

**County of San Bernardino
Department of Behavioral Health**

Medicare Provider Certification Policy

Effective Date 05/07/2002
Revision Date 09/13/2010



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Policy It is the policy of the Department of Behavioral Health (DBH) that all employees of the eligible disciplines:

- Licensed Clinical Social Workers (LCSWs),
- Licensed Psychologists and
- Medical Doctor (MD): Physicians or Psychiatrists.

shall become certified by the Centers for Medicare & Medicaid Services (CMS) by submitting the application to the Medicare Administrative Contractor (MAC).

Purpose To ensure qualified staff of eligible disciplines is Medicare certified by CMS in order to provide and bill for Medicare services.

Roles and Responsibilities The table below describes the roles and responsibilities of staff involved in the Medicare Certification process.

Roles	Responsibilities
DBH Newly Hired or Licensed LCSW, PhD or MD	<ul style="list-style-type: none"> • Completes Medicare Application worksheet • Submits copies of current professional license and school degree during new employee orientation or upon obtaining licensure and • Reviews completed applications for accuracy and signs applications for submission.
Payroll/ Medical Services	<ul style="list-style-type: none"> • Forwards copies of newly hired or licensed clinician's license, degree and Medicare Application Worksheet to the DBH Office of Compliance
DBH Office of Compliance	<ul style="list-style-type: none"> • Completes the following Medicare applications for newly hired or licensed Medicare eligible staff: <ul style="list-style-type: none"> ○ Enrollment ○ Reassignment ○ Participating Provider • Reviews Staff Master entries to ensure disciplines are appropriately indicating Medicare services

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Roles and Responsibilities (continued)

Roles	Responsibilities
Office of Compliance	<ul style="list-style-type: none"> • Contacts with newly hired or licensed Medicare eligible staff to review completed Medicare applications and obtain signature • Submits the Medicare application(s) to the MAC and corrects applications, as required • Files appeals on enrollment applications, as needed • Sends memo to newly hired or licensed Medicare eligible staff once Medicare enrollment application process is completed with a cc to the Clinic Supervisor • Submits Change Order to Information Technology (IT) to update Staff Master with new Personal Transaction Access Number (PTAN) issued by CMS • Submits changes to the MAC on behalf of the provider • Reviews HIPAA report for changes related to Medicare eligible staff
Information Technology	<ul style="list-style-type: none"> • Makes appropriate changes to the Staff Master table

Changes

All changes affecting Medicare certified staff must be reported the DBH Office of Compliance to assist with updating the clinician's personal or clinical information. Changes include, but not limited to, the following:

- Name
- License status
- Clinic location

Report changes no later than timeframes indicated below:

- A change in practice location or final adverse action **within 15 days** of the reportable event
- All other changes must be submitted **within 60 days** of the reportable event

If a change in the employment status occurs, staff must be unassigned from the DBH clinic(s).

Important Note: Failure to report the changes in the time frame specified above, may affect revenue for the Department which may result in disciplinary action, up to and including termination.

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References

- [Palmetto GBA Provider Enrollment – General Information](#)
 - [Individual Physician Reporting Responsibilities Fact Sheet](#)
 - [Non-Physician Reporting Responsibilities Fact Sheet](#)
 - Title 42 of the Code of Federal Regulations, Chapter 4, Section 424.516
 - Social Security Act, Section 1128J(e)
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**Related
Policies and
Procedures**

DBH Standard Practice Manual: COM0938:[HIPAA National Provider Identifier \(NPI\) Policy](#)
DBH Standard Practice Manual: COM0938-01:[HIPAA National Provider Identifier \(NPI\) Procedure](#)
