

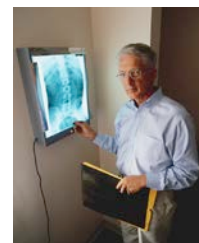
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# Rural Health Clinic (RHC) Change of Ownership (CHOW) Process

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## 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), section 3210.1.



## How do I complete a RHC CHOW?

In accordance with Chapter 3 of the SOM, section 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, option 4.

## 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 - 6) 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](#).
4. [Appendix G](#), Guidance to Surveyors: Rural Health Clinics
5. [Appendix Z](#), Emergency Preparedness (EP),
6. [Appendix Q](#), Core Guidelines For Determining Immediate Jeopardy

Additionally, if the RHC is **provider-based**, you must complete the “Office of Civil Rights Clearance for Medicare Certification” (OCR) form. This form must be answered and submitted, on line, via

<https://ocrportal.hhs.gov/ocr/pgportal/>. You will receive an e-mail from the OCR stating that you completed the civil rights submission. The e-mail will contain an OCR number. Submit a copy of this e-mail with your other CHOW materials as indicated below.

### **How do I complete the CHOW packet?**

Please complete the CHOW documents (items 1 – 3), and return them, with the OCR e-mail (as applicable), to the Bureau of Facility Standards. These documents must be submitted with a **signed** copy of the Bill of Sale. All hand-printed applications must be clearly printed and easily readable.



### **Where do I send my completed CHOW materials?**

The CHOW 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 you. Once the CHOW materials have been approved and the Bureau of Facility Standards receives notification from the Medicare Administrative Contractor (MAC) that the [CMS-](#)

[855A](#), Medicare Enrollment Application has been approved, the CHOW packet will be forwarded to the CMS Region X Office, for final review and decision-making. **Please see below for additional information related to the CMS-855A.**

### **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, whether 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 Enrollment Application, and forward it to the MAC for approval when a CHOW occurs. The CMS form 855A may be accessed on the Internet or requested directly from your MAC:

#### [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](http://www.noridianmedicare.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](http://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](http://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.

### **Additional information**

For additional information please access the website and reference information below or contact the Bureau of Facility Standards at (208) 334-6626, option 4 or email questions to [fsb@dhw.idaho.gov](mailto: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**

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**FISCAL YEAR ENDING**

**FACILITY NAME:** \_\_\_\_\_

**FISCAL YEAR END DATE:** \_\_\_\_\_

\_\_\_\_\_  
**OWNER/ADMINISTRATOR**

\_\_\_\_\_  
**DATE**