

# **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](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)

*\*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.

IL 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-359 Comprehensive Outpatient Rehabilitation Facility Report for Certification to Participate in Medicare Program  
[www.cms.hhs.gov/cmsforms/downloads/cms359.pdf](http://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](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://www.idph.state.il.us/forms/ohcr/COOS%20Medicare%20Intermediary%20Information.pdf>
- Office of Civil Rights Forms **Form Approved OMB No. 0945-0006 Exp. Date 04/30/2017**  
[www.hhs.gov/ocr/civilrights/clearance/index.html](http://www.hhs.gov/ocr/civilrights/clearance/index.html)
- <http://www.hhs.gov/ocr/civilrights/clearance/tamainpage.html>

**You need to submit BOTH the Data Request Checklist and Assurance of Compliance form, along with the Civil Rights Policies and Procedures.**

• **Office for Civil Rights 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 answering all questions and submit the entire civil rights clearance package online at

<https://ocrportal.hhs.gov/ocr/pgportal/index.jsf>

### **Provider Submission of Civil Rights Packet**

If the provider chooses to submit hard copies of the civil rights package, then the process remains the same: the provider sends the completed Civil Rights Packet (including signed questionnaire form, signed HHS-690 form, and civil rights policies and procedures) to the Illinois Department of Public Health.

If you choose to submit the civil rights package online, the submission will go directly into the OCR intake queue, and the provider will receive an e-mail from OCR stating that the provider completed the civil rights submission. The e-mail will contain an OCR number, which is critical to OCR's ability to access the provider's submission from the OCR intake queue. The provider will submit a copy of this e-mail to the Illinois Department of Public Health and then the State will submit it to the CMS Regional Office in lieu of the completed civil rights package. The Regional Office will attach the query sheet/tie-in notice to the e-mail with the OCR number and send to OCR for OCR's civil rights review of the provider's submission. If the CMS regional office determines that the potential provider does not meet the criteria to participate in the Medicare Part A program, the regional office will send to OCR the e-mail with the OCR number, with a comment "Medicare participation has been denied – no OCR clearance necessary," so that OCR can remove the application from its intake queue.

### **Entities with Civil Rights Corporate Agreements**

For providers that belong to corporations that have Civil Rights Corporate Agreements with OCR, SAs should collect and forward ONLY the signed certification sheets, or the e-mail

**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](http://www.cms.hhs.gov/manuals/downloads/som107ap_k_corf.pdf)