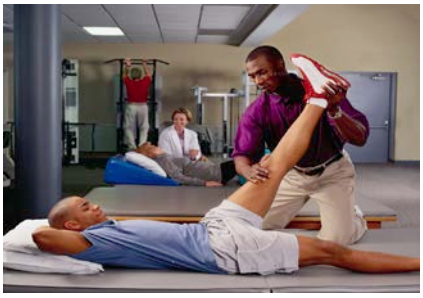
Outpatient Physical Therapy/Speech Pathology (OPT/SP) Provider Initial Application Process

What is an OPT/SP provider?



An OPT/SP provider provides an integrated interdisciplinary rehabilitation program designed to upgrade the physical functioning of disabled individuals by bringing specialized rehabilitation staff together to perform as a team and provide at a minimum the following services: physical therapy or speech-language pathology services and social or vocational adjustment services.

How do I become an OPT/SP provider?

To establish Medicare Certification of an OPT/SP provider, an applicant must complete and submit an application packet. Application materials can be found below or requested through the Bureau of Facility Standards at (208) 334 – 6626, option 4.

What is included in the Certification application packet?

The application packet includes what must be submitted and approved by the Bureau of Facility Standards prior to an initial survey (items #1 - #4) and resource information related to OPT/SP providers (items #5 - #9) as follows:

1. Request for Certification - CMS-1856,
2. Health Insurance Benefits Agreement - CMS-1561, (**Two Originals Required**)
3. "Office of Civil Rights Clearance for Medicare Certification" (OCR) form. This form must be answered and submitted, on line, via **https://ocrportal.hhs.gov/ocr/pgportal/** You will receive an e-mail from the OCR stating you completed the civil rights submission. The e-mail will contain an OCR number. Submit a copy of this e-mail with the other application materials as indicated below.
4. Fiscal year ending date form.

5. Appendix E, Guidance to Surveyors: Outpatient Physical Therapy/Speech Pathology Services
6. Appendix Z, Emergency Preparedness (EP)
7. Appendix Q, Core Guidelines For Determining Immediate Jeopardy
8. CMS Letter, S&C-08-03 *Initial Surveys*
9. OPT/SP Survey Report - CMS-1893,

How do I complete the Certification application?

The OPT/SP Survey Report - CMS-1893 (item #9) is used by the Bureau of Facility Standards to determine whether the provider meets the federal regulatory requirements for OPT/SP services. It is provided as a reference. If, after you have reviewed all of the requirements listed on the CMS-1893 form, you decide to apply for certification by Medicare as an OPT/SP provider, then complete the application forms (items #1- #4) and return them to the Bureau of Facility Standards. All hand-printed applications must be clearly printed and easily readable.

Where do I send my completed Certification application materials?

The application materials can be submitted by mail and/or hand delivered.

PLEASE KEEP A COPY FOR YOUR RECORDS

- If you are mailing the application packet, mail to:

  Department of Health and Welfare
  Bureau of Facility Standards
  P.O. BOX 83720
  BOISE, ID 83720-0009

- If you are hand delivering the application packet, deliver to:

  Department of Health and Welfare
  Bureau of Facility Standards
  3232 Elder Street
  Boise ID 83705

What happens after I submit my Certification application materials?

Bureau of Facility Standards staff will review the materials you submitted. If the application is incomplete or if there are questions, Bureau staff will contact you. Once the application materials have been approved and after we have received notification from the Medicare Administrative Contractor (MAC) that the CMS-855A, Medicare Enrollment Application has been approved, an on-site Medicare initial certification survey may be completed by an Accrediting Organization (AO). **Please see below for additional information related to the CMS-855A.**

How long will the Certification process take?

The length of the OPT/SP application for initial certification process varies dependent on multiple factors such as whether the application is complete, whether addition information needs to be submitted, current work load and availability of resources necessary to complete the application review, etc. Additionally, your initial survey will be scheduled with the AO. Therefore, it is not possible for the Bureau of Facility Standards to establish specific timeframes.

Once the AO has completed your initial Medicare ***deemed*** status survey; **please forward to this office a copy of 1) the AO survey along with any plan of correction submitted in response to the survey and 2) the letter from the AO to you verifying accreditation.** Once this information has been received the Bureau of Facility Standards will process the Medicare certification on to the CMS Region X Office, Seattle, Washington, for final review and decision-making.

How do I get paid for providing services?

The Centers for Medicare/Medicaid Services **require new applicants complete the form *CMS-855A*, *Medicare Enrollment***, and forward it to the MAC for approval. The form CMS-855A can be accessed on the Internet or requested directly from your MAC:

Medicare Provider Enrollment

Read the instructions on the web site and obtain the form by clicking on the version you will need for your computer.

Noridian Administrative Services

P.O. Box 6726
Fargo, ND 58108-6726
888/608-8816

www.noridianmedicare.com

To become an Idaho Medicaid provider, you must submit an Idaho Medicaid provider enrollment application to DXC Technology, Idaho's Medicaid Management Information Systems (MMIS) Vendor. To submit an Idaho Medicaid provider enrollment application, go to www.idmedicaid.com and register for a trading partner account. A step-by-step user guide can be found by selecting Reference Material, User Guides, New Provider Enrollment Guide. Additional provider enrollment help is available by contacting your Provider Relations Consultant or Provider Services. Contact information can be found at www.idmedicaid.com or call (866) 686-4272.

Applying to be an Idaho Medicaid provider is a separate process from federal certification and state licensure.

Medicare/Medicaid reimbursement is not retroactive and usually becomes effective only after your enrollment application is approved, the survey is completed, and you are in compliance with all regulations or have submitted an acceptable plan of correction.

Additional information

For additional information please access the website and reference information below or contact the Bureau of Facility Standards at (208) 334-6626, option 4 or email questions to **fsb@dhw.idaho.gov**.

Bureau of Facility Standards Informational Letters
OPT/SP

Centers for Medicare & Medicaid Services Outpatient Rehabilitation Center

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

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3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888

FISCAL YEAR ENDING

FACILITY NAME: _____

FISCAL YEAR END DATE: _____

_____
OWNER/ADMINISTRATOR

_____
DATE