MEDICARE CHANGE OF OWNERSHIP

The Centers for Medicare and Medicaid Services (CMS) require a number of forms to be completed for Medicare Change of Ownerships. All required forms are listed below:

FORM NUMBER AND NAME:	WEBSITE:
CMS-671 *"Skilled Nursing Facility Application for Medicare and Medicaid"*	http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS671.pdf
CMS 1561 *"Health Insurance Benefits Agreement"* ***(2 copies)***	http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1561.pdf
Providers are required to submit an electronic attestation of compliance with the civil rights requirements to the OCR before the state agency and the regional office processes any requests for initial surveys. New applicants for Medicare funding will be responsible for submitting this attestation *electronically* to the OCR via OCR's online Assurance of Compliance portal which is listed below: Office of Civil Rights (OCR) Clearance https://ocrportal.hhs.gov/ocr/aoc/instructions.jsf Providers will receive electronic verification from OCR of successful submission of the attestation. When the process has been completed, the provider will be able to print the Assurance of Compliance Completed with a confirmation number. A copy of the confirmation number must accompany the other required Medicare forms.	
CMS 558 *"Electronic Transfer Fund"*	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms588a.pdf
CMS-855A *"Medicare Enrollment Application"*	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855a.pdf
ADDITIONAL INFORMATION REQUIRED FOR CHANGE OF OWNERSHIPS ***(This information must be submitted along with the forms listed above)*:**	
• Patient Transfer Agreement *(must be signed by both parties)* • A copy of the Operation Transfer Agreement, Lease Agreement or Purchase Agreement • A cover letter indicating the effective date of the change of ownership.	

Send or email all completed forms and additional required information to:

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