

Mental Health Partial Hospitalization Program: Medicare Certification Process for Community Mental Health Centers (CMHC)

Step 1: Provider reviews regulations and Manuals

- **State operations manual, chapter 2, certification process, 2250-2251**
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927>
- **CMS Appendix F; Revisions Dec 2019, QSO-20-05-CMHC**
<https://www.cms.gov/httpswwwcmgovmedicareprovider-enrollment-and-certificationsurveycertificationgeninfo-policy-and/revisions-chapter-2-and-addition-appendix-f-state-operations-manual-som-community-mental-health>
 - **Must be in compliance with these regulations at the time of the initial survey by the Medicare Administrative Contractor (MAC)**

Step 2: Notify Virginia Department of Health (VDH) of Intent to Become CMHC

- **Submit the 855A-CMS form to the Virginia MAC:**
 - **855A-CMS can be found here:** <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS019475>
 - **Virginia MAC Contacts can be found here:** https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf
 - **Submit certification that 40% requirement is met and forward to VDH (40% of individuals served are non-Medicare).**
 - **MAC will make a recommendation of approval/denial and send to the provider**
- More information about Medicare enrollment can be found here:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/Become-a-Medicare-Provider-or-Supplier?redirect=/medicareprovidersupenroll>
- **Send email to Douglas.middlebrooks@vdh@virginia.gov; Katarina.rampe@vdh.virginia.gov to communicate that you have submitted your application and intend to become a certified CMHC.**
- **Apply for clearance for Medicare Provider Applicants with the Office of Civil Rights**
 - <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>
 - **Forward confirmation to VDH**
- **Submit CMS-1561 Form, Health Insurance Benefits Information and forward to VDH**
<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012196>.

Step 3: VDH Survey Levels

- **Deficiency Free**
 - **Approved and sent to CMS for certification**
- **Standard Deficiency –**
 - **Corrective Action Plan is needed; once a sufficient plan is received, MAC will send to CMS**
- **Conditional Deficiencies**
 - **One major or several major issues identified**
 - **MAC will send to CMS to make a determination; most often results in denial, provider would need to resubmit.**

Note:

- **Medicare requires ongoing site visits for recertification; usually occurs every 5 years, however could occur more frequently depending on the number of providers to review.**
 - **Unannounced, onsite review of all requirements**
 - **Providers would need to be credentialed with at least one of the MCOs and provide Partial Hospitalization service for at least 3 months prior to review by VDH**
- **No fees on the state level**
- **Timeline for process completion depends on many factors but generally takes 2-3 months but can take up to 6 months.**
- **MAC recommendation for approval must be received before provider can move forward with certification and a site visit with VDH.**
- **Providers cannot bill Medicare until their Provider Number has been received from CMS. Provider will provide their VDH site survey results and Medicare Provider Number as proof they have been certified as a CMHC.**