

## OASIS Alert

### ASSESSMENT: 3 Simple Ways To Improve OASIS Accuracy

**When assessing, try replacing 'tell me' with 'show me.'**

If your agency continues to transmit flawed OASIS assessments, you're cheating yourself out of the episode reimbursement you've earned.

Begin addressing accuracy at the basic level -- with the clinician. Many clinicians don't receive enough OASIS training, experts say. And OASIS interpretations keep changing, they add. Here are three places you'll see speedy improvement:

**1. Explain the HIPPS codes.** Many clinicians don't understand HIPPS codes, says consultant **Rose Kimball** with **Med-Care Administrative Services** in Dallas. They don't need to master the ins and outs of reimbursement, but they do need to know basic information on how HIPPS codes work.

On Medicare claims, the home health resource group (HHRG) resulting from the OASIS assessment is represented as a HIPPS code, the **Center for Medicare & Medicaid Services** says. Grouper software run at a home health agency site uses specific elements from the OASIS data set to assign beneficiaries to a HIPPS code. The grouper outputs the HIPPS code, which must be entered on the claim, CMS says.

**Key:** The first and fifth letters are not important to the clinician. But the second, third and fourth letters represent the clinical, functional and services domains, respectively, on the OASIS assessment. For example, the code for a patient with the minimal needs in all three domains would be HAEJ1.

**Bare minimum:** Knowing what the second letter in the code means lets clinicians double check the data generated with the assessment the clinician did, Kimball points out. The letter in the second position represents the clinical domain. An A means the patient has minimal clinical needs, while a D represents the highest level of clinical needs identified on the OASIS assessment. So if the patient is very ill, but the second letter in the HIPPS code is A, the clinician knows right away there could be a problem with her data, Kimball says.

**2. Go back to wound basics.** If your clinicians don't know how to assess a wound correctly, you could be losing a lot of money. Many agencies struggle with poor knowledge of terminology, staging and differential diagnosis of wounds, says New York-based WOCN **Elizabeth O'Connell-Gifford** with **Medline Industries**. Inaccurate OASIS scoring of wounds is a significant problem that can also result in adverse events, says San Fran-cisco-based consultant **Sparkle Sparks** with **OASIS Answers**.

**Multiple training options:** Wound assessment training options range from an in-services presented by a consulting WOCN to a self-learning module you purchase or create. Many manufacturers will provide training; there are Web sites for photos to teach staging or assessment; and there are free ideas on the WOCN forum, O'Connell-Gifford says.

**3. Assess, don't interview.** Nurses still take the patient's word for something much more often than therapists do, says Denton, TX-based OASIS consultant **Lisa Selman-Holman** with **Selman-Holman & Associates**. Insist your clinicians make their motto "Show me!" for every assessment to increase both accuracy and consistency between assessments.

Note: The WOCN forums are available to WOCN Society members. For information, go to [www.wocn.org](http://www.wocn.org).