

When CMS Arrives on Your Doorstep





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What You Need to Know

- Understanding of requirements
 - Compliance with the Conditions of Participation (CoPs) (Federal Register)
 - Participation in Medicare/Medicaid programs
 - Certification
 - Basic requirements for patient care and safety
- Interpretative Guidelines
 - Simplifies Federal Register
 - Know what surveyor will look for

What You Need to Know

- Core compliance
 - Must meet the CoPs at their basic level
 - Familiarize key staff with CoPs
 - Demonstrated compliance
 - Track record (history)
 - Policies versus practices

What You Need to Do

- Ongoing preparedness
 - Building compliance into everyday processes
 - Design process to match what you do
 - Create natural processes
 - Keep the new clinician in mind
 - Do NOT design process to meet condition
 - But keep condition in cross hairs

Relationship Between CMS, State Department of Health and NM Hospitals

- Authority
 - State
 - Federal

Deemed Status?

- The Joint Commission
- American Osteopathic Association
- Det Norske Veritas (DNV)

Validation Surveys

- For Cause
- Sample
- Monitoring Status
 - What is it?
 - What causes it?

The clock is ticking...



- Immediate jeopardy (IJ) violations require a 23-day termination track.
- Non-immediate jeopardy violations require a 90-day termination track
 - RO notifies provider of proposed termination action and requests acceptable plan of correction.
 - The notice also contains a statement that removes the “deemed status” of the provider/supplier and places it under SA jurisdiction.
 - When the RO receives an acceptable plan of correction, it directs the SA to conduct a full survey of all Medicare conditions before the scheduled termination date.

Most Frequently Cited

- QA/PI
- Patient Rights
- Medical Staff
- Governing Body
- Pharmacy
- Anesthesia Services
- Nursing Services
- EMTALA

EMTALA*

*Emergency Medical Treatment and Active Labor Act passed by Congress in 1986—commonly called “Patient Anti-Dumping Law.”

- Enforcement is a complaint driven process
- Requires immediate notification to CMS Regional Office
- Hospital is **REQUIRED** to report (within 72 hrs) when it suspects it may have received an improperly transferred individual



PROBLEM AREAS:

Screening, stabilizing, treatment

*Regional FY 06 EMTALA
Complaint Volume*

RO 1 - 11
RO 2 - 13
RO 3 - 34
RO 4 - 329
RO 5 - 64
RO 7 - 64
RO 8 - 52
RO 9 - 24
RO 10 - 22

RO 6 - 131
**(Arkansas,
Louisiana, *New*
Mexico,
Oklahoma, Texas)**

National Total: 744



New Mexico
Hospital Association

FINDINGS

- **Deficiency** constitutes immediate jeopardy to patient health and safety
 - Example: stabilizing treatment not provided when required; failure of on-call physician to respond appropriately, improper transfer; or evidence of denial of medical screening examinations and/or treatment to persons with emergency medical conditions as a direct result of requesting payment information before assessment of the individual's medical condition.
 - **OR**
- **Deficiency** constitutes noncompliance, usually not immediate jeopardy
 - Example: a transfer which was appropriate, but physician certification was not signed/dated by physician; appropriate, functioning central log that on one particular day not fully completed; written hospital policy is missing, but being implemented.



COST TO YOUR ORGANIZATION

- Hospital may be fined up to \$50,000 for each violation
- There can be more than one violation in a complaint.
- Complying with an investigation can cost anywhere between \$100,000 and \$200,000
- Although CMS has terminated only four hospitals from the Medicare program because of EMTALA violations (two of which were eventually reinstated),
 - OIG has imposed fines totaling more than \$5.6 million on 194 hospitals and 19 physicians



QA/PI

- General requirements
 - Structure & Accountability
 - Functions
 - Include all patient care & service areas
 - Medical Staff
 - Ancillary
 - Inpatient *and* outpatient
 - Don't forget the environment of care

QA/PI

- Includes review, analysis and improvement of:
 - Healthcare outcomes
 - Medical healthcare error reduction
 - Quality Indicators
 - Patient safety
- Must:
 - Prioritize
 - Improve
 - Follow-up
 - Sustain

QA/PI

Must haves” to comply:

- Structured program
- Reporting and documentation
- Governance, leadership, medical staff involvement
- Evidence of process effectiveness
- Evaluation (usually ongoing but annually for overview of program effectiveness)



Questions?