

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

The following accreditation organizations can conduct the initial Certification Survey: Quad A. If the accrediting organization has not completed the initial survey within 150 days of the approved 855, IDPH is mandated to perform the initial certification survey.

*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 the Illinois Department of Public Health (IDPH). *Questions regarding the 855A should be directed to the Medicare intermediary.* The 855A can be found at <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms855a.pdf>

Upon completion of your Accreditation Survey, mail a copy of your Medicare forms listed below to:

Illinois Department of Public Health
Health Care Facilities and Programs
Section
525 W. Jefferson St., 4th Floor
Springfield, IL 62761-0001

FORMS NEEDED FOR MEDICARE CERTIFICATION

- CMS-381 Request for Certification in the Medicare and/or Medicaid Program to provide Outpatient Physical Therapy and/or Speech Pathology Services
<https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms381.pdf>
- CMS1561 - Health Insurance Benefits Agreement form - **2 originals required**
<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1561.pdf>

Make sure you sign/date/put your title in the “Accepted for the Provider of Services By” section. DO NOT SIGN IN THE OTHER TWO SIGNATURE BLOCKS

- Office of Civil Rights Forms
<https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>

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 outlined in 42 CFR 480.10(b).

Provider Submission of Civil Rights Packet

If the provider chooses to submit hard copies of the civil rights package, then the process remains the same. The provider sends the completed Civil Rights Packet (including signed questionnaire form, signed HHS-690 form, and civil rights policies and procedures) to the Illinois Department of Public Health.

If you choose to submit the civil rights package online, the submission will go directly into the OCR intake queue, and the provider will receive an e-mail from OCR stating that the

provider completed the civil rights submission. The email will contain an OCR number, which is critical to OCR's ability to access the provider's submission from the OCR intake queue. The provider will submit a copy of this email to the Illinois Department of Public Health. Then the state will submit it to the Centers for Medicare & Medicaid Services (CMS) Regional Office instead of the completed civil rights package. The regional office will attach the query sheet/tie-in notice to the email with the OCR number and send it to OCR for OCR's civil rights review of the provider's submission. If the CMS regional office determines that the potential provider does not meet the criteria to participate in the Medicare Part A Program, the regional office will send to OCR the email with the OCR number, with a comment "Medicare participation has been denied – no OCR clearance necessary," so that OCR can remove the application from its intake queue.

Entities with Civil Rights Corporate Agreements

For providers belonging to corporations that have Civil Rights Corporate Agreements with OCR, SAs should collect and forward ONLY the signed certification sheets or the email.

When all the pertinent documents are received, they will be forwarded to the Centers for Medicare & 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

QUAD A

Contact Phone# 888-545-2222

[Accreditation in Healthcare | Global Accreditation Authority | QUAD A](#)

Address: QUAD A Office
600 Central Ave., Suite 265
Highland Park, IL 60035