

**Revisions to CMS-417 Form –
Comprehensive Outpatient Rehabilitation Facility Report**

Page #	Section, Row & Column	Changes Made to the CMS-417 Form	Reasons for the Change
1	Section 1 Row 2, Column 3	- Change the title of this data field on the existing CMS-417 form from <i>“City, County & State”</i> to <i>“City & State”</i> on the existing CMS-417 form - Add a new separate data field for <i>“County”</i> in row 3, column 2 on the revised CMS-417 form.	- We have made this change because it is not typical to include the county name in an address. However, we still want to capture this information. So, we added a new, separate data field to collect the county name in row 3, column 2. - Also, on the existing version of the CMS-417 form, there are 2 fields that collect the county name. One is located at row 2, column 3 and is titled as <i>“City, County & State.”</i> The 2nd is located at row 3, column 3 and is titled <i>“State/County.”</i> - There is no need to collect the county name twice.
1	Section 1 Row 3, Column 2	- Delete the title of this data field on the existing version of the CMS-417 form in section 1, row 3, column 2, titled: <i>“Medicare Certification No. (CCN)”</i> - Add the following new title <i>“County”</i> to this data field on the revised CMS-417 form - We have relocated the data field for CCN number to row 3, column 5 on the revised CMS-417 form.	- We have made this change so that we can add a new, separate data field for the name of the county in which the hospice is located on the revised CMS-417 form. - We believe this information should be collected separately from the hospice’s address. - We still need to collect the hospice’s CCN number so we have relocated the data field for CCN number to another location on the revised CMS-417 form.

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1	Section 1, Row 3, Column 3	Delete the title of the data field at row 3, column 3 on the existing CMS-417 form titled <i>"State/County"</i> to <i>"Region"</i> on the revised CMS-417 form	- We made this change because we have added a separate data field at row 3, column 2 titled <i>"County"</i> on the revised CMS-417 form. - Also, on the existing version of the CMS-417 form, there are 2 fields that collect the county name. One is located at row 2, column 3 and is titled as <i>"City, County & State."</i> The 2nd is located at row 3, column 3 and is titled <i>"State/County."</i> - There is no need to collect the county name twice.
1	Section 1, Row 3, Column 4	Delete the title of the data field at row 3, column 4 on the existing CMS-417 form titled <i>"Region/State"</i> to <i>"Telephone Number"</i> on the revised CMS-417 form	- We made this change because we are already collecting the State with the address, therefore it is not necessary to collect this information twice. - Also, we have changed the data field on the existing version of the CMS-417 form titled <i>"State/County"</i> to <i>"Region"</i> at row 3, column 3, on the existing version of the CMS-417 form. - This change will allow us to still collect the Region number.

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1	Section 1, Row 3, Column 5	Delete the title of the data field at row 3, column 5 on the existing CMS-417 form titled: <i>“Telephone Number”</i> to <i>“Hospice’s CCN Number”</i> on the revised CMS-417 form.	- We have relocated the data field for the hospice’s CCN number from row 3, column 2 on the existing version of the CMS-417 form to row 3, column 5 on the revised CMS-417 form. - We made this change because we are revising the data fields on the CMS-417 form and this has caused some shuffling around of the data fields.
1	Section 1, Row 3, Column 6	Change the title of the data field at row 3, column 6 on the existing version of the CMS-417 form titled <i>“Related Certification No.”</i> to <i>“Related Facility CCN”</i> on the revised version of the CMS-417 form.	- The purpose of this data field is to collect the CCN number of a facility with which a hospice is associated. - However, we believe that the title of this data field on the existing CMS-417 form of “Related Certification No.” is vague and does not properly convey what information is sought, - We have changed the title of this data item to “Related Facility CCN” on the revised CMS-417 form for clarity.
2	Section 2, Rows 1 & 2	- Change the contents of section II from <i>“Type of Hospice”</i> on the existing CMS-417 form to <i>“AO Information”</i> on the revised CMS-417 form. - This revised data field on the revised version of the CMS-417 form collects the name of the AO that accredits the hospice. - Relocated the <i>“Type of Hospice”</i> data field to section 3 and rename to <i>“Hospice Affiliation”</i>	- This is not a new data field and no changes to the text of this data field. - We have simply relocated this data field in the process of revising the CMS-417 form.

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1	Section 2, Column 4	- Split the data field titled “Fiscal Year Ending Date” on the existing version of the CMS-417 form into 2 separate data forms in the same location on the revised CMS-417 form. - Title these data fields on the revised version of the CMS-417 form as: - Start Date of Last Survey: - End Date of Last Survey:	- We made this change because, we do not believe that the fiscal year ending date is helpful information to collect. - Instead of deleting this data field completely, we have added the start and end dates for the hospices last survey. This would be helpful information to the State Survey Agency.
1	New section 3, Rows 1,2, & 3 Columns 1, 2 & 3	- Relocate the section titled “<i>Type of Hospice</i>” on the existing version of the CMS-417 form to section 3. - Rename section as “<i>Hospice Affiliation</i>”	- This is not a new data field and no changes to the text of this data field. - We have simply relocated this data field in the process of revising the CMS-417 form.
2	New section 4	- Relocate the section 3 titled “<i>Type of Control</i>” on page 1 of the existing version of the CMS-417 form to page 2 as section 4 on the revised CMS-417 form. - Keep the same title, column titles and selections with minor changes.	- This is not a new data field - We have made slight modifications to the titles of the 2nd and 3rd columns for clarity. These modifications do not alter the meaning of the titles. - We have also made slight modifications to selections 12 & 13 under column 3. These alterations are for clarity only and do not alter the meanings of these selections.
3	New section 5	Relocate the section titled “<i>IV. Services Provided</i>” on the existing version of the CMS-	In the existing version of the CMS-417, the “How Services is Provided” is squished into the top quarter of page 2.

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		417 form to page 3 through 6 on the revised version of the CMS-417 form. • We reformatted this section by doing the following: ○ In column 2, for we provided a separate row listing each of the 11 hospice services and 2 additional rows for additional hospice services to be specified. ○ In column 3, we provided 4 sub-rows per each hospice service. ▪ In these sub-rows, we provided 3 different descriptions of how the hospice service could be provided by the hospice (i.e. - (1) directly by the hospice; (2) by contract with an outside party; (3) by arrangement with another certified hospice.) ▪ We also provided a selection of “not applicable” in the 4th sub-row that can be used to indicate that the hospice does not provide a particular service. ▪ We also added a fillable check box in each of the sub-rows to allow the hospice staff to select the description that most	• The person completing the existing version of the CMS-417 form is directed to add a number in a box to indicate how each service is provided. • These numbers are explained in column 1 of this section as follows: ○ If by staff, place a “1” in the block(s); ○ If under arrangement, place a “2” in the block(s); ○ If by staff and arrangement, place a “3” in the block(s). We made these changes for several reasons. First, we believe that the formatting of this data field on the existing version of the CMS-417 form is squished into too small a space making it hard to view, understand and complete. We also believe that using numbers to provide a response is not the best way to collect responses to this data field and that this data field could be vastly improved upon. Also, we believe that the explanations for the numbered responses are vague and limited in scope and should be improved upon.

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		accurately describes how that hospice provides the service. ○ In row 4, we added a separate data field for the name and address for the Other Certified Hospice or Outside Contractor for each of the 11 services listed and also for the 2 additional services to be specified (if applicable). ○ In row 5, we added a separate data field for the CCN for the other certified Hospice or supplier number for outside contractor (if any) for each of the 11 services listed and also for the 2 additional services to be specified (if applicable).	
Page 2 on existing CMS-417 form	New Page 7 (on revised CMS-417) Previous section 5 New section 6	• Due to the reformatting of the revised version of the CMS-417 form, the number of this section has been changes from 4 on the existing version of the CMS-417 form to 5 on the revised version of the CMS-417 form. • This data field has also been moved from page 2 on the existing CMS-417 form to page 7 on the revised version of the CMS-417 form. • We changed to title of this section from: <i>“Number Of Employees – (Including Full-Time Volunteers)”</i> to	• We made the changes to the title of this section because we believe that is more descriptive of the purpose for this data collection and the type of information being collected. For example, the title of this section on the existing version of the CMS-417 form is <i>“Number of Employees – (Including Full-Time Volunteers)”</i>. • This title seems to indicate that the purpose of this section is to collect information about the number of employees and full-time volunteers at the hospice completing the CMS-417 form. • The actual purpose of this data item is to collect the annual number of full-time equivalents (FTEs) for all

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		<i>"Full-Time Equivalents for Employees and Volunteers Full-Time Equivalents for Employees and Volunteers"</i> - We changed the title of column 3 from: <i>"Number of Employees"</i> to <i>"Hospice Employee Full-Time Equivalents (FTEs)"</i> - We changed the title of column 4 from: <i>"Number of Full-Time Volunteers"</i> to <i>"Hospice Volunteer Full-Time Equivalents (FTEs)"</i>	hospice employees and full-time volunteers broken down by employee and volunteer type. ○ The Full-Time Equivalent (FTE) is a unit of measurement that allows organizations to measure and standardize workforce capacity across different employment types. ○ The FTE is a measure of the sum total work hours put in by all employees compared to those worked by one full time worker. ● We believe that the new title of <i>"Full-Time Equivalents for Hospice Employees and Volunteers"</i> on the revised CMS-417 form reflects the actual purpose of this data item. ● We also changed the titles to columns 3 and 4 because they also did not reflect the purpose of this data collection. ○ For example, the title of column 3 on the existing version of the CMS-417 form is <i>"Number of Employees."</i> This data item is not intended to collect information about the number of hospice employees, but instead about the number of FTEs for the hospice employees. ○ Therefore, we changed the title of column 3 on the revised CMS-417 form to <i>"Hospice Employee Full-Time Equivalents (FTEs)"</i> because this reflects the type of information to be collected

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			- Finally, we changed the title of column 4 because it did not reflect the purpose of this data collection. - For example, the title of column 4 on the existing version of the CMS-417 form is <i>“Number of Full Time Volunteers.”</i> - As this data item is not intended to collect information about the number of hospice volunteers, but instead about the number of FTEs for the full-time hospice volunteers. - We changed the title of column 4 on the revised CMS-417 for to <i>“Hospice Volunteer Full-Time Equivalents (FTEs)”</i> because we believe that this revised title reflects the type of information to be collected.
Page 3 on existing version of the CMS-417 form	Page 8 (revised version of CMS-417 form) Attestation Statement section	Add a fillable .pdf data field for <i>“Title of Hospice Representative”</i>	We added this data field to the revised version of the CMS-417 form because we believe that it is important to collect information about the title or credentials of the person completing and signing the CMS-417 form. This information could be useful to determine whether this person had the authority to complete and sign the CMS-417 form.