



Center for Clinical Standards and Quality/Survey & Certification Group

Admin Info: 14-33-Deemed Providers/Suppliers

DATE: August 22, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Validation Survey Attestation Procedures: FY 2014 Reporting and Supplemental Budget Allocations for Hospital, Psychiatric Hospital, Home Health Agency (HHA), Hospice and Ambulatory Surgical Center (ASC) Supplemental Validation Surveys

Memorandum Summary

- **Validation Survey Attestation Process:** The Centers for Medicare & Medicaid Services (CMS) will employ an attestation process to ensure that State Survey Agencies (SAs) are paid for hospital, HHA, hospice and ASC supplemental validation surveys conducted in FY 2014.
- **Timeframes for Attestation:** State Survey Agencies must submit an attestation to their CMS Regional Office (RO) **no later than September 5, 2014** indicating, for each provider/supplier type, the number of supplemental validation surveys assigned through August 5, 2014 that have not yet been reported to CMS as completed, but for which the SA guarantees that it has already or will complete the on-site portion of the survey on or before September 30, 2014. Other standard validation survey requirements must also be met.

Timely completion of all assigned deemed status provider/supplier validation surveys, whether they are funded through SA base budgets or supplemental payments, is essential to CMS' oversight of national accrediting organizations. As of July 21, 2014, the RO monthly validation report indicates that a significant number of the assigned supplemental validation surveys remain to be completed by the SAs:

Program Type	Supplemental Validation Surveys Assigned	Supplemental Validation Surveys Reported as Complete	Outstanding Supplemental Surveys
Hospitals	35	31	4
Psych Hospitals	13	8	5
HHAs	47	32	15
Hospice	17	16	1
ASCs	56	34	22

The CMS generally pays SAs for supplemental validation surveys only after evidence of completion of the survey. However, due to end of the fiscal year timing constraints and in

order to ensure that SAs actually receive all supplemental payments they are entitled to, CMS is, as in prior years, using an attestation process as the basis for the final FY 2014 supplemental payments. *The attestation is required only for those supplemental validation surveys that have not been reported as complete as of the July 21, 2013 RO validation report.*

SA Attestation

CMS will pay SA's for FY 2014 supplemental validation surveys assigned, but not yet completed as long as:

1. The SA submits an attestation (see attached) that it will complete the on-site portion of the supplemental validation survey no later than 60-days after the AO survey end date, which in all cases must be prior to September 30, 2013.
2. The SA attests that it will complete for each supplemental validation survey the CMS-2567 in ASPEN Central Office (CO) for RO review and subsequent timely upload, but no later than November 30, 2014.
3. The SA attestation must list the facility name, CCN, provider type, scheduled SA survey date, and a statement that all conditions outlined above will be met by the SA, as appropriate.
4. The SA attestation must be completed in its entirety, signed and forwarded electronically to the RO **no later than September 5, 2014**

RO Role

ROs must:

Notify affected SAs of their need to submit a completed attestation to the RO no later than September 6th. CO will provide each RO with a list of affected SAs, including the assigned validation surveys not reported as completed or which were assigned on August 5th.

- Review the submitted SA attestations for accuracy and completeness;
- Initial the attestation form and forward an electronic copy to Sherri Morgan-Johnson at Sherri.Morgan-Johnson@cms.hhs.gov **no later than September 19, 2014**;
- Log the SA reported planned dates for the SA supplemental surveys on the monthly RO Validation Survey Activity reports. All supplemental validation samples selected in FY 2014 must be included if not previously reported as complete on the RO monthly Validation Survey Activity report; and
- Monitor that these surveys and all associated required actions are completed timely.

As a reminder, CMS CO releases the monthly validation sample selections by the 5th of each month to the ROs. All validation surveys must be authorized by the RO on the appropriate Form CMS-2802 immediately upon receipt from CO of the monthly validation sample selection.

All validation survey activity for hospitals, critical access hospitals, HHAs, and ASCs must continue to be reported by the ROs on the monthly Validation Survey Activity report that is due

to CO by the **21st of each month**. This report is the primary method used by CO for monitoring the progress of the validation survey program. As part of this report, the RO must include the date of ASPEN entry of the validation survey outcome. This date should be entered as soon as the RO issues the notice to the facility of the validation survey findings. The survey is not considered final until the ASPEN upload is completed.

A copy of all validation survey Form CMS 2567s and associated letters sent to the provider or supplier by the RO must also be forwarded by the RO promptly to CO, to enable analysis and comparison of the results with the AO surveys. Please send documents to CO via email at SCGAccreditationCO@cms.hhs.gov. Please include "Validation Survey Analysis" in the subject line for all email correspondence.

If you have any questions concerning the contents of this memo, please contact Sherri Morgan-Johnson at Sherri.Morgan-Johnson@cms.hhs.gov.

/s/

Thomas E. Hamilton

Attachment: State Survey Agency Attestation

cc: Survey and Certification Regional Office Management