



NATIONAL
DIALYSIS
ACCREDITATION
COMMISSION[®]

Accreditation: What It Means for the Dialysis Industry

A Little History....

- In the 1970's, the original ESRD law specifically prohibited "Deemed status" for outpatient dialysis
- Deemed status means that CMS accepts the Accreditation Organization's (AO) standards as equal to the CMS Conditions (of Participation –for hospitals; or for Coverage—for ESRD)

Fast Forward To ~ 2010

- CMS put initial surveys of ESRD facilities in Tier 3 for the state workload
- New dialysis facilities in some states now subjected waiting as much as 2+ years for an initial survey
- Providers required to invest heavily and then wait months and/or years to open and bill for services

2016-2017 Efforts Toward Change

- Lots of lobbying to change the law
- Education of Congresspersons about the effect of delayed certification of new facilities on access to care for dialysis patients

Late 2017 - 2018

Language got attached to the Budget Bill

1. To allow “deemed status” for ESRD
2. To require initial ESRD surveys to be done within 90 days of readiness

Feb 9, 2018

Congress passed the bill

President Trump signed it into law

What Is The Difference Between Certification And Accreditation?

- Accreditation is awarded to a facility that meets the standards of the accrediting organization
- CMS awards certification based on the successful completion of an initial survey
 - By a state agency, or
 - By an AO with deemed status
- Certification by CMS = payment for care of Medicare beneficiaries

How Does The Accreditation Process Differ From A State Survey?

- A dialysis provider chooses to contract with an AO and pay for a survey under the AO standards
- The AO standards must be at least equivalent to the CMS regulations
 - May be similar to the ESRD Conditions for Coverage
 - May include additional requirements
 - May be written in a different way
- AO surveys are expected to be unannounced

How Does Accreditation Differ From A State Survey?

- AO survey process: May differ from State survey process, but must be equivalent
- Survey team size:
 - State teams vary from 1 to 4+;
 - AO teams may vary from 1 to several surveyors
- Successful AO survey = recommend accreditation and deemed status for certification
- Successful State survey = recommend certification

Only CMS awards certification

What About Findings & Corrective Action?

- AO's develop statements of findings much like the state reports
- Corrective action is required within similar timelines as the state survey
- If serious findings are identified, one or more revisits may be required to verify correction

Are AOs Required To Be National Organizations?

- YES - all AO's must serve the entire United States and its territories

How Long Is The Accreditation Period?

- Maximum is 3 years
- Resurvey is required to continue accreditation

What About Expansion Surveys?

August 2018 CMS Guidance letter revised some processes

- Allows relocations, adding stations and some services to be done by “desk” review (by State or AO)
- On-site survey required to add home training or to add in-center dialysis to a home only facility
 - Not included in the law or the memo
 - State review may be delayed

What About Complaints?

- CMS must authorize complaint investigations by the state if the dialysis facility is accredited with deemed status
- If CMS or the state receives the complaint, the state will do the investigation if the allegations indicate a serious threat to patient health & safety. Less serious allegations may be referred to the AO.
- If the AO receives the complaint, the AO will do the investigation

How Does CMS Oversee An AO?

- Rigorous approval process; repeated every 4-6 years
- Review of every initial survey (SOD and POC)
- Ongoing monitoring of processes via monthly data submission
- Required reporting of any **IJ** findings to CMS Central Office within 2 business days
- Validation surveys
 - 1% of each AO and each survey type annually
 - State survey within 60 days of the AO survey; may be changed to a “shadow survey”
 - Results compared

Will States Do Initial Surveys Sooner?

- As of October 1, 2018, initial ESRD surveys are Tier 1: “statutorily mandated” to be done within 90 days of readiness
 - Readiness: “90 days after approval of CMS 855”
- Law requires implementation of the initial surveys “within 90 days” by mid-August 2018...
 - CMS guidance letter issued August 8, 2018 directs initial ESRD surveys to be done within 90 days of approval of CMS 855
 - Law applies to facilities in the backlog as well as facilities opening after August 8, 2018

Why Choose Accreditation?

- Timeliness
- Predictability
- Consistency
- Create a culture of compliance

Why Choose Accreditation?

- Demonstrate credibility and commitment to quality
- Reduce potential liability costs
- Provide assurance to providers, payors, physicians, and patients
- “New eyes:” may help you sleep better at night
- Oversight to ensure survey focus is on identification of issues that could present a risk to patients or staff
- Future: Insurance and managed care payors may insist: this is already true for hospitals

Perspective: The Future Of Accreditation

- Initial interest from dialysis providers is very high
- Initial uptake of AO services depends on CMS and States' ability to meet the mandate for prompt initial surveys
- Long term: likely to be widely adopted

For More Information

www.ndacommission.com

Email: info@ndacommission.com

Tel: 630.387.6680