

HOME HEALTH 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, TJC, and ACHC to do your survey. However, you are still required to complete an 855A, as well as other Medicare forms, to enroll and receive a provider number from the Centers for Medicare and Medicaid Services (CMS).

*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 855A can be found at the following website:

- CMS 855A form www.cms.hhs.gov/cmsforms/downloads/cms855a.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 us.*

All other forms listed on this instruction sheet should be filled out and returned to IDPH at the following address:

Illinois Department of Public Health
Division of Health Care Facilities and Programs
525 W. Jefferson Street, 4th Floor
Springfield, IL 62761-0001
Attention: Elise Sherman

Questions regarding Medicare Forms ONLY, should be directed to Elise Sherman at 217-782-0386, or by e-mail at elise.sherman@illinois.gov

FORMS NEEDED FOR MEDICARE CERTIFICATION

- 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 #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) www.idph.state.il.us (Click on Publications, Forms, then refer to the Medicare Intermediary Section)

- Office of Civil Rights Forms
www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/formstobecompleted.html
You need to submit BOTH Data Request Checklist and Assurance of Compliance forms, along with the Civil Rights Policies and Procedures.

INFORMATIONAL READING MATERIAL

- Conditions of Participation and Coverage can be found at
www.cms.hhs.gov/manuals/downloads/som107ap_b_hha.pdf
- Questions regarding form CMS 855A
www.cms.hhs.gov/MedicareProviderSupEnroll/
- Provider-Supplier Enrollment Contacts
www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf