

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1301 Young Street, Room 833  
Dallas, Texas 75202



**Division of Survey and Certification, Region VI**

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April 10, 2007

Mr. Henry F. Hartsell, Jr. Ph.D  
Deputy Commissioner  
Oklahoma Department of Health –Protective Health Services  
1000 NE 10<sup>th</sup> Street  
Oklahoma City, Oklahoma 73117-1299

Dear Dr. Hartsell:

This letter confirms our conversations about prioritization of initial Medicare certification surveys based on instructions in the fiscal year (FY) 2007 Centers for Medicare & Medicaid Services (CMS) Survey and Certification Mission and Priority Document (M+P). The M+P document includes a description of the four tier system (Tier I – Tier IV) CMS utilizes to define the frequency and priority for surveying all provider types within a fiscal year. The four tiers are listed in order of priority, with Tier I being those surveys that are statutorily mandated.

Tier I surveys specifically deal with the amount of months that should lapse between surveys for nursing home, home health agency and ICF/MR providers. Tier I also includes validation surveys performed for at least 1% of the state's accredited hospitals and the Nursing Home Oversight & Improvement Program (NHOIP). Tier II includes all complaint investigations and the surveying of a 10% targeted sample of end stage renal disease (ESRD) centers and a 5% sample of all remaining provider types which have been identified by CMS as facilities with the most risk of providing poor care. Tier III includes any additional surveys performed based on state judgment regarding the agencies that are most at risk of quality problems.

The M+P document makes initial surveys for all provider types (and additional surveys done beyond Tiers II and III) a Tier IV priority; with the exception of suppliers of ESRD services. Thus, initial surveys for all provider types must not be done with Federal funding unless all higher tier work will be accomplished in accordance with regulatory and statutory timeframes within the fiscal year.

The M+P document also requires States to prioritize among Tier IV items and provides a variety of factors in setting those priorities. Specifically it states:

“Such factors may include unprecedented state growth in specific provider type applicants without commensurate need, corroborated concerns in the state related to the Medicare or Medicaid program integrity, or unsustainable management or oversight of survey and certification activities in the state.”

The CMS Regional Office expects the state survey agency to fully abide by this prioritization requirement and use the M+P document instructions to set priorities for scheduling and processing currently pending and future initial Medicare certification surveys for all provider types. These instructions apply to Medicare certification surveys and do not prohibit the State from conducting licensure only surveys.

If you have any questions, please contact Gerardo Ortiz at (214) 767-2084 or [gerardo.ortiz@cms.hhs.gov](mailto:gerardo.ortiz@cms.hhs.gov).

Sincerely,



Molly Crawshaw  
Associate Regional Administrator  
Division of Survey Certification

Cc: Oklahoma Hospital Association  
Oklahoma Association for Home Care  
Oklahoma Association of Home Care Providers  
Oklahoma Hospice & Palliative Care Association  
Oklahoma Association of Homes and Services for the Aging