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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3477-FN]

Medicare and Medicaid Programs: Application from the American Association for Accreditation of Ambulatory Surgery Facilities for Continued CMS-Approval of its Rural Health Clinic (RHC) Accreditation Program

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This notice announces our decision to approve the American Association for Accreditation of Ambulatory Surgery Facilities, DBA QUAD A, for continued recognition as a national accrediting organization for rural health clinics that wish to participate in the Medicare or Medicaid programs.

DATES: The decision announced in this notice is applicable March 23, 2026 to March 23, 2032.

FOR FURTHER INFORMATION CONTACT: Caecilia Andrews 410-786-2190.

SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services in a rural health clinic (RHC) provided certain requirements are met. Sections 1861(aa) and 1905*(l)*(1) of the Social Security Act (the Act) establish distinct criteria for facilities seeking designation as an RHC. Regulations concerning provider agreements are at 42 CFR part 489 and those pertaining to activities relating to the general provisions for survey and certification of facilities are at 42 CFR part 488, subpart A. The regulations at 42 CFR part 491, subpart A specify the conditions that an RHC must meet to participate in the Medicare program, and 42

CFR 405, subpart X sets forth the scope of covered services and the conditions for Medicare payment for RHCs.

Generally, to enter into an agreement with Medicare, an RHC must first be certified by a State survey agency as complying with the conditions or requirements set forth in 42 CFR part 491. Thereafter, the RHC is subject to regular surveys by a State survey agency to determine whether it continues to meet these requirements. However, there is an alternative to surveys by State agencies. Section 1865(a)(1)(A) of the Act provides that, if a provider entity demonstrates through accreditation by an approved national accrediting organization (AO) that all applicable Medicare conditions are met or exceeded, we must deem that provider entity as having met the requirements. Accreditation by an AO is voluntary and is not required for Medicare participation.

If an AO is recognized by the Secretary of Health and Human Services as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting body's approved program would be deemed to meet the Medicare conditions. A national AO applying for CMS approval of its accreditation program under 42 CFR part 488, subpart A must provide CMS with reasonable assurance that the AO requires the accredited provider entities to meet requirements that are at least as stringent as the Medicare conditions. Our regulations concerning the approval of AOs are set forth at § 488.5.

The American Association for Accreditation of Ambulatory Surgery Facilities (DBA "QUAD A") has requested continued approval by CMS for its RHC program. CMS has reviewed QUAD A's application as described later in this notice and is hereby announcing QUAD A's term of approval for a period of 6 years.

II. Application Approval Process

Section 1865(a)(2) of the Act and our regulations at § 488.5 require that our findings concerning review and approval of a national AO's requirements consider, among other factors, the applying AO's requirements for accreditation; survey procedures; resources for conducting

required surveys; capacity to furnish information for use in enforcement activities; monitoring procedures for provider entities found not in compliance with the conditions or requirements; and ability to provide us with the necessary data for validation.

Section 1865(a)(3)(A) of the Act further requires that we publish, within 60 days of receipt of an organization's complete application, a notice identifying the national accrediting body making the request, describing the nature of the request, and providing at least a 30-day public comment period. We have 210 days from the receipt of a complete application to publish notice of approval or denial of the application.

III. Provisions of the Proposed Notice

On December 8, 2025, CMS published a proposed notice in the **Federal Register** (90 FR 56773), announcing QUAD A's request for continued CMS-approval of its Medicare RHC accreditation program. CMS approves or denies an AO's application based on an assessment of the factors listed in section II. of this final notice and also later in this section, which may include, but is not limited to, a review of the information required to be submitted by the AO, interviews with AO staff, an evaluation of the AO's survey process and findings, or other activities necessary to determine that the AO meets the requirements set forth at §§488.4 and 488.5. Under Section 1865(a)(2) of the Act and in our regulations at § 488.5 and § 488.8(h), we reviewed QUAD A's application in accordance with the criteria specified by our regulations, which included an assessment of the AO's:

- (1) Corporate policies; (2) financial viability; (3) ability to investigate and respond appropriately to allegations of violations of the Medicare program requirements; and (4) survey review and decision-making process for the purposes of deemed status.
- Survey process to confirm that it is comparable to State agencies' survey process and the AO can adequately assess whether a provider or supplier, under the AO's deeming program, meets or exceeds the Medicare program requirements.
- Composition of the survey team.

- Procedures for monitoring deemed RHCs it has found to be out of compliance with the AO's program requirements.
- Ability to report deficiencies to the surveyed RHC and respond to the RHC's plan of correction in a timely manner.
- Verification of the AO's agreement to provide CMS with a copy of the most current accreditation survey together with any other information related to the survey as we may require, including corrective action plans.

IV. Analysis of and Responses to Public Comments on the Proposed Notice

In accordance with section 1865(a)(3)(A) of the Act, the December 8, 2025 proposed notice solicited public comments regarding whether QUAD A's requirements met or exceeded the Medicare Conditions for Certification (CfCs) for RHCs. We received one comment.

In general, the commenter was in support of continued recognition of QUAD A as a national accrediting organization for RHCs, provided CMS verifies that QUAD A has established their accreditation requirements, fully trained its surveyors, and identified deficiencies in a manner consistent with the actual structures and operations of RHCs that serve rural communities. This includes those referred to by the commenter as "Indigenous" but are commonly known as "American Indians and Alaska Natives".

We appreciate the commenter's input and have considered it when making our decision. As outlined in the proposed notice, CMS conducts a thorough review of any AO applying for initial or continued recognition as a CMS-approved national AO. This includes review of standards to ensure they meet or exceed the CMS conditions, training and education of surveyors, as well as comparability of survey processes to those of the State Survey Agencies.

V. Provisions of the Final Notice

A. Differences Between QUAD A's Standards and Requirements for Accreditation and Medicare

Conditions and Survey Requirements

We compared QUAD A's RHC accreditation requirements and survey process with the Medicare conditions set forth at 42 CFR part 491, subpart A, the survey and certification process requirements of parts 488 and 489, and survey process as outlined in the State Operations Manual (SOM). Our review and evaluation of QUAD A's RHC application, which was conducted as described in section III. of this final notice, yielded the following area where, as of the date of this notice, QUAD A has completed revising its standards and certification processes to--

- Revise surveyor guidance and training to provide additional clarity on its procedures to raise standard-level deficiencies to condition-level deficiencies, consistent with the regulation at § 488.26(b) and the State Operations Manual, Appendix G, Task 4.

B. Term of Approval

Based on our review and observations described in section III. and section V. of this final notice, we find that QUAD A provides reasonable assurance that accredited entities would meet or exceed the applicable Medicare conditions and we approve QUAD A as a national accreditation organization for RHCs that request participation in the Medicare program. The decision announced in this final notice is effective March 23, 2026, to March 23, 2032 (6 years).

VI. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping, or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

The Administrator of CMS, Mehmet Oz, having reviewed and approved this document, authorizes Vanessa Garcia, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register.**

Vanessa Garcia,

Federal Register Liaison,

Center for Medicare & Medicaid Services.

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