

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, Georgia 30303-8909



Ref: North Carolina Baptist Hospital 34-0047

**IMPORTANT NOTICE: PLEASE READ CAREFULLY**

April 9, 2018

Julie Ann Freischlag, Chief Executive Officer  
North Carolina Baptist Hospital  
Medical Center Boulevard  
Winston-Salem, North Carolina 27157

RE: CMS Certification Number (CCN): 34-0047

Dear Ms. Freischlag:

In order to participate in the Medicare program, a hospital provider must meet the requirements established under Title XVIII of the Social Security Act and must also meet the additional requirements established by the Secretary of Health and Human Services under the authority contained in Section 1861 of the Social Security Act.

A complaint survey was completed at North Carolina Baptist Hospital on February 8, 2018. It was determined that immediate jeopardy was identified based on the survey. A copy of the deficiencies cited during this survey were sent to you previously.

A follow up visit to determine the continuing status of the IJ situation was conducted by the North Carolina State Survey Agency ending on March 26, 2018, and it was determined that the immediate jeopardy situation had been removed. However, as a result of the follow up non-compliance continues for the following conditions:

- 42 CFR 482.12 Governing Body
- 42 CFR 482.13 Patient Rights
- 42 CFR 482.21 Quality Assessment and Performance Improvement
- 42 CFR 482.27 Laboratory Services

As a result of this follow up survey visit, your hospital new termination date is June 12, 2018, pending a revisit by the North Carolina State Survey Agency to determine whether the conditions of participation are back in compliance.

When a hospital is found to be out of compliance with one or more Conditions of Participation, a determination must be made that the facility no longer meets the requirements for participation as a provider of services in the Medicare program. Such a determination had been made in the

case of North Carolina Baptist Hospital and, accordingly, the Medicare provider agreement between North Carolina Baptist Hospital and the Secretary of the Department of Health and Human Services will be terminated. This termination will be effective June 12, 2018.

The Medicare program will not make payment for inpatient hospital services furnished to patients who are admitted on or after June 12, 2018. For patients admitted prior to June 12, 2018, payment may continue to be made for a maximum of 30 days for inpatient hospital services furnished on or after June 12, 2018. You should submit as soon as possible, a list of names and Medicare claim numbers of beneficiaries in your hospital on June 12, 2018 to your fiscal intermediary to facilitate payment for these individuals.

Termination can only be averted by correction of these deficiencies prior to June 12, 2018. Should we not hear from you, we will assume that the situation has not been corrected. If you believe that compliance has been achieved, you should notify CMS and the North Carolina State Survey Agency in writing on or before describing in detail the specific corrective measures taken to resolve these problems and include acceptable completion dates. An acceptable plan of correction should be received no later than April 19, 2018. The Plan of correction with correction dates should be documented on the Statement of Deficiency Form 2567 and must be signed and dated by the responsible facility official.

An acceptable plan of correction must contain the following elements:

- 1) The plan of correcting the specific deficiency cited. The plan should address the processes and systems deficiencies that lead to the deficiency cited;***
- 2) The procedure for implementing the acceptable plan of correction for the specific deficiency cited;***
- 3) The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;***
- 4) The title of the person responsible for implementing the acceptable plan of correction.***

If your plan of correction is accepted, the North Carolina State Survey Agency will be authorized to conduct a resurvey to determine if the Medicare Conditions of Participation are back into compliance. Please be advised, however, that failure to come into compliance with the Conditions of Participation will result in your hospital's termination under Medicare, effective June 12, 2018. If the Centers for Medicare & Medicaid Services determines that the reasons for termination remain, the effective date of the termination remains June 12, 2018, and you will be so informed in writing. If corrections have been made, the termination procedures will be halted, and you will be notified in writing.

## **Appeal Rights**

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at

<https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to **karmen.billingslea@cms.hhs.gov**.

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services  
Departmental Appeals Board, MS 6132  
Director, Civil Remedies Division  
330 Independence Avenue, S.W.  
Cohen Building – Room G-644  
Washington, D.C. 20201  
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense.

If there are any questions, please contact Karmen Billingslea at (404) 562-7586 or by email at [karmen.billingslea@cms.hhs.gov](mailto:karmen.billingslea@cms.hhs.gov).

Sincerely,

*Helio Griffin for*

Linda Smith  
Associate Regional Administrator  
Division of Survey & Certification

Enclosure  
CMS 2567

cc: North Carolina State Agency

**How to Use the Departmental Appeals Board's Electronic Filing System (DAB E-File)**  
**<https://dab.efile.hhs.gov>**

To file a new appeal using DAB E-File, you first must register a new account by: (1) clicking **Register** on the DAB E-File home page; (2) entering the information requested on the "Register New Account" form; and (3) clicking **Register Account** at the bottom of the form. If you have more than one representative handling your appeal, each representative must register separately to use DAB E-File on your behalf.

How to log-in to DAB E-File. To access DAB E-File, the e-mail address and password provided during the registration process must be entered on the **Login** screen at [https://dab.efile.hhs.gov/user\\_sessions/new](https://dab.efile.hhs.gov/user_sessions/new). A registered user's access to DAB E-File is restricted to the appeals for which s/he is a party or authorized representative.

How to file an appeal (request for hearing) in DAB E-File. After you have registered and logged-in to DAB E-File, you may file an appeal by: (A) clicking the **File New Appeal** link on the **Manage Existing Appeals** page, then at the next page clicking the **Civil Remedies Division** button; then (B) entering and uploading the requested information and documents on the form labeled "File New Appeal – Civil Remedies Division."

Basic requirements for using DAB E-File. At a minimum, the DAB's Civil Remedies Division (CRD) requires a party filing an appeal to submit the following: (1) a signed hearing request; and (2) a copy of the underlying notice letter from CMS which sets forth CMS's adverse action and the party's appeal rights. All documents must be submitted in Portable Document Format (PDF). Any document, including a hearing request, will be deemed to have been filed on the date it is submitted via DAB E-File (through 11:59 p.m. EST on the date of submission). A party filing a hearing request via DAB E-File will be deemed to have consented to receiving and accepting electronic service of appeal-related documents which CMS subsequently submits via DAB E-File and/or which the CRD subsequently submits via DAB E-File on behalf of an Administrative Law Judge. CMS also will be deemed to have consented to electronic service.

Detailed information regarding DAB E-File. More detailed instructions for using DAB E-File in cases before the DAB's Civil Remedies Division can be found by clicking the button marked **E-Filing Instructions** after logging-in to DAB E-File.

For general questions regarding the DAB E-File System, you may call the Civil Remedies Division main telephone line at 202-565-9462. If you experience any technical issues with the DAB E-File System, please contact E-File System Support at [OSDABImmediateOffice@hhs.gov](mailto:OSDABImmediateOffice@hhs.gov).