

10 things you  
need to know  
about CMS/MIPPA  
accreditation  
requirements

# Are You Ready for 2012?

## What you need to know ... now

### 1 Who needs to be accredited?

The Medicare Improvements for Patients and Providers Act (MIPPA) calls for all providers of CT, MRI, breast MRI, nuclear medicine, and PET exams that bill under Part B of the Medicare Physician Fee Schedule to be accredited by Jan. 1, 2012, in order to receive payment for the technical component of these services. Currently, the CMS/MIPPA mandates apply to *private outpatient facilities only, NOT to hospitals.*

### 2 What are the basic areas of CMS requirements?

- Personnel qualifications for non-physician medical staff, medical directors, and supervising physicians
- Image quality
- Equipment performance
- Safety standards for staff and patients
- Quality assurance and quality control

### 3 What if we're already accredited?

Make sure you renew on a timely basis. And, even if your facility has received accreditation in CT, MRI, nuclear

medicine, and/or PET, ***there are additional newly mandated requirements*** for CMS reimbursements after Jan. 1, 2012.

Your facility must be compliant with these requirements by the deadline:

- Verification of personnel qualifications with primary source verification
- Policy on patient record retention/retrieval
- Policy on consumer complaints
- Posted notice for patients listing consumer complaint contact information
- Policy on staff and patient safety
- Unannounced site visits from CMS or ACR
- ACR must share accreditation information with CMS
- No “under review” or “provisional” accreditation status
- False or misleading information provided to an accrediting body to achieve accreditation can be used to initiate a federal fraud investigation

## 4 What happens if we miss the deadline?

Beginning Jan. 1, 2012, reimbursements will only be made if a provider is fully accredited by one of the three CMS-designated accreditation organizations (AOs): The American College of Radiology (ACR), Intersocietal Accreditation Commission, and The Joint Commission. There is no “under review” or “provisional” accreditation. You will not receive Medicare reimbursement until you achieve full accreditation.

## 5 Are all three AOs offering the same CMS-mandated accreditation process?

No. CMS did not establish a standard process for accreditation. The pricing, accreditation application, and review process differs among the three AOs. The ACR process is a peer-reviewed, educationally focused, clinical and phantom image review for the highest level of image quality and patient safety — a clear differentiator for your practice and for its continuous quality improvement.

## 6 How long does the accreditation process take?

ACR accreditation is available within 90 days of image submission. Other AOs may take 12 months or more. And, ACR does not require pre-accreditation site surveys.

## 7 How do we get started?

- Visit [acr.org](http://acr.org) to learn more and to access the online application (no fee to access)
- Carefully follow instructions to select the appropriate modality application option
- Designate one person in your facility to organize and submit all materials
- Ensure clinical images submitted for review are approved by a physician

## 8 What if we receive a deficiency?

You will have a dedicated ACR support team to discuss your options if you receive a deficiency. And, you can contact ACR if you have any questions throughout the accreditation process.

## 9 Why choose ACR for accreditation?

- For quality and safety assurance
- ACR accreditation is the gold standard in medical imaging
- ACR offers a peer-reviewed assessment of clinical and phantom images
- Easy online process. Multi-site, multi-unit pricing
- We have a dedicated account team of experts to guide you from start to finish

## 10 Avoid the 2012 rush!

Apply for accreditation today. Contact ACR for details.

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