Questions and Answers

Electronic Plan of Correction (ePOC)

July 26, 2013

1. I am a Health Commerce System (HCS) Coordinator. What roles do I need to add for Electronic Plan of Correction (ePOC)?

   The following roles must be added: Administrator, Director of Nursing (nursing homes), Director of Patient Services (home care), Plan of Correction (POC) Editor and Operator. Administrators and related Directors may edit and submit a POC. POC Editors can edit a POC, but not submit. Operators can view a Statement of Deficiencies (SOD)/POC, but not edit or submit. ePOC is restricted to these HCS roles for nursing homes and home care.

2. Who can be an authorized signer for a nursing home and home care?

   The nursing home Administrator or Director of Nursing can sign and submit a POC . The home care Administrator or Director of Patient Services can sign and submit a POC.

3. Will SODs/POCs still be mailed?

   No. SODs/POCs will no longer be mailed for surveys included in EPOC.

4. How will we be notified that a SOD is now available for our review and where will the Due Date be indicated?

   An SOD e-mail notification will be sent. Upon receipt, you should check the ePOC system. Due Dates are displayed on the right-hand column for each citation.

5. Is there a limit to the number of characters that can be typed into the POC description box? Can we cut and paste from Word into the POC description box?

   There is no limit to the number of characters that can be typed into the POC description box. You can cut and paste from Word into the POC description box.

6. Can supporting documentation (e.g., audit tool forms) be attached to the ePOC?

   No. The Department of Health is encouraging the POC in text format. The POC text will ultimately be displayed in the SOD/POC posted to the Profile websites. In some instances, supporting documentation may need to be submitted to the Regional Office to demonstrate implementation of the POC. Information and instructions about this will be forthcoming and may vary by Regional Office and program.

7. Should there be a completion date for each part of the POC for a single tag?

   No. Only one completion date is required per single tag.

8. What does "x5" mean on completion date?

   "x5" is the date that the citation will be corrected by the provider.

9. Where can details on scope and severity level be found and what do they mean?

   Scope and severity level information for nursing homes can be found in Attachment A.

10. Who enters the completion date?

    The completion date can be entered by the POC Editor or Administrator. The POC Editor cannot submit the POC.

11. Are ACFs required to use the ePOC system?

    ACFs will participate in ePOC, but not within the next few months. More information will be forthcoming from the ACF program. Please continue with the hardcopy format until you are informed by the ACF program about timeframes.

12. Are complaint surveys included in ePOC?

    Yes. Almost all survey types are included in ePOC. This includes both recertification and complaint surveys, as well as revisit surveys.

13. My facility received a deficiency-free survey. Do I need to submit anything to the Department of Health?

    Yes. Under Survey Detail, press the "Acknowledge SOD" button to indicate that you have received and read the survey results.

14. Do we have to wait until the activation date to initiate ePOC?

    ePOC will be available on 8/1/13 for addition to your application list. However, surveys will not be available in ePOC until the implementation date for your program (nursing homes 8/1/13; CHHAs and Hospice 9/1/13; LHCSAs 10/1/13).

15. How soon will the SOD be sent to the facility and is the deadline still 10 days?

    SODs are targeted to be sent within required CMS timeframes (i.e., within 10 business days of the Exit Date). CMS time frames require that POCs are sent to the Department of Health within 10 calendar days; the POC Due Date is displayed on ePOC screens.

16. Will a list of patients identified in the SOD be available to the facility?

    No. A list of patients identified in the SOD will not be distributed via ePOC. It is expected that a copy of the resident roster will be left with the facility at the survey exit interview.

17. At what point will the SOD and POC be available to the public?

    When the SOD and POC will be available to the public is determined by two things: 1) any delay required by state or Federal law or statute. No SOD/POC will be released until after this delay, which allows providers time to respond to (or possibly appeal) a citation on the survey. 2) The frequency of update of the Department of Health website that displays the SOD/POC information. The website is currently updated on a monthly basis for nursing homes and on a quarterly basis for other provider types.

The POC information is not currently posted to the Profile websites; however, the Department of Health plans to display POCs with the SODs in the near future.

18. How are roles assigned in HCS? I am the Administrative Assistant that completes POCs on the computer. Once completed in paper form, I give the POC to my Administrator to sign off and then fax to the Department of Health for approval. How will that work with submitting each individual tag or submitting the POC?

    Your facility's HCS Coordinator should assign the Administrator to the Administrator role. You should be assigned the POC Editor role. If you do not have an HCS account or need to be placed in a role, please see your facility's HCS Coordinator. Once you are assigned to the POC Editor role, you may enter, edit and save the POC text within ePOC. The Administrator and related Director may edit and submit the POC for each citation.

19. How long will the data stay in the system?

    There is no time limit for data retained in the system. Filters and sorts will allow you to view any necessary information available in EPOC.

20. We used to have to post the SOD prior to receiving a letter of approval of acceptance of the POC. Do we still need to post the SOD in the interim?

    There will no longer be a letter of approval of acceptance through the postal service; instead you will receive a final acceptance e-mail that the POC is approved. Also, at this time, the DRAFT watermark will be removed from the CMS-2567 form, and the survey will appear closed in ePOC.

    The SOD still must be posted within 14 calendar days of receipt of the SOD. There may be circumstances where a POC is not approved in this time frame and you would need to post a DRAFT version in the interim. Also, once the POC is fully approved, you should reprint the final CMS-2567 form and post the final version which contains no watermark.

21. What is the turnaround time that this list is updated (i.e. if a POC is submitted and accepted/not accepted) when would this this list be updated?

    The response occurs after DOH staff accepts/rejects a POC. An e-mail notification will be sent out upon approval/disapproval.

22. Does the Department of Health prefer that the POC be submitted as completed, one by one, or wait for all completed POC before submitting?

    POCs should be submitted one by one. This will allow providers to start implementing accepted POCs sooner.

23. Do any of the e-mails require us to click to confirm receipt?

    There are no e-mails that require a confirmation of receipt.

24. Can a SOD/POC be printed after saved PRIOR to submission?

    Yes, a CMS-2567 form can be printed at any time in DRAFT. A final version of the CMS-2567 form can also be printed.

25. Once submitted, can the POC be recalled for editing?

    No. Once POC text is submitted to the Department of Health per the authorized signer, it cannot be edited. If an edit is necessary, you would need to contact your Regional Office, who could reject the citation upon their review.

26. What roles will receive the various EPOC e-mail notifications?

    Please see the attached e-mail notifications grid.

27. How does the operator get an SOD/POC?

    Administrators are responsible for ensuring that the operator receives the 2567 in either an electronic or paper format. There is an HCS operator role available for EPOC to help facilitate the operator receiving an SOD/POC (2567) electronically through EPOC. Operators will need an HCS account affiliated with the associated provider, and be placed in the operator role by your facility's HCS Coordinator. They then can view SODs/POCs and SOD letters in EPOC.

28. Where do I direct additional questions?

    Send questions to epoc@health.state.ny.us

ATTACHMENT A - SCOPE AND SEVERITY GRID FOR NURSING HOMES

	SCOPE		
SEVERITY	**ISOLATED** (One or a very limited number of residents affected and/or one or a very limited number of staff involved, and/or the situation occurred only occasionally or in a very limited number of locations.)	**PATTERN** (More than a limited number of residents affected, and/or more than a limited number of staff involved, and/or the situation occurred in several locations and/or the same resident(s) have been affected by repeated occurrences of the same practice.)	**WIDESPREAD** (Situation was pervasive throughout the facility or represented a systemic failure that affected or had the potential to affect a large portion or all the facility's residents.)
LEVEL 4**** (Immediate jeopardy to resident health or safety)	**J**	**K**	**L**
LEVEL 3*** (Actual harm that is not immediate jeopardy)	**G**	**H**	**I**
LEVEL 2** (No actual harm with potential for more than minimal harm that is not immediate jeopardy)	**D**	**E**	**F**
LEVEL 1* (No actual harm with potential for no more than minimal harm)	**SUBSTANTIAL COMPLIANCE A**	**SUBSTANTIAL COMPLIANCE B**	**SUBSTANTIAL COMPLIANCE C**

******LEVEL 4** Deficient practice caused or is likely to cause serious injury, serious harm, serious impairment or death. Immediate corrective action is needed.
*****LEVEL 3** Deficient practice led to a negative outcome that has compromised the resident's ability to maintain and/or reach his/her highest practicable physical, mental, and/or psychosocial well being.
****LEVEL 2** Deficient practice has led to minimal physical, mental, and/or psychosocial discomfort to the resident and/or a yet unrealized potential for compromising the resident's ability to maintain and/or reach his/her highest practicable level of physical, mental, and/or psychosocial well being.
LEVEL 1* Deficient practice has the potential for causing no more than minor negative impact on residents.