

#### CMS CLIA Update



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Division of Clinical Laboratory Improvement and Quality April 10, 2024



#### CMS DCLIQ REORGANIZATION

- DCLIQ Reorganization--what has changed:
- 2 Policy Branches and 3 Operations Branches have been restructured
- New structure consists of 5 branches along the primary product lines:
  - Survey Branch
  - Enforcement Branch
  - Logistics Branch
  - Regulations and Clearance Branch
  - State Oversight Branch





## CMS DCLIQ REORGANIZATION

# Division of Clinical Laboratory Improvement and Quality (FCGGB)

1 Director - Gregg Brandush

Elysse Lessner Scott Stacy Karen Sutterer Penny Keller Cheryl Dobbe

DCLIQ Survey Branch (FCGGBA)

Branch Manager – Daniel Hesselgesser DCLIQ Enforcement Branch (FCGGBB)

Branch Manager – Latoya Laing Logistics Branch (FCGGBC)

Branch Manager – Karen Fuller Regulations and Clearance Branch (FCGGBD)

Branch Manager – Angelique Daubert State Oversight Branch (FCGGBE)

> Branch Manager – Raelene Perfetto





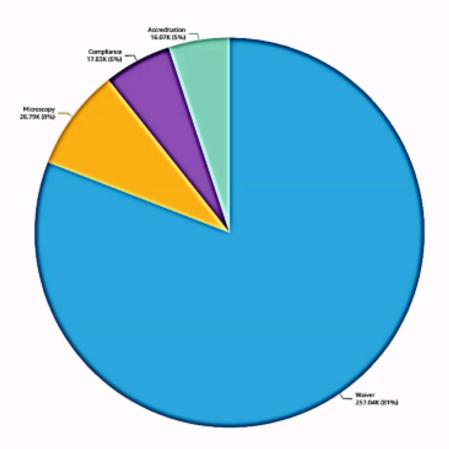
## How many labs are there?

Approximate Number—Laboratories	317,740
Exempt States (New York and Washington)	14,508
Total Non-Exempt	303,232
CoC	17,833
CoW	257,043
CoA	16,073
PPM	26,791

Source: CMS database—February 2024

# **Visual Breakdown of Certificate Types**

#### **Current Certificate Types**



## CMS CLIA goals for 2023

- Improved processes
  - Use of data to identify outliers in terms of survey findings, time spent on survey, team size
  - Adherence to enforcement timelines
  - Enhanced state oversight activities
- Modernizing CLIA
  - PT Rule implementation
  - Electronic Certificates
- Assessing the use of enforcement discretion and flexibilities during the PHE:
  - Remote review of pathology slides/data
  - Expedited review of CLIA applications
  - Contiguous site flexibilities
  - University non-CLIA COVID testing
  - COW testing authorization as soon as CLIA application is filed
  - COVID test result reporting
- Continuing our stakeholder engagement efforts





## Additional CMS accomplishments FY23

- Electronic Certificates and QCOR links
- CDC Data Exchange
- Fee rule
- RFI (Histopathology, Cytology, and Clinical Cytogenetics Regulations)
- Budget process
- Backlog plan
- Dashboards





## **Certificate of Compliance survey findings**

#### Top Ten Conditions Nationwide (10/1/19 to 9/30/21):

Tag Number	Count	Tag Identification
2016	1,263	Condition: Successful PT participation
6000	839	Condition: Lab Director qualifications and responsibilities for moderate complexity testing
		at 493.1405 and 493.1407.
6076	452	Condition: Lab Director qualifications and responsibilities for high complexity testing at
		493.1443 and 493.1445.
5400	380	Condition: Analytic Systems—Must meet requirements at 493.1251-1289.
2000	298	Condition: PT enrollment and testing of samples
6033	257	Condition: Technical Consultant qualifications and responsibilities for moderate
		complexity testing at 493.1411 and 493.1413.
6063	230	Condition: Testing personnel qualifications and responsibilities for moderate complexity
		testing at 493.1423 and 493.1425.
6168	204	Condition: Labs performing high complexity testing; testing personnel
3000	169	Condition: Facility Administration—must meet 493.1101-1105.
6108	103	Condition: Technical Supervisor qualifications and responsibilities for high complexity
		testing at 493.1449 and 493.1451.

# CMS CLIA goals for 2024

Year One Goals	Year Three Goals	Year Five Goals
<ul> <li>50% of CLIA certificates will be electronic and available online</li> </ul>	<ul> <li>Implement Lab Director</li> <li>University</li> <li>Revise enforcement letters for</li> </ul>	<ul> <li>Develop other educational resources such as Technical Supervisor University,</li> </ul>
Issue Interpretive Guidance o		Technical Consultant
the new Fee, histocompatibility, Personnel and Alternative Sanction rule	<ul> <li>Assess state budget allocations for consistency and fairness</li> </ul>	<ul> <li>University, etc.</li> <li>Develop standardized survey process that is objective,</li> </ul>
Initiate action plan to address		consistent and computer
data that demonstrates surve inconsistencies related to tea		assisted.
size, time spent on survey,		
citation rates.		
<ul> <li>Track enforcement actions to ensure consistency</li> </ul>		
Make CLIA Certificate of		
Compliance survey findings		
available of QCOR		





# Additional questions?

Thank you!

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