



**Ref: S&C-01-06**

**DATE:** March 6, 2001

**FROM:** Director  
Survey and Certification Group  
Center for Medicaid and State Operations

**SUBJECT:** Implementation of the Outcome Based Quality Monitoring (OBQM) Reports as Part of the Home Health Agency (HHA) Survey Process

**TO:** Associate Regional Administrators, DMSO  
State Survey Agency Directors

The purpose of this memorandum is to provide instructions to State agency and Federal surveyors on implementing the OBQM reports as part of the HHA survey process. The OBQM reports consist of the case-mix and adverse event outcome reports, which are derived from the Outcome and Assessment Information Set (OASIS) data that HHAs submit to the State. At the present time, the reports contain information only on an HHA's Medicare and Medicaid patients who are receiving skilled services from the HHA, since these are the only patients for whom OASIS data is transmitted to the State. These OBQM reports can now be accessed and reviewed by both the HHA providers and State survey agencies.

### **OBQM Reports: Description**

The case-mix and adverse event outcome reports can be used by HHAs for quality monitoring and improvement purposes. Using these reports is a first step toward full implementation of the outcome-based quality improvement (OBQI) system. The *case-mix report* presents a picture, or snapshot, of an HHA's patients at the beginning of a care episode for the time period selected for the report. The beginning of a care episode is marked by either a start of care assessment or a resumption of care assessment. The body of the case-mix report describes the characteristics of an HHA's Medicare and Medicaid patients receiving skilled services compared to the rest of the Medicare and Medicaid patients receiving skilled home health services across the country during the same time period.

The *adverse event outcome report* (tabular form) displays incidence rates for untoward events (or outcomes) comparing one HHA's patients to similar patients in the HCFA OASIS National repository for the same time period. Optionally (after the first report), it also may compare an agency to itself at an earlier point in time. Adverse events serve as markers for potential

problems in care because of their negative nature and relatively low frequency. It is important to emphasize the word "potential" in the definition of adverse event outcomes as markers for "potential problems" in care provision. Whether or not an individual patient situation resulted from inadequate care provision can only be determined through investigation of the care actually provided to specific patients. Therefore, surveyors as well as HHAs should not look at the adverse event reports in a vacuum. They should review this report in the light of the actual circumstances surrounding the delivery of care to the specific patients.

### **OBQM Reports: SA and RO Access**

The authorized State Agency and Regional Office user who needs access to these reports must have an individual valid user identification and a secure password. These are obtained by submitting a request to the Health Care Financing Administration, Center for Medicaid and State Operations, Division of National Systems, in the Central Office in Baltimore. Approved requests will be assigned the required user identification and password.

### **OBQM Reports: Role of the OASIS Coordinators**

The OASIS Education and Automation Coordinators will continue to work directly with the HHAs to help them access and review the OBQM and Data Management System reports. In addition, the OASIS Coordinators will expand their current OASIS support and training with State surveyors to include assistance with accessing, reviewing, and interpreting the OBQM reports as needed. We expect the OASIS coordinators to begin assisting the surveyors with accessing and reviewing the OBQM reports immediately.

### **OBQM Reports: HHA Responsibility**

As a part of the Medicare conditions of participation (CoPs,) HHAs are required to conduct an annual evaluation of their total program, including patient services. HHAs are also required to conduct quarterly clinical record reviews to evaluate the care provided under the HHA's policies. The CoPs require an agency to have policies and procedures to promote patient care that are appropriate, adequate, effective and efficient.

HHAs have had access to the OBQM reports since January 26, 2001. We now expect HHAs to begin incorporating a review and investigation of these reports into their evaluation and patient care review programs and to include them as part of their quarterly record review.

### **OBQM Reports: The Survey Process**

As a part of the pre-survey preparation, surveyors will now access and review the OBQM reports before surveying an HHA. These reports contain valuable information that may assist surveyors in identifying areas to be reviewed during the survey and possibly identify individuals or types of patients to be included in the sample selection. Please refer to section 5, Table 5.1 in the OBQM Manual, referenced earlier in this memorandum, for examples of possible surveyor actions related to adverse event outcomes.

Surveyors should review the case-mix outcome report as described in the OBQM Manual titled "Quality Monitoring Using Case-Mix and Adverse Event Outcome Report" and the Appendix titled "Guidelines for Reviewing Case-Mix and Adverse Event Outcome Reports" These documents are now available on the OASIS website at <http://www.hcfa.gov/medicaid/oasis/hhtrain.htm>. Any significant results should be identified after reviewing the report, and highlights noted. This will allow surveyors to begin to identify potential clinical groups of patients that can be included in the case-mix stratified sample for record review and home visits, as part of the onsite survey.

***Case-Mix Stratified Sample:***

Surveyors will continue to select a case-mix stratified sample for record reviews and home visits since this requirement is explicitly referenced in section 1891 of the Social Security Act. With the availability of the outcome reports, we are now expanding the scope of patients eligible for the case-mix stratified sample to include both current and discharged patients. Surveyors may also identify clinical areas and select patients for review as part of their off site survey preparation. Because the outcome reports may point to concerns that surveyors need to address during the survey, surveyors will now include in the sample patients representing the identified concerns, and not totally depend on a random approach.

The surveyor should continue to use the HHA's current visit schedule (or plans for visits) during the week that the surveyor(s) is on site to develop the sample for clinical record review with home visits. The sample for clinical record review without home visits may include records of patients that have been discharged by the HHA.

As stated earlier, surveyors should not look at the adverse event outcome report in a vacuum. They should review this report in the light of the actual circumstances surrounding the delivery of care to the specific patients. For example, surveyors will continue to routinely assess the ability of the HHA to provide quality care by conducting the following activities:

- Evaluation of the current status of the patient as reflected in the comprehensive assessment, plan of care and visit notes;
- Verification that all drugs and treatments are provided according to a physician's order and that the HHA has reviewed all drugs for potential adverse effects and drug reactions;
- Review of the plan of care to identify whether the HHA used the comprehensive assessment to make sound care planning decisions appropriate to the patient's needs;
- Review of the timeliness of services provided to the patient;
- Evaluation of the HHA's ability to coordinate care and services;
- Review of the patient's progress toward the achievement of desired outcomes;
- Verification that any changes in the patient's medical condition were reported to the physician and recorded, including documentation of verbal orders with written confirmation; and,
- Evaluation of the appropriateness of patient's continuation of services or discharge at the time of record review.

**OBQM: Privacy Act Requirements**

Each State survey agency or Regional Office user authorized to access and use the OASIS data or reports derived from the OASIS data must comply with the provisions governing the privacy and security of this Federal automated information system. Each user with authorized access to the system, records, and reports must agree to maintain appropriate administrative, technical, procedural, and physical safeguards sufficient to protect the confidentiality of the patient identifiable data and to prevent unauthorized access to the data. Each user is required to have an individual valid User ID and a secure password. Each State agency and Regional office user is obligated to protect the confidentiality of the OASIS data. As noted in the June 18, 1999, Federal Register notice of the new system of records: "No user shall disclose, release, reveal, show, sell, rent, lease, loan or otherwise grant access to the data to any person." The Federal Privacy Act of 1974 provides criminal penalties and fines for certain violations.

The HHAs are required, as a part of the CoPs at 42 CFR 484.11, to maintain the confidentiality of all patient identifiable information contained in the clinical record, including OASIS data and reports, and may not release patient identifiable OASIS information to the public. Therefore, neither the State nor the agency may release any of the OBQM reports or the information contained in them.

**Effective Date:** The information contained in this memorandum is effective immediately. All other instructions in the State Operations Manual (SOM) remain in effect. We will implement the above changes in the next revision of the SOM.

**Training:** This policy memorandum should be shared with all the OASIS Education and Automation Coordinators, HHA surveyors, their managers, State and Regional office training coordinators and appropriate staff.

Thank you for your cooperation in implementing these changes to the survey process. If you need any further information, please contact Mavis Connolly at (410) 786-6707, or Heidi Gelzer at (410) 786-9352.

/s/

Steven A. Pelovitz