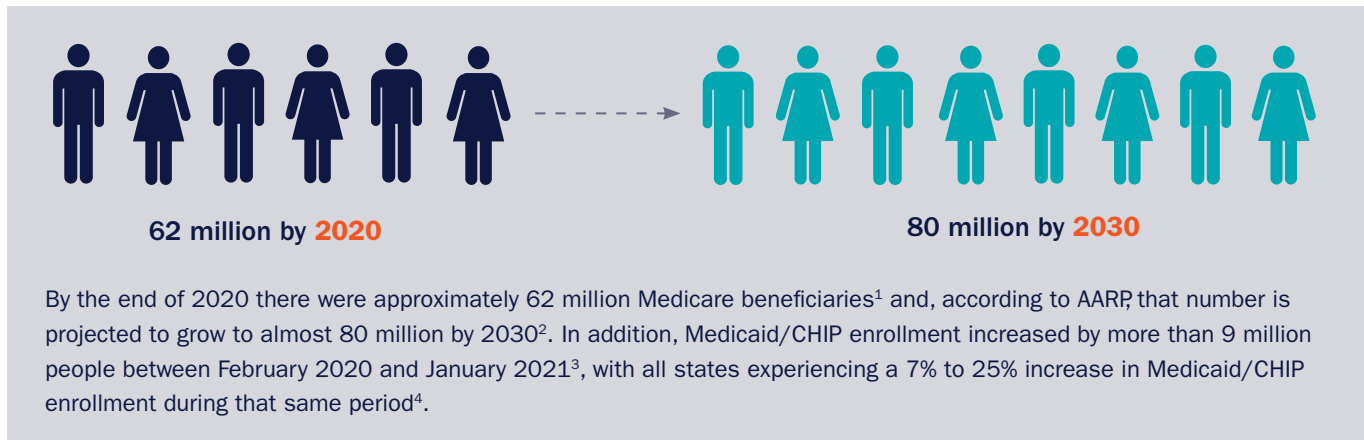


The CMS Survey: Preparation for Peace of Mind



The need for health care facilities to maintain their deemed status by the Centers for Medicare and Medicaid Services (CMS) is already crucial, and it will become even more so as even more people continue to enter those systems.



The health and safety of a significant number of people is the most obvious reason for an organization to strive to remain in good standing. The other is that there are real and potentially devastating costs to organizations, communities and, most importantly, patients when an organization is found deficient. An institution that is placed on a termination track faces the loss of CMS certification, and with it the financial resources the provider needs to survive.

That impact includes the potential loss of Medicaid and Medicare payments, tax exemptions, Hill-Burton funds, exclusion from all federal health care programs, third-party payer contracts, bond financing, and even payments for physician services. And the consequences are easily made public. CMS files what is called a CMS-2567 form, a statement of deficiencies that is releasable under the Freedom of Information Act. That news is frequently published in local, and sometimes even national media, creating significant public relations problems and a deterioration in public confidence and trust.

Losses can be devastating and widespread

There have been many stories in the news about organizations losing their Medicare funding. One hospital lost more than \$50 million in federal funding, almost 20% of the hospital's annual operating costs. The state then accrued more than \$55 million in fines for not meeting court-ordered timelines to evaluate and treat defendants determined to be incompetent to stand trial. Eventually, the state legislature announced plans to stop admitting patients to the hospital altogether.

Another hospital, serving more than 17,000 patients, lost its certification status in late 2017. It was a particularly harsh blow in that many of those patients are members of a largely underserved population.

Preparation as prevention

The best way for a health care organization to avoid the widespread disruption caused by loss of CMS certification is to be prepared for a CMS survey before it even occurs. The problem is that many organizations are unprepared because CMS surveys are so seldomly conducted, unless they are driven by a specific complaint, or a random validation survey.



A solution is a CMS mock survey conducted by Joint Commission Resources (JCR). It brings an external and objective eye that can help identify risks and spot improvements that may be needed. The process engages staff at all levels of the organization, from executives, clinicians and nurses to housekeeping, maintenance, food service, and virtually every role in between.

JCR facilitates sessions with leadership on Medicare requirements and the process of an actual CMS survey. Staff at all levels are coached on what to expect in that event, how to prepare for it and, most crucially, stay that way. After the mock survey, the organization is given a report, a detailed summary that includes the findings, identifies areas of risks, and makes recommendations.

Beyond that, JCR can provide assistance as the organization works to correct deficiencies that could result in placement on a Medicare termination track. And, in the unfortunate event that an organization has already been placed on a termination track by CMS, Joint Commission Resources can provide rapid response services that include arriving on-site within 48 hours to help the organization develop its Immediate Jeopardy removal plan. This can even be done while actual CMS surveyors are on site.

CMS survey preparedness is beneficial to every stakeholder associated with every health care delivery organization. The mock survey not only helps you bring those relevant aspects considered by CMS into full compliance, it also may improve safety for caregivers and staff and elevate the quality of care for patients.

The JCR CMS team has a wealth of experience in knowing exactly what CMS is looking for, not only particular requirements, but how CMS applies those requirements. With that knowledge, JCR can work with organizations to educate them about the gray areas, what CMS expects and how hospitals can address those problems and regain good standing with Medicare.

“Many of the organizations that I’ve worked with have not been prepared for a CMS survey. Oftentimes organizations that are deemed by an accrediting organization may not have had a CMS survey for many, many years,” said John Berry, Specialist Principal Consultant, CMS at Joint Commission Resources. “I’ve seen organizations that have not had a CMS survey for as long as 20 years, so they’re just not prepared for the survey process, and that’s the case for many hospitals across the country. Many hospitals just aren’t familiar with it, so they are not prepared for it.”

What are the top areas in which health care facilities are most often found lacking in a CMS survey?

Infection prevention and control and antibiotic stewardship, the Emergency Medical Treatment and Labor Act (EMTALA), and patient rights, particularly restraint/seclusion.

Why these areas?

Infection prevention and control has been a focus of CMS, especially with COVID-19. CMS has issued new directives when they survey hospitals and so more hospitals are being cited for infection prevention and control issues.

Since EMTALA is complaint-driven it's not routinely surveyed by CMS or accrediting organizations as part of initial or re-accreditation surveys. So, organizations are left to their own devices with ensuring that they are compliant and, as a result, it might not be prioritized, causing organizations to fall out of compliance.

Finally, there are often high rates of restraint use in emergency departments and a limited number of psychiatric beds across the United States. So, psychiatric patients, who may require more restraints than other patients, are often in emergency departments for extended periods of time. It's important for hospitals to recognize that security officers, EMS, paramedics, and even nurses are often not trained in the use of therapeutic restraints.

When facilities have problems in these areas, are they the same from organization to organization, or do the problems vary?

Different hospitals don't meet these requirements because of the broad scope of services, size of the hospitals and the populations served. However, whenever hospitals are found out of compliance with these particular requirements common elements often found lacking include staff training, lack of oversight from department level leadership, and a lack of incorporation of these areas into the hospital-wide quality assessment performance improvement program. That includes metrics. If you're not tracking data, then you can't analyze it to determine if a problem exists or develop a plan of correction or oversight of its effectiveness.

Of these areas most frequently found in arrears, which are the easiest to address and which are the most difficult, and why?

They're all difficult to address because they exist for complex reasons. Every now and then it'll be a small, isolated incident that had occurred, but even if that's the case the hospital should still take a review of that entire area and determine if it is a systemic problem or a problem with the system, itself. Are there policies that can be changed? Are there other mechanisms that can be put into place to prevent the incident from occurring again? But the problems are all complex and there's usually no single quick, easy fix.

To learn more about JCR's CMS advisory service, visit www.jcrinc.com/products-and-services/advisory-services/cms-and-regulatory-services/.

1. <https://www.kff.org/medicare/issue-brief/a-dozen-facts-about-medicare-advantage-in-2020/>
2. https://assets.aarp.org/rgcenter/health/fs149_medicare.pdf
3. <https://www.kff.org/medicare/issue-brief/a-dozen-facts-about-medicare-advantage-in-2020/>
4. <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>