

# **HOSPICE MEDICARE INFORMATION**

**PLEASE NOTE:** The Illinois Department of Public Health (IDPH) is no longer able to conduct initial Medicare Certification Surveys. You must now contact an Accreditation Agency such as CHAP, ACHC or JCAHO to do your survey. However, you are still required to complete an 855A and other Medicare forms to enroll and receive a provider number from the Centers for Medicare and Medicaid Services (CMS).

\* **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. Please be advised, however, that these forms are only valid for *six months* from the date they are completed. Therefore, it is advised that you wait to submit your forms to IDPH until such time as 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 & 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  
<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS417.pdf>
- CMS-643 Hospice Survey and Deficiencies Reports  
<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS643.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.**

### INFORMATIONAL READING MATERIAL

Conditions of Participation and coverage can be found at  
[www.cms.hhs.gov/manuals/downloads/som107ap\\_m\\_hospice.pdf](http://www.cms.hhs.gov/manuals/downloads/som107ap_m_hospice.pdf)

## Hospice Accreditation Agencies

Organization	Provider Type	Contact Person	Contact Address	Contact #	Contact Email
Joint Commission (JC)	Hospice	Trisha Kurtz	601 13 <sup>th</sup> Street NW, Suite 560S Washington, DC 20005	202-783-6655	<a href="mailto:pkurtz@jointcommission.org">pkurtz@jointcommission.org</a>
Community Health Accreditation Program (CHAP)	Hospice	Karen Collishaw	1275 K Street NW, Suite 800 Washington, DC 20005	202-862-3413 ext 49 1-800-656-9656 ext 49	<a href="mailto:kcollishaw@chapinc.org">kcollishaw@chapinc.org</a>
Accreditation Commission for Health Care, Inc. (ACHC)	Hospice	Matt Hughes	139 Weston Oaks Parkway Cary, NC 27513	855-937-2242	<a href="mailto:mhughes@achc.org">mhughes@achc.org</a>