

Certification of Comprehensive Outpatient Facility (CORF) Requirements:

In order for clinics, rehabilitation agencies, and public health agencies to be eligible to participate as providers of OPT/OSP services, they must be in compliance with all applicable Medicare requirements, except the following: 42 CFR 485.709, Administrative Management, is not applicable to public health agencies, and 42 CFR 485.717, Rehabilitation Program, is not applicable to clinics or public health agencies.

Forms/ documents (to be completed and turned into Indiana State Department of Health):

1. Health Insurance Benefit Agreement (3 signed originals)
2. Office of Civil Rights (OCR) Clearance: Assurance of Compliance Form (HHS-690), Medicare Certification Civil Rights information Request form (HHS-441) (and applicable attachments) or evidence of Civil rights Corporate Agreement.
http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/formstobecompleted.html
3. Request to Establish Eligibility CMS 359
4. Priority Exception Letter
5. Letter of approval of 855 form Fiscal Intermediary

855A

The 855A form must be completed and submitted to your Fiscal Intermediary. The Fiscal Intermediary must approve this form before a survey can be completed. Copies of the 855A application may be found at: <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855a.pdf>

The current Fiscal Intermediary for Indiana Part A providers effective 8/2012 is: Wisconsin Physician Services (WPS) Medicare <http://www.wpsmedicare.com/j8macparta/>

Survey Process:

During the course of the State survey, it verifies that the services that the provider proposes to offer are actually being provided. The State Agency (SA) evaluates the cumulative records of services actually provided. Work schedules of personnel providing services will show utilization data for various services.

Initial Surveys:

Effective November 5, 2007 the Centers for Medicare and Medicaid Services (CMS) instructed States to place a higher priority on recertification of existing providers, on complaint investigations, and on similar work for existing providers than for initial surveys of providers or suppliers newly seeking Medicare participation.

Providers may apply by letter to the State Agency (SA) for CMS consideration to grant an exception to the priority assignment of the initial survey if lack of Medicare certification would cause significant access-to-care problems for Medicare beneficiaries served by the provider or supplier.

There is no special form required to make a priority exception request. However, the burden is on the applicant to provide data and other evidence that effectively establishes the probability of adverse beneficiary health care access consequences if the provider is not enrolled to participate in Medicare. CMS will not endorse any request that fails to provide such evidence and fails to establish the special circumstances surrounding the provider's or supplier's request.

If request is approved by CMS, the provider **must be operational and have available at least 3 patient records for review. Surveyors will inspect the agency, interview members of your staff, review documents, and undertake other procedures necessary to evaluate the extent to which your institution meets the Conditions of Participation.** If the institution has significant deficiencies in any of the Conditions, you will be informed and given an opportunity to correct them. Following the survey, this agency will recommend to the **CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)** whether your institution should participate. **CMS** will notify you of the effective date of certification if approved. For an initial outpatient rehabilitation facility the effective date can be no sooner than all requirements are found to be met. If all requirements are met on the date of the survey, the effective date of the provider agreement is the date the onsite survey is completed.

ENROLLMENT

IOM – “Medicare General Information, Eligibility, and Entitlement,” Pub. 100-01, Chapter 5

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ge101c05.pdf>

Chapter 5, “Definitions,” includes Section 10.1, “Provider Agreements,” which references CORFs.

IOM – “Medicare Program Integrity Manual,” Pub. 100-08, Chapter 15, Section 15.4.1.2

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c15.pdf>

Chapter 15, “Medicare Enrollment,” includes Section 15.4.1.2, “Comprehensive Outpatient Rehabilitation Facilities (CORFs),” which provides information on CORF enrollment in the Medicare Program.

ACCREDITATION STANDARDS/SURVEY & CERTIFICATION

IOM – “State Operations Manual,” Pub. 100-07, Chapter 2

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107c02.pdf>

Comprehensive Outpatient Rehabilitation Facility

Chapter 2, “The Certification Process,” includes the following sections which provide information regarding the survey and certification of CORFs:

- 2306: OPT/OSP Provider Relinquishes Primary Site to CORF;
- 2360: CORF – Citations and Description;
- 2362: Scope and Site of Services;
- 2364: CORF’S Relationship With Other Providers or Suppliers;
- 2364A: Shared Space With Another Provider or Supplier;
- 2364B: Sharing of Equipment;
- 2364C: Employee Sharing; and
- 2366: Conversion of OPT/OSP to CORF.

IOM – “State Operations Manual,” Pub. 100-07, Appendix K

http://cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_k_corf.pdf

Appendix K, “Guidance to Surveyors: Comprehensive Outpatient Rehabilitation Facilities,” includes State survey information for CORFs.

Web Page – Comprehensive Outpatient Rehabilitation Facilities Certification & Compliance

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CORFs.html>

This web page provides basic information about being certified as a Medicare CORF provider and includes helpful links.

Web Page – Conditions for Coverage (CfCs) & Conditions of Participation (CoPs) - CORFs

<http://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/CORFs.html>

This web page provides links to important resources regarding CfCs and CoPs for CORFs.

Web Page – Survey & Certification - Guidance to Laws & Regulations - CORFs

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/CORF.html>

This web page explains that survey protocols and Interpretive Guidelines are established to provide guidance to personnel conducting surveys. They serve to clarify and/or explain the intent of the regulations and all surveyors are required to use them in assessing compliance with Federal requirements. The purpose of the protocols and guidelines is to direct the surveyor’s attention to certain avenues for investigation in preparation for the survey, in conducting the survey, and in evaluation of survey findings.

This web page provides a link to Appendix K of the “State Operations Manual” and to the Certification and Compliance for CORFs web page.

Form – Instructions for Completing the Comprehensive Outpatient Rehabilitation Facility Request for Certification to Participate in the Medicare Program Form CMS-359

<http://cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms359.pdf>

Filing this request for certification to the State will initiate the process of obtaining a decision as to whether the Conditions of Participation are (continue to be) met.

Fact Sheet – “Comprehensive Outpatient Rehabilitation Facility”

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Comprehensive_Outpatient_Rehabilitation_Facility_Fact_Sheet_ICN904085.pdf

This fact sheet is designed to provide education on Comprehensive Outpatient Rehabilitation Facilities (CORF). It includes the following information: background; core CORF services; optional CORF services; place of treatment requirements; physical therapy, occupational therapy, and speech-language pathology Plan Of Care (POC) requirements; respiratory therapy POC requirements; and payment for CORF services.

Fact Sheet – “Rehabilitation Therapy Information Resource for Medicare”

http://www.cms.gov/MLNProducts/downloads/Rehab_Therapy_Fact_Sheet.pdf

This fact sheet is designed to provide education on rehabilitation therapy services. It includes information on coverage requirements, billing and payment information, and a list of contacts and resources.

Fact Sheet – “Power Mobility Devices (PMDs): Complying with Documentation and Coverage Requirements”

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/PMD_DocCvg_FactSheet_ICN905063.pdf

This fact sheet is designed to provide education on common Comprehensive Error Rate Testing Program errors related to power mobility devices. It includes a checklist of the documentation needed to support a claim to Medicare for PMDs.

Form – Plan of Treatment for Outpatient Rehabilitation Form CMS-700

<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS700.pdf>

This form may be used to establish an outpatient rehabilitation plan of treatment.