
Hospice Providers Survey Process

Survey protocols and Interpretive Guidelines were established by the Centers for Medicare and Medicaid Services (CMS) to provide guidance to personnel conducting surveys. They serve to clarify, and/or explain, the intent of the federal regulations. All surveyors are required to use this protocol in assessing compliance with requirements.

The Hospice provider survey protocols and federal regulation set are contained within 42 Code of Federal Regulations (CFR) 418, [Appendix M](#) of the CMS State Operations Manual (SOM). The regulatory requirements are made up of 21 Conditions of Participation (CoPs) and each of these Conditions is made up of standards. The Hospice provider must be in compliance with all requirements at all times. Below is a brief description of the Hospice provider survey. Please refer to Appendix M for specific information regarding the Hospice provider survey process.

Initial Surveys

Initial surveys are conducted in order for a Hospice provider to achieve Medicare Certification. Initial surveys may be conducted by the State Agency (SA) or an [Accrediting Organization \(AO\)](#), dependent on whether or not the Hospice is seeking deemed status.

Initial Surveys for Hospice Providers Not Seeking Deemed Status

At this time the SA is not performing initial surveys. Please refer to CMS letter, S&C 08-03 [Initial Surveys for New Medicare Providers](#), November 5, 2007, for additional information.

Initial Surveys for Hospice Providers Seeking Deemed Status

A Hospice provider has the option of achieving Medicare certification of the Hospice, through an accrediting organization (AO), by requesting a *deemed status* survey. If a Hospice provider successfully completes a deemed accreditation survey, the Hospice is deemed by CMS to meet all Condition for Participation for Hospice providers. Please refer to CMS letter, S&C 08-03 [Initial Surveys for New Medicare Providers](#), November 5, 2007, for additional information.

Recertification Surveys

CMS directs the frequency and priority status of Hospice provider recertification surveys. CMS established priorities and frequencies for the current FFY are as follows:

- Priority One: Validation Surveys - the State surveys deemed providers as assigned by CMS.
- Priority Two: 5% targeted sample. Each year, the State surveys 5% of the non-deemed hospices in the state.
- Priority Three: 6.5 year interval. Additional surveys are done (beyond Priority Two surveys) to ensure that no more than 6.5 years elapse between surveys for any one particular Hospice provider.
- Priority Four: 6.0 year average. Additional surveys are done (beyond Priority Two and Priority Three surveys) such that all providers in the state are surveyed on average, every 6.0 years. Initial surveys are also priority four.

Follow-up Surveys

The purpose of the follow-up survey is to determine that systemic corrective action have been implemented for the deficiencies cited during the previous survey. A follow-up survey may be conducted at the facility or by phone/mail. An unannounced revisit is mandated when deficiencies are cited at the Condition of Participation level; but may be optional when cited at the standard level.

Complaint Surveys

Anyone may file allegations of provider non-compliance with regulatory requirements. The state agency is required to investigate all such allegations. When a complaint which alleges regulatory non-compliance is received, an unannounced complaint survey is conducted which focuses

on the allegations of the complaint. Please refer to [Chapter 5](#) of the SOM for more specific information regarding the complaint survey process.