

## OASIS Alert

### Survey & Certification: CMS WANTS TO CHECK YOUR ID

The **Centers for Medicare & Medicaid Services** plans to use M0016 to hone surveyors' chops, and the looming change could leave agencies bewildered, experts worry.

CMS has ordered its regional offices to begin assigning unique identification numbers to HHA branch offices. The agency promised it would undertake the measure in comments on a recent **General Accounting Office** report on HHA surveys and quality.

When its number is assigned, an HHA branch must use the ID on OASIS item M0016 (Branch ID) "when an assessment is done on a patient by qualified staff of a branch location," CMS says in a model letter for surveyors to send to HHAs. The letter is part of a memo CMS recently sent to its ROs and state survey agencies.

Historically, M0016 has been optional and agencies have been able to use a code they set themselves to identify the branch.

CMS is planning to issue instructions "shortly" that will require agencies to use the new branch ID number instead, once it is assigned, according to the memo.

All of this administrative work should help CMS improve its surveys of HHAs, CMS claims. That "improvement" is likely to mean more survey headaches for agencies, observers fear.

"We are currently exploring how to incorporate branch surveys into the HHA survey schedules and to ensure that states and ROs have sufficient resources to accommodate any increase in the level of effort necessary to implement changes to the current process," CMS tells its ROs and survey agencies in the memo.

HHAs should expect to see more involvement of branches in future surveys, predicts Chapel Hill, NC-based consultant **Judy Adams** with **Larson Allen Health Group**. Currently, branches tend to merely send some records to the parent for surveyor review. Soon, if individual branches' outcome-based quality improvement or adverse events data are worse than other locations, surveyors could pay them a visit. "Armed with that information, the surveyor could potentially target exactly where he/she wants to visit to follow up on quality of care questions," Adams says.

Another new headache could be figuring out exactly which OASIS assessments qualify as branch versus parent assessments.

CMS defines a branch assessment as one done by "qualified staff of a branch location," but sometimes parents and branches share staff, points out Michigan-based consultant **Linda Stock**, also with Larson Allen. That's especially true after hours or on weekends or holidays, when case loads vary widely between branches, Stock notes. HHAs using an admission nurse model also are more likely to share staff than those not using the model.

Figuring out which category the assessment fits into could put even more of an OASIS burden on agencies' shoulders.

On the bright side, this measure could be the beginning of CMS' attempt to provide HHAs with OBQI data to compare between offices, says Adams. "Most agencies with multiple offices are interested in getting OBQI information that compares their offices to one another."

An HHA could use the comparative data to "monitor the effectiveness of its oversight of the branch office," Adams notes.

The new identification numbers will link branches to their parents by adding a "Q" after the state portion of the parent's

ID number and an additional three characters at the end to ID the branch. For example, an Alabama HHA with a Medicare provider number of 017001 could have branches with numbers 01Q7001001, 01Q7001002, and 01Q7001003, CMS explains in its memo.

ROs or state officials will send agencies their new branch numbers, but some HHAs may get theirs sooner than others. Software work will prevent ROs from entering branch ID numbers into Medicare data systems until October, and CMS will give ROs until "the end of calendar year 2003" to identify, enumerate and enter branch ID numbers into Medicare systems, the memo says.