

RURAL HEALTH

* PLEASE NOTE: The Illinois Department of Public Health (IDPH) is no longer able to conduct initial Medicare Certification Surveys. You may contact the either Accreditation Agency- American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) or The Compliance Team (TCT) 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.

Contact information for AAAASF:
5101 Washington Street, 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

- The 855A can be found at the following location:
www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf
- Questions regarding CMS form 855A
www.cms.hhs.gov/MedicareProviderSupEnroll
- Provider-Supplier Enrollment Contacts
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
Division of Health Care Facilities & Programs
525 W. Jefferson Street, 4th Floor
Springfield, IL 62761-0001

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

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
Medicare Intermediary Information – (1 original required)
- <http://dph.illinois.gov/sites/default/files/forms/COOS-Medicare-Intermediary-Information-040816.pdf>
- CMS-1561A Health Insurance Benefits Agreement
- 2 originals required
www.cms.hhs.gov/cmsforms/downloads/cms1561a.pdf

INFORMATIONAL READING MATERIAL

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

APPLIES TO PROVIDER-BASED ONLY

- **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.