

CMS Issues Hospice Survey Guidance to Identify Quality of Care and Potential Fraud Concerns

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On November 13, CMS issued a memo titled “[Ensuring Consistency in the Hospice Survey Process](#),” which reinforces hospice survey protocols to detect quality of care issues and identify potential fraud. While the primary purpose of the Medicare hospice survey is to determine compliance with the Medicare Hospice Conditions of Participation (CoPs), CMS highlights several elements of the survey process in the memo that can uncover concerns that may necessitate a referral to CMS for potential fraud.

The memo emphasizes consistent surveyor training, detailed patient and caregiver interviews, and comprehensive reviews of interdisciplinary care, including an emphasis on hospices’ ability to provide all four levels of care—aiming to ensure all hospices meet Medicare program requirements. Key takeaways include heightened scrutiny on compliance, administrative oversight, the need to maintain robust documentation, and awareness of CMS’s expanded enforcement actions, which may include civil money penalties, suspension of payment for new admissions, training, and temporary management to correct deficiencies and protect patient care quality.

Hospice providers can review the current Medicare hospice survey process as well as the conditions of participation and interpretive guidelines surveyors utilize in [Appendix M](#) of the CMS State Operations Manual. Hospices are also able to view the CMS surveyor trainings [here](#).

The Alliance takes this opportunity to remind hospices that there is an [Informal Dispute Resolution \(IDR\) process](#) available for hospices to dispute condition-level deficiencies cited during a survey that a hospice believes should not be cited. And that instructions to surveyors on the use of enforcement remedies is also available [here](#).