/uploads/sites/2156/2021/03/Statewide-Medicaid-Managed-Care-Webinar-Streamlining-Limited-Enrollment.pdf