

COMPREHENSIVE OUTPATIENT REHAB FACILITY (CORF)

*THE FACILITY MUST FILL OUT FORM 855A AND RETURN THE **ORIGINAL** TO THEIR FISCAL INTERMEDIARY. When the 855A is approved by the Fiscal Intermediary, a copy of the 855A will be forwarded to the Illinois Department of Public Health (IDPH). **Questions regarding the 855A should be directed to the Fiscal Intermediary.**

- The 855A can be found at the following location:
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

**PLEASE NOTE: When the 855A is approved by your Fiscal Intermediary, it will be forwarded to IDPH. Your intermediary will notify you by mail when the 855A has been sent to IDPH.*

All other forms (ORIGINALS) listed on this instruction sheet should be filled out and returned to IDPH at the address listed below.

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

Questions regarding Medicare forms ONLY, should be directed to 217-782-0386

FORMS NEEDED FOR MEDICARE CERTIFICATION

- CMS-359 Comprehensive Outpatient Rehabilitation Facility Report for Certification to Participate in Medicare Program
www.cms.hhs.gov/cmsforms/downloads/cms359.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 the Provider of Services By” – DO NOT SIGN IN EITHER OF THE OTHER TWO SIGNATURE BLOCKS.
- Medicare Intermediary Information – (1 original required)
<http://dph.illinois.gov/sites/default/files/forms/COOS-Medicare-Intermediary-Information-040816.pdf>

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 on line- by submitting 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 successful submission of the attestation. Submit to the Department a copy, demonstrating evidence of successful electronic submission of the attestation.

When all of the pertinent documents are received, they will be forwarded to CMS (Centers for Medicare and Medicaid Services) in Chicago.

INFORMATIONAL READING MATERIAL

Conditions of Participation and Coverage can be found by going to
www.cms.hhs.gov/manuals/downloads/som107ap_k_corf.pdf