LICENSEAPPLICATION
GENERAL INSTRUCTIONS

Important Information:

- You must complete a separate application for each separately licensed provider.

- The appropriate fee must be submitted with the application. We can accept checks only, and must be payable to: Treasurer, State of Wyoming.
  See Attachment C of the application for fee structure.

- The application must contain the required two original signatures as indicated in Section F.

- No matter what choice is selected in Section A, the application must be completed in its entirety.

General Information:

- Contact Person – This is the person we can contact if we have issues or concerns when reviewing the license application. Please provide both a valid e-mail and phone number. In most cases an e-mail will be sent if there are issues to be resolved.

- Facility name - This is how the name on your license will appear. This usually needs to match the name under which you have your Medicare/Medicaid certification.

- Mailing address - This is the address we will use for any correspondence or documentation sent from this office, and where the license will be mailed. Remember, if this isn't a Wyoming address, this could affect any time sensitive requirements.

- Fiscal year end date - This is the date marking the end of the provider's fiscal year for purposes of financial reporting and Medicare/Medicaid reporting.

- Phone - This is the number where the actual facility can be reached directly. This will also be the number listed in the public facility directory on our web page, for consumers wanting to reach out to a provider and etc.

- CMS – Centers for Medicare and Medicaid Services

- E-mail - This is the e-mail address we will use for official correspondence, notices, and **most importantly the survey results**. We can only use one e-mail, so please ensure this is an e-mail that will be maintained and monitored closely. Centers for Medicare and Medicaid Services (CMS) will also use this e-mail address for their records. Also, please be aware that survey results sent to this e-mail will be sent encrypted and secure.

- CMS Certification Number (CCN) – This is the number CMS assigned to the provider upon initial certification and is used to track certification of the provider agreement between CMS and the provider. The number should start with a 53.

- National Provider Identify Number (NPI) – This is the standard unique health identifier for health care and is assigned by the National Plan and Provider Enumeration System (NPPES).

- Employer Tax ID # (EIN) – This is the Employer Identification Number (EIN, also known as a Federal Tax Identification Number, and is used to identify a business entity.

- Section D - For **all** entries in this section, a floor plan with beds, any nurse's stations, and service areas clearly identified must be submitted with the application.

- Section E #33 - If you opted not to list the officers, ensure you attached a list which includes the name and title of each officer. These names will be verified against the individuals who signed in Section F.

- If your provider type in number 15 was asked the "deemed" status question and you marked yes, you must send a copy of the deemed survey results/notice for the survey you listed under last accrediting survey date.

- Accrediting Agency Acronyms:
  TJC - The Joint Commission
  AOA - American Osteopathic Association
  AAAHC - Accreditation Association for Ambulatory Health Care
  AAAASF - American Association for Accreditation of Ambulatory Surgery Facilities, Inc.
  CHAP - Community Health Accreditation Partner
  ACHC - Accreditation Commission for Health Care, Inc.
  DNV - DNV Healthcare (Det Norske Veritas)

- If you are a provider type in number 16 is required to have a fidelity bond, you must send a copy of the bond. Do not send your billing notice of renewal, we need the actual bond.

- If you are a home health agency, you must submit a map which clearly identifies your geographic service area.

If you have questions regarding the renewal process or application, the best method to contact us is by sending a detailed e-mail (include facility name and type) to: tammy.schmitt@wyo.go

Checklist for Licensure Submission

- ☐ Are all sections of the application completed and is the proper provider type in #15 completed?
- ☐ Is a copy of the last accrediting survey enclosed? (If applicable provider type.)
- ☐ ASC only – is the list of all surgical procedures attached?
- ☐ Is a copy of the Fidelity Bond enclosed? (If applicable provider type.)
- ☐ HHA only - is the map of the geographic service area attached?
- ☐ Is a copy of the floors plans for the main building and any additional ancillary or provider-based locations attached?
- ☐ Are the officers listed in number 33 or a list attached?
- ☐ Does the application have <u>original</u> signatures by two of the appropriate officers?
- ☐ Is there an individual check attached for the proper amount?