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## Termination Notice

### Bella Vista Hospice Care, Inc.

**Date:** September 10, 2025

**Title:** Notice to the Public of Bella Vista Hospice Care, Inc. Involuntary Termination

**Contact:** [Press@cms.hhs.gov](mailto:Press@cms.hhs.gov)

### Notice to Public of Termination of Bella Vista Hospice Care, Inc.

The Centers for Medicare and Medicaid Services (CMS) has determined that Bella Vista Hospice Care, Inc. CCN# A1-1648 has failed to substantially comply with Medicare and Medicaid health and safety participation requirements. Notice is hereby given that on September 25, 2025, in compliance with federal law, CMS will terminate the Medicaid provider agreement between the Secretary of Health and Human Services and Bella Vista Hospice Care, Inc.

In addition, Federal Financial Participation will not be available to the State for any Medicaid patients admitted to the facility on or after September 25, 2025. For Medicaid patients admitted prior to September 25, 2025, Federal Financial Participation may continue to be made to the State for up to 30 days of covered services to qualified patients furnished on or after September 25, 2025, the date of termination.

While we understand the relocation of patients can be challenging for all parties involved, CMS prioritizes resident safety and care quality. We are closely monitoring the relocation of patients to other facilities. For patients and their family members, CMS recommends visiting the following websites for additional assistance through the relocation process:

- Care Compare Website ([www.medicare.gov/care-compare](http://www.medicare.gov/care-compare))

Public notice of termination will be posted on the Survey & Certification website at  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Termination-Notices.html>