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Webinar: CMS' Proposed Plans for Implementing Sweeping Survey Reforms and Implications for Hospice Providers
Tuesday, July 13, 2021
Attendee Q & A

Q: I may have missed it at the beginning. But will the slides be available for download following the webinar?

A: Yes. Following is a link to the handout: https://www.nahc.org/wp-content/uploads/2021/07/WebEvent_21-07-13-1300_Handout.pdf

Q: Will the public display of survey findings begin with current surveys performed on/after 10/1/2021 or the most recent survey findings that may have occurred in prior dates?

A: Public display will be applicable to surveys conducted ON OR AFTER October 1, 2022. So, this will be going forward from October 2022.

Q: For smaller agencies we would ask that NAHC not recommend a percentage such as the percentage of live discharges. It skews the data when we have a smaller number of hospice admits.

A: We believe you may be responding to the potential that CMS may use criteria other than survey findings to identify hospices for the Special Focus Program (SFP). We appreciate that input and will keep it in mind as CMS provides additional information about its plans for the SFP.

Q: Is there a plan by CMS to publicly display home health survey results?

A: In recent years as part of a hospital payment rule, CMS announced plans to publicly display survey findings for all provider types and all survey entities (AOs and SAs), but then realized that existing law only permitted them to display AO survey findings for home health agencies. CMS withdrew the proposal and has not since announced plans to publish home health surveys, but we could see such action at some point, particularly if there are indications that there are concerns relative to home health survey performance. But that is not clear at this time.

Q: You made reference to a star rating for hospice. Can you talk more about that -- when will it go into effect and what do we anticipate the star rating will be based on?

A: As part of the FY2022 proposed payment rule for hospices, CMS proposed to introduce Star Ratings for public reporting of CAHPS Hospice Survey results on the Care Compare or successor websites no sooner than FY 2022 utilizing calculations and displaying results similar to other CAHPS Star Ratings programs. This is not new as CMS has indicated it expected CAHPS Star Ratings to be part of the HQRP at some point in the future but had not previously identified a date. Initially Hospice Star Ratings will only reflect Hospice CAHPS results.

Q: Should we consider that they all take the QSEP training for hospice?

A: NAHC advises all hospices to familiarize themselves with any available information that will help provide insight into what surveyors will be focusing on. And, under the new requirements, all surveyors will have to complete the QSEP training.

Q: For those of us who missed our expected survey date due to COVID, when should we expect the return of surveys? Is there is a move to have the surveys done by accreditation bodies, such as TJC? You may cover this in the presentation.

A: Surveys are occurring, but the entity conducting your survey may be behind.

Q: AO's?

A: AO is a reference to hospice accrediting organizations -- CHAP, Joint Commission, and ACHC.

Q: Do you anticipate that CMS will establish scope and severity guidelines to identify the seriousness of a deficiency, similar to what nursing homes have? "Immediate jeopardy" leads me to believe that's what will happen, but I am interested to hear if you think that is what will happen.

A: CMS has not provided any indication as of this time that it intends to implement scope and severity guidelines for hospice deficiencies. The "immediate jeopardy" designation is available for use on hospice surveys now and has been for many years. More information can be found in [Appendix Q](#) of the State Operations Manual.

Q: Has CMS given rationale for modeling the survey reforms to hospice are based upon SNF survey model? The two programs, hospice and SNF, have so many differences. Hospice is more closely aligned to how Home Health provides care than the SNF.

A: The hospice survey reforms are, for the most part, driven by the legislation that Congress enacted, which were drawn from a mix of requirements applicable to SNFs and HHAs. Congress' goal was to better align survey processes for hospices with other provider types, including SNF and HHA. One important new element that Congress included in the legislation was creation of the hospice Special Focus Program (SFP). CMS is using the SNF Special Focus Facility program as the basis for the hospice SFP because there is no HHA SFP. It should be noted that NAHC and other hospice stakeholders advocated against creation of the SFP, but Congress enacted the SFP due to concerns about problem hospice providers that were identified by the OIG.