
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 - #5) and resource information (items #6 - #8) as follows:

1. A cover letter indicating which counties (service area) the agency is seeking approval for.
2. Health Insurance Benefits Agreement - [CMS-1561](#), (**Two Originals Required**)
3. "Office of Civil Rights Clearance for Medicare Certification" (OCR) [Request Form](#) and [Technical Assistance Packet](#). (Additional information is available at <https://www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/index.html>). This form may be answered and submitted, on line, via <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Accrediting-Organization-Contacts-for-Prospective->

[Clients-.pdf](#) 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.

4. Request for Certification - [CMS-417](#)
5. Fiscal year ending date [form](#)
6. [Appendix M](#): Guidance to Surveyors: Hospice
7. [Appendix Q](#), Guidelines for Determining Immediate Jeopardy
8. [CMS Letter, S&C-08-03 Initial Surveys](#)

How do I complete the Certification application?

1. Complete the application forms (Items #1- #5, 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- #5 above and that there are two originals of the *Health Insurance Benefits Agreement* – CMS form 1561A (item #2 above) and that the two-page checklist at the front of the "Office of Civil Rights (OCR) Clearance for Medicare Certification" packet (item #3 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 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 an Idaho Medicaid provider, you must submit an Idaho Medicaid provider enrollment application to DXC Technology, Idaho's Medicaid Management Information Systems (MMIS) Vendor. To submit an Idaho Medicaid provider enrollment application, go to www.idmedicaid.com and register for a trading partner account. A step-by-step user guide can be found by selecting Reference Material, User Guides, New Provider Enrollment Guide. Additional provider enrollment help is available by contacting your Provider Relations Consultant or Provider Services. Contact information can be found at www.idmedicaid.com or call (866) 686-4272.

Applying to be an Idaho Medicaid provider is a separate process from federal certification and state licensure.

Medicare/Medicaid reimbursement is not retroactive and usually becomes effective only after your enrollment application is

approved, 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](#).



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FISCAL YEAR ENDING

FACILITY NAME:

FISCAL YEAR END DATE:

OWNER/ADMINISTRATOR

DATE