

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



REVISED product from the Medicare Learning Network® (MLN)

- [“Improving Quality of Care for Medicare Patients: Accountable Care Organizations”](#) Fact Sheet, ICN 907407, downloadable

MLN Matters® Number: MM8784

Related Change Request (CR) #: CR 8784

Related CR Release Date: June 13, 2014

Effective Date: July 15, 2014

Related CR Transmittal #: R521PI

Implementation Date: July 15, 2014

## Submission of Community Mental Health Center (CMHC) Certifications of Compliance with Section 485.918(b)(1)

### Provider Types Affected

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This MLN Matters® Article is intended for Community Mental Health Centers (CMHCs) submitting institutional claims to Medicare Administrative Contractors (MACs) for CMHC services to Medicare beneficiaries.

### What You Need to Know

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This article is based on Change Request (CR) 8784, which informs MACs about the processing of CHMC certifications of compliance.

### Background

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Effective October 29, 2014, under 42 CFR 485.918(b)(1) a CMHC must provide at least 40 percent of its items and services to individuals who are not eligible for benefits under title XVIII of the Social Security Act, as measured by the total number of CMHC clients treated by the CMHC for whom services are not paid by Medicare, divided by the total number of clients treated by the CMHC in the applicable timeframe. Pursuant to this requirement, a newly enrolling or revalidating CMHC must submit to the Centers for Medicare & Medicaid

#### Disclaimer

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Services (CMS), via its MAC, a certification statement provided by an independent entity (such as an accounting technician). The document must certify that:

- The entity has reviewed the CMHC's client care data; and
- For:
  - Initial enrollments: The CMHC meets the 40 percent requirement for the prior 3 months.
  - Revalidations: The CMHC meets the 40 percent requirement for each of the intervening 12-month periods between initial enrollment and revalidation.

The statement must be submitted as part of any initial enrollment or revalidation (including off-cycle revalidations).

### **Special Guidelines**

1. An appropriate official of the certifying entity must sign the document. (Notarization is not required unless CMS requests it.) Such persons may include accounting technicians, CEOs, officers, directors, etc.
2. The certification should be on the certifying entity's letterhead or should otherwise indicate that the document is clearly from the entity.

## **Additional Information**

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The official instruction, CR 8784, issued to your MAC regarding this change is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R521PI.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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