

Home Health Agency Attestation Form

As required by **WAC 182-551-2200 (1)** Home Health Agency's may only be enrolled with Washington Apple Health by:

1. Enrollment with Medicare as a Home Health Agency, or
2. Attesting to the Medicaid agency it meets the requirements for participation in Medicare.

In order to meet the attestation requirement above, the home health agency **must attest to all** of the following requirements:

I am applying to the Health Care Authority (HCA) for enrollment as an HCA-approved home health agency.

I am providing a service/services that are not covered by the Medicare program.

I am not certified by or through the Medicare program.

I will notify the Provider Enrollment unit within HCA, in writing, within five (5) business days if (a) the service(s) I provide become covered by the Medicare program or (b) I become certified by or through the Medicare program.

I acknowledge and accept that all attestations I am making on this Attestation Form are subject to audit by HCA, HCA's designated agent, the Office of the Washington State Auditor, the federal Centers for Medicare and Medicaid Services, or any other appropriate federal or state agency.

I satisfy in their entirety all of the requirements for a home health agency to participate in the Medicare program pursuant to 42 C.F.R. § 440.70 (or any successor regulation), as it exists on the date of my signature below.

I am licensed by the Washington State Department of Health as a home health agency.

By completing and signing this form, I attest that under penalty of perjury under the laws of the State of Washington all of the requirements listed above are true for the enrolling home health agency.

Enrolling Provider Legal Entity Name

Enrolling Provider NPI

Signature

Date

Please refer to the HCA website for information about the program and complete billing instructions.
Please send completed form to:

Email: **ProviderEnrollment@hca.wa.gov**

Mail: Provider Enrollment
PO Box 45562
Olympia, WA 98504-5562

Fax: 360-725-1259 Attn: Provider Enrollment

Questions? Toll-Free 1-800-562-3022 ext. 16137