



Center for Medicaid and State Operations

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FROM: Director
Survey and Certification Group

SUBJECT: Home Health Survey Protocol Enhancements

TO: Survey and Certification Regional Office Management (G-5)
State Survey Agency Directors

The purpose of this memorandum is to provide guidance to regional office and state agency personnel who are involved in the survey and certification activities of home health agencies (HHA) regarding Centers for Medicare & Medicaid Services' (CMS) implementation of enhancements to the existing home health survey protocols.

Background

The Omnibus Budget Reconciliation Act of 1987 (OBRA 87) required the use of a standardized assessment instrument for quality oversight. A standardized assessment instrument provides an HHA with a uniform mechanism to assess the needs of their patients and provide CMS with a uniform mechanism to assess the HHA's ability to adequately address those needs. To fulfill the OBRA 87 mandate, CMS required that, as part of their comprehensive assessment process, HHAs collect and report Outcome and Assessment Information Set (OASIS) data. With the collection of this information CMS is able to generate certain indicators of quality in HHAs nationwide.

Agency-specific Outcome Based Quality Monitoring (OBQM) Reports and Outcome Based Quality Improvement (OBQI) reports are generated from the OASIS data. OBQM and OBQI reports are designed to assist HHAs develop and monitor their own quality improvement programs. In addition, CMS seeks to make the survey and certification process more data-driven, patient-centered, and outcome-oriented. To further this goal, CMS has encouraged state and Federal surveyors to use OASIS information in the planning and performance of surveys. However, to date CMS has not issued specific guidance to the state surveyors that direct the use of OASIS in any survey activities.

The issuance of this memorandum represents the first phase of CMS' activities to refine the home health survey process. Enclosed are a series of enhanced survey protocols that include specific guidance on how surveyors will utilize the OBQM and OBQI to help identify areas of focus in individual HHA surveys or the types of patients to include in the sample selection. CMS recognizes that some states are currently reviewing and incorporating the use of the OASIS

data into survey activities, and expects the enhanced survey protocols to improve the consistency of these activities.

Enhanced Survey Protocols

Effective May 1, 2003, the home health survey process shall include the specific review and incorporation of information generated from the OASIS data (OBQM, OBQI, and HHA Provider Reports) into the survey process. Survey tools and review activities have been developed to make pre-survey preparation time more efficient with the goal of providing a focus for onsite survey activities. The enhanced survey protocols will help surveyors identify specific closed records for review when on site for survey, as well as identify types of patients for focus who are “at risk” for specific outcomes. Enclosure A provides an overview of the enhanced survey protocols and how they should be incorporated into the current survey tasks. In addition, to facilitate the use of the enhanced protocols, we have also enclosed (enclosure B) a series of Qs&As raised by surveyors during a recent Home Health Basic Training.

Prior to implementing the enhanced survey protocols, surveyors are encouraged to review information previously provided in the OBQM and OBQI Implementation Manuals on how to read the reports. A review of the information contained in the Quality Monitoring Using Case Mix and Adverse Event Outcome Reports Manual 2001, Appendix, Guidelines for Reviewing Case Mix and Adverse Events Reports, pages 6 through 11, and the OBQI Implementation Manual 02/2002, Appendix A, Guidelines for Reviewing OBQI Reports, pages A.8 through A.11 is recommended.

Enclosure C contains the Surveyor Worksheet for Reviewing OBQI, OBQM, and HHA Provider Reports (Worksheet), Worksheet instructions, sample OBQM, OBQI, and HHA Provider Reports to help illustrate the guidance used in this memorandum. **Please note that the Worksheet and Worksheet instructions have been revised based on comments received to date and are slightly different than those you may have received prior to this publication.**

Onsite compliance decisions will not be based solely on OASIS data. The Worksheet and OASIS reports are designed to help guide the onsite survey. They are to be used to identify quality of care indicators, not quality of care determinations.

Accessing the OBQM, OBQI, and HHA Provider Reports

Surveyors must access the following five OASIS reports as part of the enhanced home health survey process:

1. OBQM/Adverse Event Outcome Report (bar graph) and Patient Listing. (The report should reflect the most recent quarter or time period resulting in at least 60 patients);
2. OBQI/Outcome Report (most recent 12 months);
3. OBQI/Case Mix Report (most recent 12 months);
4. HHA Provider/Submission Statistics by Agency Report (most recent 6 months); and
5. HHA Provider/HHA Error Summary Report by HHA (most recent 6 months).

These reports are obtained by logging onto the Quality Improvement Evaluation System (QIES) to Success Web site and clicking on the link to CASPER Reports. The QIES to Success Web site is a CMS-sponsored Intranet site requiring approved access. State surveyors who do not have access to the QIES to Success Web site must work with their State QIES coordinators to get access, including obtaining a user identification number and password for CASPER login.

Not all of the reports that are available through the CASPER Reporting system are required for the enhanced home health survey process. Surveyors will find the Adverse Event Outcome Report (1) by selecting “OBQM Reports” under the Report Categories. Likewise, the OBQI Outcome Report (2) and OBQI Case Mix Report (3) are found by selecting “OBQI Reports” under the Report Categories. The Submission Statistics by Agency Report (4) and Error Summary Report by HHA (5) are found by selecting “HHA Provider” under the same Report Categories, where many more HHA provider reports are also available.

Additional information about accessing and printing these reports is available on the QIES to Success Web site. In the future, surveyors will be able to logon to the CASPER Reports site and access all the necessary reports for the survey process by clicking on a single link.

Training on the Enhanced Home Health Survey Protocols

Portions of the Fall 2002 home health basic training held in Maryland that focused on the enhanced survey protocol guidance were videotaped and audiotaped. Copies of the videotape have been mailed to each state and regional office training coordinator for training purposes. This videotape must be viewed by all home health surveyors who have not attended a CMS sponsored home health training on the enhanced survey protocols.

Questions concerning this memorandum can be addressed to Mavis Connolly of my office at 410-786-6707 or via e-mail at Mconnolly@cms.hhs.gov.

Effective Date: This guidance is effective on May 1, 2003.

Training: This policy should be shared with all survey and certification staff, surveyors, their managers and the state/regional training coordinator.

/s/
Steven A. Pelovitz

Enclosure A – Summary: Incorporating the Enhanced Survey Protocols into the Survey Tasks
Enclosure B - Qs & As that surveyors have asked related to the protocols
Enclosure C - Worksheet, Worksheet Instructions and sample OBQM, OBQI and HHA provider reports (zip file).

Enclosure A

Incorporation of the Enhanced Survey Protocols into the Current Survey Tasks

The following summarizes the incorporation of the enhanced survey protocols into the current survey tasks. Some of the tasks have not changed, while others have been revised or expanded to include the use of additional information available from the OASIS data.

States must determine how best to make the OASIS reports available to surveyors for inclusion in the survey process. Since 1999, states have been encouraged to use the available data management reports (e.g., Submission Statistics by Agency and Error Summary by Agency) to review, offsite, HHA transmission practices related to the OASIS reporting requirements. This offsite monitoring has generally fallen to the OASIS automation coordinators. With the implementation of the enhanced survey protocols, states should develop practices that encourage communication between the OASIS coordinators and the home health survey staff. We expect OASIS coordinators to continue to play an important role in assisting home health surveyors in accessing and interpreting the OASIS reports.

Task 1: Pre-survey Preparation

States will continue to follow current guidance in the State Operations Manual (SOM) Section 2200. Additionally, in accordance with the Worksheet and Worksheet Instructions included in Attachment B, prior to each survey, surveyors will conduct a review of the following five OASIS reports: OBQM Adverse Event Outcome Report, OBQI Outcome Report, OBQI Case Mix Report, Submission Statistics by Agency Report, and Error Summary Report by HHA.

1. OBQM Adverse Event (AE) Outcome Report and Patient Listing -- As part of the pre-survey process, surveyors will review the most recent quarter (3 months) or whatever time period is necessary to reach at least 60 patients.

Tier 1 AE Outcomes

The threshold for each Tier 1 outcome is one patient. Therefore, the surveyor must--

- Identify if any agency patients experienced either of the 2 adverse event outcomes:
 - a) Emergent care for injury caused by a fall or accident at home ; or
 - b) Emergent care for wound infections, deteriorating wound status.
- During the onsite survey, select patient records and home visits that focus on either (or both) outcome(s) identified on the report.

Tier 2 AE Outcomes

There are six Tier 2 AE Outcomes for consideration. The following thresholds must be met for an outcome in Tier 2 to become a focus area:

- There must be patients who experienced the outcome; and
- The HHA's current incidence rate must be equal to or greater than twice the reference rate.

EXAMPLE: Development of Urinary Tract Infection. For Bettercare Agency, the national reference rate is 1.1 percent, and the agency rate is 2.0 percent. This outcome would not be selected for focus, as the threshold (of equal to or greater than twice the reference value) is not met.

During the onsite survey, surveyors will select patient records and home visits that focus on the outcomes identified on the report that met the investigation thresholds of equal to or greater than twice the reference value. In addition to providing areas for focus during the onsite survey, the AE Patient Listing Report provides surveyors the opportunity of selecting closed records of specific patients under those outcomes meeting the investigation criteria.

If, after working through the Tier 2 AE outcomes, none of the outcome rates are greater than or equal to twice the reference rate, surveyors may optionally focus on other AE outcomes (not listed on the Worksheet) with incidence rates equal to or greater than twice the reference rate.

2. OBQI Outcome Report -- As part of the pre-survey process, using the Worksheet as a guide for reviewing the HHA's most recent Risk-adjusted and Descriptive Outcome Report, surveyors will review the report for those outcomes listed on the Worksheet and choose (if possible) 2 outcomes for focus during the onsite survey that have:

- At least 30 eligible cases;
- A large and unfavorable magnitude of difference between the HHA's and the national reference rates (specific thresholds are described for each of the target outcomes on the Worksheet); and
- Statistical significance equal to or less than 0.10 (as depicted by one or two asterisks).

To calculate the percentage difference between the agency and the reference outcomes, compare the reference percentage point value (found at the end of the "reference" bar) and the agency percentage point value (found at the end of the "current" bar). When looking at "Acute Care Hospitalization," determine if the HHA's outcome is at least 10 percentage points higher than the reference value. When looking at the remaining nine outcomes on the worksheet, evaluate whether the agency's outcome is lower than the reference outcome by an amount equal to or greater than the listed threshold.

EXAMPLE: Refer to the illustrative "All Patients' Risk-Adjusted Outcome Report" for Bettercare Agency in Attachment C.

1. Examine the End Result Outcome for "Improvement in Dyspnea."
2. The number of eligible cases = 279. On the Worksheet, check the box under Eligible Cases, as the number of cases is greater than 30.
3. Determine if the agency percentage is greater than or equal to 15 percentage points lower than the national reference value, i.e., subtract the agency percentage (36.1 percent) from the national reference percentage (54.4 percent). The difference equals 18.3 percent. On the Worksheet, check the "yes" box for this outcome as it meets the threshold.

4. Determine if the outcome is statistically significant. "Improvement in Dyspnea" is statistically significant as identified by **. On the Worksheet, check the box.
5. Since this outcome meets all 3 criteria areas, it can be identified for focus.
6. Continue in this fashion until 2 outcomes have been selected for focus.

During the onsite survey, surveyors will select patient records and home visits that focus on the outcomes identified on the OBQI report meeting the individual investigation thresholds.

If none of the 10 listed outcomes on the Worksheet trigger the selection criteria, another outcome should be selected from the OBQI report that is not on the Worksheet but meets the selection criteria. If there are no statistically significant outcomes that meet the selection criteria, the survey will not focus on an OBQI Outcome.

3. OBQI Case Mix Report -- The OBQI Case Mix Report identifies the HHA patient population trends to investigate during the onsite survey. As part of the pre-survey process, surveyors must:

- Use the OBQI Case Mix report for the same timeframe as the OBQI Outcome Report;
- Focus on acute conditions and home care diagnoses that are statistically significant and are equal to or greater than 15 percentage points higher than the reference rate;
- Choose up to three conditions or diagnoses that meet the criteria; and
- Select one or two records of patients with diagnoses that meet the criteria for review with or without home visits.

If no conditions or diagnoses trigger the investigation criteria, this will not be an area of focus during the survey.

4. Submission Statistics by Agency Report -- As part of the pre-survey process, surveyors will determine whether the HHA:

- Is submitting data less often than monthly; and/or
- Has greater than 20 percent of records rejected in accordance with Worksheet instructions.

If either probe is triggered, surveyors must investigate compliance with the OASIS transmission requirements (42 CFR 484.20, Reporting OASIS Information) during the onsite survey through the partial extended survey process.

5. Error Summary Report by HHA--

As part of the pre-survey process, surveyors will:

- Focus on four errors listed on the Worksheet--
 1. Error 102, Inconsistent Lock Date – According to the current regulations for OASIS reporting, assessments must be reviewed, corrected as needed, and data-entered and locked within a 7-day period. Surveyors will investigate further if the HHA's percent of assessments with this error is at or above 20 percent.

2. Error 262, Inconsistent M0090 date – M0090 is the date the assessment is completed. The recertification assessment must be done on an every 60-day cycle. Surveyors will investigate if the HHA’s percent of assessments with the error is at or above 20 percent.
 3. Error 1003, Inconsistent effective date sequence – This error warns the HHA that the effective date of the assessment it just submitted was earlier than the most current assessment received. Surveyors will investigate further if the HHA’s percent of assessments with this error is at or above 10 percent; and
 4. Error 1002, Inconsistent record sequence – This error warns the HHA that the assessment it just submitted does not logically follow the previous one submitted and may indicate the HHA has missed submitting a record. Surveyors will investigate further if the HHA’s percent of assessments with this error is at or above 10 percent.
- Note whether the error appears on the report and meets or exceeds the identified thresholds by checking Y or N on the Worksheet.

If any of the 4 errors listed on the Worksheet meet the investigation thresholds, surveyors will further investigate compliance with the applicable OASIS reporting requirements (42 CFR 484.20, Reporting OASIS Information) during the onsite survey through the partial extended survey process.

Task 2: Entrance Interview

States will continue to follow current guidance in SOM Section 2200 which guides surveyors to request a list of patients scheduled for home visits during the time surveyors will be on site. In addition, surveyors should request a roster of all active patients (Medicare/Medicaid/private pay) receiving skilled services that identifies the start of care (SOC) date, primary diagnosis, and services provided.

These lists will be used for selecting the sample for home visits with record review based on the review of the OBQM and OBQI reports. Using the enhanced survey protocols, surveyors can now request specific closed records for review from the agency’s AE Patient Listing report.

Task 3: Information Gathering

States will continue to follow current guidance in SOM Section 2200.

The OASIS reports only represent Medicare and Medicaid skilled patients. There is an expectation that the sample for record review and home visit will include patients from all payment sources. The patients selected through the use of the OBQM and OBQI reports should not replace the entire stratified sample. Additional current patients should be selected for record review and home visits. The total number of record reviews and home visits should not increase, unless the surveyor determines it is necessary.

A. Clinical Record Review -- Both closed and active clinical records will be selected for review and home visit based on the Adverse Event and OBQI outcome(s) triggered for focus and targeted case mix characteristics. If possible, review of closed clinical records identified on the AE Patient Listing report under any triggered outcomes can begin while the agency obtains the patient roster and home visit schedule.

Surveyors must:

- Select one or two clinical records for review for each Tier 1 AE outcome triggered.
- Select one or two clinical records for review for each Tier 2 AE outcome triggered.

Note: Patients experiencing more than one Tier1/Tier2 AE outcome are good candidates for clinical record reviews.

B. Home visits --

Surveyors must:

- Select one or two patients triggered to be “at risk” of Tier 1 AE outcomes.
- Select one or two patients triggered to be “at risk” for Tier 2 AE outcomes of
 - a) Emergent Care for Improper Medication Administration and Side Effects; and
 - b) Emergent care for Hypo/hyperglycemia.
- Select one or two patients with a medical condition relevant to the OBQI outcomes triggered. (For example, if the outcome "Improvement in Urinary Incontinence" is a focus outcome, select one or two patients with urinary incontinence.)

C. Other -- Surveyors will investigate OASIS data collection, encoding and transmission issues based on the findings of the pre-survey preparation.

Task 4: Information Analysis

States will continue to follow current guidance in SOM Section 2200. Since determination of compliance with the requirement for OASIS data encoding and transmission is not part of the standard survey process, onsite investigation of 42 CFR 484.20, Reporting OASIS Information, would constitute a partial extended survey. **Onsite compliance decisions must not be based solely on OASIS data.** The OASIS reports are simply a tool to be used to help guide the onsite survey and identify areas for additional investigation, not to make quality of care determinations. All aspects of patient care must be evaluated. Additional follow-up activities and investigation through record reviews, home visit observations and interviews must substantiate and support any findings of non-compliance with the conditions of participation.

Task 5: Exit conference

States will continue to follow current guidance in SOM Section 2200.

Task 6: Formation of the Statement of Deficiencies

States will continue to follow current guidance in SOM Section 2200.

Questions and Answers

Q1. How were the Tier 1 and Tier 2 adverse event outcomes and 10 OBQI outcomes selected for surveyor focus?

A1. Several factors went into the selection of the outcomes, including input from clinicians, researchers, and the project's technical expert panel, which consisted primarily of surveyors. Criteria for selection included a) the frequency with which the outcomes occurred; b) the frequency with which HHAs in the National and New York Demonstrations selected the outcomes to target for OBQM and OBQI activities; c) clinical relevance; and d) identification of outcomes that are strong indicators of potential health care delivery problems (e.g., medication errors, falls, etc.). The thresholds were established through review of national repository data.

Q2. Why is there such an emphasis on functional outcomes in the 10 OBQI outcomes selected for survey focus?

A2. There are several reasons for the emphasis on functional outcomes. First, the home care patient lives (more or less) independently within a unique environment and services are delivered in that environment. Alterations in health status directly affect the patient's ability to perform self-care and home management. Alterations in physiologic outcomes (e.g., cardiovascular, pulmonary, neurologic, musculoskeletal, mental status, etc.) are likely to affect functional status, which impact the patient's ability to perform self-care and home management. Second, the nature of home care itself dictates an emphasis on functional status. A multidisciplinary approach to care delivery typically calls for goals of improving or maintaining the patient's health status so that s/he may be more independent in self-care and home management. Most members of the health care team, including nurses, physical and occupational therapists, address functional health patterns and problems. Third, functional outcome measures tend to be more objective measures of health status and are generally valid, reliable, and sensitive to variation among and between individual patients and (when aggregated) HHAs.

Q3. How do I calculate the percentage difference between the agency OBQI outcomes and the reference outcomes?

A3. Simply compare the reference percentage point value (found at the end of the "reference" bar) and the agency percentage point value (found at the end of the "current" bar). When looking at "Acute Care Hospitalization," determine if the HHA's outcome is at least 10 percentage points higher than the reference value. When looking at the remaining nine outcomes on the worksheet, evaluate whether the agency's outcome is lower than the reference outcome by an amount equal to or greater than the listed threshold. For example, for "Improvement in Ambulation/Locomotion", determine whether the HHA's outcome is at least 7 percentage points lower than the reference value.

Q4. How do I define "at risk" patients for home visits?

A4. When selecting home visit patients based on Adverse Event Outcome Report areas for focus, determine if there is a likelihood that the patient could experience the adverse event outcome. For example, for the adverse event outcome of "Emergent Care for Wound Infections, Deteriorating Wound Status," select a patient with a wound for a home visit. For the adverse event outcome "Emergent Care for Injury Caused by Fall or Accident at Home," select a patient with difficulty transferring or ambulating, with a history of falls, arthritis, recent CVA and/or visual or cognitive impairment, or other condition that may increase the likelihood that s/he could experience a fall. For the adverse event outcome for "Emergent Care for Improper Medication Administration/Medication Side Effects," select a patient who takes at least five medications. For the adverse event outcome of "Emergent Care for Hypo/Hyperglycemia," select a patient with diabetes mellitus.

Q5. Will the new protocols add substantial time to the survey process?

A5. The new protocols are meant to be integrated into the current process, thereby providing tools to enhance the surveyors' ability to identify problems with care in the HHA. Reviewing the reports may add a few minutes in the pre-survey process. During the survey, records and home visits selected from the OBQM and OBQI reports should replace those that would ordinarily be selected in the stratified sample. Therefore, the total number of records and home visits should not increase, unless the surveyor determines it is necessary or desirable.

Q6. The protocol requires a home visit for all patients who experienced a Tier 1 AE. Is this visit required for active and discharged patients?

A6. The protocol requires that if any patients experience a Tier 1 Adverse Event, the surveyor should select at least 1 active patient who is "at risk" for the adverse event. A patient "at risk" for the adverse event "Emergent Care for Injury Caused by Fall or Accident at Home" may have difficulty ambulating or transferring, a history of falls, any type of arthritis, a recent CVA, visual impairment and/or cognitive impairment. A patient at risk for "Emergent Care for Wound Infections, Deteriorating Wound Status" is any patient with a wound.

Q7. The written protocol states that a home visit is required for the first 2 Tier 2 AEs, but the worksheet has a yes/no option. Is this home visit optional (up to the discretion of the surveyor?) Is there criteria/guidance to determine whether the home visit is required?

A7. A home visit to at least one active patient "at risk" for the Tier 2 adverse event outcome should be conducted if the outcome is selected as an area for focus. The Surveyor Training Worksheet instructions guide the surveyors to select the outcome as an area for focus if the incidence rate is equal to or more than twice that of the reference value.

Q8. Instructions for completing M0440 indicate that any alteration in skin integrity is a lesion. If an HHA is correctly responding to M0440 (e.g., counting rashes, bruises, scars, etc. as lesions), the Case Mix Report may show a higher percentage of open wounds or lesions than the reference group (who may not be responding to the question correctly). Will a surveyor take this into account when implementing the OBQI Case Mix Report protocol?

A8. If the HHA's percentage of patients with open wounds and lesions is higher than the reference group, the surveyor may further evaluate whether the percentage of patients with surgical wounds or pressure ulcers is higher than the reference (found on page 1 of the Case Mix Report in the Integumentary Status category). If so, this specific area may be further evaluated. For the protocol, it is recommended that surveyors select one to two records and/or home visits for review for patients with wounds if the HHA's percentage is more than 15 percentage points higher than that of the reference group. During the entrance interview, the surveyor can establish if the agency is currently providing services to patients with wounds or pressure ulcers. The investigation may or may not lead to a deficient practice based on the care provided to patients with wounds. The project's technical expert panel recommended that wounds are a good area for focus, regardless of the percentage of patients with wounds.

Q9. On the Error Summary Report, error message 262 (Inconsistent M0090 date; RFA 4 must be done on an every 60 day cycle) will be triggered for patients who were on service prior to the implementation of PPS. In some HHAs, this may artificially inflate the percentage of records with the error. Will a surveyor take this into account?

A9. The error would only be investigated if the HHA met or exceeded the threshold of 20% of records with the error. It is unlikely that a HHA would still have a large number of patients who have been on service continuously since before the implementation of PPS, and thus unlikely that those patients would cause an error rate of more than 20%. However, in the event that the surveyor determines that an HHA experienced a high error rate for error 262 because of an unusually large number of patients who have been on service since before the implementation of PPS, there would be no deficiencies cited based on the error message alone. The error message identifies an area for additional investigation, not for an automatic citation.

Enclosure C

(zip file 1)

Zip file (8 files)

Worksheet, Worksheet Instructions and sample OBQM, OBQI and HHA Provider Reports

**CMS HHA Training Worksheet
OBQM & OBQI Reports
Pre-Survey Process and Sample Selection**

Adverse Event Outcome Report

(for most recent quarter, or longer if necessary to reach 60 patients)

	Any Patients Listed?	Difference \geq Two Times Ref. Value?	Area for Focus (check box)	Record Review* (check box)	Home Visit*
Tier 1 AE Outcomes					
• Emergent Care for Injury Caused by Fall or Accident at Home	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	yes
• Emergent Care for Wound Infections, Deteriorating Wound Status	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	yes
Tier 2 AE Outcomes					
• Emergent Care for Improper Medication Administration, Medication Side Effects	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
• Emergent Care for Hypo/Hyperglycemia	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
• Substantial Decline in \geq Three Activities of Daily Living	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no
• Discharged to the Community Needing Wound Care or Medication Assistance	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no
• Discharged to the Community Needing Toileting Assistance	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no
• Discharged to the Community with Behavioral Problems	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no

OBQI Outcome Report (for most recent 12-month period)

	\geq 30 Eligible Cases? (check if yes)	Difference from Ref. Value?	Statistically Sig.? (check if yes)	Outcomes for Focus (check two)**
• Improvement in Upper Body Dressing	<input type="checkbox"/>	\geq 10% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Bathing	<input type="checkbox"/>	\geq 10% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Transferring	<input type="checkbox"/>	\geq 15% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Ambulation/Locomotion	<input type="checkbox"/>	\geq 7% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Management of Oral Medication	<input type="checkbox"/>	\geq 10% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Dyspnea	<input type="checkbox"/>	\geq 15% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Urinary Incontinence	<input type="checkbox"/>	\geq 20% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Acute Care Hospitalization	<input type="checkbox"/>	\geq 10% higher Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Pain Interfering w/Activity	<input type="checkbox"/>	\geq 15% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Status of Surgical Wounds	<input type="checkbox"/>	\geq 10% lower Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other _____				

OBQI Case Mix Report (for most recent 12-month period)

Acute conditions or diagnoses statistically sig. & \geq 15% points higher than ref.***

* Select one to two records and one to two HV w/RR for areas for focus.

** Select one to two HV w/RR for patients eligible for focus outcome.

***Select one to two HV w/RR and (opt.) one to two RR w/o HV.

Submission Statistics by Agency (for most recent 6-month period)

Submission Questions

Is HHA submitting data less often than monthly? Y N

Does HHA have >20% rejected records? Y N

If yes to either probe, investigate:

- HHA policies/procedures for receiving, tracking, data entering and transmitting OASIS data and correcting clinical records. Do HHA processes follow policies/ procedures? Y N
- If another organization (e.g., vendor) submits data for the HHA:
 - Is there a written contract covering the arrangement? Y N
 - Does the other organization provide feedback reports to the HHA? Y N
- For 4-6 records selected for clinical record review, ask the HHA for a printout of a final validation report showing that at least one assessment (e.g., SOC, F/U, Discharge) was received by the state. (Because the HHA may not yet have submitted data for more recent assessments, it will be necessary to select patient assessments that were completed one to two months prior to the survey.)
 - Can the HHA provide the requested final validation reports? Y N
 - Was at least one assessment per record (e.g., SOC, F/U, Discharge) received by the State? Y N
- If there is a high percentage of rejected records:
 - Is there a legitimate reason (e.g., a large batch of records was sent twice, and all records in the second batch were rejected)? Y N
 - Can the HHA verify that its software conforms to CMS standards? Y N

Error Summary Report by HHA (for most recent 6-month period)

Do the following errors appear on the report?

Threshold met or exceeded?

If yes, determine if the HHA's processes:

102 (Inconsistent Lock date) (warning)	Y <input type="checkbox"/> N <input type="checkbox"/>	≥20% Y <input type="checkbox"/> N <input type="checkbox"/>	Ensure the 7-day lock requirement is met (Assessment forms are completed, reviewed, corrected as needed, and data entered and locked within a 7-day period).
262 (Inconsistent M0090 date; RFA 4 must be done on an every 60-day cycle) (warning)	Y <input type="checkbox"/> N <input type="checkbox"/>	≥20% Y <input type="checkbox"/> N <input type="checkbox"/>	Ensure that recertification assessments are completed between day 56 and day 60 of the certification period (HHA has system for notifying clinician that recertification is due and tracks incoming recertification assessments to ensure timely completion).
1003 (Inconsistent effective date sequence) (warning)	Y <input type="checkbox"/> N <input type="checkbox"/>	≥10% Y <input type="checkbox"/> N <input type="checkbox"/>	Track submission of complete patient episodes (SOC/ROC and corresponding Transfer or Discharge assessment for each patient).
1002 (Inconsistent record sequence) (warning)	Y <input type="checkbox"/> N <input type="checkbox"/>	≥10% Y <input type="checkbox"/> N <input type="checkbox"/>	Track that assessments are submitted in the order they were conducted (e.g., SOC data are entered and submitted prior to recertification data).

Surveyor Training Worksheet Instructions: Adverse Event, Outcome, and Case Mix Reports

Materials:

- Blank worksheet
- Agency's Adverse Event (AE) Outcome Report (tabular and graphical) for the most recent quarter (or whatever time period is necessary to reach at least 60 patients)
- Agency's OBQI Outcome Report for the most recent 12-month period
- Agency's OBQI Case Mix Report for the most recent 12-month period
- Agency's Submission Statistics by Agency report for the most recent 6-month period
- Agency's Error Summary Report by HHA for the most recent 6-month period

AE Outcome Report

Tier 1 AE Outcomes (Emergent Care for Wound Infections, Deteriorating Wound Status and Emergent Care for Injury Caused by Fall or Accident at Home):

The Tier 1 AE Outcomes are the first ones listed on the AE Report.

- From the tabular (patient listing) Adverse Event Outcome Report, determine if there are any patients for each of the Tier 1 AEs. Check "Y" on the worksheet in the "Any Patients Listed?" column for each Tier 1 AE for which the HHA has patients listed. (If there are no patients for either Tier 1 AE, move on to the Tier 2 AEs.)
- If the HHA had any patients who experienced either of the Tier 1 AEs, check the applicable "Area for Focus" box(es). Also check the applicable box(es) in the "Record Review" column and circle "yes" in the "Home Visit" column.

Tier 2 AE Outcomes:

There are six Tier 2 AE outcomes. To determine which Tier 2 AE outcomes to investigate, complete the following process for each outcome:

- Determine whether the HHA had any patients who experienced the outcome. If so, check "Y" on the worksheet in the "Any Patients Listed?" column for that outcome; otherwise, check "N" and proceed to the next Tier 2 AE outcome. (If you work through the entire list and no patients experienced any of the Tier 2 AE outcomes, you may optionally focus on other AE outcomes with incidence rates \geq twice the reference rate.)
- For any AE outcome that has patients listed, look at the graphical (two-bar) AE Outcome Report and determine if the HHA's current incidence (white bar) was greater than or equal to twice the reference incidence (black bar). Check the appropriate box on the worksheet in the "Difference \geq Two Times Ref. Value?" column. If you check "N," move on to the next Tier 2 AE outcome -- this one will not be investigated. (If you work through the entire list and none of the Tier 2 AE outcome rates are equal to or more than twice the reference rate, you may optionally focus on other AE outcomes with incidence rates \geq twice the reference rate.)
- When you have completed the above two steps for all six Tier 2 AE outcomes, determine which outcomes have patients listed and have a current incidence that is greater than or equal to twice the reference incidence (i.e., have a "Y" in both columns). For these outcomes, check the "Area for Focus" box. These are the Tier 2 AE outcomes that you will investigate. Also check the applicable box(es) in the "Record Review" column.
- Only two of the Tier 2 AE outcomes require a home visit: Emergent Care for Improper Medication Administration, Medication Side Effects and Emergent Care for Hypo/ Hyperglycemia. Check the appropriate box in the "Home Visit" column for these outcomes.

OBQI Outcome Report

Use the following instructions to select outcomes for investigation (a maximum of two of the 10 listed on the worksheet):

- Determine whether the HHA's sample size for each listed outcome is at least 30 eligible cases. (See the "Elig. Cases" column on the OBQI Outcome Report.) If so, check the " \geq 30 Eligible Cases?" column on the

worksheet for the outcome. (If you work through the entire list and no outcome has a large enough sample size, you will not be completing this part of the worksheet. Continue to the Case Mix Report section below.)

- For each outcome checked, determine the unfavorable magnitude of difference between the HHA's rate and the national reference by finding the difference between the percentages located to the right of the bar graph. Compare the agency's percentage to the reference. For each outcome, there is a percent difference listed in the "Difference from Ref. Value?" column. If the difference for that outcome meets or exceeds that amount, check "Y." You want to focus on outcomes for which the agency did not do as well as the national reference sample. For all the outcomes listed except Acute Care Hospitalization, this means that the agency's outcome rate is lower than the reference value. For Hospitalization only, an unfavorable difference exists when the agency's outcome rate is higher than the reference value. (Even if the HHA has no outcomes with the specified magnitude of difference, you may still be able to fill out this part of the worksheet. Complete the next step for outcomes that have ≥ 30 eligible cases.)
- For each outcome that meets the criteria thus far, determine the statistical significance (in the "Signif." column on the OBQI Outcome Report). If the outcome is statistically significant (≤ 0.10 , indicated by * or **), check the "Statistically Sig.?" column. Repeat this process for all applicable outcomes.
- Look at the worksheet and choose (if possible) two outcomes for focus from those that have: at least 30 patients, a large and unfavorable magnitude of difference from the reference sample, and statistical significance. If two or more outcomes meet these criteria, choose two for investigation. Check the "Outcomes for Focus" column.
- If none of the 10 listed outcomes meet the criteria, you may select another outcome from the OBQI Outcome Report for focus. The outcome must have: at least 30 patients, a large and unfavorable magnitude of difference between the HHA and the reference, and statistical significance. Write the outcome on the "Other" line on the worksheet, and check the appropriate boxes.

Case Mix Report

- Look at the "Acute Conditions" and "Diagnoses For Which Patients are Receiving Home Care" columns (p. 2 of the Case Mix Report). Determine if any conditions or diagnoses are:
 - (1) statistically significant (≤ 0.01 , indicated by * or **) and
 - (2) ≥ 15 percentage points higher than the reference rate. For example, for orthopedic conditions, if the agency's current mean is 31.2% and the reference mean is 20.2%, the difference between the two values is 11 percentage points. This case mix item would not necessarily need to be investigated further because it doesn't meet the ≥ 15 percentage points threshold.
- Enter up to three such conditions or diagnoses on the worksheet. If no conditions or diagnoses fit both criteria, you will not be completing this part of the worksheet.

Submission Statistics by Agency

- Look at the report and determine whether the HHA
 - (1) is submitting data less often than monthly, and/or
 - (2) has $> 20\%$ of records rejected.Mark "Y" or "N" on the worksheet in the "Submission Questions" column for each.
- If either of these situations is occurring at the HHA, while you are on site research the items listed in the "If yes to either probe, investigate" column. Mark "Y" or "N" on the worksheet for each. Keep these issues in mind when writing the Statement of Deficiencies, if applicable.

Error Summary Report by HHA

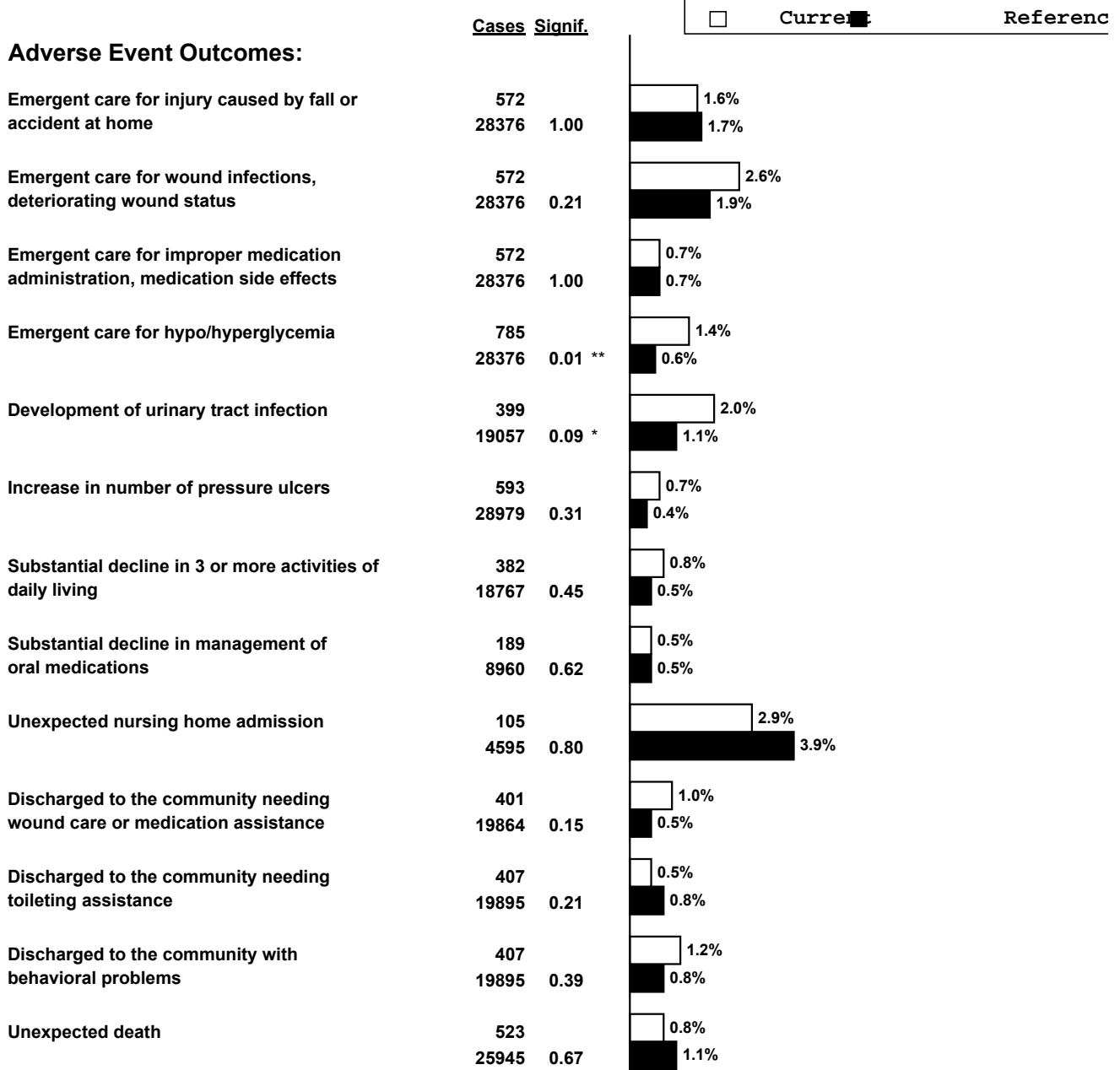
- Look at the report and determine if any of the four errors listed on the worksheet (in the "Do the following errors appear on the report?" column) have occurred at the HHA. Check "Y" or "N."
- Determine if the errors occurred in the amounts indicated on the worksheet (in the "Threshold met or exceeded?" column). Check "Y" or "N."
- If you checked "Y" in both columns for any of the errors, when you are on site at the HHA, carry out the investigation indicated in the "If yes, determine if the HHA's processes" column for the specific error(s).

Agency Name: BETTERCARE AGENCY
 Agency ID: HHA02
 Location: Anytown, USA
 Medicare Number: 007002
 Medicaid Number: 999888002

Requested Current Period: 10/2001-12/2001
 Actual Current Period: 10/2001-12/2001
 Number of Cases in Current Period: 792
 Number of Cases in Reference Sample: 29983
 Date Report Printed: 02/28/2002

Adverse Event Outcome Report

Adverse Event Outcomes:



* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.

** The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.

Percent of Cases with Adverse Event Outcome
 # Values above 10% are not graphed to scale.

Agency Name: BETTERCARE AGENCY
Agency ID: HHA02
Location: Anytown, USA
Medicare Number: 007002
Medicaid Number: 999888002

Requested Current Period: 10/2001-12/2001
Actual Current Period: 10/2001-12/2001
Number of Cases in Current Period: 792
Number of Cases in Reference Sample: 29983
Date Report Printed: 02/28/2002

Adverse Event Outcome Report Patient Listing

Emergent Care for Injury Caused by Fall or Accident at Home

Complete Data Cases: 572 Number of Events: 9 Agency Incidence: 1.6% Reference Incidence: 1.7%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
654896104	Cris	Ron	M	05/11/1925	10/22/01	12/27/01
544740859	Hair	Janet	F	08/29/1935	11/12/01	11/18/01
445140130	Shout	Cindy	F	06/13/1939	10/28/01	12/10/01
674803196	Starson	Mina	F	09/16/1933	11/22/01	12/26/01
175305360	Amrod	Arnold	M	06/06/1928	11/17/01	11/25/01
451896539	Turner	Ellen	F	01/16/1934	10/27/01	11/15/01
410242616	Adwan	Lisa	F	01/01/1925	11/28/01	12/05/01
037083519	Reese	Cecil	M	04/11/1924	10/26/01	12/05/01
038923073	Thomason	Bruce	M	04/28/1938	11/02/01	11/05/01

Emergent Care for Wound Infections, Deteriorating Wound Status

Complete Data Cases: 572 Number of Events: 15 Agency Incidence: 2.6% Reference Incidence: 1.9%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
601714911	Patterson	Cindy	F	10/03/1938	10/22/01	12/23/01
544740859	Hair	Janet	F	08/29/1935	12/12/01	12/18/01
848022770	Jenson	Steve	M	08/29/1931	10/20/01	12/18/01
157235821	Connor	Carole	F	09/01/1917	11/02/01	11/09/01
364627291	Kapinski	Bernadeane	F	09/03/1930	12/09/01	12/18/01
606116128	Dykstra	Mary Anne	F	07/27/1935	10/16/01	11/23/01
223434953	Dedford	Cathy	F	06/26/1917	11/19/01	11/28/01
760263344	Foreman	Jay	M	01/10/1928	12/19/01	12/23/01
203633766	Liberson	Marilyn	F	05/04/1924	11/07/01	11/29/01
890266877	Besen	Levond	F	12/10/1934	11/19/01	11/30/01
774698823	Anthony	Marge	F	01/05/1941	10/02/01	10/10/01
752690714	Fenton	Victoria	F	06/04/1932	11/21/01	11/31/01
388120765	Frazer	Virginia	F	08/17/1920	12/10/01	12/24/01
648423584	DuBois	Lori	F	02/01/1915	11/18/01	12/22/01
425853763	Anderl	Carolyn	F	08/03/1924	10/19/01	10/26/01

Emergent Care for Improper Medication Administration, Medication Side Effects

Complete Data Cases: 572 Number of Events: 4 Agency Incidence: 0.7% Reference Incidence: 0.7%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
003678864	Reginald	Betty	F	04/27/1923	11/13/01	12/09/01
745499372	Babacha	Leonard	M	12/20/1918	12/22/01	12/23/01
223324976	Rollins	Bonnie	F	12/04/1924	10/23/01	12/17/01
039892392	Price	Susan	F	07/13/1935	11/30/01	12/10/01

Agency Name: BETTERCARE AGENCY
 Agency ID: HHA02
 Location: Anytown, USA
 Medicare Number: 007002
 Medicaid Number: 999888002

Requested Current Period: 10/2001-12/2001
 Actual Current Period: 10/2001-12/2001
 Number of Cases in Current Period: 792
 Number of Cases in Reference Sample: 29983
 Date Report Printed: 02/28/2002

Adverse Event Outcome Report Patient Listing

Emergent Care for Hypo/Hyperglycemia

Complete Data Cases: 785 Number of Events: 11 Agency Incidence: 1.4% Reference Incidence: 0.6%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
370756750	McCurt	Sandra	F	11/10/1931	10/06/01	11/06/01
571865967	Badlin	Penny	F	01/18/1929	11/02/01	12/24/01
184679971	Penny	Deborah	F	06/02/1915	10/22/01	10/29/01
414789317	Thomas	Pat	F	12/14/1931	11/15/01	12/02/01
951358157	Santon	Janice	F	07/14/1938	10/01/01	12/30/01
753458499	Kaiberl	Paul	M	02/20/1935	10/14/01	10/15/01
487895212	Patrick	Joey	F	04/03/1940	10/15/01	11/01/01
738949277	Williams	Carrie	F	10/31/1933	12/15/01	12/30/01
748261837	Timothy	William	M	08/08/1941	11/08/01	12/05/01
339666452	Jack	Eunice	F	10/17/1932	10/16/01	10/25/01
738601993	Ramirez	Luisa	F	04/16/1947	11/02/01	11/04/01

Development of Urinary Tract Infection

Complete Data Cases: 399 Number of Events: 8 Agency Incidence: 2.0% Reference Incidence: 1.1%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
859294045	Dietrich	Jim	M	10/17/1920	11/20/01	12/19/01
565570409	Roslert	Walter	M	10/21/1938	10/26/01	11/13/01
014760252	Conner	Sherwood	M	11/14/1940	10/29/01	11/30/01
472551333	Gunderson	Rosemary	F	08/18/1915	12/17/01	12/26/01
773642368	McDaniel	Caleb	M	01/23/1938	10/19/01	12/20/01
759333066	Burnett	Jan	F	07/04/1929	10/25/01	11/30/01
136056137	Hayman	Edd	M	10/05/1929	11/07/01	12/07/01
947917397	St. Michael	Teri	F	11/29/1940	11/17/01	11/18/01

Increase in Number of Pressure Ulcers

Complete Data Cases: 593 Number of Events: 4 Agency Incidence: 0.7% Reference Incidence: 0.4%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
315867385	Dimerez	Robert	M	12/06/1937	10/29/01	11/09/01
133711082	Kinder	Jane	F	11/11/1915	10/20/01	12/14/01
417495912	Benton	Tracy	F	04/07/1914	11/05/01	12/06/01
870032669	Martinez	Lyn	M	12/19/1930	10/24/01	11/03/01

Substantial Decline in 3 or More Activities of Daily Living

Complete Data Cases: 382 Number of Events: 3 Agency Incidence: 0.8% Reference Incidence: 0.5%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
854314071	Henry	Byron	M	06/29/1940	10/06/01	11/02/01
424787337	Smith	Flo	F	11/20/1927	12/01/01	12/21/01
500582191	King	Kathleen	F	08/26/1916	10/27/01	11/03/01

Agency Name: BETTERCARE AGENCY
Agency ID: HHA02
Location: Anytown, USA
Medicare Number: 007002
Medicaid Number: 999888002

Requested Current Period: 10/2001-12/2001
Actual Current Period: 10/2001-12/2001
Number of Cases in Current Period: 792
Number of Cases in Reference Sample: 29983
Date Report Printed: 02/28/2002

Adverse Event Outcome Report Patient Listing

Substantial Decline in Management of Oral Medications

Complete Data Cases: 189 Number of Events: 1 Agency Incidence: 0.5% Reference Incidence: 0.5%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
502513146	Burke	Brenda	F	06/03/1924	11/01/01	12/20/01

Unexpected Nursing Home Admission

Complete Data Cases: 105 Number of Events: 3 Agency Incidence: 2.9% Reference Incidence: 3.9%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
952821056	Burch	Nancy	F	09/17/1936	10/30/01	11/08/01
118840231	Elsen	Jean	F	01/20/1923	10/06/01	10/15/01
645083076	Callahan	Jack	M	04/29/1929	11/20/01	12/05/01

Discharged to the Community Needing Wound Care or Medication Assistance

Complete Data Cases: 401 Number of Events: 4 Agency Incidence: 1.0% Reference Incidence: 0.5%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
047170580	James	Todd	M	08/22/1917	12/17/01	12/26/01
019528462	Hoch	Chris	M	11/13/1917	10/14/01	10/16/01
197215357	Lincoln	Andrew	M	11/05/1937	10/11/01	10/16/01
407160030	Tyler	Mona	F	03/21/1933	11/17/01	11/24/01

Discharged to the Community Needing Toileting Assistance

Complete Data Cases: 407 Number of Events: 2 Agency Incidence: 0.5% Reference Incidence: 0.8%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
675779542	Eggert	Patricia	F	08/22/1915	10/06/01	10/13/01
083773193	Loren	Patrick	M	10/18/1924	11/13/01	11/18/01

Discharged to the Community With Behavioral Problems

Complete Data Cases: 407 Number of Events: 5 Agency Incidence: 1.2% Reference Incidence: 0.8%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
653640671	Quentin	Roseann	F	09/13/1934	10/22/01	11/20/01
251160016	Ernest	John	M	09/22/1940	12/03/01	12/12/01
932752042	Martin	Sylvia	F	07/23/1915	12/28/01	12/31/01
239777508	Gaylord	Diane	F	09/09/1937	10/11/01	12/06/01
511499232	Johnson	Ronald	M	12/03/1932	10/15/01	12/03/01

Agency Name: BETTERCARE AGENCY
Agency ID: HHA02
Location: Anytown, USA
Medicare Number: 007002
Medicaid Number: 999888002

Requested Current Period: 10/2001-12/2001
Actual Current Period: 10/2001-12/2001
Number of Cases in Current Period: 792
Number of Cases in Reference Sample: 29983
Date Report Printed: 02/28/2002

Adverse Event Outcome Report Patient Listing

Unexpected Death

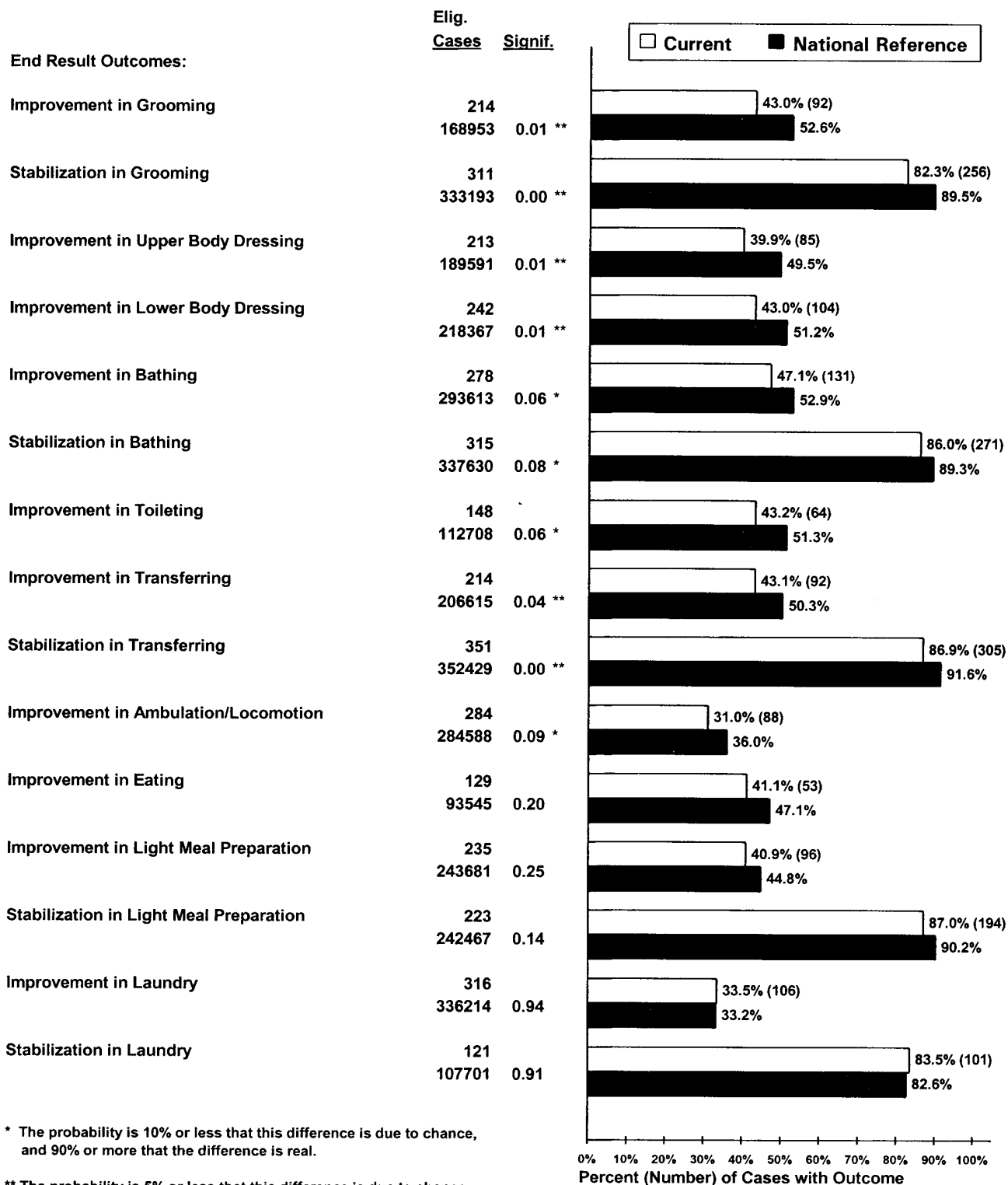
Complete Data Cases: 523 Number of Events: 4 Agency Incidence: 0.8% Reference Incidence: 1.1%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
205640357	Carlton	Rosie	F	09/24/1931	12/02/01	12/03/01
027698081	Nicholson	Sandy	F	07/13/1922	10/27/01	11/28/01
132486118	Sterns	Isabella	F	03/08/1937	11/08/01	12/17/01
031382376	Taylor	Ann	F	06/06/1933	10/22/01	11/25/01

Agency Name: BETTERCARE AGENCY
 Agency ID: HHA02
 Location: ANYTOWN, USA
 Medicare Number: 007002
 Medicaid Number: 999888002

Requested Current Period: 01/2001 - 12/2001
 Actual Current Period: 01/2001 - 12/2001
 Number of Cases in Current Period: 364
 Number of Cases in Natl Ref Sample: 357978
 Date Report Printed: 02/28/2002

All Patients' Risk Adjusted Outcome Report



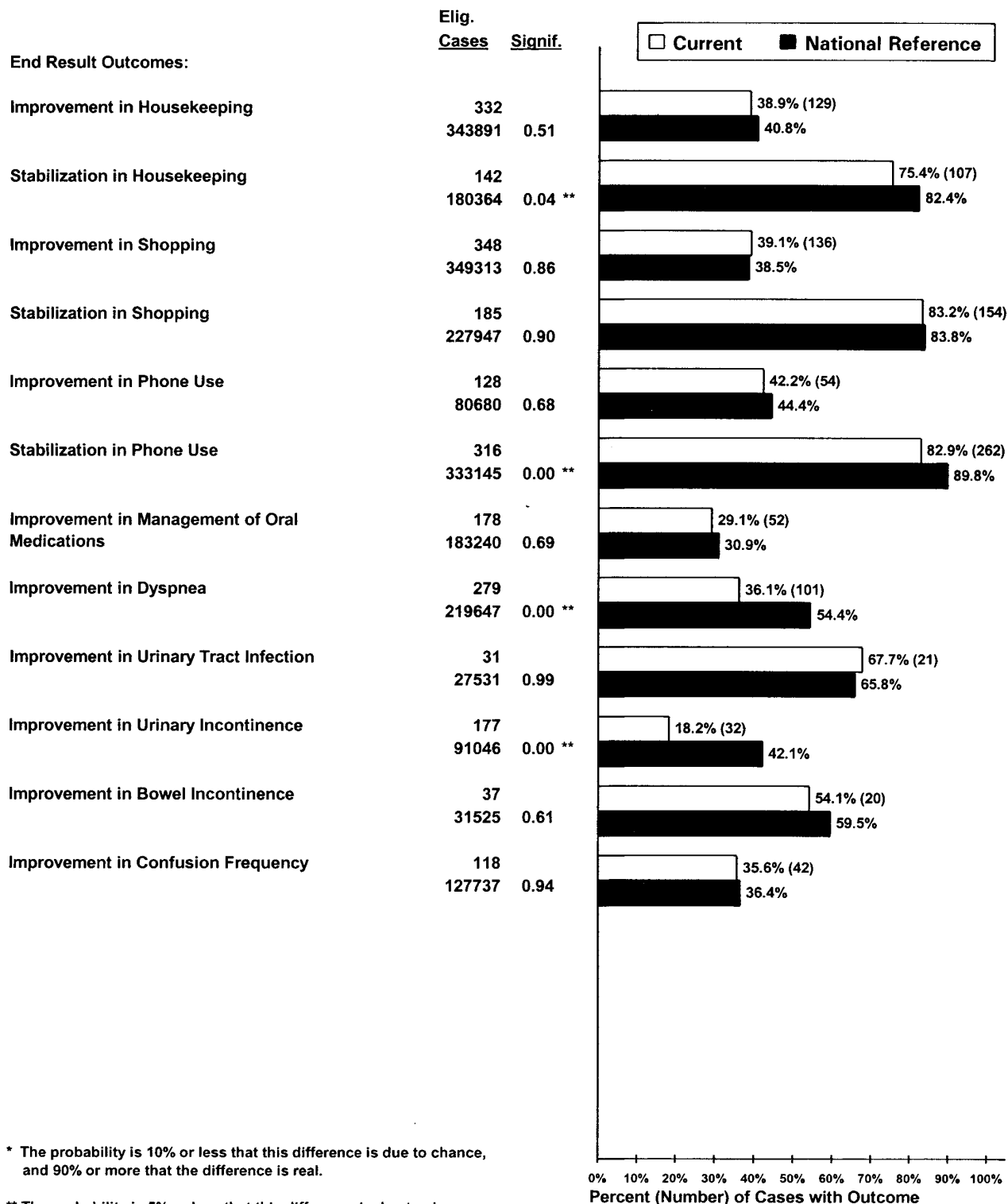
* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.

** The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.

Agency Name: BETTERCARE AGENCY
 Agency ID: HHA02
 Location: ANYTOWN, USA
 Medicare Number: 007002
 Medicaid Number: 999888002

Requested Current Period: 01/2001 - 12/2001
 Actual Current Period: 01/2001 - 12/2001
 Number of Cases in Current Period: 364
 Number of Cases in Natl Ref Sample: 357978
 Date Report Printed: 02/28/2002

All Patients' Risk Adjusted Outcome Report



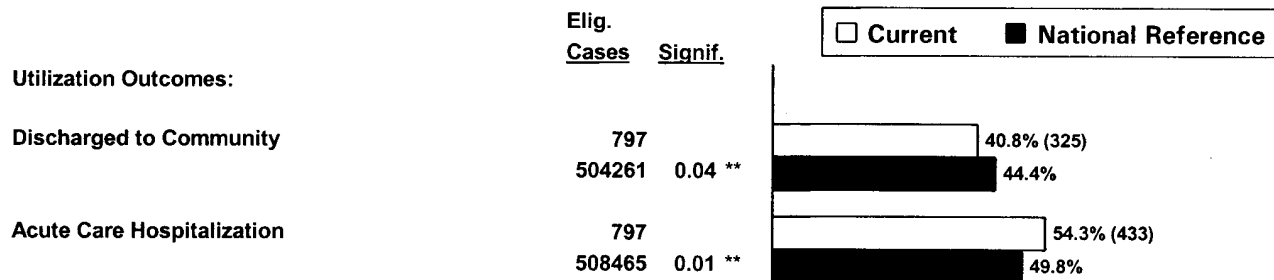
* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.

** The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.

Agency Name: BETTERCARE AGENCY
 Agency ID: HHA02
 Location: ANYTOWN, USA
 Medicare Number: 007002
 Medicaid Number: 999888002

Requested Current Period: 01/2001 - 12/2001
 Actual Current Period: 01/2001 - 12/2001
 Number of Cases in Current Period: 797
 Number of Cases in Natl Ref Sample: 508465
 Date Report Printed: 02/28/2002

All Patients' Risk Adjusted Outcome Report



This report has not been approved to meet privacy requirements and can only be used by the home health agency and state agency for defined purposes.

* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.

** The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.

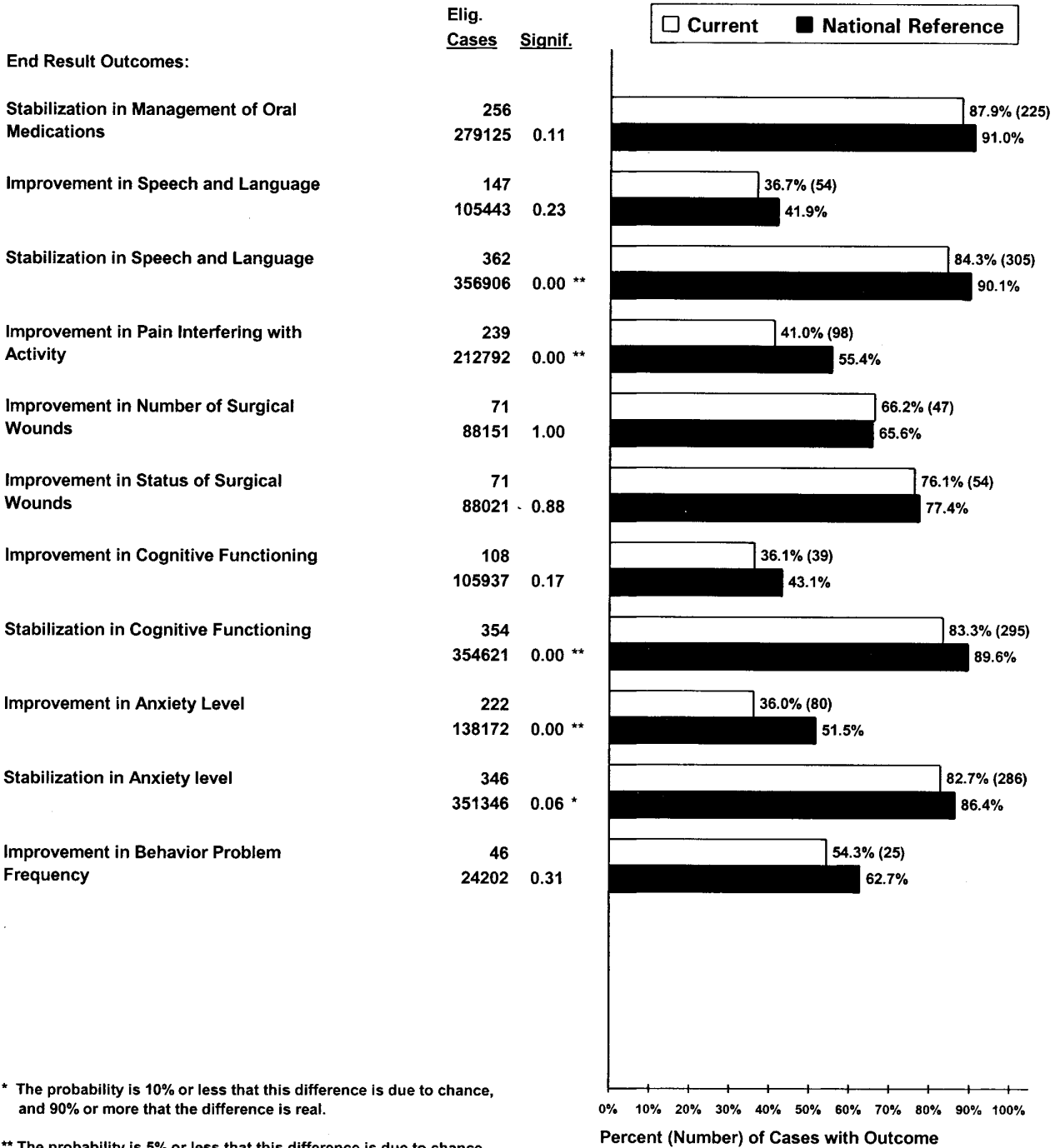
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Percent (Number) of Cases with Outcome

Agency Name: BETTERCARE AGENCY
 Agency ID: HHA02
 Location: ANYTOWN, USA
 Medicare Number: 007002
 Medicaid Number: 999888002

Requested Current Period: 01/2001 - 12/2001
 Actual Current Period: 01/2001 - 12/2001
 Number of Cases in Current Period: 364
 Number of Cases in Natl Ref Sample: 357978
 Date Report Printed: 02/28/2002

All Patients' Descriptive Outcome Report



* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.

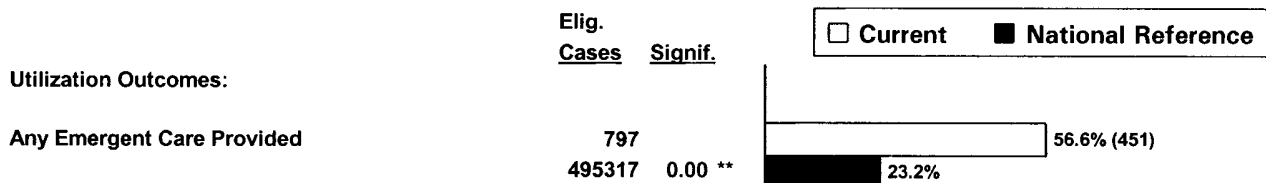
** The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.

Note: The reference value is not risk adjusted.

Agency Name: BETTERCARE AGENCY
 Agency ID: HHA02
 Location: ANYTOWN, USA
 Medicare Number: 007002
 Medicaid Number: 999888002

Requested Current Period: 01/2001 - 12/2001
 Actual Current Period: 01/2001 - 12/2001
 Number of Cases in Current Period: 797
 Number of Cases in Natl Ref Sample: 508465
 Date Report Printed: 02/28/2002

All Patients' Descriptive Outcome Report



This report has not been approved to meet privacy requirements and can only be used by the home health agency and state agency for defined purposes.

* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.

** The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.

Note: The reference value is not risk adjusted.

Percent (Number) of Cases with Outcome

Agency Name: BETTERCARE AGENCY
 Agency ID: HHA02
 Location: ANYTOWN, USA
 Medicare Number: 007002
 Medicaid Number: 999888002

Requested Current Period: 01/2001 - 12/2001
 Actual Current Period: 01/2001 - 12/2001
 Number of Cases in Current Period: 797
 Number of Cases in Reference Sample: 3069187
 Date Report Printed: 2/28/2002

Case Mix Profile at Start/Resumption of Care For Risk-Adjusted/Descriptive Outcome Report

	Current Mean	Reference Mean	Sig.		Current Mean	Reference Mean	Sig.
Demographics				ADL Status Prior to SOC/ROC			
Age (average in years)	70.75	72.78	**	Grooming (0-3, scale average)	0.66	0.52	**
Gender: Female (%)	69.4%	62.9%	**	Dress upper body (0-3, scale avg.)	0.35	0.35	
Race: Black (%)	1.7%	10.7%	**	Dress lower body (0-3, scale avg.)	0.70	0.63	
Race: White (%)	97.5%	85.5%	**	Bathing (0-5, scale average)	1.33	1.20	
Race: Other (%)	0.8%	3.8%	**	Toileting (0-4, scale average)	0.39	0.38	
Payment Source				Transferring (0-5, scale average)	0.38	0.44	**
Any Medicare (%)	80.4%	82.6%		Ambulation (0-5, scale average)	0.70	0.71	
Any Medicaid (%)	12.9%	14.3%		Eating (0-5, scale average)	0.22	0.21	
Any HMO (%)	3.0%	5.8%	*	IADL Disabilities at SOC/ROC			
Medicare HMO (%)	1.3%	2.2%		Light meal prep (0-2, scale avg.)	1.02	0.90	**
Any third party (%)	19.9%	21.9%		Transportation (0-2, scale avg.)	1.05	0.99	**
Current Residence				Laundry (0-2, scale average)	1.62	1.51	**
Own home (%)	74.7%	78.7%		Housekeeping (0-4, scale avg.)	2.89	2.68	**
Family member home (%)	20.5%	14.1%	**	Shopping (0-3, scale average)	2.10	2.06	
Current Living Situation				Phone use (0-5, scale average)	0.63	0.72	
Lives alone (%)	28.6%	29.4%		Mgmt. oral meds (0-2, scale avg.)	0.69	0.70	
With family member (%)	66.7%	64.2%		IADL Status Prior to SOC/ROC			
With friend (%)	1.3%	1.6%		Light meal prep (0-2, scale avg.)	0.65	0.56	*
With paid help (%)	2.3%	3.3%		Transportation (0-2, scale avg.)	0.78	0.69	**
Assisting Persons				Laundry (0-2, scale average)	1.10	0.96	**
Person residing in home (%)	57.0%	55.9%		Housekeeping (0-4, scale avg.)	1.93	1.73	*
Person residing outside home (%)	44.3%	53.0%	**	Shopping (0-3, scale average)	1.45	1.32	
Paid help (%)	9.3%	14.1%	**	Phone use (0-5, scale average)	0.49	0.59	
Primary Caregiver				Mgmt. oral meds (0-2, scale avg.)	0.53	0.54	
Spouse/significant other (%)	31.0%	33.6%		Respiratory Status			
Daughter/son (%)	33.0%	26.4%	**	Dyspnea (0-4, scale average)	1.33	1.19	
Other paid help (%)	3.7%	6.1%	*	Therapies Received at Home			
No one person (%)	21.7%	20.2%		IV/infusion therapy (%)	4.3%	3.7%	
Primary Caregiver Assistance				Parenteral nutrition (%)	0.5%	0.3%	
Freq. of assistance (0-6, scale avg.)	4.11	4.10		Enteral nutrition (%)	2.2%	1.8%	
Inpatient DC within 14 Days of SOC/ROC				Sensory Status			
From hospital (%)	69.1%	68.4%		Vision impairment (0-2, scale avg.)	0.32	0.30	
From rehab facility (%)	7.2%	6.4%		Hearing impair. (0-4, scale avg.)	0.38	0.45	**
From nursing home (%)	1.8%	3.3%		Speech/language (0-5, scale avg.)	0.45	0.47	
Med. Reg. Chg. w/in 14 Days of SOC/ROC				Pain			
Medical regimen change (%)	67.7%	81.2%	**	Pain interf. w/activity (0-3, scale avg.)	0.95	0.98	
Prognoses				Intractable pain (%)	14.0%	13.7%	
Moderate recovery prognosis (%)	85.3%	85.9%		Neuro/Emotional/Behavioral Status			
Good rehab prognosis (%)	62.6%	68.2%	*	Moderate cognitive disability (%)	10.8%	11.9%	
ADL Disabilities at SOC/ROC				Severe confusion disability (%)	5.7%	6.9%	
Grooming (0-3, scale average)	1.02	0.86	**	Severe anxiety level (%)	16.7%	11.7%	**
Dress upper body (0-3, scale avg.)	0.56	0.59	*	Behav probs > twice a week (%)	14.0%	5.7%	**
Dress lower body (0-3, scale avg.)	1.22	1.10		Integumentary Status			
Bathing (0-5, scale average)	2.15	2.03		Presence of wound/lesion (%)	31.6%	31.2%	
Toileting (0-4, scale average)	0.63	0.57		Stasis ulcer(s) present (%)	3.7%	2.9%	
Transferring (0-5, scale average)	0.64	0.70	**	Surgical wound(s) present (%)	21.1%	22.3%	
Ambulation (0-5, scale average)	1.05	1.07		Pressure ulcer(s) present (%)	8.2%	5.4%	*
Eating (0-5, scale average)	0.33	0.32		Stage 2-4 ulcer(s) present (%)	6.5%	4.5%	
				Stage 3-4 ulcer(s) present (%)	4.0%	1.4%	**

Agency Name: BETTERCARE AGENCY
 Agency ID: HHA02
 Location: ANYTOWN, USA
 Medicare Number: 007002
 Medicaid Number: 999888002

Requested Current Period: 01/2001 - 12/2001
 Actual Current Period: 01/2001 - 12/2001
 Number of Cases in Current Period: 797
 Number of Cases in Reference Sample: 3069187
 Date Report Printed: 2/28/2002

Case Mix Profile at Start/Resumption of Care For Risk-Adjusted/Descriptive Outcome Report

	Current Mean	Reference Mean	Sig.		Current Mean	Reference Mean	Sig.
Elimination Status				Length of Stay			
UTI within past 14 days (%)	22.5%	9.7%	**	LOS until discharge (avg. in days)	49.52	40.35	**
Urinary incont./catheter present (%)	12.6%	16.7%	**	LOS from 1 to 31 days (%)	46.6%	54.0%	**
Incontinent day and night (%)	10.0%	9.3%		LOS from 32 to 62 days (%)	28.0%	30.0%	
Urinary catheter (%)	6.0%	5.9%		LOS from 63 to 124 days (%)	17.8%	11.8%	**
Bowel incont. (0-5, scale avg.)	0.29	0.23		LOS more than 124 days (%)	7.7%	4.3%	**
Acute Conditions				* The probability is 1% or less that the difference is due to chance, and 99% or more that the difference is real.			
Orthopedic (%)	18.5%	21.5%		** The probability is 0.1% or less that the difference is due to chance, and 99.9% or more that the difference is real.			
Neurologic (%)	13.1%	9.3%	*				
Open wounds/lesions (%)	33.0%	31.8%					
Terminal condition (%)	5.7%	5.6%					
Cardiac/peripheral vascular (%)	27.0%	30.9%					
Pulmonary (%)	17.3%	16.9%					
Diabetes mellitus (%)	7.7%	8.4%					
Gastrointestinal disorder (%)	12.5%	11.5%					
Contagious/communicable (%)	9.8%	3.0%	**				
Urinary incont./catheter (%)	6.0%	8.1%					
Mental/emotional (%)	9.3%	3.1%	**				
Oxygen therapy (%)	11.2%	11.2%					
IV/infusion therapy (%)	4.3%	3.7%					
Enteral/parenteral nutrition (%)	2.7%	2.0%					
Ventilator (%)	0.0%	0.1%					
Chronic Conditions							
Dependence in living skills (%)	42.1%	35.9%	*				
Dependence in personal care (%)	37.9%	22.9%	**				
Impaired ambulation/mobility (%)	14.0%	13.4%					
Eating disability (%)	4.2%	3.2%					
Urinary incontinence/catheter (%)	13.1%	13.7%					
Dependence in med. admin. (%)	44.1%	39.9%					
Chronic pain (%)	7.7%	5.7%					
Cognitive/mental/behavioral (%)	28.6%	23.5%	*				
Chronic pt. with caregiver (%)	40.4%	34.0%	**				
Home Care Diagnoses							
Infectious/parasitic diseases (%)	13.0%	4.5%	**				
Neoplasms (%)	11.8%	12.3%					
Endocrine/nutrit./metabolic (%)	29.0%	27.1%					
Blood diseases (%)	8.2%	6.7%					
Mental diseases (%)	20.1%	9.9%	**				
Nervous system diseases (%)	13.8%	9.4%	**				
Circulatory system diseases (%)	61.6%	55.3%	*				
Respiratory system diseases (%)	24.3%	19.5%	*				
Digestive system diseases (%)	13.8%	12.0%					
Genitourinary sys. diseases (%)	10.7%	10.4%					
Pregnancy problems (%)	0.5%	0.2%					
Skin/subcutaneous diseases (%)	6.2%	7.4%					
Musculoskeletal sys. diseases (%)	26.1%	23.5%					
Congenital anomalies (%)	1.8%	0.8%					
Ill-defined conditions (%)	24.1%	19.6%	*				
Fractures (%)	12.0%	9.1%					
Intracranial injury (%)	0.2%	0.3%					
Other injury (%)	9.5%	5.9%	**				
Iatrogenic conditions (%)	2.2%	3.1%					

CMS State Report
(IA) SUBMISSION STATISTICS BY AGENCY

Agency ID: HHA2

Start Submission Date: 1/1/2002

End Submission Date: 6/30/2002

Submission Date/Time	Submission ID	Records Processed	Records Rejected	Records Accepted	Reject %	Vendor Name
6/11/2002 18:13:55	33168	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 18:12:44	33167	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 18:11:46	33166	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 18:10:38	33165	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 18:09:33	33164	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 18:08:18	33163	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 18:06:38	33162	1	1	0	100.00%	MY GOOD SOFTWARE
6/11/2002 18:05:58	33161	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 18:04:52	33160	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 18:01:42	33159	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 18:01:10	33158	1	1	0	100.00%	MY GOOD SOFTWARE
6/11/2002 17:59:23	33157	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:58:48	33156	1	1	0	100.00%	MY GOOD SOFTWARE
6/11/2002 17:57:49	33155	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:56:51	33154	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:55:36	33153	2	0	2	0.00%	MY GOOD SOFTWARE
6/11/2002 17:54:15	33152	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:51:26	33151	1	1	0	100.00%	MY GOOD SOFTWARE
6/11/2002 17:50:11	33150	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:48:27	33149	1	1	0	100.00%	MY GOOD SOFTWARE
6/11/2002 17:46:11	33148	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:45:06	33147	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:43:59	33146	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:42:12	33145	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:39:45	33144	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:38:22	33143	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:36:29	33142	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:35:07	33141	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:33:58	33140	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:14:50	33139	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:13:27	33138	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:12:16	33137	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:11:11	33136	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:09:48	33135	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:08:39	33134	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:03:06	33133	1	1	0	100.00%	MY GOOD SOFTWARE
6/11/2002 17:02:27	33132	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 17:01:04	33131	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 16:55:55	33130	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 16:55:23	33129	1	1	0	100.00%	MY GOOD SOFTWARE
6/11/2002 16:53:16	33128	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 16:51:47	33127	1	1	0	100.00%	MY GOOD SOFTWARE
6/11/2002 16:51:03	33126	1	1	0	100.00%	MY GOOD SOFTWARE
6/11/2002 16:50:05	33125	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 16:48:44	33124	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 16:47:35	33123	2	0	2	0.00%	MY GOOD SOFTWARE
6/11/2002 16:45:50	33122	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 16:43:51	33121	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 16:13:20	33120	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 16:12:00	33119	1	0	1	0.00%	MY GOOD SOFTWARE

09/12/2002

CMS State Report
(IA) SUBMISSION STATISTICS BY AGENCY

Agency ID: HHA2

Start Submission Date: 1/1/2002

End Submission Date: 6/30/2002

Submission Date/Time	Submission ID	Records Processed	Records Rejected	Records Accepted	Reject %	Vendor Name
6/11/2002 16:10:47	33118	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 16:06:49	33117	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 16:03:23	33116	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 16:01:36	33115	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 15:58:20	33114	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 15:54:17	33113	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 15:51:14	33112	1	0	1	0.00%	MY GOOD SOFTWARE
6/11/2002 15:22:47	33110	1	0	1	0.00%	MY GOOD SOFTWARE
Totals:	58	60	9	51	15.00%	

09/12/2002

CMS State Report
ERROR SUMMARY REPORT BY HHA
(IA) (Submission Date BETWEEN 01/01/2002 AND 06/30/2002)

HHA ID: HHA2
HHA NAME: HHA2
HHA CITY: SACRAMENTO

Error #	Error Message	# Errors	% of Assessments with the Error
1000	Duplicate assessment: The record submitted is a duplicate of a previously submitted record.	1	1.67%
102	Inconsistent LOCK_DATE : The submitted record was not locked within CMS timing guidelines. The LOCK_DATE should be no earlier than the (M0090) date AND no more than 7 days after the (M0090) date.	8	13.33%
234	Inconsistent Lock Date/Submission Date: The submitted assessment was not submitted within CMS timing guidelines. The submission month was later than the month following the Lock Date.	79	131.67%
262	Inconsistent M0090 date:RFA 04 (M0090) does not meet CMS timing guidelines. RFAs 04 must be done on an every 60 day cycle; (M0090) is no earlier than day 56 and no later than day 60 of that F/U cycle.	12	20.00%
245	Inconsistent M0150/MASK_VERSION_CODE values: if (M0150) Payment Sources items 1, 2, 3, or 4 are checked, then MASK_VERSION_CD must be unchecked.	3	5.00%
213	Invalid data value: The submitted data for this response is not in the valid range of acceptable values.	1	1.67%
265	New Patient: A new person has been created in the database of the CMS OASIS system at the State with the information submitted in this record.	28	46.67%
1007	No match found: No matching record was found in the database for the submitted correction.	13	21.67%
81	Patient information updated: Submitted data in the above field is not the same as the data previously submitted for this patient. Verify that the "new" information is correct.	29	48.33%
Total:		174	