

Report in Brief

Date: June 2021

Report No. A-02-21-01003

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

Hospitals that cannot control the spread of emerging infectious diseases within their facilities risk spreading a disease such as COVID-19 to patients and staff. OIG therefore developed a plan to assess the Centers for Medicare & Medicaid Services' (CMS's) controls related to hospital preparedness for emerging infectious diseases.

The objective of this audit was to determine whether CMS designed and implemented effective internal controls related to hospital preparedness for emerging infectious diseases such as COVID-19.

How OIG Did This Audit

We reviewed the design and implementation of CMS's controls regarding the approximately 500 hospitals certified to participate in Medicare and Medicaid by State survey agencies under contract with CMS. We also reviewed CMS's controls regarding the approximately 4,200 hospitals known as accredited hospitals because they have joined a CMS-approved program operated by a private accreditation organization.

We limited the scope of our audit to the design and implementation of CMS's controls.

CMS's Controls Related to Hospital Preparedness for an Emerging Infectious Disease Were Well-Designed and Implemented but Its Authority Is Not Sufficient for It To Ensure Preparedness at Accredited Hospitals

What OIG Found

CMS's controls were well-designed and implemented, but CMS's authority is not sufficient for it to fulfill its responsibility to ensure that accredited hospitals would maintain quality and safety during an emerging infectious disease emergency. Specifically, although CMS announced in February 2019 that it was critical for all hospitals to plan for emerging infectious diseases, CMS could not determine that all accredited hospitals updated their emergency preparedness plans to include this planning until 2022 due to accreditation organizations' quality and safety inspection cycles. Further, when COVID-19 emerged in the United States, CMS requested (but could not require) accreditation organizations to perform special targeted infection control surveys to help accredited hospitals prepare for COVID-19 patients. Accreditation organizations performed no such special surveys and, as of August 17, 2020, State survey agencies only performed these surveys at about 13 percent of accredited hospitals and had not performed any in 13 States because of CMS's limited authority over accredited hospitals. As a result of these limitations, CMS could not ensure that accredited hospitals would continue to provide quality care and operate safely during the COVID-19 emergency, and cannot ensure quality and safety at accredited hospitals when a future emerging infectious disease threatens the United States.

What OIG Recommends and CMS Comments

We recommend that CMS make regulatory changes to allow it to require accreditation organizations to perform special surveys after it issues new participation requirements or guidance and during a public health emergency to address the risks presented by the emergency.

In written comments on our draft report, CMS concurred with our recommendation. CMS also indicated that, in March 2021, it updated its *State Operations Manual* to include additional planning considerations and preparedness guidance that expanded on emerging infectious diseases.