

HOME HEALTH CHOW INFORMATION

THE FACILITY MUST FILL OUT THE 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. **Questions regarding the 855A should be directed to the Fiscal Intermediary.**

The CMS 855A can be found at the following website:

www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf

All other forms listed on this instruction sheet should be filled out and returned to IDPH at the following address: DO NOT FAX

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

FORMS NEEDED FOR CHANGE OF OWNERSHIP

- CMS-1572(a & b) Home Health Agency survey and Deficiencies Report www.cms.hhs.gov/cmsforms/downloads/cms1572a.pdf **DO NOT** fill out 7, 8, 11, 21, 22, 23 – **ALL OTHERS** should be completed. Section #18 and #19...if you put a “2” in any of the boxes in Section #18, then the corresponding service in Section #19 should be “0”. If you put a #1 or #3 in any of the boxes in Section #18, then there should be a number in the corresponding service in Section #19
- 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. CMS will issue your facility a letter acknowledging your Change of Ownership. YOUR PROVIDER NUMBER DOES NOT CHANGE.