
Hospital (non-CAH) Initial Application Process



What is the definition of a Hospital?

A hospital, in Idaho, is a facility providing care to 2, or more, individuals for 24, or more, consecutive hours, is staffed to provide professional nursing care on a 24 hour basis, and is primarily engaged in providing, by or under the daily supervision of physicians, one or more of the following:

- Concentrated medical and nursing care on a 24 hour basis to inpatients experiencing acute illness;
- Diagnostic and therapeutic services for medical diagnosis and treatment, psychiatric diagnosis and treatment, and care of injured, disabled, or sick persons;
- Rehabilitation services for injured, disabled, or sick persons;
- Obstetrical care

How do I become a Hospital provider?

To establish State licensure and Centers for Medicare/Medicaid Services (CMS) Medicare Certification as a hospital provider, an applicant must 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.

All building construction plans must be submitted for review and approval by the Fire Safety and Construction Program Supervisor. For additional information regarding these requirements, please refer to the [Fire Safety and Construction](#) web site.

What is included in the Hospital application packet?

The application packet includes the items that must be submitted, reviewed, and approved prior to an initial survey (Items #1–5 below), as well as, resources for additional information related to hospitals (Items #6-12 below):

1. A temporary hospital license is required to admit patients. To obtain a license, complete the [Application](#) for a hospital license and develop and submit to this office for review and approval the information on the [Hospital Initial Application](#)

[Checklist](#). A temporary hospital license will be issued only after the information has been received, reviewed, and approved by this office and the building has been approved for occupancy.

2. Health Insurance Benefit Agreement ([CMS form 1561](#))
(2 Signed Originals Required)
3. Fiscal Year Ending [Form](#)
4. "Office of Civil Rights Clearance for Medicare Certification" (OCR) [Assurance of Compliance HHS-690](#) **(2 Signed Originals Required)**, [Request Form](#), and [Technical Assistance Packet](#). This form may be answered and submitted, on line, via <https://ocrportal.hhs.gov/ocr/pgportal/> *If the provider chooses to submit the civil rights package on line, the submission will go directly into the OCR intake queue, and the provider will receive an e-mail from OCR stating that the provider completed the civil rights submission. The e-mail will contain an OCR number, which is critical to OCR's ability to access the provider's submission from the OCR intake queue. The provider will submit a copy of this e-mail to the SA, and the SA will submit it to the CMS Regional Office in lieu of the completed civil rights package.*
5. CMS requires all new applicants for hospitals to complete the form [CMS-855A](#), *Medicare Application for Health Care Providers that will Bill Fiscal Intermediaries*, and forward it to the Fiscal Intermediary (FI) or Medicare Administrative Contractor (MAC) for approval. This may be accomplished either by submitting a hardcopy or electronically.

The FI/MAC for Idaho is:

- Noridian Administrative Services
P.O. Box 6726
Fargo, ND 58108-6726
Phone: (888)608-8816
<http://www.noridianmedicare.com>

The internet-based Provider Enrollment, Chain and Ownership System (Internet-based PECOS) may be used

in lieu of the Medicare enrollment application (i.e., paper CMS-855). Information about this option may be found at the following site: [PECOS](#)

6. [S&C-08-03 Initial Surveys](#) Initial surveys for new Medicare providers
7. [IDAPA 16.03.14](#), Idaho Administrative Rules for Hospitals
8. [Appendix A](#), Federal Regulations, Interpretive Guidelines, and Survey Protocols for Hospitals (apply to ALL hospital types)
9. [Appendix AA](#), Federal Regulations and Interpretive Guidance for Psychiatric Hospitals
10. [Appendix V](#), Federal Regulations and Interpretive Guidelines for Responsibilities of Medicare Participating Hospitals in Emergency Cases
11. [Appendix Q](#), Federal Guidelines for Determining Immediate Jeopardy
12. Fire Safety Survey Report - [CMS form 2786R](#) (New or Existing)

How do I complete the Licensure and Certification application?

1. If you intend to seek licensure and certification, complete the enclosed application forms (Items #1-4) and return them to this office along with all the information listed on the Hospital Initial Application Checklist.
2. Form CMS-855A is submitted directly to the FI/MAC. The Form CMS-855A contains background, contact, service, and provider or supplier information that is essential to the approval process. The applications are reviewed and recommended for approval or denial by the FI or MAC, under contract with the Centers for Medicare & Medicaid Services (CMS).
3. Please ensure that all questions are answered when completing the application information indicated. Please ensure:
 - There are **two originals** of the Health Insurance Benefits

Agreement - CMS-1561A (Item #2 above); *and*

- There are **two originals** of the Assurance of Compliance HHS 690 (Item #4 above); *and*
- The two-page checklist at the front of the "Office of Civil Rights (OCR) Clearance for Medicare Certification" packet (Item #4 above) is completed and signed.

What if I want my hospital to be licensed, but not Medicare Certified?

To be a state licensed only hospital, complete Application Packet Items #1 and #3 and submit the information to this office. You will also need the state licensing rules for hospitals (Application Packet Item #7).

Where do I submit the materials for Medicare Certification and State licensure?

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

PLEASE KEEP A COPY FOR YOUR RECORDS

1. If mailing the application packet, send to:

Department of Health and Welfare
Bureau of Facility Standards
P.O. BOX 83720
BOISE, ID 83720-0036

2. If hand delivering, bring to:

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

What happens after I submit my Licensure and Certification application materials?

Bureau of Facility Standards staff will review the materials. If the application is incomplete, or if there are questions, Bureau staff will contact you. Once the application materials have been approved and the hospital building has been approved for occupancy, an Idaho hospital license will be issued.

Upon issuance of an Idaho hospital license the hospital may admit patients and begin to provide services. Your on-site Medicare initial certification survey will likely be completed by an [Accrediting Organization](#) (AO). Notify the AO that you have served patients and are ready for an initial survey. Please be aware that this office has limited resources to complete initial certification surveys and this may delay the certification of your agency. We encouraged you to seek an initial *deemed status* Medicare certification survey through an AO.

After the hospital receives a Medicare initial deemed status survey by an AO, 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 deemed status accreditation.

Once this information has been received the Bureau of Facility Standards will process the Medicare certification application on to the CMS Region X Office, Seattle, Washington, for final review and approval. CMS will notify you writing of the approval and issue a Medicare provider number.

Please be aware, Medicare 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.

How long will the Licensure & Certification process take?

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

How do I get paid for the provision of services?

Completion the CMS forms in the Application Packet above are required for Medicare reimbursement. You will not be able to bill and receive reimbursement until the Medicare provider number is issued.

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.

Additional Information:

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

Department of Health and Welfare Rules

Access Department of Health and Welfare Rules by going to www.adm.idaho.gov

Choose the top tab that says "Administrative Rules". There are two links on that site that are important now and in the future. They are the "Idaho Administrative Code" link and the "Idaho Administrative Bulletin" link.

- The Bulletin is where proposed and temporary rules are published.
- By choosing the link to the "Idaho Administrative Code", there are links to state agency rules.

- Select "Health and Welfare" and there are links to different sets of rules. Take some time and familiarize yourself with the list. Oftentimes one set of rules will be cross-referenced in another set. You will need to comply with any cross-referenced rules as applicable.

Centers for Medicare & Medicaid Services - Hospital Center

[CMS Hospital Center](#)

Bureau of Facility Standards Informational Letters

[BFS Hospital Informational Letters](#)

Medicare Benefit Policy Manual

[Medicare Benefits Policy Manual](#)