



PO Box 6722
Fargo, ND 58108-6722

Medicare

May 14, 2013

**JOYCE JACKSON
NKC ENUMCLAW KIDNEY CENTER
857 ROOSEVELT EAST AVE
ENUMCLAW WA 98022 9239**

RE: New provider number 50-2570 set up

Dear Ms. Jackson:

We have received confirmation through the Centers for Medicare and Medicaid Services Tie-In notice that your request for participation in Medicare as a renal dialysis facility has been approved. The effective date of your participation is March 4, 2013 and the fiscal year end is 12/31.

Your provider number has been set up in our computer system and is now ready for claims to be processed. The following rates apply:

Renal Dialysis: Provider Number 50-2570

The ESRD PPS base rate is \$240.21, which is applicable for both adult and pediatric ESRD patients. Go to <https://www.noridianmedicare.com/p-meda/news/> for further information.

Before submitting electronic claims under this provider number, please contact your Electronic Data Interchange (EDI) provider to confirm that they have all the necessary information pertaining to this new provider. Should you have any questions or need additional information for electronic issues, please contact the EDI team at (800) 967-7902.

If you have any other questions, please contact the provider call center at 1-877-908-8431.

Sincerely,

A handwritten signature in cursive script that reads "Renee Gunn".

Renee Gunn, Audit Support
Provider Audit and Reimbursement



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue
Seattle, WA 98121



WESTERN CONSORTIUM – DIVISION OF SURVEY, CERTIFICATION, AND ENFORCEMENT

April 8, 2013

Joyce F. Jackson, President/CEO
Northwest Kidney Centers
700 Broadway
Seattle, WA 98122

Re: NKC – Enumclaw Kidney Center
857 Roosevelt East Avenue
Enumclaw, WA 98022
CMS Certification Number: 50-2570

Dear Ms. Jackson:

We have reviewed your request for approval of NKC – Enumclaw Kidney Center as a supplier of renal services in the Medicare program under the end-stage renal disease (ESRD) regulations. We have determined that the facility, located at the above address, meets program requirements as a renal dialysis facility and is eligible for reimbursement under Section 1881 of Title XVIII of the Social Security Act. Services rendered on or after March 4, 2013 will be eligible for payment by the Medicare program.

NKC – Enumclaw Kidney Center has been approved as a renal dialysis facility to furnish the following services:

<u>Services</u>	<u>Approved Stations</u>
In-center HD	5
Home HD Training & Support	
Home PD Training & Support	

The Medicare intermediary for reimbursement of renal treatment procedures is Noridian Administrative Services, LLC. Please direct questions related to reimbursement and claims to that agency. Their telephone number is (888) 608-8816.



This Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensure/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

Certificate of Need #1443 is issued to:

Legal Name of Applicant: Northwest Kidney Centers
Address of Applicant: 700 Broadway, Seattle, WA 98122-4302
Type of Service: End Stage Renal Disease Facility
Facility Name: NKC – Enumclaw Kidney Center
Facility Address: 857 Roosevelt Avenue East, Enumclaw, WA 98022

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORDS AND EVALUATION APRIL 28, 2011 (CN App #11-08)

Description/Services To Be Provided:

Establish a 5-station facility providing the following services hemodialysis, peritoneal dialysis, shifts after 5:00 p.m., and training/support for dialysis patients. At project completion, NKC Enumclaw Dialysis Center would be approved to certify and operate a total of five dialysis stations. The stations are listed below.

Private Isolation Room	1
Permanent Bed Station	1
Other In-Center Stations	3
Total	5

Service Area

King County planning area 12

Terms

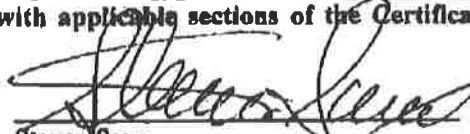
1. NKC will provide the Department with a finalized lease that is consistent with the rates and terms outlined in the letter of intent provided with the application.
2. NKC will provide the Department with a copy of the executed medical director agreement with Dr. Ahmed prior to commencement of services consistent with the draft agreement provided within the application.
3. NKC will provide the Department with an executed copy of a Patient Transfer Agreement for Department review and approval prior to commencement of services consistent with the draft agreement provided within the application.

Approved Capital Expenditure

The approved capital expenditure associated with this project is \$1,566,470.

This Certificate authorizes commencement of the project from June 6, 2011 to June 6, 2013, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: June 6, 2011


 Steven Saxe
 Director, Health Professions and Facilities

This Certificate is not transferable.

Page 2 – Ms. Jackson

The assigned ESRD Medicare CMS Certification Number for NKC – Enumclaw Kidney Center is 50-2570. This number should be entered on all forms and correspondence relating to the Medicare renal treatment program.

If you contemplate an expansion, relocation, renovation, addition to the renal treatment services, or a change of ownership after the date of this approval, please notify the Office of Licensing and Certification, Washington Department of Health, as soon as possible for filing a new application form (CMS-3427). The new information should include all pertinent details concerning the nature and effect of the proposed change. We will determine whether the contemplated change meets program requirements.

If you have any questions regarding NKC – Enumclaw Kidney Center's participation in the Medicare renal treatment program, please contact Gary Keopanya of this office at (206) 615-2321, or Office of Licensing and Certification at (360) 236-2918.

Sincerely,



Patrick Thrift, Manager

Survey, Certification and Enforcement Branch

cc: Office of Licensing and Certification
Noridian Administrative Services, LLC
Qualis Health
ESRD Network
DESCM/Information Systems Group

Printed: 03/04/2013
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012647	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2013
NAME OF PROVIDER OR SUPPLIER NKC - ENUMCLAW KIDNEY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 857 ROOSEVELT EAST AVENUE ENUMCLAW, WA 98022		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V 000	<p>INITIAL COMMENTS</p> <p>MEDICARE END-STAGE RENAL DISEASE (ESRD) INITIAL SURVEY CERTIFICATION SURVEY FOR FIVE (5) PATIENT DIALYSIS STATIONS.</p> <p>This Medicare ESRD Initial Survey was conducted at NWK-Enumclaw Dialysis Center by Larry Anderson, RS, Susie Paul, PHA and Stephen Mickschl, MS, RN.</p> <p>The State Agency recommends Medicare certification of five [5] patient dialysis stations, Home hemodialysis and Peritoneal Dialysis Programs, based on the attached documentation.</p> <p>Shell #405F11</p>	V 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Marsella RN unit manager 3-4-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAR-04-2013 10:00

NKC BLAGG PAV

206 860 5821

P.002

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
CMS NO. 0928-0302

END STAGE RENAL DISEASE APPLICATION AND SURVEY AND CERTIFICATION REPORT -
Version 2

PART I - APPLICATION - TO BE COMPLETED BY FACILITY

1. Type of Application/Notification: (check all that apply; if "Other", specify in "Remarks" section (Item 33)): (v1)

1. Initial 2. Recertification 3. Relocation 4. Expansion/change of services 5. Change of ownership

6. Other, specify:

2. Name of Facility: NKC Enunclaw Kidney Center 3. CCN: pending
4. Street Address: 857 Roosevelt Ave. E 5. NPI: 1811241656
6. City: Enunclaw 7. County: King 8. Fiscal Year End Date: 6/30
9. State: WA 10. ZIP Code: 98022-9239 11. Administrator's Email Address: Joyce.F.Jackson@nwkidney.org
12. Telephone No.: 360-825-2050 13. Facsimile No.: 360-825-2103 14. Medicare Enrollment (CMS 855A) completed? Yes No NA

15. Facility Administrator Name: Joyce F. Jackson, Pres. + CEO

Address: 700 Broadway

City: Seattle

State: WA

Zip Code: 98122-4302

Telephone No.: 206-720-8501

16. Ownership (v2) 1. For Profit 2. Not For Profit 3. Public

17. Is this facility owned and managed by a hospital and on the hospital campus (i.e., hospital-based)? (v3) 1. Yes 2. No

Is this facility owned and managed by a hospital and located off the hospital campus (i.e., satellite)? (v4) 1. Yes 2. No

Is this facility not owned or managed by a hospital (i.e., independent)? (v5) 1. Yes 2. No

If owned and managed by a hospital, hospital name: (v6) _____

CCN: (v7) _____

18. Is this facility located in a SNF/NF (check one): (v8) 1. Yes 2. No

If Yes, SNF/NF name: (v9) _____

CCN: (v10) _____

19. Is facility owned and/or managed by a multi-facility organization? (v11) 1. No 2. Yes, Owned 3. Yes, Managed

If Yes, name of multi-facility organization: (v12) Northwest Kidney Centers

Multi-facility organization's address: 700 Broadway, Seattle, WA 98122-4302

20. Current Services (check all that apply): (v13) NA

1. In-center Hemodialysis (HD) 2. In-center Peritoneal Dialysis (PD) 3. In-center Nocturnal HD 4. Reuse

5. Home HD Training & Support 6. Home PD Training & Support 7. Home Training & Support only (HD & PD)

21. New services being requested (check all that apply-home training & support only must provide both home PD & home HD): (v14)

1. N/A 2. In-center HD 3. In-center PD 4. In-center Nocturnal HD 5. Reuse

6. Home HD Training & Support 7. Home PD Training & Support 8. Home Training & Support only (HD & PD)

22. Does the facility have any home dialysis (PD/HD) patients receiving dialysis in long-term care (LTC) facilities? (v15)

1. Yes 2. No

LTC (SNF/NF) facility name: (v16) _____

CCN: (v17) _____

Staffing for home dialysis in LTC provided by: (v18)

1. This dialysis facility

2. LTC staff

3. Other, specify _____

Type of home dialysis provided in this LTC facility: (v19)

1. HD

2. PD

For additional LTC facilities, record this information and attach to the "Remarks" (Item 33) section.

23. Number of dialysis patients currently on census:

In-center HD: (v20) 3

In-center Nocturnal HD: (v21) _____

In-center PD: (v22) _____

Home PD: (v23) 1

Home HD <= 3x/week: (v24) _____

Home HD > 3x/week: (v25) 1

24. Number of approved in-center dialysis stations: (v26) 4 Onsite home training room(s) provided? (v27) 1 1. Yes 2. No

25. Additional stations being requested: (v28) None

In-center HD: (v29) _____

In-center Nocturnal HD: (v30) _____

In-center PD: (v31) _____

MAR-04-2013 10:01

NKC BLAGG PAV

206 860 5821

P.003

26. How is isolation provided? (v22)

- 1. Room
- 2. Area (established facilities only)
- 3. CMS Waiver/Agreement (Attach copy)

27. If applicable, number of hemodialysis stations designated for isolation: (v23) 1

28. Days & time for in-center patient shifts (check all days that apply and complete time field in military time): (v24)

1st shift starts: M 0630 T 0630 W 0630 Th 0630 F 0630 Sat 0630 Sun /
 Last shift ends: M 1530 T 1530 W 1530 Th 1530 F 1530 Sat 1530 Sun /

29. Dialyzer reprocessing system: (v35) 1. Onsite 2. Centralized/Offsite 3. N/A

30. Staff (List full-time equivalents):

Registered Nurse: (v41) 2.9 Certified Patient Care Technician: (v37) 2
 LPN/LVN: (v38) 2.0 Technical Staff (water, machine): (v39) 0.4
 Registered Dietitian: (v40) 0.2 Masters Social Worker: (v41) 0.2
 Others: (v42)

31. State license number (if applicable): (v43) N/A

32. Certificate of Need required? (v44)

- 1. Yes
- 2. No
- 3. NA

33. Remarks (copy if more and attach additional pages if needed):

Initial Survey for 5 dialysis stations, Washington State CN award # 1443.

Services to include incenter hemodialysis, home hemodialysis training and support, and home peritoneal dialysis training and support.

34. The information contained in this Application Survey and Certification Report (Part I) is true and correct to the best of my knowledge. I understand that incorrect or erroneous statements may cause the Request for Approval to be denied, or facility approval to be rescinded, under 42 C.F.R. 494.1 and 488.604 respectively.

I have reviewed this form and it is accurate:

Signature of Administrator/Medical Director

Title

Date

Spencer Jackson

CEO/PRESIDENT

MARCH 4, 2013

PART II TO BE COMPLETED BY STATE AGENCY

35. Medicare Enrollment (CMS 855A approved by MAC/FI)? (v45)

- 1. Yes
- 2. No

(Note: approved CMS 855A required prior to certification)

36. Type of Survey (v46)

- 1. Initial
- 2. Recertification
- 3. Relocation
- 4. Expansion/change of services
- 5. Change of ownership
- 6. Complaint
- 7. Revisit
- 8. Other, specify

37. State Region (v47)

37. State County Code (v48)

39. Network Number (v49)

My signature below indicates that I have reviewed this form and it is complete:

40. Surveyor Team Leader (sign)

41. Name/Number (Print)

42. Professional Discipline (Print)

43. Survey Exit Date

Health and Recovery Services Administration
P.O. Box 45535 Olympia WA 98504-5535



August 20, 2013

NKC - Enumclaw Kidney Center
700 BROADWAY
SEATTLE WA 98122

Dear Provider:

We have approved your request for a provider number (also called a "rendering provider number"). The effective date of your provider number is 08/20/2013.

Rendering Provider Number: 1811241656

The number one cause of rejected claims is improper use of provider numbers. Please refer to the appropriate billing instructions for how to use these provider numbers when you file a claim. Billing instructions are available on the Internet at http://fortress.wa.gov/dshs/maa/download/cpt_agreement.htm. If you need a paper copy sent to you, use this link for ordering directions <http://fortress.wa.gov/dshs/maa/CustomerPublications/>.

If you have questions regarding claims processing, please call 1-800-562-3022.

Provider Enrollment
Division of Customer Support
PO Box 45562
Olympia, WA 98504-5562
Phone: 1-800-562-3022

CC: Carol Oppen
✓ Scott Strandjord
Palmer Pollock
Dan Evans
Tom Montenegro

PE509195006 -000021-PE00002



12345678-000021-01-000000000



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 1870 Blaine, WA. 98231-1870

October 14, 2013

Dear Ms. Morrison:

The Department of Health inspection team has reviewed and accepted your plan of correction for deficiencies found during your facility's Medicare ESRD Home Expansion certification inspection of September 20, 2013. Certification of the program will be recommended.

No further reporting is due at this time.

Please call me with any questions at (360) 371-7899 and mail the Progress Report to the address listed in the header.

Sincerely,

A handwritten signature in cursive script that reads "S. Mickschl".

Stephen B. Mickschl, MS, RN

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue
Seattle, WA 98121



WESTERN CONSORTIUM - DIVISION OF SURVEY, CERTIFICATION, AND ENFORCEMENT

April 8, 2013

Joyce F. Jackson, President/CEO
Northwest Kidney Centers
700 Broadway
Seattle, WA 98122

Re: NKC – Enumclaw Kidney Center
857 Roosevelt East Avenue
Enumclaw, WA 98022
CMS Certification Number: 50-2570

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NKC – Enumclaw Kidney Center has been approved as a renal dialysis facility to furnish the following services:

<u>Services</u>	<u>Approved Stations</u>
In-center HD	5
Home IID Training & Support	
Home PD Training & Support	

The Medicare intermediary for reimbursement of renal treatment procedures is Noridian Administrative Services, LLC. Please direct questions related to reimbursement and claims to that agency. Their telephone number is (888) 608-8816.

Page 2 – Ms. Jackson

The assigned ESRD Medicare CMS Certification Number for NKC – Enumclaw Kidney Center is 50-2570. This number should be entered on all forms and correspondence relating to the Medicare renal treatment program.

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Sincerely,



Patrick Thrift, Manager
Survey, Certification and Enforcement Branch

cc: Office of Licensing and Certification
Noridian Administrative Services, LLC
Qualis Health
ESRD Network
DESCM/Information Systems Group

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012647	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2013
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NAME OF PROVIDER OR SUPPLIER NKC - ENUMCLAW KIDNEY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 857 ROOSEVELT EAST AVENUE ENUMCLAW, WA 98022
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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V 000 INITIAL COMMENTS

V 000

MEDICARE END-STAGE RENAL DISEASE (ESRD) INITIAL SURVEY CERTIFICATION SURVEY FOR FIVE (5) PATIENT DIALYSIS STATIONS.

This Medicare ESRD Initial Survey was conducted at NWK-Enumclaw Dialysis Center by Larry Anderson, RS, Susie Paul, PHA and Stephen Mickschl, MS, RN.

The State Agency recommends Medicare certification of five (5) patient dialysis stations, Home hemodialysis and Peritoneal Dialysis Programs, based on the attached documentation.

Shell #405F11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

D. Mareschia RN

unit manager

3-4-15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.