

## 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 State Department of Health of the notification;
- B. Complete forms, provide information and send them to the Indiana State 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 State 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 ISDH and Lauren Anderson at the Chicago Region Office (RO) Five:

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

**INDIANA STATE DEPARTMENT OF HEALTH  
ACUTE CARE DIVISION 4<sup>TH</sup> FLOOR  
2 NORTH MERIDIAN STREET  
INDIANAPOLIS, IN 46204  
ATTN: Lorraine Switzer**

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

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:**
  - A. equipment
  - B. furniture
  - C. pull fire alarm with local alarm capacity
  - D. 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.
  - E. areas designated for privacy and/or separate rooms
  - F. exits
  - G. 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 ISDH office located at:

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

INDIANA STATE DEPARTMENT OF HEALTH  
ACUTE CARE DIVISION 4<sup>TH</sup> FLOOR  
2 NORTH MERIDIAN STREET  
INDIANAPOLIS, IN 46204  
ATTN: Lorraine Switzer

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:**

Medicare Provider/Supplier Enrollment forms can be accessed at:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html>

on the CMS web site.

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:

<http://www.wpsmedicare.com/j8macparta/>

WPS Medicare Part A  
Provider Enrollment  
P.O. Box 2430  
Omaha, NE 68103-2430

The CMS 855 application must be approved by your MAC before your request can be processed.