CY 2021 - ESRD Low-Volume Attestation Statement

Attestation Date: _____

Provider Number: _____ (six-digit number)

Provider Name: _____

Provider Address: _____

_____

I attest that the facility as noted above meets the following requirements to qualify as an ESRD low-volume facility for payment year 2021, beginning January 1, 2021. (Please indicate Yes or No for each requirement.)

1. _____ Furnished less than 4,000 dialysis treatments in each of the 3 cost reporting years preceding the payment year. This is based on cost reports for the 3 preceding 12-month periods and is obtained from the as-filed (or final settled) cost reports. *Reference: 42 CFR 413.232(b)(1)*

   Note: if there are short period cost reports due to CHOW or FY change, the non-standard cost reports can be combined to equal a full 12-month report, or if the combined reports are greater than 12 months prorated to equal 12 months.

   If the cost report for the most recent year that ends on or before 12/31/2020 has not been prepared, please report that year and the estimated number of treatments.

Preceding Year	Period Beginning and Ending	Total Dialysis Treatments
1		
2		
3		

For purposes of determining eligibility for the low-volume payment adjustment, the number of "treatments" is the total number of treatments furnished to Medicare and non-Medicare patients. For peritoneal dialysis (PD) patients, one week of PD is considered equivalent to 3 hemodialysis (HD) treatments. For example, a patient on PD for 21 days would have (21/7) x 3 or 9 HD-equivalent treatments.

2. _____ ESRD facility has not opened, closed or received a new provider number in the three years preceding the payment year.
   Reference: 42 CFR 413.232(b)(2)
   Note: If a new number was received due to CHOW with a change in facility type (e.g., from hospital-based to freestanding) and the new owner accepted assignment of the existing Medicare provider agreement – the facility is considered to not have received a new provider number.

3. _____ ESRD facility is not located within 5 road miles of another facility under common ownership.
   Reference: 42 CFR 413.232(c)

I certify that the responses in this attestation are accurate, complete and current as of this date. I acknowledge that the regulations must be continually adhered to.

Signed: _____
(Signature of Officer, Administrator or authorized person)

_____
(Print Name of signature)