

# **HOSPICE MEDICARE CERTIFICATION**

**NOTE:** The following accreditation organizations can conduct the initial Certification Survey: ACHC, CHAP, or TJC. 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.

Forms listed on this instruction sheet (**originals**) 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, 4<sup>th</sup> Floor  
Springfield, IL 62761  
Attention: Hospice Program

Questions regarding Medicare Forms **ONLY** should be directed to Hospice Program at 217- 782-0850, or by email to [DPH.COOS@illinois.gov](mailto:DPH.COOS@illinois.gov)

## **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-1561 Health Insurance Benefits Agreement Form (**2 originals required**):  
[OMB No. 0938-0832 \(cms.gov\)](https://www.cms.gov/medicare/coverage/pdfs/omb-no-0938-0832.pdf) - **Make sure to 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.**
- Office of Civil Rights Forms  
<https://www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/index.html>

## **INFORMATIONAL READING MATERIAL**

- Conditions of Participation and Coverage can be Found at:  
[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_m\\_hospice.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf)
- Questions regarding CMS form 855A  
<https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers?redirect=/MedicareProviderSupEnroll/>
- Provider-Supplier Enrollment Contacts  
[https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/contact\\_list.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/contact_list.pdf)