

## COMPREHENSIVE OUTPATIENT REHAB FACILITY (CORF)

\*THE FACILITY MUST FILL OUT THE FORM 855A AND RETURN THE ORIGINAL TO THEIR FISCAL INTERMEDIARY. When the 855A is approved by the Fiscal Intermediary, a copy of the 855A will be forwarded to the IL Dept. of Public Health.

All other forms listed on this instruction sheet should be filled out and returned to IDPH at the following address. **PLEASE NOTE: Make sure that the medicare forms are completely filled out, or they will be returned to your facility for completion.**

IL Department of Public Health  
Health Care Facilities & Programs Section  
525 W. Jefferson Street, 4<sup>th</sup> Floor  
Springfield, IL 62761  
Attention: Elise Sherman

Questions regarding Medicare Forms ONLY, should be directed to Elise Sherman at 217-782-0386. Questions regarding the 855A should be directed to the Fiscal Intermediary.

### MEDICARE FORMS

- CMS-359 Comprehensive Outpatient Rehabilitation Facility Report for Certification to Participate in the Medicare Program  
[www.cms.hhs.gov/cmsforms/downloads/cms359.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms359.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)
- Medicare Intermediary Information - 1 original required ([www.idph.state.il.us](http://www.idph.state.il.us)) (Click on Publications then Forms, then refer to Medicare Intermediary Section)
- Office of Civil Rights Forms ([www.hhs.gov/ocr/crclearance.html](http://www.hhs.gov/ocr/crclearance.html))
- CMS 855-A form <http://cms.hhs.gov/MedicareProviderSupEnroll/>

### INFORMATIONAL

- Conditions of Participation and coverage can be found by going to  
[www.cms.hhs.gov/manuals/downloads/som107ap\\_k\\_corf.pdf](http://www.cms.hhs.gov/manuals/downloads/som107ap_k_corf.pdf)
- Questions regarding CMS form 855A  
[www.cms.hhs.gov/MedicareProviderSupEnroll/03\\_EnrollmentApplications.asp](http://www.cms.hhs.gov/MedicareProviderSupEnroll/03_EnrollmentApplications.asp)  
Provider-Supplier Enrollment Contacts  
[www.cms.hhs.gov/MedicareProviderSupEnroll/PSEC/list.asp](http://www.cms.hhs.gov/MedicareProviderSupEnroll/PSEC/list.asp)