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April 15, 2024

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD 21244-1850

Re: Docket #CMS-3367-P: Medicare Program; Strengthening Oversight of Accrediting Organizations (AO) and Preventing AO Conflict of Interest, proposed rule.

Dear Ms. Brooks-LaSure:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Medicare and Medicaid Services (CMS) for the opportunity to provide input to the proposed rule: Strengthening Oversight of Accrediting Organizations (AOs) and Preventing AO Conflict of Interest. APIC is a nonprofit, multidisciplinary organization representing 15,000 infection preventionists whose mission is to create a safer world through prevention of infection. We are pleased that CMS continues to demonstrate its commitment to improving the quality of care across the healthcare continuum.

Disclosure: APIC has a wholly owned subsidiary, APIC Consulting Services, Inc., that provides fee-based infection prevention and control consulting but is not an accrediting organization. Learn more about APIC Consulting at <https://www.apicconsulting.com/about>.

Proposal to Add Definition of “unannounced”

APIC supports CMS’s clarification of the definition of an “unannounced” survey and agrees that this will serve to align AOs’ survey processes with CMS survey processes. An unannounced survey will enable the surveying organization to more effectively assess the organization in its normal state, identify areas of risks, and subsequently improve patient care.

Proposal for Information to Be Submitted with the AO’s Conflict of Interest Policies and Procedures

APIC supports the proposal for AOs to provide CMS with more specific conflict of interest policies and procedures. We agree with CMS that without certain restrictions -- such as demonstrable management separation between the consulting and accrediting divisions and limitations on when the fee-based consulting affiliate may provide consulting services relative to the date of the survey -- an AO providing both regulatory oversight (through Medicare deeming surveys) as well as consultation on passing those surveys could call into question the integrity of the accreditation process. The proposed measures will



ensure accountability of AOs and their fee-based consulting services to comply with CMS rules related to conflict of interest.

Proposal To Revise the Crosswalk Requirements

APIC supports the proposal for AOs to utilize CMS standards and provide a crosswalk to identify the applicable Medicare conditions that correspond to each of the AO's accreditation standards. This provides transparency by ensuring that the AO is incorporating the language of the Medicare conditions even if the AO standards exceed the Medicare conditions. It also will provide transparency to providers and suppliers by better standardizing survey practices between AOs and state survey agencies (SAs).

Proposal To Require AOs To Provide CMS With Survey Findings

APIC supports the proposal for requiring AOs to provide CMS with survey findings to ensure that all AOs are performing according to CMS standards. Having access to all survey findings will allow CMS to monitor compliance of healthcare providers with CMS regulatory requirements, allow CMS to provide oversight of AOs and other surveyors working on its behalf, and ensure consistency between AO and SA survey.

Proposal To Require That AO Surveyors Must Take the CMS Online Surveyor Basic Training

APIC supports the requirement that all AO surveyors successfully complete the CMS-sponsored basic training prior to conducting program surveys. This will ensure consistency of surveyor knowledge and interpretation and avoid disparate findings across regions, care settings, and individual surveyors.

Proposal To Require AOs To Submit a Publicly Reportable Plan of Correction for Unacceptable Performance Measures

APIC supports the requirement of AOs to submit a publicly reported plan of correction for unacceptable performance measure scores. This will ensure quality control across AOs and ensure unacceptable performance is addressed.

Proposal on Limitation on Terminated Deemed Providers/Suppliers Seeking Re-Entry into Medicare/Medicaid

APIC supports the proposal that a provider or supplier terminated by Medicare for serious quality and safety deficiencies would also lose its AO accreditation status and remain under the oversight of a state agency, rather than the AO, for a "reasonable assurance period" until they correct the deficiencies which caused their termination by Medicare. APIC seeks clarification on how the "reasonable assurance period" is defined. APIC also wishes to express concern that SAs may not have sufficient resources to meet the additional oversight requirements to ensure that significant health and safety deficiencies have been corrected.

APIC agrees that additional oversight and transparency are important steps in improving the quality and safety healthcare in the U.S. We appreciate the thoroughness of CMS's review and recommendations to improve its survey processes to ensure fair and consistent oversight of compliance with CMS conditions across care settings.



Sincerely,

A handwritten signature in black ink that appears to read "Tania Bubb".

Tania Bubb, PhD, RN, CIC, FAPIC
2024 APIC President