
AMBULATORY CARE: END STAGE RENAL DISEASE PROVIDER APPLICATION

INSTRUCTIONS FOR COMPLETION

Incomplete applications will be returned. Prior to submitting the application, ensure it includes all required information, related required documentation, and the fee.

APPLICATION FOR LICENSE

Contact the Kidney Commission at 410-764-4799.

Once all required application paperwork, including appropriate approvals (CMS-855), and the fee is received, an OHCO representative will contact your program to schedule a date for initial Federal certification and State licensure inspections.

Be advised that an on-site Medicare inspection cannot be made until the CMS-855 has been reviewed and approved by Centers for Medicare and Medicaid Services (CMS).

RENEWAL

Be advised that unannounced on-site recertification and complaint investigation surveys are being conducted by the OHCO.

FEE

The non-refundable application fee is \$700.

The application fee must be submitted with the application. Make the business check, cashier's check, money order, or personal check payable to: "DHMH." Starter checks will not be accepted.

REQUIRED APPLICATION SECTIONS

General Information

Fees

Ownership

Background

Workers' Compensation

End Stage Renal Disease Provider

Affidavit

REQUIRED DOCUMENTATION - INITIAL APPLICATION

1. Medicare forms completed in triplicate with original signatures. (The Medicare General Enrollment Booklet (CMS-855) can be obtained by contacting your Fiscal Intermediary, 877-235-8073. Any questions regarding the booklet should be directed to Novitas Solutions, Inc. at www.novitas-solutions.com.)
 2. If your program does not have workers' compensation insurance **AND** does not have any employees, submit a Letter of Exemption (sole proprietorships or partnerships) or Certificate of Compliance (corporations or LLCs) from the Certificate of Compliance Coordinator at the Workers' Compensation Commission. For information call 410-864-5100 or via e-mail at www.wcc.state.md.us.
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CODE OF MARYLAND REGULATIONS (COMAR) 10.05 Freestanding Ambulatory Care Facility

To obtain a copy of the regulations:

- A. Visit the Division of State Documents website at www.dsd.state.md.us;
 - B. Call the Division of State Documents at 410-974-2486 x3876 or 800-633-9657 x3876; or
 - C. Visit your library (click this link to find the closest location: www.dsd.state.md.us/Depositories.aspx).
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QUESTIONS

Please contact 410-402-8040 or visit the OHCO website at <http://dhmh.maryland.gov/ohcq> for questions related to the application.

SEND COMPLETED APPLICATION TO:

Ambulatory Care Program
OHCQ
Bland Bryant Building
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, MD 21228
