

Change of Administrator



To change the administrator of a certified Outpatient Physical Therapy and /or Outpatient Speech Pathology Services provider:

- A. Complete forms, provide information and send them to the Indiana Department of Health;
- B. Complete an 855 application and submit to your Medicare Administrative Contractor (MAC).

A. Complete the following forms, provide required information listed below and send them to the Indiana Department of Health (IDOH)

1. Extension Site Questionnaire [Form 55642](#)
2. Include the following information with the Extension Site Questionnaire:
 - Name of administrator
 - Qualifications and experience
 - Copy of Governing Body delegation
 - Copy of diploma, license, and other qualifications
 - A statement, signed by the Administrator, ensuring that Medicare/Medicaid regulations will be met at all times at the rehabilitation agency.

Please return forms and documents to:

Indiana Department of Health
Division of Acute & Continuing Care
Attn: Lorraine Switzer
2 North Meridian Street, 4A
Indianapolis, IN 46204

If you need assistance with this application, contact Lorraine Switzer at (317) 233-7502.

B. Complete an 855 application and submit this to your MAC:

Please visit the CMS website for [Medicare Provider/Supplier Enrollment forms](#).

These forms include the **CMS 855A, CMS 855B, CMS 855I, CMS 855R** and **CMSS**. A comprehensive user guide, providing detailed instructions on how to download these applications, is also available on the web site. Providers/suppliers can complete a form on their computer, save it as a file, and print the completed form for final signature and submission. If you have questions on completion or approval of the CMA 855 form please contact your MAC:

WPS Medicare Part A Provider Enrollment
P.O. Box 2430
Omaha, NE 68103-2430
<http://www.wpsmedicare.com/j8macparta/>