

**OUTPATIENT PHYSICAL THERAPY/SPEECH THERAPY/OCCUPATIONAL
THERAPY SERVICES (OPT/ST/OT)**

PLEASE NOTE: The Illinois Department of Public Health (IDPH) is no longer able to conduct initial Medicare Certification Surveys. You must now contact the Accreditation Agency American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) to do your survey. However, you are still required to complete an 855A* and other Medicare forms to enroll and receive a provider number from the Centers for Medicare and Medicaid Services (CMS). * Questions regarding the 855A should be directed to the Fiscal Intermediary. **THE FACILITY MUST FILL OUT FORM 855A AND RETURN THE ORIGINAL TO ITS FISCAL INTERMEDIARY.** When the 855A is approved by the Fiscal Intermediary, a copy of the 855A will be forwarded to IDPH, and you will receive notification in the mail from your Fiscal Intermediary. The 855A can be found at the following location:

- www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf
Questions regarding CMS form 855A
- www.cms.hhs.gov/MedicareProviderSupEnroll
Provider-Supplier Enrollment Contacts
- www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf

All other forms (ORIGINALS) listed on this instruction sheet should be filled out and returned to IDPH at the address listed below. Please be advised, however, that these forms are only valid for *six months* from the date they are completed. Therefore, it is advised that you wait to submit your forms to IDPH until such time as you have contacted the Accreditation Agency, processed your application with them, and completed your Accreditation survey.

Upon completion of your Accreditation Survey, mail a copy of your accreditation approval letter and any other documentation received from your accrediting agency along with the Medicare forms listed below to:

Illinois Department of Public Health
Division of Health Care Facilities
and Programs
525 W. Jefferson Street, 4th
Floor Springfield, IL 62761

Questions regarding Medicare forms *ONLY*, should be directed to 217-782-0386

**FORMS NEEDED FOR MEDICARE
CERTIFICATION**

- **CMS-1856 Request for Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services**
www.cms.hhs.gov/cmsforms/downloads/cms1856.pdf
- **CMS1561 - Health Insurance Benefits Agreement form**
-2 originals required www.cms.hhs.gov/cmsforms/downloads/cms1561.pdf

Make sure you sign/date/put your title in the section that says “Accepted for the Provider of Services By”.

*****DO NOT SIGN IN THE OTHER TWO SIGNATURE BLOCKS**

- Medicare Intermediary Information – (1 original required)
<http://dph.illinois.gov/sites/default/files/forms/COOS-Medicare-Intermediary-Information-040816.pdf>
- **Office for Civil Rights (OCR) Clearance Process** – A health care provider that applies for participation in the Medicare Part A program must receive a civil rights clearance from OCR, as set forth in 42 CFR 480.10(b).
- **Initial Enrollment or CHOW- the Civil Rights Packet may be submitted on line- by submitting the attestation electronically to the OCR via OCR's online Assurance of Compliance portal at the following website.**
<https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>.
~Your agency will receive an electronic verification from OCR of successful submission of the attestation. Submit to the Department a copy, demonstrating evidence of successful electronic submission of the attestation.

When all of the pertinent documents are received, they will be forwarded to CMS (Centers for Medicare and Medicaid Services) in Chicago.

INFORMATIONAL READING MATERIAL

- Conditions of Participation and coverage can be found at
www.cms.hhs.gov/manuals/downloads/som107ap_e_opt.pdf

Accrediting Organization

American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
Contact Phone# 847-776-1970

www.raaccreditation.org

www.aaaasf.org

Toll free # 888-240-6970

Fax # 847-775-1985

Address: RA Accreditation
501 Washington Street
Suite 2F
PO Box 9500
Gurnee, IL 60031