



## CERTIFICATION “Only” REQUEST FOR A RURAL HEALTH CLINIC (Non-Urbanized Area)



**NOTE:** Prior to submitting a rural health clinic (RHC) certification package, submit the **HS 610** (Medically Underserved or Health Professional Shortage Areas) and **CMS 29** (Request to Establish Eligibility) **forms** to the Centralized Applications Unit (CAU) to determine whether or not the location qualifies based on the census tract number. The address for CAU is noted on the following page. In order to be certified, the rural health clinic must be located in an area that is not an urbanized area and in a medically underserved area (MUA) or health professional shortage (HPSA) area. Centers for Medicare & Medicaid Services (CMS) will determine if the location qualifies and the Office of Statewide Health Planning and Development (OSHPD) will determine if it's in a HPSA or MUA area. Once CAU is notified of the determination, CAU will notify you whether or not to submit a certification package.

This letter is to assist you in preparing a RHC certification (for Medi-Cal Title 19 and/or Medicare Title 18 reimbursement) package to the California Department of Public Health (CDPH), Licensing and Certification (L&C) Program for:

- Initial certification package for a RHC; or
- Change of ownership (CHOW) certification package for a RHC.

A certification package is required for: (1) a new (initial) RHC and (2) whenever a CHOW occurs. A CHOW is the only “change” requiring a new certification package to be submitted to L&C. All other changes (besides a CHOW) must also be reported to the L&C District Office (DO) in writing. These other changes do not require submittal of a new certification package. The DO will assist you on which forms on the checklist that must be submitted for the specific change.

**NOTE:** If you are already licensed as a primary care clinic and want to be certified as a RHC, submit the certification forms to the appropriate DO. A list of DOs and appropriate contacts are located on the L&C website at:

<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>

For your convenience, the **attached checklist** has instructions to complete the forms required for certification of a RHC (non-urbanized area). The **checklist** provides specific item numbers that applicants typically have encountered problems in submitting incorrect or missing information. Please make sure that all the item numbers in each form are completely filled out. For example: (1) the applicant's formal name must be consistently the same throughout all the documents in the certification package; or (2) in some instances, a specific attachment may need to be submitted with a specific form. **All forms are required to be signed by the owners or officers, unless otherwise stated.**



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Please read each required certification package form carefully and provide all requested supplemental documents. **DO NOT LEAVE ANY ITEMS BLANK.** **NOTE:** If a question does not apply, please respond with “Not Applicable” or “N.A”. **Do not make changes to these forms.** **USE “BLUE” INK TO SIGN ALL FORMS.** Do not use white/out correction fluid to make corrections. To correct an error, place a single line through the entry and enter the correct information. The individual responsible for making the correction must **initial and date** the corrections. You should retain a photocopy of the completed documents for your files. We may need to contact you in the future and we will be referring to the information in the documents you provided.

All completed RHC **certification packages must be submitted to the L&C CAU address** (regular **or** overnight mail), listed below. Please note that “overnight” mail may actually take longer for the CAU to receive because of our CDPH in-house mail services.

### **For regular mail:**

California Department of Public Health  
Licensing and Certification Program  
Centralized Applications Unit  
P.O. Box 997377, MS 3402  
Sacramento, CA 95899-7377

### **For overnight (FedEx-UPS)**

California Department of Public Health  
Licensing and Certification Program  
Centralized Applications Unit  
1615 Capitol Avenue, MS 3402  
Sacramento, CA 95814

The CAU will review the certification package for completion and forward it to the appropriate DO once the certification package has been given a recommendation of “approved”. A list of DOs and appropriate contacts are located on the L&C website noted on the previous page.

To apply for National Provider Identifier (NPI), go to the following website:

<https://npes.cms.hhs.gov/NPES/StaticForward.do?forward=static.instructions>

### **Please NOTE the following:**

1. There are some differences between documents required for a CHOW, and “initial” certification packages that are noted on the attached **checklist**.
2. For **CERTIFICATION** as a **RHC** who will provide services to **Medicare beneficiaries** (under Title 18) and **Medi-Cal beneficiaries** (under Title 19) you will need a **certification survey** that is unannounced and will be conducted by one of the L&C DOs. The survey will determine if you are in compliance with the federal requirements for a RHC.

If you have any questions, please contact the CAU, at (916) 552-8630 or by e-mail at [CAU@cdph.ca.gov](mailto:CAU@cdph.ca.gov).



# CERTIFICATION “Only” REQUEST FOR A RURAL HEALTH CLINIC (Non-Urbanized Area)



Form Number	Item Number on Form	<b>PROVIDER CHECKLIST</b> For RURAL HEALTH CLINICS (Non-Urbanized Area)	Check List
		The following is a quick reference of <u>SOME</u> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <u>SPECIFIC</u> requirements and/or attachments needed for specific forms. This is <u>NOT</u> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.	
<p><b><u>Determination of RHC Non-Urbanized Area Status</u></b></p> <p><b>RURAL HEALTH CLINIC</b></p> <p>Prior to submitting a RHC (non-urbanized area) certification package, submit the <u>HS 610 &amp; CMS 29</u> forms to the Centralized Applications Unit to determine whether or not the location qualifies based on the census tract number.</p>			
HS 610	<b>Medically Underserved or Health Professional Shortage Areas</b>		
		<ul style="list-style-type: none"> <li>• This form is to see if you qualify as a RHC – census tract number.</li> <li>• This form does <b>NOT</b> need to be submitted for a change of ownership (CHOW).</li> <li>• If you are already licensed as a PCC and want to be certified as a RHC, submit to the appropriate district office.</li> <li>• If you are NOT licensed as a PCC and want to be certified as a RHC, submit to the Centralized Applications Unit.</li> <li>• <b>If applying for both Medi-Cal &amp; Medicare certification, only need one copy of this form.</b></li> </ul>	
CMS 29	<b>Request to Establish Eligibility</b>		
		<ul style="list-style-type: none"> <li>• This form is <b>required</b> for both “initial” and CHOW applications.</li> <li>• If you are already licensed as a PCC and want to be certified as a RHC, submit to the appropriate district office.</li> <li>• If you are NOT licensed as a PCC and want to be certified as a RHC, submit to the Centralized Applications Unit.</li> <li>• <b>If applying for both Medi-Cal &amp; Medicare certification, only need one copy of this form.</b></li> </ul>	
<p><b><u>MEDI-CAL CERTIFICATION “Only”</u></b></p> <p><b>RURAL HEALTH CLINIC (Non-Urbanized Area)</b></p> <p>Includes the forms and information required for MEDI-CAL certification</p>			
HS 200	<b>Licensure &amp; Certification Application</b>		
	<p><b>NOTE: Please read the instructions on the <u>HS 200</u> form prior to completion of the form. Also, pay close attention to the following items:</b></p>		
	General Info.	<ul style="list-style-type: none"> <li>• Only complete the <u>HS 200</u> form if this RHC is <b>NOT</b> licensed as a PCC.</li> <li>• If applying for both Medi-Cal &amp; Medicare certification, only need <b>one copy</b> of this form.</li> <li>• Don't send copies of the lease or etc. since we only need this form for input purposes.</li> <li>• Read the instructions on the <u>HS 200</u> form prior to completion of the form.</li> </ul>	



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	A.11	<b>Construction.</b> If requested, reports demonstrating compliance with local building, fire, safety codes “should be available for review”.	
	B.1.	<b>Licensee’s name</b> The licensee’s formal organization name must be consistent throughout all documents.	
	B.3.	<b>Owner type.</b> <b>SUBMIT</b> an <b>organization chart/flow chart</b> if the owner is a profit or nonprofit corporation, limited liability company (LLC), or general partnership. The organization chart needs to display the following: <ul style="list-style-type: none"> <li>• Applicant’s owners and their ownership percentages, directors, board members, corporate officers, LLC members/managers, and partners.</li> </ul> <b>NOTE: SUBMIT</b> the <b>HS 215A</b> form for each of these individuals. <ul style="list-style-type: none"> <li>• Parent company of applicant, if applicable, and all the licensed agencies/facilities they are operating – see B.6.</li> </ul>	
	B.5.a.	<b>Licensee’s “other” Facility Involvement.</b> Answer all aspects of the question.	
	B.5.b.	<b>Revocation, suspension, etc. action.</b>	N/A
	B.6.	<b>Subsidiary (parent company) Information.</b> If there is a “subsidiary” (parent company) <b>SUBMIT</b> : <ul style="list-style-type: none"> <li>• An <b>organization chart</b> with the parent company name.</li> <li>• A listing of all owners and their ownership percentages, directors, board members, corporate officers, LLC members/managers, and partners of the parent company.</li> </ul> <b>NOTE: SUBMIT</b> the <b>HS 215A</b> form for each of these individuals. <ul style="list-style-type: none"> <li>• A listing of all facilities the parent company is operating.</li> </ul>	
	C.1.a.	<b>Management Company.</b> This question <b>does not</b> apply to primary care clinics.	N/A
	C.1.b.	<b>“Interim” Management Company Agreement.</b> <b>NOTE if Change of Ownership:</b> If there is an “interim” Management Company Agreement, between the current and the prospective licensee, <b>SUBMIT</b> a signed and dated copy of Agreement.	
	C.2.	<b>Name of “proposed” and “current” facility.</b> Enter both facility names if this is a CHOW.	
	C.6.a.	<b>Administrator.</b> Enter name of administrator.	
	C.6.b.	<b>Director of Nursing.</b>	N/A



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	C.7.	<b>Ownership.</b> <ul style="list-style-type: none"> <li>List all individuals having <b>5% or more</b> ownership, unless “nonprofit”.</li> <li><b>SUBMIT</b> the <b>HS 215A</b> form for each of these individuals.</li> </ul>	
	C.8.	<b>Financial resources.</b> This question <b>only</b> applies to skilled nursing facilities and intermediate care facilities, per the <b>HS 200</b> form instructions.	N/A
	C.9. & C.10.	<b>Over-concentration and Program Plan.</b> These questions are “N/A” for RHCs.	N/A
	D.1. & D.2.	<b>Property ownership.</b> Complete this portion of the <b>HS 200</b> form.	
	E. & Attach E-1	<b>Management Company Information.</b> Attachment E-1 <b>does not</b> apply to primary care clinics.	N/A
	F.1.	<b>Signature.</b> “Original” signature is required and <b>MUST</b> be signed by the <b>APPLICANT</b> (not the Administrator).	
<b>HS 215A</b>	<b>Applicant Individual Information</b> <b>NOTE: Please read the instructions on the HS 215A form prior to completion of the form. This form must be completed for the following individuals with ORIGINAL signatures:</b>		
	General Info.	<ul style="list-style-type: none"> <li>Only complete the <b>HS 215A</b> form if this RHC is <b>NOT</b> licensed as a PCC.</li> <li>If applying for both Medi-Cal &amp; Medicare certification, only need <b>one copy</b> of this form.</li> <li>Please read the instructions on the <b>HS 215A</b> form prior to completion of the form.</li> </ul> This form must be completed for the following individuals with <b>ORIGINAL</b> signatures: <ul style="list-style-type: none"> <li>Administrator of the facility.</li> <li>Owners, directors, board members, corporate officers, LLC members/managers, and partners of the <b>applicant</b> organization and/or <b>parent</b> organization.</li> </ul>	
	Signature	<b>Signature.</b> Original “signature” is required.	
	Facility Info. Sheet	<b>Facility Information Sheet.</b>	N/A for RHC
<b>HS 309</b> 1 <sup>st</sup> page	<b>Administrative Organization</b>		
	General Info.	<ul style="list-style-type: none"> <li>Only complete the <b>HS 309</b> form if this RHC is <b>NOT</b> licensed as a PCC.</li> <li>If applying for both Medi-Cal &amp; Medicare certification, only need <b>one copy</b> of this form.</li> <li><b>Don’t send</b> any corporation, LLC, or etc. attachments since we only need this form for input purposes.</li> </ul>	



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	2.	<b>Administrator</b> of Corporation or LLC – This is usually the CEO/President.			
	3. thru 7.	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Corporations</b> need to <b>SUBMIT</b>:                             <ul style="list-style-type: none"> <li>• List of board of directors -- <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <b>Limited Liability Companies</b> need to <b>SUBMIT</b>:                             <ul style="list-style-type: none"> <li>• List of Members / Holders / Officers / Managers – <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.</li> </ul> </td> </tr> </table>	<b>Corporations</b> need to <b>SUBMIT</b> : <ul style="list-style-type: none"> <li>• List of board of directors -- <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.</li> </ul>	<b>Limited Liability Companies</b> need to <b>SUBMIT</b> : <ul style="list-style-type: none"> <li>• List of Members / Holders / Officers / Managers – <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.</li> </ul>	
<b>Corporations</b> need to <b>SUBMIT</b> : <ul style="list-style-type: none"> <li>• List of board of directors -- <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.</li> </ul>	<b>Limited Liability Companies</b> need to <b>SUBMIT</b> : <ul style="list-style-type: none"> <li>• List of Members / Holders / Officers / Managers – <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.</li> </ul>				
	9.	<b>Governing Board of Directors.</b> Enter the number of Members/Managers, etc. <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item			
	10.	<b>Board Officers and/or LLC Members/Managers</b> <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item			
<b>HS 309</b> 2 <sup>nd</sup> page	<b>Organizational Structure</b>				
	1.	<b>California Out-of-State Corporations, LLC, etc.</b>			
	3. thru 4.	<b>Public Agency.</b>	N/A		
	5.	<b>Item 5.</b> Corporations, LLCs and Partnerships need to complete Item 5. N/A for non-profit.			
	Bottom of page	<b>Partnerships need to SUBMIT:</b> • <b>HS 215A</b> form for every individual listed under this item.			
<b>HS 328</b>	<b>Notice – Effective Date of Provider Agreement</b>				
		• If applying for both Medi-Cal & Medicare certification, only need <b>one copy</b> of this form.			
<b>HS 610</b>	<b>Medically Underserved or Health Professional Shortage Areas</b>				
		Refer to the 1 <sup>st</sup> page of this checklist.			
<b>CMS 29</b>	<b>Request to Establish Eligibility</b>				
		Refer to the 1 <sup>st</sup> page of this checklist.			
<b>STD 850</b>	<b>Fire Safety Inspection Request</b>				
		<b>The <u>STD 850</u> form is not required.</b> However, if requested, reports demonstrating compliance with local building, fire, safety codes, “should be available for review”.			
<b>DHCS 9098</b>	<b>Medi-Cal Provider Agreement</b>				
		<ul style="list-style-type: none"> <li>• Do not leave any questions blank. Enter N/A or “same” if not applicable.</li> <li>• The “mailing address” must be the same as reported on the <b>HS 200</b> form, page 3, Item 4.</li> </ul>			
		• Signature page (page 9) <b>must be notarized.</b>			



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		<ul style="list-style-type: none"> <li>• <b>SUBMIT</b> the “Acknowledgement” page from the Notary Public, if applicable.</li> </ul>	
<b>CHOW</b>	<b>Change of Ownership</b>		
		<b>SUBMIT</b> all of the forms required for “initial” certification, listed above, plus: <ul style="list-style-type: none"> <li>• Copy of “Purchase Agreement” or “Operating Transfer Agreement”.</li> <li>• A letter from the prospective licensee to CDPH stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee.</li> </ul>	
<b>MEDICARE CERTIFICATION “Only”</b> <b>RURAL HEALTH CLINIC (Non-Urbanized Area)</b> Includes the forms and information required for <b>MEDICARE</b> certification			
<b>HS 200</b>	<b>Licensure &amp; Certification Application</b>		
	General Info.	<ul style="list-style-type: none"> <li>• Only complete the <b>HS 200</b> form if this RHC is <b>NOT</b> licensed as a PCC.</li> <li>• If applying for both Medi-Cal &amp; Medicare certification, only need <b>one copy</b> of this form.</li> <li>• Don’t send copies of the lease or etc. since we only need this form for input purposes.</li> <li>• Read the instructions on the <b>HS 200</b> form prior to completion of the form.</li> </ul>	
<b>HS 215A</b>	<b>Applicant Individual Information</b>		
	General Info.	<ul style="list-style-type: none"> <li>• Only complete the <b>HS 215A</b> form if this RHC is <b>NOT</b> licensed as a PCC.</li> <li>• If applying for both Medi-Cal &amp; Medicare certification, only need <b>one copy</b> of this form.</li> <li>• Read the instructions on the <b>HS 215A</b> form prior to completion of the form.</li> </ul> This form must be completed for the following individuals with <b>ORIGINAL</b> signatures: Owners, directors, board members, corporate officers, LLC members/managers, and partners of the <b>applicant</b> organization and/or <b>parent</b> organization.	
<b>HS 309</b>	<b>Administrative Organization</b>		
	General Info.	<ul style="list-style-type: none"> <li>• Only complete the <b>HS 309</b> form if this RHC is <b>NOT</b> licensed as a PCC.</li> <li>• If applying for both Medi-Cal &amp; Medicare certification, only need <b>one copy</b> of this form.</li> <li>• <b>Don’t send</b> any corporation, LLC, or etc. attachments since we only need this form for input purposes.</li> </ul>	



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		<ul style="list-style-type: none"> <li>• Read the instructions on the <b>HS 309</b> form prior to completion of the form.</li> </ul>	
<b>STD 850</b>	<b>Fire Safety Inspection Request</b>		
		The <b>STD 850</b> form is not required. However, if requested, reports demonstrating compliance with local building, fire, safety codes, “should be available for review”.	
<b>HS 328</b>	<b>Notice – Effective Date of Provider Agreement</b>		
		If applying for both Medi-Cal & Medicare certification, only need <b>one copy</b> of this form.	
<b>CMS 855A</b>	<b>Medicare General Enrollment Health Care Provider/Supplier Application</b>		
		<ul style="list-style-type: none"> <li>• This application is from the Federal Department of Health and Human Services.</li> <li>• The completed application should be mailed directly to the appropriate FI.</li> </ul>	
<b>CMS 1561A</b>	<b>Health Insurance Benefits Agreement</b>		
		<b>SUBMIT</b> two (2) signed copies with “original” signatures.	
<b>OMB No. 0990-0243</b>	<b>Civil Rights Information Request for Medicare Certification</b>		
		<ul style="list-style-type: none"> <li>• <b>Complete</b> and “sign” form (original signature).</li> <li>• <b>SUBMIT</b> copy of all items required on the form.</li> </ul> All <b>9 items</b> need to be “identified” and accounted for. However, if less than 15 employees, Item #6 does not apply. DO will not review these items since they are to be approved by OCR.	
<b>HHS 690</b>	<b>Assurance of Compliance</b>		
		<b>SUBMIT</b> 1 copy. This is actually Item #1 of the <b>OMB No. 0990-0243</b> form.	
<b>CHOW</b>	<b>Change of Ownership</b>		
		<b>SUBMIT</b> all of the forms required for “initial” certification, listed above, plus a letter from the prospective licensee to CDPH stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee.	
<p><b>MEDI-CAL CERTIFICATION “Only”</b>  <b>RURAL HEALTH CLINIC (Non-Urbanized Area)</b></p> <p>If already Licensed as a Free Standing <b>PRIMARY CARE CLINIC</b> and want to be Certified with Medicaid/Medi-Cal as a <b>RURAL HEALTH CLINIC (Non-Urbanized Area)</b></p>			
<b>HS 328</b>	<b>Notice – Effective Date of Provider Agreement</b>		
		If applying for both Medi-Cal & Medicare certification, only need <b>one copy</b> of this form.	
<b>DHCS 9098</b>	<b>Medi-Cal Provider Agreement</b>		
		• Do not leave any questions blank. Enter N/A or “same” if not applicable.	



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		<ul style="list-style-type: none"> <li>• The “mailing address” must be the same as reported on the <b>HS 200</b> form, page 3, Item 4.</li> <li>• Signature page (page 9) <b>must be notarized</b>.</li> <li>• <b>SUBMIT</b> the “Acknowledgement” page from the Notary Public, if applicable.</li> </ul>	
<p><b>MEDICARE CERTIFICATION “Only”</b>  <b>RURAL HEALTH CLINIC (Non-Urbanized Area)</b></p> <p>If already Licensed as a Free Standing <b>PRIMARY CARE CLINIC</b> and want to be Certified with <b>MEDICARE</b> as a <b>RURAL HEALTH CLINIC (non-urbanized area)</b></p>			
<b>HS 328</b>	<b>Notice – Effective Date of Provider Agreement</b>		
		If applying for both Medi-Cal & Medicare certification, only need <b>one copy</b> of this form.	
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		<ul style="list-style-type: none"> <li>• This application is from the Federal Department of Health and Human Services.</li> <li>• The completed application should be mailed directly to the appropriate FI.</li> </ul>	
<b>CMS 1561A</b>	<b>Health Insurance Benefits Agreement</b>		
		<b>SUBMIT</b> two (2) signed copies with “original” signatures.	
<b>OMB No. 0990-0243</b>	<b>Civil Rights Information Request for Medicare Certification</b>		
		<ul style="list-style-type: none"> <li>• <b>Complete</b> and “sign” form (original signature).</li> <li>• <b>SUBMIT</b> copy of all items required on the form.</li> </ul> <p>All <b>9 items</b> need to be “identified” and accounted for. However, if less than 15 employees, Item #6 does not apply. DO will not review these items since they are to be approved by OCR.</p>	
<b>HHS 690</b>	<b>Assurance of Compliance</b>		
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