
Hospice Initial Application Process

What is a Hospice?

A Hospice provider is an agency that provides palliative care (relief of pain and uncomfortable symptoms) as opposed to curative care. In addition hospice care addresses the physical, psychological, social and spiritual needs of the patient, as well as the psychological and social needs of the family and/or caregivers. The emphasis of the hospice program is on keeping the hospice patient at home with family and friends for as long as possible.



How do I become a Hospice provider?

To establish Medicare Certification of a Hospice, an applicant must request, complete, and submit an application packet. Application materials are located below, or may be requested through the Bureau of Facility Standards at (208) 334 - 6626.

What is included in the Hospice application packet?

The application packet includes what must be submitted and approved by the Bureau of Facility Standards (items #1 - #4) and resource information (items #5 - #7) as follows:

1. Health Insurance Benefits Agreement - [CMS-1561](#), (**Two Originals Required**)
2. "Office of Civil Rights Clearance for Medicare Certification" (OCR) [Request Form](#) and [Technical Assistance Packet](#). (Additional information is available at http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html.)
3. Request for Certification - [CMS-417](#).
4. Fiscal year ending date [form](#)
5. [Appendix M](#): Guidance to Surveyors: Hospice
6. [Appendix Q](#), Guidelines For Determining Immediate Jeopardy
7. [CMS Letter, S&C-08-03 Initial Surveys](#)

How do I complete the Certification application?

1. Complete the application forms (Items #1- #4, above), and return them to the Bureau of Facility Standards.
2. Please ensure that all questions are answered when completing the application information indicated in items #1- #4 above and that there are two originals of the *Health Insurance Benefits Agreement* – CMS form 1561A (item #1 above) and that the two-page checklist at the front of the "Office of Civil Rights (OCR) Clearance for Medicare Certification" packet (item #2 above) is completed and signed. All hand-printed applications must be clearly printed and easily readable.

Please be aware an application for participation as a Medicaid provider is a completely separate process from applying for Medicare certification and state licensure. Please see the "How do I get paid for providing services?" section below for additional information on Medicaid enrollment.

Where do I send my completed Certification application materials?



The application materials can be submitted by mail and/or hand delivered.

PLEASE KEEP A COPY FOR YOUR RECORDS.

1. If you are mailing the application packet, mail to:

Department of Health and Welfare
Bureau of Facility Standards
P.O. BOX 83720
BOISE, ID 83720-0009

2. If you are hand delivering the application packet, deliver to:

Department of Health and Welfare
Bureau of Facility Standards
3232 Elder Street
Boise ID 83705

What happens after I submit my Certification application materials?

Bureau of Facility Standards staff will review the materials you submitted. If the application is incomplete or if there are questions, Bureau staff will contact you. Once the application materials have been approved and the Bureau of Facility Standards receives notification from the fiscal intermediary/carrier that your [CMS-855A](#) has been approved, an on-site Medicare initial certification survey may be completed by an [Accrediting Organization](#). **Please see below for additional information related to the CMS-855A.**

How long will the Certification process take?

The length of the Hospice application for initial Certification process varies dependent on multiple factors such as whether or not the application is complete, whether or not additional information needs to be submitted, current work load and availability of resources necessary to complete the application review, etc. Therefore, it is not possible for the Bureau of Facility Standards to establish specific timeframes.

Additionally, once the AO has completed your initial Medicare *deemed* status survey; **please forward to this office a copy of 1) the AO survey along with any plan of correction submitted in response to the survey and 2) the letter from the AO to you verifying accreditation.** Once this information has been received the Bureau of Facility Standards will process the Medicare certification on to the CMS Region X Office, Seattle, Washington, for final review and approval. Please be aware, that no information will be forwarded to the CMS Region X Office until all materials, including all civil rights documents and forms have been completed and returned to the Bureau of Facility Standards.

How do I get paid for providing services?

The Centers for Medicare/Medicaid Services **require new applicants for Hospice to complete the form CMS-855A, Medicare Application for Health Care Suppliers that will Bill Fiscal Intermediaries**, and forward it to the fiscal intermediary/carrier for approval. An initial Medicare certification survey may not be completed until your CMS 855A has been approved by the intermediary/carrier. The

form CMS-855A can be accessed on the Internet or requested directly from your fiscal intermediary/carrier:

[Medicare Provider Enrollment](#)

Read the instructions on the web site and obtain the form by clicking on the version you will need for your computer.

National Government Services
P.O. Box 7141
Indianapolis, Indiana 46207-7141
866/419-9457

www.ngsmedicare.com

To become a Medicaid provider you must complete an enrollment application online to Molina Medicaid Solutions. To submit an Idaho Medicaid provider application, go to <http://www.idmedicaid.com> (Molina Medicaid Solutions Web site). Click on the Provider Enrollment link on the left side of the page. A step-by-step guide is located under the User Guide link on the left side of the screen. We recommend you open this guide in a separate browser window before you begin your application.

To begin your application, open a new browser window at <http://www.idmedicaid.com>, click on the Provider Enrollment link on the left side of the page and then click on the New Provider Enrollment Application link in the center of the page. The new enrollment online application is simple to navigate and online help text appears for each field when you hold your cursor over the field. Additional provider enrollment help is available at (866) 686-4272 choose option "0."

This is a completely separate process from applying for Medicare certification and state licensure.

Medicare/Medicaid reimbursement is not retroactive and usually becomes effective only after the survey is completed and you are in compliance with **all** regulations or have submitted an acceptable plan of correction.

Additional information

For additional information please access the website and reference information below or contact the Bureau of Facility Standards at (208) 334-6626 or email questions to fsb@dhw.idaho.gov.

Bureau of Facility Standards Informational Letters

[Hospice](#)

Centers for Medicare & Medicaid Services

[Hospice Center](#).



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
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FISCAL YEAR ENDING

FACILITY NAME: _____

FISCAL YEAR END DATE: _____

OWNER/ADMINISTRATOR

DATE