
A look at The Joint Commission

CMS approves continued deeming authority

In order to receive reimbursement from Medicare, hospitals must be evaluated by an accrediting body that has been granted “deeming” authority by the Centers for Medicare & Medicaid Services (CMS), or their state licensing agency on behalf of CMS. Hospitals that successfully complete the accreditation process are then deemed by their accreditor to meet CMS’s certification requirements.

Unlike other hospital accrediting bodies, the 1965 Medicare statute exempted The Joint Commission’s hospital program from completing a formal application process for deeming authority. When the Medicare Improvements for Patients and Providers Act of 2008 became law, this unique status was retired.

During the past year, The Joint Commission worked with CMS to ensure a seamless transition for hospitals under the new law, and successfully completed the hospital deeming application. On November 27, 2009, the continuation of The Joint Commission’s deeming authority for hospital accreditation was announced by CMS, and will run through July 15, 2014.

This announcement confirms that CMS found The Joint Commission’s standards for hospitals meet or exceed those established by the Medicare and Medicaid program.

Accreditation is voluntary,

and seeking deemed status through accreditation is an option, not a requirement. As required by CMS, all hospital-deemed status surveys are unannounced, a policy The Joint Commission instituted into its accreditation process in 2006.

In addition to hospitals, The Joint Commission has federal deeming authority for ambulatory surgery centers, critical access hospitals, durable medical equipment suppliers, home health organizations, hospices, and laboratories.

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