

Department of Health & Human Services
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2325
Boston, MA 02203



Northeast Division of Survey & Certification

February 22, 2019

Mr. Rodney Bouffard, Superintendent
Riverview Psychiatric Center
250 Arsenal Street
Augusta, ME 04330

**RE: CMS Provider Number (CCN): 20-4008
Provider Identifier (NPI): 1053319566**

On January 30, 2019, the Maine Department of Health and Human Services, Division of Licensing and Regulatory Services (State Survey Agency), the Boston Regional Office of the Centers for Medicare and Medicaid Services (CMS) and Healthcare Management Solutions (HMS), LLC, on behalf of CMS, completed the second of two required surveys of Riverview Psychiatric Center. Based on the reports of these surveys, CMS finds that Riverview Psychiatric Center has successfully demonstrated it now is in substantial compliance with all Medicare Conditions of Participation for Psychiatric Hospitals. Accordingly, CMS approves of your request to participate in the Medicare program as a Psychiatric Hospital.

Enclosed is a copy of a Health Insurance Benefit Agreement (Form CMS-1561), with an effective date of January 30, 2019, the exit date of the second full hospital survey. Please retain this form for your records as this is your provider agreement with CMS. National Government Services (NGS) is your Medicare Administrative Contractor (MAC). The certification is for 92 Beds. The hospital's CMS Certification Number (CCN) is: 20-4008. Your National Provider Identifier (NPI) is: 1053319566. Please use these numbers on all Medicare forms and correspondence.

This approval is contingent on the expectation that your hospital will meet all requirements, as regulated by the Office for Civil Rights (OCR), as well as fiscal recordkeeping requirements. If you do not meet these requirements, your provider agreement will become void retroactive to the effective date. This will require repayment of any Medicare funds received by your hospital.

Please note, you must notify the MAC, via a Form CMS-855A, Medicare Enrollment Application, of any changes taking place at your hospital affecting your certification. These changes must be reported by submitting a Form CMS-855A.

We welcome your participation and look forward to working with you on a continuing basis in the administration of the Medicare program. If you have any questions concerning this notice, please contact Hyosim Seon-Spada at (617) 565 - 9160.

Sincerely,

Lauren D. Reinertsen, M.P.A, Ph.D.
Associate Regional Administrator
Northeast Division
Survey & Certification

Attachments: 2567s

HEALTH INSURANCE BENEFIT AGREEMENT (CMS-1561)

cc: Maine State Survey Agency
NGS (MAC)
OCR