



**Health Care Regulation and Quality Improvement**  
800 NE Oregon Street, Suite 305  
Portland, Oregon 97232  
971-673-0540  
971-673-0556 (Fax)

This letter explains the procedures through which you may be approved to furnish services to beneficiaries of the Medicare End Stage Renal Disease (ESRD) Program.

Under the ESRD Program, each facility desiring to furnish dialysis services must conform to all health and safety requirements. The regulations require such facilities to participate in ESRD network activities and pursue network goals.

A copy of the ESRD regulations can be found online at <http://www.cms.gov/CFCsAndCoPs/downloads/ESRDfinalrule0415.pdf> . Health Care Regulation and Quality Improvement Section (HCRQI) of the Oregon Health Authority, use these guidelines for surveys and recommendation of certification for ESRD facilities to assist the Center for Medicare and Medicaid Services, (CMS) in determining whether facilities meet the health and safety requirements. Please take the following actions if you wish to participate in the Medicare program:

1. CMS 3427, End Stage Renal Disease Application/Notification and Survey and Certification Report, (This form has been updated as of June 2009 - if you are using a form that is not dated 06/09 please contact our office)
2. Submit a narrative plan of operation and state the qualifications of the operating personnel. Your plan must cite the type of dialysis provided and the number of stations and shifts.
3. Discuss how you propose to meet patient needs. The qualifications and responsibilities of the supervisory staff (physician, registered nurse in charge, dietitian, social workers, etc.) must be clearly stated.
4. List ancillary services (e.g., laboratory and others) being provided directly on your premises, and also the qualifications of any party with whom you have entered, or propose to enter, into an agreement for the performance of other ancillary services.

These materials must be received in our office prior to our initial inspection,

which is required for your facility's certification. Our survey cannot be conducted until we have received approval of your enrollment application (CMS 855A) from the Fiscal Intermediary. To obtain this form please contact Blue Cross of Oregon. You must provide treatment to at least one patient before the date of our visit. These patients do not need to be Medicare beneficiaries.

In addition, if your facility performs laboratory tests for the purpose of diagnosis and treatment or assessment of individuals' health, you must have and display a current Oregon license to do so. For information, call the Oregon Health Authority, Center for Public Health Laboratories, Laboratory Licensing Section, at (503) 693-4100.

You must obtain an Outpatient Renal Dialysis Facility license prior to providing services. After you have provided services, send a written request for an onsite Medicare Certification survey to our office. An unannounced survey will be conducted as soon as possible. Medicare will not reimburse you for services provided to its beneficiaries prior to your official date of certification, which can be no earlier than the date of the onsite certification survey, if your facility is found to be in complete compliance, or the date of an acceptable plan of correction, if deficiencies are cited.

A copy of the Outpatient Renal Dialysis Facility license application can be found online at:

[www.healthoregon.org/hcrqi](http://www.healthoregon.org/hcrqi)

Please feel free to call us with any questions you may have at 971-673-0540.

Sincerely,

Client Care Surveyor  
CMS Representative  
Oregon Health Authority  
Public Health Division  
Health Care Regulation and Quality Improvement

**If you need this material in an alternate format, please call our office at  
971-673-0540 or TTY 971-673-0372.**