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# Outpatient Physical Therapy/Speech Pathology (OPT/SP) Provider Change of Ownership (CHOW) Process

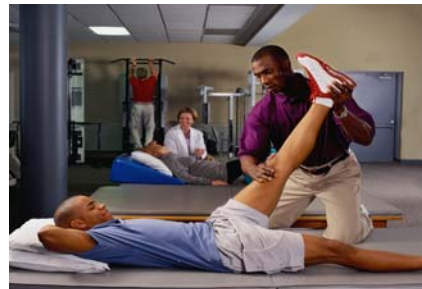
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## What is a Change of Ownership (CHOW)?

A CHOW typically occurs when there is a change in the owning party of the OPT/SP. Changes in the owning party can include individuals, corporations and general partnerships (i.e. a new partnerships agreement would constitute a CHOW). For additional specific information on what ownership changes would constitute a CHOW, please refer to [Chapter 3](#) of the CMS State Operations Manual (SOM), § 3210.1.

## How do I complete an OPT/SP CHOW?

In accordance with Chapter 3 of the State Operations Manual (SOM), § 3210, an OPT/SP provider must complete and submit all necessary documents in order to complete the CHOW process. All CHOW materials are located below, or requested through the Bureau of Facility Standards at (208) 334 - 6626.



## What is included in the OPT/SP CHOW packet?

The CHOW packet includes what must be submitted and approved by the Bureau of Facility Standards prior to the CHOW being processed (items #1 - #4) and resource information related to OPT/SPs (items #5 and #6) 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) packet [Request and Assurance of Compliance](#) form. "Office of Civil Rights Clearance for Medicare Certification" (OCR) packet Request and Assurance of Compliance [forms](#). (Copies of the current version of the OCR Packet can be downloaded from

[http://www.hhs.gov/ocr/civilrights/resources/providers/medicare\\_providers/index.html](http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html)).

4. Fiscal year ending date [form](#).
5. [Appendix E](#), Guidance to Surveyors: Outpatient Physical Therapy or Speech Pathology Services
6. [Appendix Q](#), Guidelines For Determining Immediate Jeopardy

### **How do I complete the CHOW packet?**

1. Please complete the CHOW documents (Items #1- #4) and return them along with a copy of the signed Bill of Sale to the Bureau of Facility Standards. Ensure that all questions are answered completely as indicated and that all information is submitted.
2. Please ensure that there are two originals of the Health Insurance Benefits Agreement - CMS-1561A (item #2 above).
3. Please ensure that the two-page checklist at the front of the "Office of Civil Rights (OCR) Clearance for Medicare Certification" packet (item #3 above) is completed and signed. Please note, the OCR has Civil Rights Corporate Agreements with certain health care corporations. If your corporation has such an agreement with the OCR, submit only the signed certification sheets, as specified in the corporation's agreement. Please refer to [Chapter 2](#) of the SOM, section 2010 for additional information.
4. All hand-printed applications must be clearly printed and easily readable.

### **Where do I send my completed CHOW materials?**



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

*PLEASE KEEP A COPY FOR YOUR RECORDS*

1. 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

2. 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 CHOW materials?**

Bureau of Facility Standards staff will review the materials you submitted. If the materials are incomplete or if there are questions, Bureau staff will contact you. Once the CHOW materials have been approved and the Bureau of Facility Standards receives notification from the fiscal intermediary/carrier that your [CMS-855A](#) has been approved, the CHOW packet will be forwarded to the CMS Regional Office X, in Seattle, Washington, for final review and approval. Please be aware that your CHOW packet will not be forwarded to CMS until all CHOW materials, including all civil rights documents and forms have been completed and returned to the Bureau of Facility Standards. **Please see below for additional information related to the CMS-855A.**

### **How long will the CHOW process take?**

The length of the OPT/SP CHOW process varies dependent on multiple factors such as whether or not the submitted information is complete, whether or not additional information needs to be submitted, current work load and availability of resources necessary to complete the CHOW review, etc. Therefore, it is not possible for the Bureau of Facility Standards to establish specific timeframes.

### **How do I get paid for providing services?**

The Centers for Medicare/Medicaid Services **require all OPT/SP providers undergoing a CHOW to complete the form *CMS-855A, Medicare Application for Health Care Providers that will Bill Fiscal Intermediaries***, and forward it to the fiscal intermediary/carrier for approval. The form [CMS-855A](#) can be accessed on the Internet or requested directly from your fiscal intermediary/carrier:

[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](http://www.noridianmedicare.com)

To become a Medicaid provider you must complete an enrollment application online to Molina Medicaid Solutions. To submit an Idaho Medicaid provider application, go to <http://www.idmedicaid.com> (Molina Medicaid Solutions Web site). Click on the Provider Enrollment link on the left side of the page. A step-by-step guide is located under the User Guide link on the left side of the screen. We recommend you open this guide in a separate browser window before you begin your application.

To begin your application, open a new browser window at <http://www.idmedicaid.com>, click on the Provider Enrollment link on the left side of the page and then click on the New Provider Enrollment Application link in the center of the page. The new enrollment online application is simple to navigate and online help text appears for each field when you hold your cursor over the field. Additional provider enrollment help is available at (866) 686-4272 choose option "0."

This is a completely separate process from applying for Medicare certification.

### **Additional information**

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

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RICHARD ARMSTRONG –  
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3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888

**FISCAL YEAR ENDING**

**FACILITY NAME:** \_\_\_\_\_

**FISCAL YEAR END DATE:** \_\_\_\_\_

\_\_\_\_\_  
**OWNER/ADMINISTRATOR**

\_\_\_\_\_  
**DATE**