

# **HOSPICE MEDICARE CHOW INFORMATION**

\* **Questions regarding the 855A should be directed to the Fiscal Intermediary.** THE FACILITY MUST FILL OUT 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 the following location:  
[www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf)
- Questions regarding CMS form 855A  
[www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll)
- Provider-Supplier Enrollment Contacts  
[www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact\\_list.pdf](http://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 listed below.**

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

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

## **FORMS NEEDED FOR MEDICARE CERTIFICATION**

- CMS-417 Hospice Request for Certification in the Medicare Program  
[www.cms.hhs.gov/cmsforms/downloads/cms417.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms417.pdf)
- CMS-1561 Health Insurance Benefits Agreement Form (2 originals required)  
[www.cms.hhs.gov/cmsforms/downloads/cms1561.pdf](http://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.**