

Certification Process

State Survey Agencies perform initial surveys (inspections) and periodic resurveys (including complaint surveys) of all providers and certain kinds of suppliers. These surveys are conducted to ascertain whether a provider/supplier meets applicable requirements for participation in the Medicare and/or Medicaid programs, and to evaluate performance and effectiveness in rendering a safe and acceptable quality of care. These requirements are found in the 42 Code of Federal Regulations. Part of a survey may concern a provider's efforts to prevent environmental hazards due to contagion, fire, contamination, or structural design and maintenance problems. It also ascertains that the responsible provider officials and key personnel are effectively doing all they must do to protect health and safety.

Certification is when the State Survey Agency officially recommends its findings regarding whether health care entities meet the Social Security Act's provider or supplier definitions, and whether the entities comply with standards required by Federal regulations. The functions that the State Survey Agencies perform are referred to collectively as the certification process. This includes, but is not limited to:

Identifying Potential Participants - The law guarantees to Medicare beneficiaries that payment will be made for health services furnished in or by entities that meet stipulated requirements of the Act. Identification includes those laboratories seeking to participate in the CLIA program.

Conducting Investigations and Fact-Finding Surveys - Verifying how well the health care entities comply with the CoPs or requirements.

Certifying and Recertifying - Certifications are periodically sent to the appropriate Federal or State agencies regarding whether entities, including CLIA laboratories, are qualified to participate in the programs.

Explaining Requirements - Advising providers and suppliers and potential providers and suppliers in regard to applicable Federal regulations to enable them to qualify for participation in the programs and to maintain standards of health care consistent with the CoPs and Conditions for Coverage (CfCs) requirements.

Also, as mandated by the Social Security Act, States must conduct periodic educational programs for the staff and residents, and their representatives, of SNFs and NFs in order to present current regulations, procedures, and policies.

Operating Toll-Free Home Health Hotline - Maintain a toll-free telephone hotline to collect, maintain, and continually update information on Medicare-approved HHAs. The hotline is also used to receive complaints and answer questions about HHAs in the State or locality.

The SA is also authorized to perform numerous other functions under a blanket clause of its SA agreement, by special agreement, or by statute. These include:

Identifying Prospective Payment System (PPS) Excluded Institutions -

Certification information helps in identifying institutions or components of institutions that meet special requirements qualifying them to be excluded from the Medicare PPS.

Participating on Validation Surveys of Accredited Entities - These surveys are intended to furnish DHHS and Congress a monitoring of the validity of "deeming" that accredited entities meet the CoPs. Validation surveys include representative sample surveys as well as substantial allegations of non-compliance (complaint) surveys.

Proficiency Testing - Monitor programs of proficiency testing in laboratories and contribute laboratory compliance findings to use in the CLIA Laboratory Certification Program.

Direct Data Entry - Enter data from accredited and non-accredited surveys, follow-up visits, and complaint investigations into CMS data systems, for example (ODIE, ASPEN, ACTS). Update information about providers, suppliers, and CLIA laboratories in the appropriate system when indicated.

Nurse Aide Training - Specify and review Nurse Aide Training and Competency Evaluation Programs (NATCEPs) and/or Nurse Aide Competency Evaluation Programs (NACEPs).

Nurse Aide Registry (NAR) - Establish and maintain a registry for all individuals who have satisfactorily completed NATCEP or a NACEP.

Resident Assessment Instrument (RAI) - Specify a RAI for use in the LTC facilities participating in Medicare and/or Medicaid.

Records and Reports - Maintain pertinent survey, certification, statistical, or other records for a period of at least 4 years and make reports in the form and content as the Secretary may require.

State Survey Agencies do not have Medicare determination-making functions or authorities; those authorities are delegated to CMS' Regional Offices. State Survey Agency certifications are the crucial evidence relied upon by the Regional Offices in approving health care entities to participate in Medicare and CLIA. Re-certifications are performed periodically by the State Survey Agencies.

After the State Survey Agency completes an inspection for the Medicare/Medicaid program, it submits evidence and a certification recommendation for a final CMS Regional Office determination.

When the State Survey Agency certifies just for Medicaid purposes, it is reporting its own adjudicative determination.