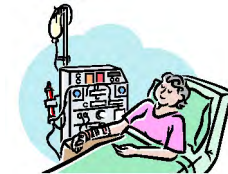

End Stage Renal Disease (ESRD) Facility Initial Application Process



What is an ESRD facility?

ESRD is the stage of renal (kidney) impairment that appears irreversible and permanent and requires regular dialysis or kidney transplant to maintain life. An ESRD facility is a facility which provides dialysis services to patients.

How do I become an ESRD provider?

To establish Medicare Certification of an ESRD facility, an applicant must complete and submit an application packet. Application materials can be found below or requested through the Bureau of Facility Standards at (208) 334-6626, option 4.

What is included in the Certification application packet?

The application packet includes what must be submitted and approved by the Bureau of Facility Standards prior to an initial survey (items #1 - #4) and resource information related to ESRD facilities (items #5 - #7) as follows:

1. ESRD Facility Survey Report - [CMS form 3427](#),
2. A Narrative Report Describing the Services to be Provided, which includes:
 - a. A Plan of Operation specific to the services to be provided,
 - b. The qualifications and responsibilities of the supervisory staff (physician, registered nurse in charge, dietician, social worker, etc.),
 - c. Notification of whether a deemed status survey by the [Accreditation Organization](#) will be requested,
3. Fire, Life Safety & Construction information
 - a. If the facility meets exemption requirements as stated in CMS Letter, [S&C: 13-47-LSC/ESRD](#), then please complete and submit the Model Attestation Statement attached to the CMS Letter. Also, please be aware, per [S&C: 16-22-LSC](#) the 2012 edition has

been adopted.

- b. If the facility does not meet exemption requirements, please submit the following:
 - Certificate of Occupancy,
 - Fire Alarm/Sprinkler System Fire Watch Policy, and evacuation map showing the location of exits and fire extinguishers,
 - Smoking Policy,
 - Results of the most recent local Fire Department Inspection, and
 - A written plan for the protection of patients in an emergency.
4. [Fiscal year ending date form](#)
5. [ESRD Basic Technical Survey Training Interpretive Guidance](#)
6. [Appendix Z Emergency Preparedness \(EP\)](#),
7. [Appendix Q](#), Core Guidelines For Determining Immediate Jeopardy,

How do I complete the Certification application?

Please complete Part I of the CMS-3427 form (item #1) above. Return it and items #2 – #4 to the Bureau of Facility Standards. Please ensure that all questions are answered and that all hand-printed applications are clearly printed and easily readable.

Where do I send my completed Certification application materials?

The application materials can be submitted by mail and/or hand delivered. ***PLEASE KEEP A COPY FOR YOUR RECORDS.***

1. If you are mailing the application packet, mail to:

Department of Health and Welfare
Bureau of Facility Standards
P.O. Box 83720
Boise, ID 83720-0009

2. If you are hand delivering the application packet, deliver to:

Department of Health and Welfare
Bureau of Facility Standards
3232 Elder Street
Boise, ID 83705

What happens after I submit my Certification application materials?

Bureau of Facility Standards staff will review the materials you submitted. If the application is incomplete, or if there are questions, Bureau staff will contact you. Once the application materials have been approved and after we have received notification from the Medicare Administrative Contractor (MAC) that the [CMS-855A](#), Medicare Enrollment Application has been approved, an on-site Medicare initial certification survey must be conducted within 90 days. The survey may be conducted by the State Agency or an [Accreditation Organization](#) (AO). **Please see below for additional information related to the CMS-855A.**

How long will the Certification application process take?

It is not possible for the Bureau of Facility Standards to establish specific timeframes for the initial certification process as the length of the application process varies depending on multiple factors such as whether the application is complete, whether additional information needs to be submitted, etc.

Additionally, while CMS requires an initial certification survey to be conducted within 90 days of the MAC's 855A approval, timeframes will vary depending on whether the survey is conducted by the State Agency or the AO.

If the **State Agency** is completing your initial Medicare survey:

- Once the survey is completed and the facility is found in compliance with **all** regulations or an acceptable plan of correction has been submitted, the Bureau of Facility Standards will recommend Certification and process the Medicare certification on to the CMS Region X Office, Seattle, Washington, for final review and approval.

If an **AO** is completing your initial Medicare **deemed** status survey;

- Please forward to this office a copy of the AO survey along with any plan of correction submitted in response to the survey and the letter from the AO to you verifying accreditation. Once this information has been received the Bureau of Facility Standards will process the Medicare

certification on to the CMS Region X Office, Seattle, Washington, for final review and approval.

How do I get paid for providing services?

The Centers for Medicare/Medicaid Services requires new applicants for ESRD facilities complete CMS form CMS-855A, Medicare Enrollment Application. **Prospective ESRD suppliers may submit the CMS-855 within 30 days of being fully operational** which includes completion of all facility construction, and patients on service (at least one patient per modality requested), so that compliance with all ESRD Conditions for Coverage (CFCs) may be determined at the time of the initial survey.

The form [CMS-855A](#) may be accessed on the Internet or requested directly from your MAC:

[CMS Medicare Provider Enrollment](#)

Read the instructions on the web site and obtain the form by clicking on the version you will need for your computer.

Noridian Administrative Services
P.O. Box 6726
Fargo, ND 58108-6726
(888) 608 - 8816

<http://www.noridianmedicare.com>

To become an Idaho Medicaid provider, you must submit an Idaho Medicaid provider enrollment application to DXC Technology, Idaho's Medicaid Management Information Systems (MMIS) Vendor. To submit an Idaho Medicaid provider enrollment application, go to www.idmedicaid.com and register for a trading partner account. A step-by-step user guide can be found by selecting Reference Material, User Guides, New Provider Enrollment Guide. Additional provider enrollment help is available by contacting your Provider Relations Consultant or Provider Services. Contact information can be found at www.idmedicaid.com or call (866) 686-4272.

Applying to be an Idaho Medicaid provider is a separate process from federal certification and state licensure.

Medicare/Medicaid reimbursement is not retroactive and usually becomes effective only after your enrollment application is

approved, the survey is completed, and you are in compliance with all regulations or have submitted an acceptable plan of correction.

Additional information

For additional information please access the website and reference information below or contact the Bureau of Facility Standards at (208) 334-6626, option 4 or email questions to fsb@dhw.idaho.gov.

Bureau of Facility Standards Informational Letters

[ESRD](#)

Centers for Medicare & Medicaid Services

[CMS End Stage Renal Disease \(ESRD\) Center](#).



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

BUREAU OF FACILITY STANDARDS
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3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888

FISCAL YEAR ENDING

FACILITY NAME: _____

FISCAL YEAR END DATE: _____

OWNER/ADMINISTRATOR

DATE