

OASIS Alert

Survey & Certification: Fail A Survey And You Could Flunk Out Of Medicare

You don't have to be perfect - 90 percent may be close enough.

Follow the Boy Scout motto for your next survey: Be Prepared.

Surveyors arrive anywhere from every four to six months to every 33 to 36 months, with the most common timing being 18 to 24 months, experts say. So if you haven't yet had your first OASIS-based survey - or if you've had an unsatisfactory one - start preparing now to ace your next survey.

Beginning in 2003 surveys began focusing more on outcomes. Both OASIS and this focus on outcomes resulted from the survey process, as surveyors tried to determine what home care looked like, explains Chicago-based regulatory firm quality consultant **Rebecca Friedman Zuber**. Now OASIS has expanded to drive care planning and reimbursement, but it also strongly influences the survey process, she told attendees at the **National Association for Home Care & Hospice's** recent annual meeting in Phoenix.

Agencies need to be prepared if they want to achieve survey success, warns **Charlotte Hughes**, national advisor for regulatory affairs with **Gentiva Health Services** in Tampa, FL, also speaking at the NAHC conference. You need to understand the survey process so you can work with the surveyors every step of the way. "The best time to challenge a deficiency is before it is written down," she says.

New way: One important change in surveys is the pre-survey preparation in which surveyors access your OASIS data to plan the survey focus. The **Centers for Medicare & Medicaid Services** provides surveyors with a list of eight adverse events and 10 patient outcomes to concentrate on prior to initiating a survey or site visit.

Example: If any of your patients experience "Emergent Care for Injury Caused by Fall or Accident at Home" or "Emergent Care for Wound Infections, Deteriorating Wound Status," CMS requires surveyors to take a closer look. (The two-page surveyor worksheet is at www.cms.hhs.gov/oasis/surveywksht.pdf.)

Even though surveyors may not use the reports themselves to cite you for deficiencies, they can use the reports to pinpoint which charts they want to see. For example, surveyors may ask to see patients who have similar vulnerabilities to those that show up on your adverse event reports. (For an explanation of the various reports, see box).

What to do: Don't wait until survey time to begin thinking about the process. Follow these basic steps to begin your preparation, experts advise:

1. Study the eight adverse events and 10 outcome based quality improvement outcomes included in the survey protocol in conjunction with your most recent outcome reports.
2. From these reports, determine which of the adverse events or outcomes are most likely to attract a surveyor's attention.
3. Figure out why your agency may deviate from the national reference and put a plan in place to correct the problem.

What You Don't Know Can Hurt You

Besides knowing how the surveyor will be approaching your survey, consider these three tips to improve your chances of

survey success:

Prep tip #1: Know the rules. Reading the sections of your State Operations Manual that describe the survey process is critically important, Zuber cautions. Other important references include CMS' online manuals, CMS' explanatory letters that interpret its policies, and state licensure rules and guidelines.

Protect yourself: You're held to the requirements - federal or state - that are the most stringent. Also be sure you know what your own policy and procedures say. And if your policies are stricter than the government's requirements, you must follow your own rules, experts warn. "You can really get hung if your policies say one thing and your practices are something else," Zuber says.

Prep tip #2: Know your data. Because surveyors have access to your OASIS data prior to the survey, it's especially important that you know your OASIS reports and what they say about your organization, Zuber stresses. Know which patients are on your adverse event reports and be able to pick out charts of similar patients for chart review and possibly home visits, she advises.

Prep tip # 3: Don't exceed the "screw up factor." You have some leeway in meeting OASIS standards, but if you push the envelope too far, you'll get greater surveyor scrutiny, Zuber warns. Surveyors will want to know why if:

4. twenty percent or more of your OASIS data set submissions are rejected.
 5. your records aren't locked within seven days at least 80 percent of the time.
 6. your recert OASIS isn't collected timely (within the five-day window) at least 80 percent of the time.
 7. you don't collect all of the required data at the required time points in at least 90 percent of the episodes.
 8. your assessments aren't submitted in the order they are conducted at least 90 percent of the time.
- If you don't meet these standards, surveyors will investigate your processes "and it will probably be a partial extended survey," Zuber warns. A standard survey can quickly turn into an extended survey - one examining all conditions of participation - if a deficiency suggests your agency may be out of compliance with one of the COPs, Zuber says.

Editor's Note: For tips on what to do once the surveyor arrives, order "The Medi-care Home Health Survey: What to Expect and How to Respond" at www.nahc.org (click on "conference").