

Important Information about *Deemed Status* for Ambulatory Surgery Centers

- Common Questions
- Medicare Conditions for Coverage
- List of State Survey Agencies



The Joint Commission
Accreditation
Ambulatory Care

Deemed Status for Ambulatory Surgery Centers

In 1996, the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) announced that ambulatory surgical centers accredited by The Joint Commission would be “deemed” as meeting or exceeding Medicare certification requirements. This information has been developed to answer common questions about deemed status.

What is Deemed Status?

Ambulatory Surgery Centers (ASCs) wishing to receive Medicare or Medicaid reimbursement must be certified as complying with the conditions for coverage (CFCs) set forth in the federal regulations developed by CMS. When a national accrediting organization, such as The Joint Commission, provides CMS with verification that the organizations it accredits meet or exceed the federal conditions, including the conditions for coverage, CMS has agreed to deem the organizations as meeting the Medicare and Medicaid certification requirements, provided that certain survey requirements are met (e.g., the accreditation survey must be unannounced). A Joint Commission accredited ASC thus qualifies for **deemed status** and may not be required to undergo a separate certification inspection performed on behalf of CMS.

What is the difference between accreditation, certification, and licensure?

The terms accreditation, certification, and licensure are often assumed to mean the same thing when, in fact, they have distinct definitions. For example, an ambulatory surgery center that is licensed and certified may not be accredited; and one that is accredited, is not necessarily CMS certified. Following are specific definitions for each term:

Accreditation: A formal and voluntary process by which an independent body assesses and recognizes an organization as meeting or exceeding criteria. For example, accreditation by The Joint Commission is a determination that an eligible health care organization complies with applicable standards related to issues like patient safety.

Certification: The procedure and action by which CMS evaluates and recognizes (certifies) an institution that has met all requirements for participation in the Medicare program requirements or conditions.

Licensure: Authorization by law (usually at the state level) to perform the activities of a profession (such as medicine, dentistry, or nursing) or the operation of a facility (such as a hospital or ambulatory surgery center).

How does CMS define an ambulatory surgery center?

CMS has a specific definition for ambulatory surgery centers eligible to receive reimbursement for facility services from Medicare and/or Medicaid:

An ambulatory surgical center or ASC means any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization, has an agreement with CMS to participate in Medicare as an ASC, and meets the conditions set forth [below].

What are the *Conditions for Coverage*?

Conditions for Coverage (CFCs) are the conditions that an ASC must meet in order to participate in the Medicare program.

There are ten general areas covered by Conditions for Coverage. Each of the ten areas includes specific standards or requirements that must be met by the ambulatory surgery center. The ten general areas are:

1. Compliance with State Licensure Law
2. Governing Body and Management
3. Surgical Services
4. Evaluation of Quality
5. Environment
6. Medical Staff
7. Nursing Services
8. Medical Records
9. Pharmaceutical Services
10. Laboratory and Radiologic Services

A detailed description of the Conditions for Coverage for ambulatory surgery centers can be found at http://www.cms.hhs.gov/CFCsAndCoPs/16_ASC.asp.

Are there differences between a Joint Commission accreditation survey and a Joint Commission accreditation with deemed status survey?

Although the majority of the survey processes and standards reviewed are similar, there are three important distinctions. First, if your ASC is seeking deemed status, the survey will be ***unannounced***, as required by CMS. After The Joint Commission receives the ASC's completed application, the survey will be scheduled; however, the ASC will not be informed in advance of the dates that the survey will take place.

Second, the survey will be conducted to evaluate compliance with both Joint Commission standards and CMS Conditions for Coverage; however, no additional survey days, surveyors, or fees are required. Once The Joint Commission compiles the survey results, it sends an *Official Accreditation Report* to the ASC, with copies to CMS, the CMS regional office, and the state.

Third, the Statement of Conditions™ must be completed for all deemed status surveys. The Statement of Conditions is a document that helps an organization do a critical self-assessment of its current level of compliance with the Life Safety Code, and describe how to resolve any deficiencies.

After the ASC becomes accredited under the Joint Commission accreditation process, it must notify its applicable state agency of its desire to participate in the Medicare program. The state agency will provide a certification kit containing:

Form HCFA-370, Health Insurance Benefit Agreement; and

Form HCFA-377, ASC Request to Establish Eligibility in the Medicare and Medicaid Program.

Once the forms are submitted, CMS will issue a Medicare provider number.

Does the deemed status survey option cost more?

Choosing the deemed status option does not add anything to your Joint Commission accreditation fees.

Does *deemed status* mean that accreditation is now mandatory for ASCs wishing to receive Medicare reimbursement?

No. The decision to seek accreditation, as well as the decision to use the Joint Commission's survey for Medicare certification purposes, is voluntary. Deemed status is offered as an option to those ASCs wishing to elect it.

Can a new ASC elect the deemed status option for its initial certification survey?

Yes. As long as the surgery center meets the CMS requirements and conditions for coverage, the ASC can request the deemed status option when submitting its application for survey. An unannounced survey will then be conducted to evaluate compliance with both Joint Commission ambulatory care standards and CMS conditions for coverage. Once the final accreditation decision is made, the ASC can submit its accreditation award letter to the state survey agency to receive a provider number.

Our ASC is already accredited, does that mean we automatically have deemed status with CMS?

No. If your ASC is not already certified by CMS, you will need to have a CMS certification inspection and to obtain a provider number from your state surveying agency. The use of Joint Commission accreditation for Medicare certification purposes is available only on the basis of unannounced surveys that are conducted with specific assessment of compliance with the CMS conditions for coverage.

Our ASC is already accredited by The Joint Commission *and* certified by Medicare, can we select Joint Commission in lieu of future Medicare certification surveys?

Yes. Indicate your desire for a deemed status survey when you next complete an application for resurvey. The state agency will remove your ASC from its survey schedule once you send a copy of the accreditation letter to them. The CMS regional office will amend its records to reflect the accreditation status of the ASC.

We've been certified by Medicare but have never been accredited, how can we take advantage of the deemed status option?

When you complete your request for survey, indicate your desire for a deemed status survey on the application. Then, using your accreditation award letter, notify your state survey agency that you intend to use the deemed status option with The Joint Commission for future recertification activity.

We have a very small setting, with comparatively small annual patient volume. Is our setting appropriate for accreditation from The Joint Commission?

Absolutely. Our standards and survey process are highly adaptable to a wide range of settings. Over 40% of the free-standing ambulatory care provider settings that we accredit report fewer than 5,000 patient visits a year. Of these settings, more than 60% reported annual visits of under 2,500.

How does an ASC notify The Joint Commission and CMS that it wishes to elect the deemed status option?

An ASC must notify the appropriate state survey agency that it intends to elect the deemed status option by The Joint Commission. (A list of state survey agencies is attached.) When completing the Joint Commission's Application for Survey, the ASC should select the ASC deemed status survey option.

How will CMS and the public know that an accredited ASC has elected the deemed status option?

An ASC that undergoes an unannounced survey by The Joint Commission for certification purposes receives a separate award letter regarding the Medicare survey findings. This information is also shared with CMS, and with the public upon request.

Does electing the deemed status option alter the length of the accreditation survey for both accreditation and certification purposes?

No. A typical survey of an ambulatory surgery center takes about two days. Because there is significant overlap between Joint Commission standards and the CMS Conditions for Coverage, these requirements can be assessed in the same time frame as a regular ambulatory care accreditation survey.

If our ASC has applied for the deemed status option, how will patients and staff be notified of the availability of a Public Information Interview during the unannounced accreditation survey?

An Accreditation Participation Requirement requires ambulatory care organizations seeking accreditation to continuously inform the public about their organization's ability to report any complaints or concerns about safety to The Joint Commission. Any individual who learns that a Joint Commission survey is taking place may request a Public Information Interview during an on-site survey; however, there is no longer a formal process to notify the public in advance of the survey.

How does The Joint Commission determine whether a condition for coverage is met during a deemed status survey?

The Joint Commission surveyor uses both applicable standards and scoring guidelines to evaluate organizational compliance with the standards. Each standard is scored using a three-point scoring scale. Joint Commission central office staff analyze the surveyor's findings and use predetermined aggregation and decision rules to ensure a consistent, valid, and reliable decision. The organization receives a written report of the survey findings, including any requirements for improvement where the conditions for coverage were not substantially met.

Can The Joint Commission institute sanctions or decertify an agency under the deemed status option?

No. The Joint Commission submits its survey findings to CMS. Only CMS or a state agency can implement any necessary Medicare corrective actions or alternative sanctions (e.g., fines or suspension of Medicare payments). CMS or the state agency may wish to conduct its own survey if the findings of the Joint Commission survey indicate a serious concern, and apply sanctions accordingly.

How does CMS monitor The Joint Commission to assure that agreed-upon procedures are followed?

CMS reserves the right to conduct a sampling of validation surveys for those ASCs electing the deemed status option. CMS may also monitor Joint Commission internal procedures, such as surveyor training and management or the decision making process.

Does electing the deemed status option eliminate the requirement for state licensure surveys that may also exist?

No. The deemed status option refers only to CMS certification (which is federal) and does not eliminate the requirement for state licensure surveys. However, some states recognize Joint Commission accreditation in lieu of performing their own routine state licensure inspections; thereby eliminating the need for an ASC to have both an accreditation survey and a state licensure survey. Other states have expressed interest in pursuing such an approach. ASCs should contact the appropriate state agency for further information regarding state recognition of accreditation and licensure requirements. (See the list of State Survey Agencies on page 12.)

What are the areas encompassed by the accreditation standards and survey process?

Our standards and survey process cover critical areas related to patient care, patient safety, and organizational functions. The following table shows the titles and general areas that are included in these critical functions. The on-site survey traces actual patient files through the organization to assess compliance with the standards.

The Nine Functional Chapters of the Accreditation Manual for Ambulatory Care	
Patient Focused Functions	Organization Functions
Ethics, Rights, and Responsibilities	Improving Organization Performance
Provision of Care, Treatment and Services	Leadership
Medication Management	Management of the Environment of Care
Surveillance, Prevention and Control of Infection	Management of Human Resources
	Management of Information

How long does it take to get scheduled for survey?

Your survey will typically be scheduled within 60 - 90 days after receiving your request for survey. In some instances, when surveyor time is available, we can schedule the survey sooner if you would like. Often, organizations will submit their application four to six months ahead of their desired date of survey so that they'll have the best chance of being scheduled during the time period desired. Remember, however, that all deemed status surveys for ASCs are **unannounced**.

How can I obtain a copy of the standards?

The standards are found in the *Comprehensive Accreditation Manual for Ambulatory Care*. Once The Joint Commission has received your request for survey, you will receive a copy of the accreditation manual. At any time you can order additional copies of the manual or a surgery-specific version of the ambulatory care standards by calling Joint Commission Customer Service at 877-223-6866, or by visiting the Joint Commission Resources web site at www.jcrinc.com.

I would like more information about Joint Commission accreditation of ambulatory surgery centers. Who should I contact?

There are a number of resources available at The Joint Commission to help you learn about accreditation and to assist you in preparing for survey. For **general questions about accreditation**, call the Ambulatory Care Accreditation Program at (630) 792-5286, or email us at ASC@jointcommission.org. We also have a variety of materials posted on our website at www.jointcommission.org/ASC. If you have questions about specific **Joint Commission standards**, call the Standards Interpretation Unit at (630) 792-5900. If you have questions about **state recognition of accreditation**, call our State Relations Office at (630) 792-5261.

Center for Medicare and Medicaid Services

Conditions for Coverage For Ambulatory Surgery Centers

More information about Conditions for Coverage
for ambulatory surgery centers can be found at
http://www.cms.hhs.gov/CFCsAndCoPs/01_Overview.asp,
http://www.cms.hhs.gov/CFCsAndCoPs/16_ASC.asp and
http://www.cms.hhs.gov/CertificationandCompliance/02_ASCs.asp

Medicare Conditions for Coverage of Ambulatory Surgery Centers

(Excerpts from 42 CFR 416)

Part 416 – Ambulatory Surgical Services

Subpart A – General Provisions and Definitions

§ 416.2 Definitions

As used in this part:

Ambulatory Surgical Center or *ASC* means any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization, has an agreement with CMS to participate in Medicare as an ASC, and meets the conditions set forth in subparts B and C of this part.

Subpart C – Specific Conditions for Coverage

§ 416.40 Condition for coverage – Compliance with State Licensure Law.

The ASC must comply with State licensure requirements.

§ 416.41 Condition for coverage – Governing body and Management.

The ASC must have a governing body, that assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC's total operation and for ensuring that these policies are administered so as to provide quality health care in a safe environment. When services are provided through a contract with an outside resource, the ASC must assure that these services are provided in a safe and effective manner. *Standard: Hospitalization.* The ASC must have an effective procedure for the immediate transfer to a hospital of patients requiring emergency medical care beyond the capabilities of the ASC. This hospital must be a local, Medicare participating hospital or a local, nonparticipating hospital that meets the requirements for payment for emergency service under § 482.2 of this chapter. The ASC must have a written transfer agreement with such a hospital, or all physicians performing surgery in the ASC must have admitting privileges at such a hospital.

[47 FR 34094, Aug. 5, 1982, as amended at 51 FR 22041, June 17, 1986]

§ 416.42 Condition for coverage – Surgical Services.

Surgical procedures must be performed in a safe manner by qualified physicians who have been granted clinical privileges by the governing body of the ASC in accordance with approved policies and procedures of the ASC.

- (a) *Standard: Anesthetic risk and evaluation.* A physician must examine the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed. Before discharge from the ASC, each patient must be evaluated by a physician for proper anesthesia recovery.
- (b) *Standard: Administration of anesthesia.* Anesthetics must be administered by only –
 - (1) A qualified anesthesiologist; or
 - (2) A physician qualified to administer anesthesia, a certified registered nurse anesthetist or an anesthesiologist's assistant as defined in § 416.68 (b) of this

chapter, or a supervised trainee in an approved educational program. In those cases in which a non-physician administers the anesthesia, the anesthetist must be under the supervision of the operating physician, and in the case of an anesthesiologist's assistant, under the supervision of an anesthesiologist.

- (c) *Standard: Discharge.* All patients are discharged in the company of a responsible adult, except those exempted by the attending physician.

[57 FR 33899, July 31, 1992]

§ 416.43 Condition for coverage – Evaluation of Quality.

The ASC, with the active participation of the medical staff, must conduct an ongoing, comprehensive self-assessment of the quality of care provided, including medical necessity of procedures performed and appropriateness of care, and use finding, when appropriate, in the revision of center policies and consideration of clinical privileges.

§ 416.44 Condition for coverage – Environment.

The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.

- (a) *Standard: Physical environment.* The ASC must provide a functional and sanitary environment for the provision of surgical services.
- (1) Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area.
 - (2) The ASC must have a separate recovery room and waiting area.
 - (3) The ASC must establish a program for identifying and preventing infections, maintaining a sanitary environment, and reporting the results to appropriate authorities.
- (b) *Standard: Safety from fire.* (1) Except as provided in paragraphs (b)(2) and (3) of this section, the ASC must meet the provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association that are applicable to ambulatory surgical centers.
- (2) In consideration of a recommendation by the 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 upon an ASC, but only if the waiver will not adversely affect the health and safety of the patients.
 - (3) Any ASC that, on May 9, 1988, complies with the requirements of the 1981 edition of the Life Safety Code, with or without waivers, will be considered to be in compliance with this standard, so long as the ASC continues to remain in compliance with that edition of the Life Safety Code.
- (b) *Standard: Emergency equipment.* Emergency equipment available to the operating rooms must include at least the following:
- (1) Emergency call system.
 - (2) Oxygen.
 - (3) Mechanical ventilatory assistance equipment including airways, manual breathing bag, and ventilator.
 - (4) Cardiac defibrillator.
 - (5) Cardiac monitoring equipment.
 - (6) Tracheostomy set.
 - (7) Laryngoscopes and endotracheal tubes.
 - (8) Suction equipment.
 - (9) Emergency medical equipment and supplies specified by the medical staff.

- (d) *Standard: Emergency personnel.* Personnel trained in the use of emergency equipment and in cardiopulmonary resuscitation must be available whenever there is a patient in the ASC.

[47 FR 34094, Aug. 5, 1982, amended at 53 FR 11508, Apr. 7, 1988; 54 FR 4026, Jan. 27, 1989]

§ 416.45 Condition for coverage – Medical Staff.

The medical staff of the ASC must be accountable to the governing body.

- (a) *Standard: Membership and clinical privileges.* Members of the medical staff must be legally and professionally qualified for the positions to which they are appointed and for the performance of privileges granted. The ASC grants privileges in accordance with recommendations from qualified medical personnel.
- (b) *Standard: Reappraisals.* Medical staff privileges must be periodically reappraised by the ASC. The scope of procedures performed in the ASC must be periodically reviewed and amended as appropriate.
- (c) *Standard: Other practitioners.* If the ASC assigns patient care responsibilities to practitioners other than physicians, it must have established policies and procedures, approved by the governing body, for overseeing and evaluating their clinical activities.

§ 416.46 Condition for coverage – Nursing Services.

The nursing services of the ASC must be directed and staffed to assure that the nursing needs of all patients are met.

- (a) *Standard: Organization and staffing.* Patient care responsibilities must be delineated for all nursing service personnel. Nursing services must be provided in accordance with recognized standards of practice. There must be a registered nurse available for emergency treatment whenever there is a patient in the ASC.
- (b) [Reserved]

§ 416.47 Condition for coverage – Medical Records.

The ASC must maintain complete, comprehensive, and accurate medical records to ensure adequate patient care.

- (a) *Standard: Organization.* The ASC must develop and maintain a system for the proper collection, storage, and use of patient records.
- (b) *Standard: Form and content of record.* The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following:
 - (1) Patient identification.
 - (2) Significant medical history and results of physical examination.
 - (3) Pre-operative diagnostic studies (entered before surgery), if performed.
 - (4) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body.
 - (5) Any allergies and abnormal drug reactions.
 - (6) Entries related to anesthesia administration.
 - (7) Documentation of properly executed informed patient consent.
 - (8) Discharge diagnosis.

§ 416.48 Condition for coverage – Pharmaceutical Services.

The ASC must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice, and under the direction of an individual designated responsible for pharmaceutical services.

(a) Standard: Administration of drugs. Drugs must be prepared and administered according to established policies and acceptable standards of practice.

(1) Adverse reactions must be reported to the physician responsible for the patient and must be documented in the record.

(2) Blood and blood products must be administered by only physicians or registered nurses.

(3) Orders given orally for drugs and biologicals must be followed by a written order signed by the prescribing physician.

(b) [Reserved]

§ 416.49 Condition for coverage – Laboratory and Radiologic Services.

If the ASC performs laboratory services, it must meet the requirements of part 493 of this chapter. If the ASC does not provide its own laboratory services, it must have procedures for obtaining routine and emergency laboratory services from a certified laboratory in accordance with part 493 of this chapter. The referral laboratory must be certified in the appropriate specialties and subspecialties of service to perform the referred tests in accordance with the requirements of part 493 of this chapter. The ASC must have procedures for obtaining radiologic services from a Medicare approved facility to meet the needs of patients.

[57 FR 7135, Feb. 28, 1992]

State Survey Agencies

<p><u>Alabama</u> Bureau of Health Provider Standards Division of Provider Services RSA Tower 201 Monroe Street P. O. Box 30317 Montgomery, 36130-3017 334-206-5595 334-206-5219 cduck@adph.state.al.us www.adph.org</p>	<p><u>Alaska</u> Health & Social Services Department Health Facilities Licensing. & Certification 4730 Business Park Blvd. Suite 18 Anchorage, 99503 907-334-2483 907-561-3011 shelby_larsen@health.state.ak.us www.hss.state.ak.us</p>
<p><u>Arizona</u> Arizona Department of Health Services Department Division of Assurance & Licensure Services 1647 E. Morten Phoenix, 85020 602-674-4340 602-861-0645 mwiley@hs.state.az.us www.hs.state.az.us/als/index.htm</p>	<p><u>Arkansas</u> Arkansas Department of Health Health Facilities Services Division 4815 W. Markham St. Little Rock, 72205-3867 501-661-2201 501-661-2165 vbuck@healthyarkansas.com www.healthyarkansas.com</p>
<p><u>California</u> Health Services Department Licensing & Cert. Div. 714/744 P. St. P.O. Box 942732 Sacramento, 94234-7320 916-552-9640 916-445-6979</p>	<p><u>Colorado</u> Colorado Department of Public Health & Environment Health Facilities Division 4300 Cherry Creek Dr. S. Denver, 80246-1530 303-692-2000 303-782-4883 ellen.mangione@state.co.us www.cdphe.state.co.us/cdphehom.asp</p>
<p><u>Connecticut</u> Connecticut Public Health Department Health Systems Regulation 410 Capitol Ave. MS# 12HSR P.O. Box 340308 Hartford, 06134-0308 860-509-7444 860-509-7101 www.dph.state.ct.us</p>	<p><u>District of Columbia</u> Department of Health Health Care Facilities Division 825 N. Capitol St. NE. 2nd Floor Washington, 20002 202-442-5888 202-442-9431 www.dchealth.dc.gov</p>

<p><u>Delaware</u> Delaware Department of Health & Social Services Office of Health Facility Licensing & Certification P.O. Box 637 2055 Limestone Rd, Suite 200 (Wilmington) Dover, 19903 302-995-8521 302-995-8529 mpeterson@state.de.us www.state.de.us/dhss/dph/index.htm</p>	<p><u>Florida</u> Agency for Managed Care Health Care Administration Bureau of Health Facilities Regulation Hospital & Outpatient Services Unit 2727 Mahan Dr., MS #31 Tallahassee, 32308-5403 850-487-2717 850-922-4351 maclaffl@fdhc.state.fl.us www.fdhc.state.fl.us</p>
<p><u>Georgia</u> Georgia Department of Human Resources Office of Regulatory Services/Health Care Section Two Peachtree St. NW Suite 33.250 Atlanta, 30303 404-657-5550 404-657-5708 www2.state.ga.us/Departments/DHR/ORS</p>	<p><u>Hawaii</u> HI Department of Health Office of Health Quality Assurance 1250 Punchbowl St. Room 237 Honolulu, 96813 808-586-4080 808-586-4747 www.state.hi.us/doh/</p>
<p><u>Idaho</u> Idaho Department of Health & Welfare Bureau of Facility Standards 3380 Americana Terr. P.O. Box 83720 Boise, 83720-0036 208-334-6626 208-332-7204 CreswelS@idhw.state.id.us www2.state.id.us/dhw/index.htm</p>	<p><u>Illinois</u> Illinois Public Health Department Hospital & Ambulatory Service Bureau 525 W. Jefferson St. 5th Floor Springfield, 62671-0001 217-782-7412 217-782-0382 cstokes@idph.state.il.us www.idph.state.il.us</p>
<p><u>Indiana</u> Indiana Health Department Acute Care Department Two N. Meridian St. Indianapolis, 46204 317-233-1286 317-233-7157 www.in.gov/isdh/index.htm</p>	<p><u>Iowa</u> Iowa Department of Inspection & Appeal Division of Health Facilities Lucas State Office Building 321 East 12th Street Des Moines, 50319-0083 515-281-4115 515-242-5022 MTooman@dia.state.ia.us www.dia-hfd.state.ia.us</p>
<p><u>Kansas</u> Kansas Health & Environment Department Adult & Child Care Facilities Landon State Ofc. Bldg. 1000 SW Jackson Suite 330 Topeka, 66612-1365 785-296-0131 785-296-1266 www.kdhe.state.ks.us/bhfr</p>	<p><u>Kentucky</u> Office of the Inspector General Division of Community Health Services 275 E. Main St. 5-EA Frankfort, 40621-0001 502-564-2888 502-564-6546 chs.state.ky.us/</p>

<p><u>Louisiana</u> Louisiana Department of Health & Hospitals Health Standards Section P.O. Box 3767 Baton Rouge, 70821 225-342-4997 225-219-4293 ldeaton@dhh.state.la.us www.dhh.state.la.us/hss</p>	<p><u>Massachusetts</u> MA Department of Public Health Division of Health Care Quality 10 West St., 5th Floor Boston, 02111 617-753-8000 617-624-5046 www.state.ma.us/dph/dhcq/hcqskel.htm</p>
<p><u>Maine</u> Department of Human Services Medical Services Bureau 11 State House Station 442 Civic Center Drive Augusta, 04333-0011 207-624-5443 207-624-5378 lou.dorogi@state.me.us www.state.me.us/dhs/welcome_to_dhs.htm</p>	<p><u>Maryland</u> Maryland Department of Health & Mental Hygiene Office of Healthcare Quality Spring Grove - Bland Bryant Building 55 Wade Ave. Catonsville, 21228 410-402-8000 410-358-0750 cbenner@dhmh.state.md.us www.dhmh.state.md.us/ohcq</p>
<p><u>Michigan</u> Michigan Department of Consumer & Industry Services Bureau of Health Systems 525 W. Ottawa, 5th Flr. P.O. Box 30664 Lansing, 48909 517-241-2632 517-241-2635 www.michigan.gov/cis</p>	<p><u>Minnesota</u> Department of Health Facility & Provider Compliance Division Golden Rule Bldg. 85 E. 7th Pl., #300 St. Paul, 55101 651-215-8700 651-215-8709 www.health.state.mn.us</p>
<p><u>Mississippi</u> Department of Health Health Facility Licensing & Certification 2423 N. State St. Jackson, 39215-1700 601-576-7300 601-354-7230 mwinborne@msdh.state.ms.us http://www.ms.gov/frameset.jsp</p>	<p><u>Missouri</u> Department of Health Hospital Lic. & Cert. P.O. Box 570 Jefferson City, 65102 573-751-6302 573-751-6158 www.health.state.mo.us</p>
<p><u>Montana</u> Public Health & Human Serv. Licensure Bureau Cogswell Bldg. 1400 Broadway Helena, 59620 406-444-2868 406-444-1742 rkemp@state.mt.us www.dphhs.state.mt.us</p>	<p><u>Nebraska</u> Health & Human Services Credentialing Division 301 Centennial Mall S. P.O. Box 94986 Lincoln, 68509-4986 402-471-2115 402-471-3577 helen.meeke@hhss.state.ne.us www.hhs.state.ne.us/crl/crlindex.htm</p>

<p><u>Nevada</u> Health Division, Human Resource Dept. Licensure & Certification 1550 E. College Pkwy. Suite 158 Carson City, 89706 775-687-4475 775-687-6588 pgraham@blc.state.nv.us health2k.state.nv.us</p>	<p><u>New Hampshire</u> Health & Human Services Department Health Facilities License 129 Pleasant Street Concord, 03301-3857 603-271-4966 603-271-5590 rrusin@dhhs.state.nh.us www.dhhs.state.nh.us/dhhs/DHHS_SITE/default.htm</p>
<p><u>New Jersey</u> Health & Senior Services Department Acute Care Licensure P.O. Box 367 Trenton, 08625-0367 609-633-9034 603-633-9087 Barbara.goldman@doh.state.nj.us www.state.nj.us/health/index.html</p>	<p><u>New Mexico</u> Health Department Licensing & Certification 525 Camino De Los Marquez, Suite 2 Santa Fe, 87501 505-476-9028 505-827-4203 amayo@doh.state.nm.us www.health.state.nm.us/dhi/dhi.htm</p>
<p><u>New York</u> Division of Health Care Standards & Surveillance Bureau. of Hospital & Primary Care 433 Hedley Park Pl Troy, 12180 518-402-1003 518-402-1010 mek03@health.state.ny.us www.health.state.ny.us/home.html</p>	<p><u>North Carolina</u> Human Resources Dept. Facility Services Division 701 Barbour Dr. Raleigh, 27603 919-733-2342 919-733-2757 bob.fitzgerald@ncmail.net facility-services.state.nc.us</p>
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<p><u>Oklahoma</u> Oklahoma Health Department Special Health 1000 N.E. 10th Oklahoma City, 73117-1299 405-271-6576 405-271-1308 gary@health.state.ok.us www.health.state.ok.us/PROGRAM/INDEX.HTML</p>	<p><u>Oregon</u> Oregon Health Division Health Care Licensing & Certification P.O. Box 14450 Portland, 97214-0450 503-731-4013 503-731-4080 Kathleen.smail@state.or.us www.ohd.hr.state.or.us</p>

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