

FORMS NEEDED FOR MEDICARE CERTIFICATION

- CMS-29 Request to Establish Eligibility to Participate in the Health Insurance for the Aged and Disabled Program to Provide Rural Health Clinic Services
www.cms.hhs.gov/cmsforms/downloads/cms29.pdf
- CMS-1561A Health Insurance Benefits Agreement - two **originals required**.
- <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms1561a.pdf>

APPLIES TO PROVIDER BASED ONLY

- Office of Civil Rights <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>

• **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 the Office of Civil Rights (OCR), as set forth in 42 CFR 480.10(b).

Initial Enrollment or CHOW- the Civil Rights Packet may be submitted online - by answering all questions and submitting the entire civil rights clearance package online at <https://ocrportal.hhs.gov/ocr/aoc/instruction.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 email from OCR stating that the provider had completed the civil rights submission. The email 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 email to the Illinois Department of Public Health. The state will then submit it to the federal Centers for Medicare & Medicaid Service (CMS) Regional Office instead of the completed civil rights package. The regional office will attach the query sheet/tie-in notice to the email with the OCR number and send it 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 email 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 belonging to corporations with Civil Rights Corporate Agreements with OCR, SAs should collect and forward **ONLY** the signed certification sheets or the email.

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

Note: The following accreditation organizations can conduct the initial Certification Survey: Quad A or TCT. If the accrediting organization has not completed the initial survey within 150 days of the approved 855, IDPH is

mandated to perform the initial certification survey.

Contact information for AAAASF
5101 Washington St., Suite 2F
P.O. Box 9500
Gurnee, IL 60031
Telephone: 847-775-1970

Contact information for:
The Compliance Team (TCT)

P. O. Box 160
905 Sheble Lane, Suite 102
Spring House, PA 19477
Office: 215-654-9110
Fax: 215-654-9068
www.TheComplianceTeam.org

- Conditions of Participation and coverage can be found by going to www.cms.hhs.gov/manuals/downloads/som107ap_g_rhc.pdf.