

### Major Survey & Certification Functions

Major Function	Focus	Frequency – CMS Policy
1 Comprehensive (“Standard”) Surveys	Survey all the major requirements for quality that are specified in regulation.	Nursing Homes – average every year Home Health Agencies and Hospices– every 3 years, every provider Hospitals – every 3 years, on average IFC/IID – average every year Others – 3-6 year averages, depending on provider type.
2 Complaint Investigations	Investigate complaints & providers’ compliance with CMS requirements.	Frequency varies by provider type. In FY2016 approximately 56,522 nursing home and 3,420 hospital/CAH complaints were investigated.
3 Minimum Data Set (MDS) (Nursing Homes)	Monitor assessments that nursing homes are required to conduct for every nursing home resident and educating providers. Investigate problems in the MDS coding by NHs during surveys.	
4 Outcome & Assessment Information Set (OASIS)	CMS uses OASIS assessment data to inform oversight of home health agencies.	
5 Validation of State Surveys	CMS conducts validation surveys to verify the accuracy of State surveys. Two main types of validation surveys are done: (a) comparative surveys, in which a CMS team or contractor conducts an independent survey within 60 days of the State survey (to compare results) and (b) observational surveys, in which a CMS team or contractor accompanies the State team to observe the process of the State team. Sample size varies with provider type..	
6 Validation of Accrediting Organization (AO) Surveys	Two main types of validation surveys of AOs are done: (a) Representative Sample Validation surveys, in which the SA conducts a survey within 60 days of the AO survey and, less frequently (b) “mid-cycle” or Substantial Allegation complaint validation surveys that are not tied to the timing of an AO survey but are designed to assess the extent of accredited provider/supplier compliance, for particular purposes, usually in comparison to non-accredited providers/suppliers. Sample size varies according to the budget, and provider/supplier type. CMS must report annually to Congress on the performance of all CMS-approved national accreditation programs in assuring the compliance with Medicare health and safety standards of accredited, deemed providers/suppliers. In addition, complaint surveys are conducted in response to substantial allegations of non-compliance in accredited, deemed facilities.	
7 Accrediting Organization Approvals & Oversight	CMS reviews the applications of national accrediting organizations (AOs) for initial approval as well as renewal of Medicare-approved accreditation programs under which providers/suppliers may be “deemed” by CMS to meet required health and safety standards. The statute requires that the AO standards meet or exceed those of Medicare and that the AO requirements for accreditation, survey procedures, ability to provide adequate resources for conducting required surveys and supplying information for use in enforcement activities, monitoring procedures for provider entities found out of compliance with the conditions or requirements, and ability to provide CMS with necessary data for validation be comparable to those of Medicare. Representative Sample and Substantial Allegation Validation surveys represent an important aspect of CMS’ on-going AO oversight once CMS-approval has been granted.	
8 Public Information	CMS and States provide high quality content on public websites regarding a variety of provider types. CMS’ <i>Five-Star Quality Rating System</i> offers consumers easy-to-understand information about the quality of care in the nation’s nursing homes, on the CMS <i>Nursing Home Compare</i> website. The website offers key information about quality measures, staffing and survey results. As a service to the public, the website improves the ability of consumers to make informed decisions and to ask pertinent questions of providers. As a tool for quality, the website provides incentives for nursing homes to improve their quality. CMS also publishes nursing home survey reports (Form 2567s) in a searchable database available to the public via the internet, as well as hospital complaint investigation surveys.	