



July 12, 2023

Administrator
Alaska Native Medical Center
4315 Diplomacy Dr
Anchorage, AK 99508

Re: CMS Certification Number 020026
Conditions of Participation Not Met
90 Day Termination Track
Removal of Deemed Status

Dear Administrator:

Section 1865 of the Social Security Act (the Act) and Centers for Medicare & Medicaid Services (CMS) regulations provide that a provider or supplier accredited by a CMS-approved Medicare accreditation program of The Joint Commission will be "deemed" to meet all of the Medicare Conditions of Participation (CoPs) for hospitals. In accordance with Section 1864 of the Act State Survey Agencies may conduct at CMS's direction surveys of deemed status providers/suppliers on a selective sampling basis, in response to a substantial allegation of noncompliance, or when CMS determines a full survey is required after a substantial allegation survey identifies substantial noncompliance. CMS uses such surveys as a means of validating the accrediting organization's survey and accreditation process.

A survey conducted by Healthcare Management Solutions LLC (HMS) at Alaska Native Medical Center on June 23, 2023 found that the facility was not in substantial compliance with the following CoPs for hospitals.

Fed - A - 0043 - 482.12 - Governing Body
Fed - A - 1100 - 482.55 - Emergency Services

As a result, effective July 12, 2023 your deemed status has been removed and survey jurisdiction has been transferred to the Alaska Health Facilities and Licensing.

A listing of all deficiencies found is enclosed (Form CMS-2567, Statement of Deficiencies and Plan of Correction.).

When a hospital, regardless of whether it has deemed status, is found to be out of compliance with the CoPs, a determination must be made that the facility no longer meets the requirements for participation as a provider or supplier of services in the Medicare program. Such a determination has been made in the case of Alaska Native Medical Center and accordingly, the Medicare agreement between Alaska Native Medical Center and CMS is being terminated.

The date on which the Medicare agreement terminates is October 10, 2023.

The Medicare program will not make payment for services furnished to patients who are admitted on or after October 10, 2023. For inpatients admitted prior to October 10, 2023, payment may continue to be made for a maximum of 30 days of inpatient services furnished on or after October 10, 2023.

Termination can only be averted by correction of the deficiencies, through submission of an acceptable plan of correction (PoC) and subsequent verification of compliance by the state agency. The Form CMS 2567 with your POC, dated and signed by your facility's authorized representative must be submitted to the Alaska Health Facilities and Licensing no later than July 22, 2023. Please indicate your corrective actions on the right side of the Form CMS-2567 in the column labeled "Provider Plan of Correction", and list the corresponding deficiency number in the column to its left, labeled "ID Prefix Tag". Additionally, indicate your anticipated completion dates in the column labeled "Completion Date".

An acceptable PoC must contain the following elements:

1. The plan for correcting each specific deficiency cited;
2. The plan for improving the processes that led to the deficiency cited, including how the hospital is addressing improvements in its systems in order to prevent the likelihood of recurrence of the deficient practice;
3. The procedure for implementing the PoC, if found acceptable, for each deficiency cited;
4. A completion date for correction of each deficiency cited;
5. The monitoring and tracking procedures that will be implemented to ensure that the PoC is effective and that the specific deficiency(ies) cited remain corrected and in compliance with the regulatory requirements; and
6. The title of the person(s) responsible for implementing the acceptable PoC.

Copies of the Form CMS-2567, including copies containing the facility's PoC, are releasable to the public in accordance with the provisions of Section 1864(a) of the Act and 42 CFR 401.133(a). As such, the PoC should not contain personal identifiers, such as patient names, and you may wish to avoid the use of staff names. It must, however, be specific as to what corrective action the hospital will take to achieve compliance, as indicated above.

Your facility will be revisited to verify necessary corrections. If CMS determines that the reasons for termination remain, you will be so informed in writing, including the effective date of termination. If corrections have been made and your facility is in substantial compliance, the termination procedures will be halted, and you will be notified in writing.

If your Medicare agreement is terminated and you wish to be readmitted to the program, you must demonstrate to the state agency and CMS that you are able to maintain compliance. Readmission to the program will not be approved until CMS is reasonably assured that you are able to sustain compliance.

If you have any questions regarding this matter, please contact the Seattle Location at CMS_RO10_CEB@cms.hhs.gov to the ATTN: Tameka Harris.

Sincerely,

Rena Hill

Rena Hill
Branch Manager
Acute & Continuing Care Branch
Centers for Medicare & Medicaid Services

Enclosures: CMS Form-2567 Statement of Deficiencies

CC: State Survey Agency
Accrediting Organization