

Eli's Hospice Insider

Hospice News: Survey Results That Are Now Private May Soon Go Public

Getting your Medicare certification through an accrediting organization (AO) may no longer safeguard your survey results information.

The problem: AOs "currently do not make their survey reports and accompanying [Plans of Correction] publicly available," the **Centers for Medicare & Medicaid Services** notes in the proposed rule for Hospital Inpatient Prospective Payment Systems for 2018. But CMS makes such information for certain providers publicly available.

The solution: "We believe it is important to continue to lead the effort to make information regarding a health care facility's compliance with health and safety requirements found in survey reports publicly available through our various provider and supplier Compare sites, including hospital and home health Compare sites to increase transparency," CMS says in the proposed rule scheduled for publication in the April 28 Federal Register. "It is critical that accrediting organizations with CMS-approved accreditation programs make available publicly all survey reports and acceptable plans of correction on their websites."

Recent survey data "raises serious concerns regarding the AOs' ability to appropriately identify and cite health and safety deficiencies during the survey process," CMS says. "Therefore, we believe that posting AO survey reports and acceptable PoCs would address some of the concerns of reporting hospital information from both CMS and AOs, as well as the disparity between serious deficiency findings, and provide a more comprehensive picture to health care consumers and the public in general."

CoP change: CMS proposes to add a new standard at § 488.5(a)(21) "to require that each national AO applying or reapplying for CMS approval of its Medicare provider or supplier accreditation program provide a statement acknowledging that it agrees to make all Medicare provider or supplier final accreditation survey reports (including statements of deficiency findings) as well as acceptable PoCs publicly available on its website within 90 days after such information is made available to those facilities for the most recent 3 years," CMS says in the rule. "This provision would include all triennial, full, follow-up, focused, and complaint surveys, whether they are performed onsite or offsite."

About 40 percent of hospices, 1,694, received deemed surveys in 2015, CMS reveals in the rule.

See more details at

www.federalregister.gov/documents/2017/04/28/2017-07800/medicareprogram-hospital-inpatient-prospective-payments-systems-for-acute-care-hospitals-and-long.