

To apply for initial certification as a certified Outpatient Physical Therapy and /or Outpatient Speech Pathology Services Program provider:

- A. complete forms and send them to the Indiana Department of Health,
- B. complete an 855 application and submit this to your Medicare Administrative Contractor (MAC), and
- C. have a survey to show you meet conditions of participation of Medicare.

A. Complete the following forms and send them to the Indiana Department of Health (IDOH)

1. Outpatient Physical Therapy and/or Speech Pathology Services ([Form CMS-1856](#)) with General Instructions and Definitions.
2. Three (3) copies of the Health Insurance Benefits Agreement ([Form CMS-1561](#)). Please submit all three originals.
3. Model Letter Requesting Identification of Extension Units ([Form CMS-381](#))
4. Evidence of successful electronic submission of the [Form HHS 690](#) civil rights attestation and check list. Please complete all required [Office of Civil Rights procedures for providers](#).
5. Priority exception letter or Accreditation survey letter see "C. On site survey" below.

NOTE: A COPY OF THE FLOOR PLAN IS REQUIRED. PLEASE INCLUDE THIS WITH THE OTHER DATA BEING RETURNED TO IDOH.

Please ensure that all forms in this application, including copies thereof, have original signatures.

Please return forms 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/>

The CMS 855 application must be approved by your MAC before a survey may be completed.

C. Onsite survey:

1) For a State Agency (SA) completed survey you must submit a priority exception letter:

Effective November 5, 2007 the Centers for Medicare and Medicaid Services (CMS) has instructed State Agencies (SA) 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 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. This must be submitted with your forms as listed above.

2) Accreditation option for Outpatient Rehabilitation Facilities (ORF):

Your second option is to seek accreditation through the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF). Effective April 22, 2011 CMS approved AAAASF for recognition as a national accreditation program for providers of outpatient physical therapy and speech-language pathology services seeking to participate in the Medicare or Medicaid programs. The contact information for the AAAASF is 5101 Washington Street, Suite 2F, P.O. Box 9500, Gurnee, IL 60031. 847-775- 1970.

3) Additional survey information:

Whether you seek accreditation or exception from CMS for an initial survey, you must complete the documents listed above and return them to the Indiana Department of Health. If you are seeking accreditation, please forward your approval letter for accreditation from AAAASF with the paperwork, if you are seeking exception please include your letter and any documentation.

If your request is approved by CMS, **you must be operational and have available at least 3 patient records for review by the Indiana Department of Health. Our surveyors will inspect the agency, interview you and 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 your 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. If the provider is found to meet all conditions of participation, but has lower level deficiencies, and CMS or the State survey agency receives from the provider an acceptable plan of correction the effective date of the provider agreement will be the date an acceptable plan of correction, or when an approvable waiver request is received.

Please see a copy of the [Federal Register/ Vol. 62, No. 159/ Monday, August 18, 1997](#) for more information on effective dates.

Please see [Rehabilitation Agencies: Fire Alarm Systems, SOM Appendix E Revision - Advance Copy](#) and [State Operations Manual Appendix E](#) for the most up to date conditions of participation.

