



FREQUENTLY ASKED QUESTIONS ABOUT

MEDICARE DEEMED STATUS SURVEYS

1 What is an AAAHC/Medicare Deemed Status survey?

The Centers for Medicare and Medicaid Services (CMS) accepts AAAHC’s recommendation for an ambulatory surgery center (ASC) to be included in AAAHC/Medicare deemed status. This recommendation is based on confirmation of compliance with AAAHC Standards **and** the Medicare Conditions for Coverage (CfC) for ASCs through the AAAHC/Medicare deemed status survey—a combined AAAHC and Medicare survey.

In addition to the AAAHC Standards, most of which are equivalent to the CfC for ASCs, the survey also reviews *Medicare Conditions for Coverage* identified in:

- Core Chapters 1 through 8 (except Chapters 3 and 4).
- Chapter 9, Anesthesia Services.
- Chapter 10, Surgical and Related Services.
- Chapter 11, Pharmaceutical Services.
- Chapter 12, Pathology and Medical Laboratory Services.
- Chapter 13, Diagnostic and Other Imaging Services.

2 What are the Medicare Conditions for Coverage (CfC)?

CfC are the minimum health and safety requirements for operation of Medicare certified ASCs. As part of its agreement with CMS, the ASC agrees to meet the CfC specified in subpart B-General Conditions and Requirements, Title 42 CFR 416.25-416.35 and subpart C-Specific Conditions for Coverage, Title 42 CFR 416.40-416.52. For more information about certification and compliance requirements for ASCs, use this link: http://www.cms.gov/CertificationandCompliance/02_ASCs.asp.

You can find the CfC for ASCs here: http://www.cms.gov/CfCsAndCoPs/16_ASC.asp. Scroll down to Conditions for Coverage/Ambulatory Surgery Centers.

RECENT CMS UPDATES:

All providers/suppliers who enrolled in the Medicare program **prior to Friday, March 25, 2011**, will be required to revalidate their

enrollment under new risk screening criteria required by the *Affordable Care Act* (section 6401a). Enrollees will be contacted between now and March 2015. For further information, please visit: <http://www.cms.gov/MLN MattersArticles/downloads/SE1126.pdf>.

Changes to the Ambulatory Surgical Centers Standard: Emergency Equipment. Organizations are no longer required to adhere to a specified list of emergency equipment. Instead, organizations must craft an appropriate emergency equipment plan based on the procedures performed and population served. The emergency equipment must be immediately available for use during emergency situations

Changes to the Ambulatory Surgical Centers Standard: Physical Environment. CMS eliminated this duplication of standards by removing these infection control-related standards from the Physical Environment condition and retaining them exclusively under the Infection Control condition for coverage.

For further information, please visit: <http://www.gpo.gov/fdsys/pkg/FR-2012-05-16/pdf/2012-11543.pdf>.

3 What if some of the Medicare Conditions for Coverage don't apply to my ASC?

A Medicare certified ASC must be in compliance with *all* CfC, regardless of the types of procedures or services it provides. When an ASC requests a Medicare deemed status survey, the surveyors will assess for compliance with all CfC *and* applicable AAAHC Standards.

In addition, CMS requires ASCs to be in compliance with the *NFPA 101® 2000 edition of the Life Safety Code 101*. In consideration of a recommendation by the AAAHC or a state survey agency, CMS may waive, for periods deemed appropriate, specific provisions of the *Life Safety Code* which, if rigidly applied, would result in unreasonable hardship on an ASC, but only if the waiver will not adversely affect the health and safety of the patients.

4 Who can apply for an AAAHC/Medicare deemed status survey?

ASCs that are already Medicare certified, as well as those seeking initial Medicare certification, may apply for this survey. Applicant ASCs must be licensed in the state in which they are located (if that state requires licensure) to be eligible to request an AAAHC/Medicare deemed status survey.

5 How do we know if we have to be licensed as an ASC?

Contact your state department of health to determine licensure requirements. If state law requires your ASC to be state-licensed, then AAAHC will require a copy of the license along with the AAAHC *Application for Survey*. If your ASC is exempt from state ASC licensing law and/or the state allows Medicare certification without a license, then the AAAHC will need to be provided with documentation from the state agency confirming this (e.g., information from state regulations web page).

6 How do we apply for an AAAHC/Medicare deemed status survey?

Indicate this request on the *Application for Survey*. The *Application* can be found at www.aaahc.org. _____

7 If we request an AAAHC/Medicare deemed status survey, will we need to include any additional documents with the application?

Yes. The *Application for Survey* lists documents that are required of all organizations, but there is an additional list of documents required from those seeking an AAAHC/Medicare deemed status survey.

8 Is there additional cost to have an AAAHC/Medicare deemed status survey?

No. As with all AAAHC surveys, the ASC will be assessed a survey fee for the length of time and number of surveyors required to conduct its survey.

9 Our ASC is accredited by the AAAHC, but is not Medicare certified. Are we automatically Medicare certified because the AAAHC has deemed status?

No. ASCs currently accredited by AAAHC do not automatically qualify for Medicare certification. An ASC needs to apply specifically for Medicare certification and for the AAAHC/Medicare deemed status survey as outlined above.

10 Is an ASC that has an AAAHC/Medicare deemed status survey automatically Medicare certified?

No. Eligible ASCs must apply for Medicare certification by submitting the Medicare enrollment application, called the CMS-855 Medicare Provider Enrollment Application part B (<http://www.cms.gov/CMSforms/downloads/cms855b.pdf>). Applicants may download the 855B, complete it and submit the hard copy, or use the CMS internet-based Provider Enrollment, Chain and Ownership System (PECOS) for Medicare enrollment. Approval of this 855B will be issued from the Medicare Administrative Contractor (MAC), Fiscal Intermediary (FI), or Carrier. For a list of FIs and Carriers go to: http://www.cms.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf.

Verification of this approval must be provided to AAAHC prior to being scheduled for an AAAHC/Medicare deemed status survey. For more information about the 855B, visit: <http://www.cms.gov/MedicareProviderSupEnroll/> or refer to the 855B Enrollment Process flowchart in the 2012 *Accreditation Handbook Including Medicare Requirements for Ambulatory Surgery Centers (ASCs)*.

11 Our ASC has not been eligible for Medicare certification in the past, but is AAAHC accredited. Are we automatically eligible for Medicare certification because AAAHC has deemed status?

No. If your ASC has not been eligible for, or has been denied Medicare certification as an ASC in the past, it must request from the CMS Regional Office (RO) written authorization for AAAHC to conduct an AAAHC/Medicare deemed status survey.

12 Will the state still need to inspect our facility if we have an AAAHC/Medicare deemed status survey?

In most cases, the state will not review an ASC that has been accredited through an AAAHC/Medicare deemed status survey, but it does not preclude the state from conducting validation or complaint inspections. State licensure inspections are separate from Medicare surveys and are conducted according to state requirements.

13 Do we need to prepare for a Medicare deemed status survey differently than we would for an AAAHC accreditation survey?

Yes. The 2013 *Accreditation Handbook Including Medicare Requirements for Ambulatory Surgery Centers (ASCs)* is needed in order to prepare for your AAAHC/Medicare deemed status survey. The Conditions for Coverage are included within this *Handbook*. In addition, CMS has published ASC Interpretive Guidelines: http://cms.gov/manuals/Downloads/som107ap_1_ambulatory.pdf.
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-20.pdf>.

In addition, the ASC should ensure that it is in compliance with the requirements of the *AAAHC Physical Environment Checklist for Ambulatory Surgical Centers (PEC)*, which is included in the 2013 *Handbook*. The PEC is based upon the *NFPA 101® 2000 edition of the Life Safety Code 101*. As described in #3, all Medicare certified ASCs are required to comply with this code.

14 If we are opening a new ASC, can we request an AAAHC/Medicare deemed status survey?

Yes. Before the AAAHC/Medicare deemed status survey can be confirmed, the ASC must:

- 1) Provide AAAHC with verification of approval of its CMS-855B Medicare Provider Enrollment Application from the FI or Carrier.
- 2) Be open, operational and actively providing surgical procedures to adequately demonstrate compliance with AAAHC accreditation requirements including Medicare requirements.
- 3) A minimum of ten medical records must be available for review during the survey.

The AAAHC's early option survey (EOS) is for ASCs that are newly constructed, operational, and actively providing surgical procedures to adequately demonstrate compliance with AAAHC accreditation requirements including Medicare requirements. Some ASCs may require accreditation for third-party reimbursement, and a six-month wait for a survey would entail financial hardship; or have been providing services for less than six months and are seeking AAAHC accreditation and Medicare deemed status for the first time.

15 If our ASC chooses to have an AAAHC/Medicare deemed status survey, will the survey be announced or unannounced?

As mandated by CMS, the survey is unannounced. Each ASC is allowed up to five blackout dates. The AAAHC Scheduling Coordinators make every effort possible to ensure a positive survey event. The AAAHC will not send information about the date of the survey or the name(s) of the surveyor(s) who will be conducting the AAAHC/Medicare survey.

16 If a Medicare survey wasn't requested before the on-site survey, can I ask the surveyors to conduct an AAAHC/Medicare deemed status survey when they arrive?

No. As required by CMS, an AAAHC/Medicare deemed status survey must be unannounced. If an AAAHC/Medicare deemed status survey is not requested during the application process, once the surveyor arrives on site, he or she may only review the ASC's compliance with AAAHC Standards.

17 Our ASC is seeking initial Medicare certification. Is the ASC Medicare certified at the end of an initial AAAHC/Medicare deemed status survey?

No. Review "Steps Following an AAAHC/Medicare Deemed Status Survey" on pages 16-18 of the 2013 *Accreditation Handbook Including Medicare Requirements for Ambulatory Surgery Centers (ASCs)*. AAAHC does not have the authority to provide Medicare certification.

If the ASC was found *in compliance* with all the CfC during the survey, then:

- AAAHC may recommend the ASC for AAAHC/Medicare deemed status.
- AAAHC will provide copies of the accreditation decision letter to CMS RO and central office (CO).
- The RO will notify the state of approval of Medicare certification of the ASC.

After receiving its accreditation decision letter from AAAHC, the ASC should follow up with the state to determine the status of its Medicare certification application.

If, during an initial Medicare deemed status survey, an ASC is found *out of compliance* with one or more conditions or a series of

Standards that could result in a condition out of compliance, then:

- AAAHC *can neither* recommend the ASC for AAAHC/Medicare Deemed Status *nor* grant accreditation.
- AAAHC will provide copies of the determination to CMS RO and CO.
- The RO will not grant approval of Medicare certification of the ASC. The ASC should contact the RO for information about the status of its Medicare enrollment application.

The ASC may choose to immediately seek another initial AAAHC/Medicare deemed status survey.

18 Can we care for Medicare patients immediately after the survey?

AAAHC has no role in the processing of Medicare certification enrollment. The ASC should contact CMS to determine when Medicare patients can be seen.

NOTE: AAAHC reminds ASCs they may not be reimbursed for treatment provided to Medicare patients immediately following an AAAHC/Medicare deemed status survey.

19 Can AAAHC tell me when I can start billing Medicare?

No. CMS determines the effective date of Medicare certification.

NOTE: The effective date of Medicare certification is not automatically the last date of the AAAHC/Medicare deemed status survey or the date of an acceptable Plan of Correction, if applicable (see “Steps Following an AAAHC/Medicare Deemed Status Survey” on pages 16-18 of the 2013 *Accreditation Handbook Including Medicare Requirements for Ambulatory Surgery Centers (ASCs)*).

20 If our ASC is already Medicare certified, are we required to have an AAAHC/Medicare deemed status survey?

No. AAAHC/Medicare deemed status is voluntary.

21 Once an ASC is in AAAHC/Medicare deemed status, is it permanently in deemed status?

No. The ASC remains in deemed status throughout its accreditation term. When the ASC submits an application for its next survey, the ASC may continue its deemed status by requesting an AAAHC/Medicare deemed status survey. Alternatively, an ASC that has AAAHC/Medicare deemed status can withdraw from deemed status, but only at the time it requests its next survey. In some specific cases (e.g., failure to comply with CfC, significant Life Safety Code deficiencies, failure to act in good faith, etc.), AAAHC may terminate an ASC from AAAHC/Medicare deemed status.

22 Can I apply for an AAAHC/Medicare deemed status survey for the ASC and office practice together?

No. As required by CMS, an AAAHC/Medicare deemed status survey can only be conducted for eligible ASCs, and each ASC must be surveyed independent of any other ASC or other type of facility. Therefore, each ASC seeking AAAHC/Medicare deemed status must submit its own *Application for Survey*.
