Revisions to 2012 Decision Rules for Contingent Accreditation

Changes Cover Fraud and Abuse and Organizations New to Accreditation

The Accreditation Committee of the Joint Commission’s Board of Directors recently revised the definition of Contingent Accreditation (CONT) and approved one revised and two new decision rules to standardize accreditation outcomes. These changes are effective January 1, 2012.

Evidence of Fraud and Abuse

The Accreditation Committee revised and recategorized current Accreditation with Follow-up Survey (AFS) decision rule AFS02, which is applied when possible fraud and/or abuse (for example, relating to marketing and/or billing practices) has been identified in an organization. In addition, The Joint Commission will notify the Centers for Medicare & Medicaid Services (CMS) of the outcome and provide CMS with any finding that appears to indicate fraud or abuse has occurred.

The revision, which is applicable to all programs, underscores the seriousness of such a finding, and will now result in a decision of Contingent Accreditation under new decision rule CONT03. The language for this revised rule is shown in the box below. Additions are shown in underline text and deletions are shown in strikethrough.

Findings on an Initial Survey

Under the newly approved decision rules, an organization undergoing its first Joint Commission survey in any accreditation program may receive Contingent Accreditation under two new scenarios. An organization going through an initial survey has no previous history of meeting Joint Commission requirements and, therefore, needs to demonstrate its ability

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to do so before it receives accreditation.

The first scenario involves new decision rule CONT04. This rule was approved for organizations undergoing an initial survey that will be using accreditation for deemed status or Medicare recognition purposes. If such an organization receives a Requirement for Improvement (RFI) related to a condition-level finding—even in instances when the finding does not correspond to an equivalent noncompliant Joint Commission requirement—the organization will receive Contingent Accreditation.

Under CONT04, The Joint Commission will not recommend that the organization receive certification by CMS for reimbursement purposes. The Joint Commission believes an appropriate decision in this circumstance would be Contingent Accreditation, and an organization will remain in this category until The Joint Commission can recommend it for certification by CMS. The organization must undergo another full accreditation survey and demonstrate full compliance with all applicable CoPs, and it must resolve its Contingent Accreditation status within one year.

The second scenario involves new decision rule CONT05. Under this rule, any organization undergoing its first Joint Commission survey will receive Contingent Accreditation if it demonstrates systemic patterns or trends of noncompliance with Joint Commission standards. As with CONT04, the organization must resolve its Contingent Accreditation status within one year.

Changes to the definition of Contingent Accreditation and the decision rules for that category are shown in the box on page 8. Additions are shown in underline text and deletions are shown in strike-through.