

HOME HEALTH MEDICARE INFORMATION

NOTE: The following accreditation organizations can conduct the initial certification survey: ACHC, CHAP, or TJC. If the accrediting organization has not completed the initial survey within 150 days from the date of the approved 855A, IDPH is mandated to perform the initial certification survey. Even when choosing an accrediting organization to conduct your initial Medicare Certification survey, you are still required to complete an 855A and other Medicare forms to enroll and receive a provider number from the federal Centers for Medicare & Medicaid Services (CMS).

*** Questions regarding the 855A should be directed to the fiscal intermediary.** THE FACILITY MUST COMPLETE FORM 855A AND RETURN THE **ORIGINAL** TO ITS FISCAL INTERMEDIARY. When the 855A is approved by the fiscal intermediary, a copy of the 855A will be forwarded to IDPH, and you will receive notification in the mail from your fiscal intermediary.

- The 855A can be found at:
www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf
- Questions regarding CMS form 855A
www.cms.hhs.gov/MedicareProviderSupEnroll
- Provider-Supplier Enrollment Contacts
www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf

All other forms (ORIGINALS) listed on this instruction sheet should be filled out and returned to IDPH at the address below. Be advised, however, that these forms are only valid for *six months* from the date they are completed. Therefore, it is recommended that you wait to submit your forms to IDPH until you have contacted the accreditation agency, processed your application with them, and completed your accreditation survey.

Upon completion of your accreditation survey, mail a copy of your accreditation approval letter and any other documentation received from your accrediting agency along with the Medicare forms listed below to:

Illinois Department of Public Health
Health Care Facilities and Programs Section
525 W. Jefferson St., 4th Floor
Springfield, IL 62761-0001

Questions regarding Medicare forms **ONLY** should be directed to 217-558-2854.

FORMS NEEDED FOR MEDICARE CERTIFICATION

- CMS-1572 Home Health Agency Survey and Deficiencies Report
www.cms.hhs.gov/cmsforms/downloads/cms1572a.pdf
- CMS-1561 Health Insurance Benefits Agreement Form (2 originals required)
www.cms.hhs.gov/cmsforms/downloads/cms1561.pdf **Make sure you sign/date/put your title in the section that says “Accepted for Provider of Services By” – DO NOT SIGN IN EITHER OF THE OTHER TWO SIGNATURE BLOCKS.**

- **Office for Civil Rights (OCR) Clearance Process**—A health care provider that applies for participation in the Medicare Part A program must receive a civil rights clearance from OCR, as set forth in 42 CFR 480.10(b).
Initial Enrollment or CHOW - the Civil Rights Packet may be submitted online by sending the attestation electronically to the OCR via OCR's online Assurance of Compliance portal at the following website.
<https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>. Your agency will receive an electronic verification from OCR of the successful submission of the attestation. Submit to IDPHa copy demonstrating evidence of successful electronic submission of the attestation.

When all pertinent documents are received, they will be forwarded to the appropriate Medicare administrative contractor.

INFORMATIONAL READING MATERIAL

Conditions of Participation and Coverage can be found by going to:
www.cms.hhs.gov/manuals/downloads/som107ap_b_hha.pdf

[Accrediting Organization Contacts for Prospective Clients \(cms.gov\)](http://www.cms.gov/accr/organizationcontacts)
Home Health Accreditation Agencies

Accreditation Commission for Health Care Inc (ACHC)
139 Weston Oaks Court www.achc.org
Cary, NC 27513
Barbara Sylvester
bsylvester@achc.org
855-937-2242 ext. 231

Community Health Accreditation Program (CHAP)
2300 Clarendon Blvd., Suite 405
Arlington VA 22201
Frances Petrella
fran.petrella@chapinc.org
202-467-1710

The Joint Commission (TJC)
One Renaissance Blvd.
Oakbrook Terrace, IL 60081
Stephanie Kaufman
skaufman@jointcommission.org
630-792-5708