
Rural Health Clinic (RHC) Change of Ownership (CHOW) Process

What is a Change of Ownership (CHOW)?

A CHOW typically occurs when there is a change in the owning party of the RHC. Changes in the owning party can include individuals, corporations, and general partnerships (e.g., a new partnerships agreement would constitute a CHOW). For additional specific information on what ownership changes would constitute a CHOW, please refer to [Chapter 3](#) of the Centers for Medicare/Medicaid (CMS) State Operations Manual (SOM) § 3210.1.



How do I complete a RHC CHOW?

In accordance with Chapter 3 of the SOM § 3210, a RHC supplier must complete and submit all necessary documents in order to complete the CHOW process. All CHOW materials are located below, or may be requested through the Bureau of Facility Standards at (208) 334 - 6626.

What is included in the RHC CHOW packet?

The CHOW packet includes what must be submitted and approved by the Bureau of Facility Standards prior to the CHOW being processed (items 1 - 3) and resource information related to RHCs (items 4 and 5) as follows:

1. *Request to Establish Eligibility* - [CMS form 29](#),
2. *Health Insurance Benefits Agreement* - [CMS form 1561A](#) (**Two Originals Required**),
3. Fiscal year ending date form. ([Last page of this document](#))
4. [Appendix G](#), Guidance to Surveyors: Rural Health Clinics
5. [Appendix Q](#), Guidelines For Determining Immediate Jeopardy

Additionally, if the RHC is **provider-based** to a hospital or critical access hospital, you must complete the "Office of Civil Rights Clearance for Medicare Certification" (OCR) packet Request and Assurance of Compliance [forms](#). (Copies of the current version of the OCR Packet can be downloaded from http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_p

[roviders/index.html](#)).

How do I complete the CHOW packet?

1. Please complete the CHOW documents (items 1 – 3) and OCR information if the RHC is provider based. Return the completed documents, along with a **signed** copy of the Bill of Sale, to the Bureau of Facility Standards. Ensure that all questions are answered completely, as indicated, and that all information is submitted. All hand-printed applications must be clearly printed and easily readable.
2. Please ensure that there are two originals of the *Health Insurance Benefits Agreement* – CMS form 1561A (item 2).
3. If the RHC is **provider-based** to a hospital or critical access hospital, please ensure that the two-page checklist at the front of the “Office of Civil Rights (OCR) Clearance for Medicare Certification” packet is completed and signed. Please note, the OCR has Civil Rights Corporate Agreements with certain health care corporations. If your corporation has such an agreement with the OCR, submit only the signed certification sheets, as specified in the corporation’s agreement. Please refer to [Chapter 2](#) of the SOM, § 2010, for additional information.



Where do I send my completed CHOW 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 CHOW materials?

Bureau of Facility Standards staff will review the submitted materials. If the materials are incomplete, or if there are questions, Bureau staff will contact the provider. Once the CHOW materials have been approved and the Bureau of Facility Standards receives notification from the fiscal intermediary/carrier that the [CMS-855A](#) has been approved, the CHOW packet will be forwarded to the CMS Regional Office X, for final review and approval. **Please see below for additional information related to the CMS-855A.** Please be aware, that your CHOW packet will not be forwarded to CMS until all materials have been completed and returned to the Bureau of Facility Standards. For a proposed RHC that is **provider-based** to a hospital or critical access hospital, this includes all civil rights documents and forms.

How long will the CHOW process take?

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

How do I get paid for providing services?

CMS *requires* RHCs to complete the CMS form 855A, *Medicare Application for Health Care Providers that will Bill Fiscal Intermediaries*, and forward it to the fiscal intermediary/carrier for approval when a CHOW occurs. The CMS form 855A may 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.

Noridian Administrative Services
P.O. Box 6726
Fargo, ND 58108-6726
888/608-8816

www.noridianmedicare.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.

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
[RHC's](#)

Health and Welfare
[State Office of Rural Health and Primary Care](#)

Centers for Medicare & Medicaid Services
[Rural Health Clinics Center](#)



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

FISCAL YEAR ENDING

FACILITY NAME: _____

FISCAL YEAR END DATE: _____

OWNER/ADMINISTRATOR

DATE