



Accreditation Process and Policies: At-a-Glance Changes

Over the past year, the American Academy of Sleep Medicine (AASM) has been in review of their *Accreditation Process and Policies* to better define and present accreditation programs, status and processes to accredited programs, AASM members and the public. On January 18, 2020 AASM announced revisions to its *Accreditation Process and Policies*. Accredited programs and applicants are advised to review the revised [Accreditation Process and Policies](#). Although the following summary is not an exhaustive list of every revision, it provides an itemized description of key changes to the Accreditation Process and Policies.

Accreditation Flags

Flags are applied to an accredited entity to identify those who maintain accreditation with certain conditions. Flags will be viewable by the public through the AASM Accreditation Directory. Flags are classified as either operational or administrative. The following flags will be utilized:

Operational Flag

- a. **Patient Management Flag:** An entity has been in operation for less than 6 months when applying for New Accreditation and has an outstanding site visit. Failure to complete a site visit in the allotted period (12 months from the date of approval) may result in revoked accreditation. This flag will be switched to an Administrative Site Visit Flag once a completed Patient Volume and Statistics form demonstrating patient management has been submitted by the entity and reviewed and approved by the AASM prior to scheduling the site visit.
- b. **Provisory Flag:** An entity has outstanding provisos from a site visit. Failure to complete requirements of provisos in the allotted proviso period (3 months) may result in revoked accreditation.

Administrative Flag

- a. **Site Visit Flag:** An entity has an outstanding site visit. Failure to complete a site visit in the allotted period (12 months from the date of approval) may result in revoked accreditation.
- b. **Interim Accreditation Flag:** An entity is pending approval of reaccreditation beyond their current expiration date. A reaccreditation application was submitted before the entity's expiration date but approval from the Accreditation Committee for Reaccreditation was not obtained prior to the Accreditation expiration date. Failure to achieve reaccreditation in the allotted period (3 months past expiration) will result in expiration of accreditation and void of the current application. If the facility wishes to pursue accreditation at that time, a new Accreditation application with fee must be submitted.

Provisional Accreditation

With the institution of accreditation flags, Provisional Accreditation has been removed as an application type. Entities that have been in operation less than 6 months will now submit as New Accreditation and will be assigned a Patient Management Flag.

Entities assigned a Patient Management Flag must complete patient volume and sleep study statistics (to confirm patient management is occurring) prior to scheduling the site visit. Once patient management and volume statistics have been submitted, the entity's patient management flag will be removed, and a site visit flag will be assigned. The entity must complete a site visit within 12 months from approval or revocation of accreditation may result.

Reaccreditation Applications

Reaccreditation applications cannot be in application for more than three months past the entity's current accreditation expiration date. An accreditation flag will be assigned to an entity who is in application but has past their expiration date. Exceeding three months will result in expiration of the entity's accreditation, and the reaccreditation application will be voided. An entity would then have to submit a new accreditation application; however, they will experience a lapse in accreditation until approval of the new accreditation application.

Approvals/Denials/Revocations/Reconsiderations

- Approvals, denials and revocations have been assigned to the Accreditation Committee.
- Reconsiderations are determined by the Executive Committee or Board of Directors.
- Non-compliance to proviso(s) is a cause for revocation.

General Changes

- Applicants are not eligible for a refund once approved by the Executive Committee.
- AASM accreditation is assigned to a Type 2 NPI number, which must be provided at the time of application.
- DME Accreditation is now titled DME Supplier Accreditation.
- Appendices detailing application requirements for each accreditation type have been removed and added to the AASM Accreditation Reference Material webpage.