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Navigating a CMS Termination & Tips for Resolving Threats to Certification

START



HOSPITAL RECEIVES STATEMENT **OF DEFICIENCIES** [CMS Form 2567]



GET YOUR PLAN OF CORRECTION (POC) RIGHT

Don't make promises you can't keep. Don't fix things that aren't broken. Learn how to get your POC accepted without giving away the farm.



SEEK EXTERNAL EXPERTISE

When you receive a notice of deficiencies with the CMS Conditions of Participation/Coverage/Requirements, commonly called a "CMS-2567," you are at risk of losing your Medicare certification.

IMMEDIATE JEOPARDY



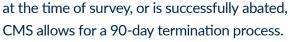
If CMS determines that an organization's deficient practice (non-compliance) poses a significant threat of harm to patients, then the hospital will have to implement an immediate plan for abatement to protect patients.



MEDICARE CERTIFICATION (X) **TERMINATED**

If the hospital can't resolve immediate jeopardy within 23 days, then its Medicare certification is terminated.

IF IMMEDIATE JEOPARDY ISN'T FOUND





BE AWARE OF CRITICAL DATES

Successfully abating immediate jeopardy doesn't mean you're in the clear. The rest of the process has many twists and turns. Seek expert counsel early to help you navigate this very risky process, meet critical deadlines, and avoid common pitfalls and traps.



TERMINATION PROCESS BEGINS

when CMS issues an enforcement letter that outlines which Conditions of Participation (COPs/COCs) are out of compliance and sets a date for the Medicare termination, 90 days from the date of the letter.



DON'T OVERCOMMIT

While it must meet all required elements, a POC must not commit to actions that are not required or cannot be implemented for the long term. Don't overcommit only to underperform.



PLAN OF CORRECTION

The hospital is given the opportunity to submit a POC (sometimes referred to as an allegation of compliance) that identifies the steps it will take to resolve the issues cited. The hospital has 10 days from date of the enforcement letter to submit a POC. The POC must outline specific actions, accountabilities, compliancemonitoring activities, and time frames. Corrective actions should be in place 4 to 6 weeks before the termination date so CMS can resurvey and verify compliance.



TIP #5

UNDERSTAND THE REAL REASON FOR NON-COMPLIANCE

There will likely be many "small" deficient findings in the CMS-2567; however, it is essential to understand what is driving the non-compliance, and you must include correction of the core cause in the POC. An example might be multiple, somewhat different findings related to behavioral health patient protection in the Emergency Department. The real cause may be failure to identify highly vulnerable patients during suicidal screenings and assessments.



TIP #6

TACKLE THE BIG ISSUES

Focus on sustainable, practical actions that effectively address the issues that led to the condition-level finding(s).



POC COMPLETION The POC must be complete 45 days

before the termination date to ensure CMS has enough time to schedule follow-up surveys and issue a decision on termination. After receiving and accepting the hospital's POC and resurveying to evaluate compliance, CMS may...





Simplify processes to make compliance easier for frontline personnel, and reinforce improvements through real-time, supportive monitoring and interactions.







Find the hospital in compliance, clear the termination, and (for accredited hospitals/healthcare entities) reinstate deemed status.

Find that the hospital remains out of compliance but set a new termination date to give the hospital a second opportunity

to come into compliance.

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Find that the hospital remains out of compliance and proceed to termination, effective on the date in the original letter.



SIMPLIFY & COMPLY

Have an "evidence book" with documentation of actions promised (with evidence of successful completion) in the POC at your fingertips before and during the follow-up survey.



PUBLICATION OF TERMINATION



DON'T GO IT ALONE

