



Oregon

John A. Kitzhaber, MD, Governor

Office of Licensing & Regulatory Oversight

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Nursing Facility Name

Mailing Address

Mailing Address

Re: Medicare Certification / Facility Name

Dear Curt,

Enclosed are links to the forms necessary to apply for Medicare certification of a nursing facility. Please submit documents to Nursing Facility Licensing and the Medicare Fiscal Intermediary as directed. Incomplete packets will be sent back to the requestor in their entirety.

The request for change in Medicare certification status must be received at least 30 days in advance of the proposed date of change. The date of change must correspond to the first day of a facility's cost reporting year or to the first day of a cost reporting quarter within that year. Only two change requests will be approved per Medicare cost reporting year.

PLEASE RETURN ALL OF THE FOLLOWING DOCUMENTS TO THE DEPARTMENT:

- Application for Medicare/Medicaid** (CMS 671) - One copy with original signature

<https://www.cms.gov/cmsforms/downloads/CMS671.pdf>

- Assurance of Compliance** (HHS 690) - Four copies with original signature on each copy

<http://www.hhs.gov/forms/HHS690.pdf>

- Health Insurance Benefit Agreement** (CMS 1561) - 2 copies with original signature on each copy

<http://www.cms.gov/cmsforms/downloads/cms1561.pdf>



Medicare Certification

- Medicare Certification Civil Rights Information Request Form –**
One original note: *The form has been revised, please use attached form.*
- A letter from your facility requesting to be Medicare Certified.**
Please include the date you wish to have certification begin. Also, indicate if all beds in the facility will be Medicare certified, or if you are requesting a Certified Distinct Part (see below). In some instances, CMS may issue provisional certification pending their final review. You might ask for provisional certification in your letter of request.
- Facility Floor Plan** - Three copies. Please indicate the total number of beds you are requesting certification for and indicate their location on the floor plan. If you are requesting certification for a Certified Distinct Part, please indicate where this designation will be located.

Certified Distinct Part – If requesting a certified distinct part, the distinct part must consist of all beds within the designated area. The distinct part can be a wing, separate building, a floor, a hallway, or one side of a corridor. The beds in the certified distinct part area must be physically separate from (that is, not commingled with) the beds of the institution or institutional complex in which it is located.

PLEASE SUBMIT THE FOLLOWING DOCUMENTS TO THE FISCAL INTERMEDIARY:

- Medicare Enrollment Application (CMS 855A) – One original.**
<https://www.cms.gov/cmsforms/downloads/cms855a.pdf>

This form must be submitted directly to the Fiscal Intermediary (FI). The FI reviews the application and recommend approval or denial.

The completed packet submitted to the Department will be held until we receive a recommendation of approval or denial from the fiscal intermediary (FI) **and** we determine the facility is in substantial compliance with the conditions of participation. The Center for Medicare and Medicaid Services (CMS) makes the final determination to approve or deny Medicare certification. Please contact me if questions.

Thank you,
Marcia Thompson, Licensing
Office of Licensing & Regulatory Oversight
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