

## **Enrollment Requirements and Checklist for Psychiatric Hospital and ICF/MR Facilities Providers**

The list below indicates the documentation you must provide in order for your enrollment application to be considered complete. Failure to complete or enclose any of the required documents will result in the return of the enrollment application to you for completion.

**Please note that ICF/MR providers cannot enroll using the Web portal, and follow a different re-enrollment process than other providers. ICF/MR providers are not activated for enrollment until the Certification & Transmittal form and signed ICF/MR provider agreements are received from DPH and validated in the system. Please note that the individual that signs the agreement / enrollment documents must be the same individual that signed the DPH Site Survey documents. These documents will be submitted by DPH to HP's Provider Enrollment Unit on your behalf.**

### **Enrolling Using Paper Application**

As a final reminder, please be sure that all of the following documentation is accurately completed and returned to HP.

- \_\_\_\_\_ Section A: New Enrollment or Re-enrollment of Entity Type
- \_\_\_\_\_ Section B: Demographic/Provider Specific Information
- \_\_\_\_\_ Section C: Service Location Information
- \_\_\_\_\_ Section D: Provider Organization Information
- \_\_\_\_\_ Section E: Provider Questionnaire
- \_\_\_\_\_ Section F: False Claims Act Compliance Attestation (if provider meets requirements for completion)
- \_\_\_\_\_ Section H: W9 Tax Information Form
- \_\_\_\_\_ Section I: Additional Provider Supplied Documentation:

\_\_\_\_\_ Psychiatric/Inpatient under 21:

- Copy of current Medicare certification as a hospital, and
- Copy of the medical director's current physician license

OR

## **Enrollment Requirements and Checklist for Psychiatric Hospital and ICF/MR Facilities Providers**

- All of the following requirements:
  - Copy of current accreditation by JCAHO, CARF, Council on Accreditation of Services for Families and Children, or by any other accrediting organization, with comparable standards (subject to determination by the Department)
  - A statement acknowledging the right of the Department of Public Health (DPH) to conduct unannounced on-site surveys
  - A statement from the facility stating the number of beds, number of Medicaid clients, and a list of states that have paid the facility for Medicaid clients
  - A copy of current Attestation Letter indicating compliance with Federal Rule 66FR 7148 “Inpatient psychiatric facility services for individuals under age 21-Condition of participation-Use of restraint and seclusion”
  - A statement that the facility will submit a new attestation of compliance when a new facility director is appointed.

\_\_\_\_\_ Psychiatric/Inpatient 21-64 (enrolled for crossovers only):

- Copy of JCAHO current accreditation as a psychiatric hospital
- Copy of current Medicare certification as a hospital
- Copy of medical director’s current physician license

\_\_\_\_\_ Psychiatric/Inpatient 65 +:

- Copy of JCAHO current accreditation as a psychiatric hospital
- Copy of current Medicare certification as a hospital
- Copy of medical director’s current physician license

\_\_\_\_\_ Psychiatric - Outpatient:

- Copy of JCAHO current accreditation as a psychiatric hospital
- Copy of medical director’s current physician license

\_\_\_\_\_ ICF/MR (Non Bed Count Specific):

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- Copy of current Medicare certification (required at initial enrollment only)

\_\_\_\_\_ Chronic - Inpatient:

- Copy of medical director's current physician license
- Copy of current Medicare certification

\_\_\_\_\_ Section J: Electronic Signature Policy Compliance  
\_\_\_\_\_ Section K: Application Certification and Signature  
\_\_\_\_\_ Section L: Provider Agreement\*

\*ICF/MR providers are required to complete the Intermediate Care Facility for the Mentally Retarded Provider Agreement in place of the standard provider agreement. **Please note that the individual that signs the agreement / enrollment documents must be the same individual that signed the DPH Site Survey documents.** These are completed at the request of the Department of Public Health (DPH), in conjunction with the Certification and Transmittal Form, and are sent to HPs' Provider Enrollment Unit by DPH on behalf of the provider.

### **Enrolling on Web Portal**

For providers enrolling on the Web portal, the following documentation must be accurately completed and returned to HP. The forms referenced below can be found on the Internet Web portal at [www.ctdssmap.com](http://www.ctdssmap.com) → Provider → Provider Matrix.

**If you enroll on the Web portal, please do not submit a printed copy of the application.  
You are only required to submit the required documentation listed below.  
Please note that ICF/MR providers cannot enroll using the Web portal,**

This documentation must be submitted upon the completion of the on-line Web portion of your enrollment application. These forms/documentation must be **completed on paper and mailed to HP with the Application Tracking Number (ATN)** assigned to you by the system. Without these required forms/evidentiary documentation, HP cannot process your enrollment application.

## **Enrollment Requirements and Checklist for Psychiatric Hospital and ICF/MR Facilities Providers**

\_\_\_\_\_ Forms:

- \_\_\_\_\_ False Claims Act Compliance Attestation (also referred to as the Deficit Reduction Act Affidavit)
- \_\_\_\_\_ W9 Tax Information Form
- \_\_\_\_\_ Electronic Signature Policy Compliance (also referred to as the Addendum to Provider Enrollment Agreement Concerning the Acceptable Use of Electronic Signatures)
- \_\_\_\_\_ Determination of Separate Practice Location

\_\_\_\_\_ Additional Provider Supplied Documentation:

\_\_\_\_\_ Psychiatric/Inpatient under 21:

- Copy of current Medicare certification as a hospital, and
- Copy of the medical director's current physician license

OR

- All of the following requirements:
  - Copy of current accreditation by JCAHO, CARF, Council on Accreditation of Services for Families and Children, or by any other accrediting organization, with comparable standards (subject to determination by the Department)
  - A statement acknowledging the right of the Department of Public Health (DPH) to conduct unannounced on-site surveys
  - A statement from the facility stating the number of beds, number of Medicaid clients, and a list of states that have paid the facility for Medicaid clients
  - A copy of current Attestation Letter indicating compliance with Federal Rule 66FR 7148 "Inpatient psychiatric facility services for individuals under age 21-Condition of participation-Use of restraint and seclusion"
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- Copy of medical director's current physician license

\_\_\_\_\_ Psychiatric/Inpatient 65 +:

- Copy of JCAHO current accreditation as a psychiatric hospital
- Copy of current Medicare certification as a hospital
- Copy of medical director's current physician license

\_\_\_\_\_ Psychiatric - Outpatient:

- Copy of JCAHO current accreditation as a psychiatric hospital
- Copy of medical director's current physician license

\_\_\_\_\_ Chronic - Inpatient:

- Copy of medical director's current physician license
- Copy of current Medicare certification