**Important policy change in the 2012 *Accreditation Handbook Including Medicare Requirements for Ambulatory Surgery Centers (ASCs)***

This addendum is to revise policies *as required by CMS* for organizations seeking an Early Option Survey/Initial Medicare Deemed Status Survey in the 2012 *Accreditation Handbook Including Medicare Requirements for Ambulatory Surgery Centers (ASCs).* The policy changes become effective with applications received on or after July 1, 2012.

page 12: **Types of Surveys**

**Early Option Survey/Initial Medicare Deemed Status 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***.

When an EOS is requested, the ASC must provide evidence of the following with its Application for Survey:

* The date the ASC is open and operational and actively providing surgical procedures to adequately demonstrate compliance with AAAHC accreditation requirements including Medicare requirements.
* Licensure or provisional licensure has been obtained from the state licensing authority. If the ASC is not subject to the facility licensure law, then it should provide evidence from the appropriate regulatory authority confirming this fact, as well as evidence that the organization is eligible to achieve Medicare certification.
* The building in which patient care services will be provided is built and ready to support such care, as evidenced by reports of any inspections conducted by local and state fire marshals, local or state health departments, or other code enforcement agencies.
* All governance and administrative structures are in place, including bylaws, policies, and procedures.
* Key executives are employed and medical staff have been credentialed and privileged by the   
  governing body.
* All necessary equipment is in place and has been appropriately tested and/or calibrated; written up-to-date maintenance logs are in place.
* Documented full compliance with the NFPA 101® Life Safety Code,® 2000 Edition, based on the   
  completed *AAAHC Physical Environmental Checklist*.
* A non-denial statement (refer to the *Application for Survey*) completed and signed by an authorized   
  person at the ASC.

An EOS is conducted during the ninety (90) day survey window on an unannounced basis after the ASC has opened. A minimum of ten (10) medical records must be available for review. The names of the surveyors are not disclosed prior to the survey. The surveyors will observe a surgical procedure during the survey.

(over)

Organizations undergoing an EOS will receive a three-year term of accreditation or be denied accreditation. See Term of Accreditation for further information. These organizations must undergo an unannounced interim survey to maintain the term. All applicable Standards will be applied during the interim survey.

All organizations seeking Medicare Deemed Status accreditation from AAAHC are being notified of these changes.

We recommend that you make note of this in your 2012 *Handbook*. We sincerely apologize for any inconvenience.

If you have questions regarding these changes, contact accreditation services at 847-853-6060.

Sincerely,



John E. Burke, PhD

President and CEO