The New CMS Survey Process: Lessons Learned From Experience

Silvia Boswell, MSW, NHA
Executive Director of LIFE and Assistant Vice President
NewCourtland Senior Services

Terry Paylor, RN
Interim Director of Quality and Clinical Practice
NewCourtland LIFE
Session Objectives

- Understand the new CMS survey requirements, language, and processes and their implications for the PACE program operations

- Understand how to implement procedures now to ease survey preparation and improve survey outcomes

- Learn from other PACE program’s experiences to date with the new survey process
Summary of Survey Changes

- PACE Audit Guidelines-Version 6 will not be used in the on-site survey.

- New process for submitting information prior, during, and after the entire survey process must be uploaded to HPMS.

- All questions/answers to CMS are required to be communicated in writing via uploading to HPMS.
Summary of Survey Changes

- CMS does not communicate without having a documentation request log submitted to HPMS.
- Conditions of non-compliance will be finalized after the surveyors return to their office.
- CMS will not inform you of whether a CAP is required until a final report is done.
- The exit will consist of preliminary results.
<table>
<thead>
<tr>
<th>Item #</th>
<th>Case Reference (Sample Number)</th>
<th>Item Description (Document, Question, etc.)</th>
<th>Date Requested</th>
<th>Requested By (CMS/SAA Staff Only)</th>
<th>Request Disposition (Circle One)</th>
<th>Upload to HPMS (Circle One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>CW SD-60</td>
<td>Documentation of face-to-face notes on 3.13.6.0 requested an inpatient consult card. Documentation of verbal notes</td>
<td>2/19/2023</td>
<td>Annexation in Minifile</td>
<td>Received Not Available</td>
<td>Yes (C)</td>
</tr>
<tr>
<td>12</td>
<td>AP SD-7</td>
<td>Documentation of an assessment being completed. Documentation of verbal notes</td>
<td>2/19/2023</td>
<td>Annexation in Minifile</td>
<td>Received Not Available</td>
<td>Yes (C)</td>
</tr>
<tr>
<td>13</td>
<td>AP SD-9</td>
<td>Documentation of face-to-face notes on 3.13.6.0 states denial letter is dated 11/11/2016 - what information was used to deny?</td>
<td>2/19/2023</td>
<td>Annexation in Minifile</td>
<td>Received Not Available</td>
<td>Yes (C)</td>
</tr>
<tr>
<td>14</td>
<td>AP SD-9</td>
<td>Notes on 11/11/2016 state denial letter states denial will be reinstated unless vendor provided what was accompanied. Please review.</td>
<td>2/19/2023</td>
<td>Annexation in Minifile</td>
<td>Received Not Available</td>
<td>Yes (C)</td>
</tr>
<tr>
<td>15</td>
<td>MM SD-10</td>
<td>Documentation of face-to-face notes on 3.13.6.0 requested an inpatient consult card. Documentation of verbal notes</td>
<td>2/19/2023</td>
<td>Annexation in Minifile</td>
<td>Received Not Available</td>
<td>Yes (C)</td>
</tr>
</tbody>
</table>
Summary of Survey Changes

Five audit elements for review:

- Personnel Records
- Service Delivery Requests
- Appeals and Grievances
- Clinical Appropriateness and Care Planning (Care planning, participant assessments, IDT requirements)
- Quality assessment and an onsite review
Summary of Survey Changes

- Review period for the audit is 1 year preceding the date of the notification letter.

- Areas that surveyors did not review: environment, contracts, transportation, kitchen, and Part D.

- While the above areas were not reviewed by CMS, please acknowledged your staff for the great job that they do.
Summary of Survey Changes

Point System to assign an audit score

- Observation (0) points
- Corrective Action Required (1) point
- Immediate Corrective Action Required (2) points
- A calculation will be completed to determine our overall PACE audit score
Summary of Survey Changes

- 9 Surveyors for 5 Days
- Half of the surveyors were present to learn the new CMS process
Pre-Survey Information Disclosure

- Conference Call - upon receipt of “engagement letter”

- Preparing the Universes
  - Understanding what CMS is requesting
  - Understanding how to pull the information from your system
  - Understanding how to accomplish this moving forward

- Uploading all data elements
  - Understand how much work is involved to ensure you have enough staff to manage
Pre-Survey Response to Universe and Documentation Requests

- The PO is expected to provide accurate and timely universe and documentation submissions within 30 calendar days of the engagement letter date. CMS may request a revised universe if data issues are identified.
Lessons Learned for Preparation

- NPA Task Force
  - Created Universe Spreadsheets to assist all PACE Programs
  - Implementation NOW, if you haven’t already
    - Create or use the NPA Spreadsheets
    - Track appropriately moving forward - less time for preparing
<table>
<thead>
<tr>
<th>Column ID</th>
<th>Field Name</th>
<th>Field Type</th>
<th>Field Length</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Participant First Name</td>
<td>CHAR Always Required</td>
<td>50</td>
<td>First name of the participant.</td>
</tr>
<tr>
<td>B</td>
<td>Participant Last Name</td>
<td>CHAR Always Required</td>
<td>50</td>
<td>Last name of the participant.</td>
</tr>
<tr>
<td>C</td>
<td>Participant ID</td>
<td>CHAR Always Required</td>
<td>25</td>
<td>The identification number the PO uses to identify the participant.</td>
</tr>
<tr>
<td>D</td>
<td>Person who submitted the Service Request</td>
<td>CHAR Always Required</td>
<td>30</td>
<td>Provide the person who submitted the service request. Valid fields include: participant, caregiver, IDT, other.</td>
</tr>
<tr>
<td>E</td>
<td>Date Service Delivery Request Received</td>
<td>CHAR Always Required</td>
<td>10</td>
<td>Date the service delivery request was received by the interdisciplinary team (IDT). Submit in CCYY/MM/DD format (e.g., 2017/01/01).</td>
</tr>
<tr>
<td>F</td>
<td>Category of the Request</td>
<td>CHAR Always Required</td>
<td>50</td>
<td>Provide the category or type of service delivery request. Examples include: Center days, eye wear, dental, home care, etc.</td>
</tr>
<tr>
<td>G</td>
<td>Description of the Request</td>
<td>CHAR Always Required</td>
<td>1000</td>
<td>Provide a description of the issue and, for denials, an explanation of why the decision was denied.</td>
</tr>
<tr>
<td>H</td>
<td>Date(s) assessment(s) performed</td>
<td>CHAR Always Required</td>
<td>80</td>
<td>Provide the date(s) that the assessment(s) was performed by the appropriate personnel or disciplines (IDT members) for the service request. If more than one date, enter all dates separated by a comma. Submit in CCYY/MM/DD format (e.g., 2017/01/01). Enter NA if an assessment was not conducted.</td>
</tr>
<tr>
<td>Column ID</td>
<td>Field Name</td>
<td>Field Type</td>
<td>Field Length</td>
<td>Description</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------------------</td>
<td>--------------------</td>
<td>--------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>I</td>
<td>Discipline(s) performing assessment(s)</td>
<td>CHAR Always Required</td>
<td>100</td>
<td>Provide the disciplines of the personnel involved in performing any of the assessments for this service request. If more than one discipline, include all applicable separated by commas. Enter NA if an assessment was not conducted.</td>
</tr>
<tr>
<td>J</td>
<td>Assessment(s) In Person</td>
<td>CHAR Always Required</td>
<td>2</td>
<td>Yes (Y)/No (N) indicator on whether all the assessments were done in person. Enter NA if an assessment was not conducted.</td>
</tr>
<tr>
<td>K</td>
<td>Request Disposition</td>
<td>CHAR Always Required</td>
<td>16</td>
<td>Provide the request disposition for the service delivery request. Valid fields include: Approved, Denied or Partially Denied.</td>
</tr>
<tr>
<td>L</td>
<td>Extension</td>
<td>CHAR Always Required</td>
<td>1</td>
<td>Yes (Y)/No (N) indicator on whether an extension was taken.</td>
</tr>
<tr>
<td>M</td>
<td>Date of Oral Notification</td>
<td>CHAR Always Required</td>
<td>16</td>
<td>Date the PO provided oral notification of the decision to the participant or caregiver. Submit in CCYY/MM/DD format (e.g. 2017/01/01). Enter NA if no oral notification was provided.</td>
</tr>
<tr>
<td>N</td>
<td>Date of Written Notification</td>
<td>CHAR Always Required</td>
<td>10</td>
<td>Date the PO provided written notification of the decision to the participant or caregiver. Submit in CCYY/MM/DD format (e.g. 2017/01/01). Enter NA if no written notification was provided.</td>
</tr>
<tr>
<td>O</td>
<td>Date service provided</td>
<td>CHAR Always Required</td>
<td>10</td>
<td>Date the approved service was provided to the participant. Submit in CCYY/MM/DD format (e.g. 2017/01/01). Enter NA if the request was denied.</td>
</tr>
</tbody>
</table>
Responding to Documentation Requests

CMS provides a specific naming convention, specific formatting for the universes and specific timeframes for uploading these documents.

More than one person having HPMS capabilities of uploading documents for survey.

Having leadership available to write up necessary reports during and after survey, i.e. RCA and impact analysis.
Pre-Survey Disclosed Issues of Non-Compliance

- CMS allows sites to provide a list of all disclosed issues of non-compliance that are relevant to the elements being audited and may be detected during the audit.

- A disclosed issue is one that has been reported to CMS prior to the receipt of the audit start notice (which is also known as the “engagement letter”).

- NewCourtland was told that we could not disclose identified areas of non-compliance unless they were addressed at our quarterly calls.
### Data Universes

<table>
<thead>
<tr>
<th>Universe Name</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Delivery, Appeals, and Grievance Request</td>
<td>(SDAG)</td>
</tr>
<tr>
<td>List of Personnel</td>
<td>(LOP)</td>
</tr>
<tr>
<td>List of Participant Medical Records</td>
<td>(LOPMR)</td>
</tr>
<tr>
<td>Quality Assessment Initiatives Records</td>
<td>(QAIR)</td>
</tr>
<tr>
<td>On-Call Universe</td>
<td>(OCU)</td>
</tr>
</tbody>
</table>
Service Delivery Requests, Appeals and Grievances (SDAG)

Select Sample Cases:

In sampling, CMS will select:
- 30 significant cases
- Sample set is representative of SDAGs
- Use the On-Call Universe and the List of Participant Medical Records to target samples for review.

Break Down of Cases:

The sample set will be selected from the universe categories as follows:
- 10 service delivery request denials
- 5 service delivery request approvals
- 5 appeal request denials
- 10 grievances
Service Delivery Requests, Appeals and Grievances (SDAG)

Select Sample Cases:

Staff identified problems while gathering data
• Recommendation: change your logs now to reflect the information needed for your on-site survey

Break Down of Cases

• Our log for service delivery did not capture all information requested
• We searched the medical record to fill in the blanks
• Some answers could not be found
LOPMR Leading to Tracers

**All documentation related to participant assessments**

- Initial comprehensive assessment conducted
- All annual, semi-annual, and ad-hoc assessments
- IDT responsible for conducting assessments
- Documentation related to outcome of assessments, changes in care plans, or any other related resolution
- Documentation that assessments were done in person

**All documentation related to the participant’s care plan:**

- When and how the care plan was developed
- All changes made to the care plan at any point,
- Progress notes, treatments, evaluations, of the care plan
- IDT recommendations and notes related to the care plan
- Assessments that were used in constructing or revising the care plan
- Documentation that the participant was appropriately involved in making the care
Review Sample Case Documentation

- One medical record out of ten was missing one assessment.
  - Lead to RCA during survey.
  - 24 hours to complete RCA
Personnel Records

Documentation in the personnel file of all required trainings given to employees

Documentation of any competencies given

Documentation of any and all background checks conducted

Employee health records, including: Immunizations (either provided or offered), Any physicals administered

Documentation of Licensure required for the position
Review Sample Case Documentation and Observations: Onsite Overview

01 A private area (can be the clinic) to view a willing participant receiving care

02 A home visit of a willing participant

03 A visit to an outside facility (such as a SNF), if applicable

04 At least one transportation vehicle used to transport participants to and from the center

05 Any emergency equipment the center has available

06 An IDT meeting for CMS observation
Quality Assessment

- Overview of the quality initiative, identified issue, or concern
- Detailed explanation of the quality initiative(s), issue(s) (e.g., what the PO found, when the PO first learned about the issue, the root cause, and who or which personnel were involved.)
- Root cause analysis that determined what caused or allowed the issue, problem, or deficiency to occur, if applicable
- Specific actions taken in response to the detected issue(s), if applicable
- Documentation of communication to staff regarding the issue
- Processes and procedures revised in response to becoming aware of the issue(s), if applicable
- Any internal monitoring that was implemented as a result of corrective actions being taken, if applicable
- Timeframes related to the quality initiatives or issues, root cause analyses, or corrective actions
- Staff members and contractors involved in the QAPI activities
Quality Assessment: CMS will select two tracers

A “tracer” is a quality initiative, participant outcome, issue, event, trend, etc. that is used to assess compliance with different aspects of the quality program.

Our tracers were falls and antipsychotics.
NewCourtland’s Quality Initiatives Con’t

- Falls prevention
- Timely resolution of grievances
- RN on-boarding
- Reduce hospital admissions and emergency room usage for pneumonia, CHF and dehydration
- Reduce avoidable 30-day readmissions
- Provide end of life care in respite
- Flu Prevention Campaign
- Improve care plan process
- Improve efficiency of morning meeting process
NewCourtland’s Quality Initiatives

- Use of alternative care settings (ACS)
- Monitor participant skin changes
- Monthly review of behavioral health (BH) medication utilization
- Participant and caregiver satisfaction
- Nursing home utilization
- Monitor home care hours PMPM both in the community and by the hour on NC campuses
- Reduction in the number of participants who are picked up late from appointments
- Development of the Enhanced Food Service Committee to explore new food options for LIFE participants
- Staff education rate
- Decrease the incidence of elopements
While on Site

01
Have space available for surveyors

02
Have computers and/or paper documentation available (IT on site)

03
Space for staff, fully ventilated, and have staff take breaks
LEAVE THE AREA

04
Have more than one person to upload to HPMS
The PACE organization (PO) is expected to present any supporting documentation requested during the audit and upload the supporting documentation, as requested, to the secure site using the designated naming convention and within the timeframe specified by the CMS Audit Team.

We only had one person who was trained to do this, and we highly suggest more.
Take-a-Way Tips

• Be prepared
  • Anticipate the needs
  • Have a plan A, B and C
  • Identify your concerns based on preparation for survey and have the right people to present
  • You don’t have to be a star, but you will be today!!!
  • Prepare for the unexpected
  • Duration of survey is subject to change
  • Anticipated items may not be looked at
  • Continue to massage your staff
NewCourtland’s Findings

<table>
<thead>
<tr>
<th>Category</th>
<th># of Observations</th>
<th># of Corrective Action Required (CAR)</th>
<th># of Immediate Corrective Action Required (ICAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriateness and Care Planning</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Personnel Records</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Onsite Review Clinical</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Quality Assessment</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Service Delivery Requests, Appeals and Grievances (SDAG)</td>
<td>5</td>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>
NewCourtland’s Findings:
Score 2.2

Observations: Service Delivery Requests, Appeals and Grievances (SDAG)
- Appeal was not completed within 30 days of receipt of appeal request. Participant was in the hospital and decision was delayed until assessments were complete.
- Service Delivery Request extension was not documented as to how it benefitted the participant to extend the response beyond 72 hours.
- Service Delivery Request did not have evidence that the service was provided as expeditiously as it was needed.
- Misclassified a service delivery request as a grievance.
- Service Delivery request did not have written notification because it was not recognized as a denial.

Observation: Appropriateness and Care Planning
- Home Care Annual Assessment was not conducted.
New Courtland’s Findings and Corrective Action Report

Grievance:

- PO failed to properly resolve all issues in participants' grievance
  - Change of Process
  - Assignment of final reviewer
  - Audits, Audits, Audits
NewCourtland’s Findings

Service Delivery Requests

- PO did not conduct in-person assessments and/or reassessments as often as required.

- PO failed to notify participants or their representatives of its decision to approve or deny a request for reassessment within 72 hours from the date of receipt of a request by the IDT, or within 8 days if an extension was taken.

- PO did not automatically process an appeal following an untimely decision for a service.
NewCourtland’s Corrective Action Report

Service Delivery Requests

• Process updated

• All staff were educated

• Assignment of Quality Department to Monitor

• Audits, Audits, Audits
NewCourtland’s Findings

Appeals

- PO failed to provide participants a reasonable opportunity to present evidence during their appeal.

- PO failed to ensure appeals were reviewed by an appropriately credentialed and impartial third party.

- PO failed to appropriately notify CMS, the SAA, and/or the participant of adverse appeal decisions

- PO failed to notify participants of the expedited appeal decision within 72 hours from receipt or within 17 days if an extension was taken.
NewCourtland’s Corrective Action Report

Appeals

• Process updated

• All staff were educated

• Assignment of the Quality Department to Monitor/Process

• Audits, Audits, Audits
References

- Lisa J. Santilli, Director of Compliance
  - lsantilli@newcourtland.org
- CMS Guidelines
- NPA Task Force (Universe Set-up)