

Changing Address for Main Site



To change the address of the main site of your certified Outpatient Physical Therapy and /or Outpatient Speech Pathology Services organization:

- A. Notify the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) 90 days prior to the intended move and copy the Indiana Department of Health of the notification
- B. Complete forms, provide information and send them to the Indiana Department of Health and CMS RO
- C. Complete an 855 application and submit to your *Medicare Administrative Contractor (MAC)*

A. Notify CMS RO 90 days prior to the intended move and copy Indiana Department of Health of notification.

Per the State Operation Manual in section 2294 Change of Address, you must **first notify the Center for Medicare and Medicaid Services (CMS) 90 days prior** to the expected move and seek approval from the Regional Office (RO) before you can bill Medicare for covered services for the new address.

Send a letter and the forms listed below to IDOH and Lauren Anderson at the Chicago Region Office (RO) Five:

Non-Long Term Care Certification & Enforcement Branch
Department of Health and Human Services
Attn: Lauren Anderson
233 N Michigan Avenue, Ste 600
Chicago, IL 60601-5519

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

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

1. [Form CMS-1856](#) Request for Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services.
2. [Form CMS-381](#) Model Letter Requesting Identification of Extension Units.
3. Extension Site Questionnaire [Form 55642](#)

Include the following information with the change of address application forms:

- Name

- Telephone number
- Fax number
- E-mail address
- Mailing address
- Practice location address
- Pay to address
- Billing agency address
- Addition/deletion of authorized representative, if applicable
- Copy of latest fire inspection
- Name of Administrator of site. If this is a new administrator then please send a copy of credentials
- If you have any new therapists at this site a copy of license and documentation of the qualification
- A list of services provided at the site and any changes in services
- The effective date of the move to the new site
- The lease agreement for the new site
- **A detailed floor plan** of each new location, drawn to scale, indicating the location of:
 - equipment
 - furniture
 - pull fire alarm with local alarm capacity
 - portable fire extinguisher(s) (Extinguishers must be located on each floor of the premises and readily accessible; preferably located along normal paths of travel to exits.)
 - areas designated for privacy and/or separate rooms
 - exits
 - bathrooms

(If this address has changed due to some change in Postal Code, etc. but the location is the same and has been surveyed in the past, just include a statement of such instead of a floor plan.)

Please return forms to CMS RO and IDOH office located at:

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 Department of Health and Human Services
 Attn: Lauren Anderson
 233 N Michigan Avenue, Ste 600
 Chicago, IL 60601-5519

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.

C. 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 your request can be processed.

