

OASIS Alert

Assessment: Profit And Comply - Use These 4 Tips For M0175 Success

To receive the reimbursement you've earned - and stay ahead of the OIG - focus on accurate prior stay information.

In addition to the payment implications, the **HHS Office of Inspector General** and other fraud investigators have their eye on the M0175 issue, notes consultant **M. Aaron Little** with **BKD** in Springfield, MO. This focus "reinforces the necessity for accurate responses," Little cautions.

Avoid this common mistake: Don't put all your faith in the common working file. Consulting the CWF shouldn't be your only solution to M0175 accuracy, Little says, since the information may not appear in the CWF until after the agency completes the OASIS (see "No Help From The Feds - HHAs Will Pay for All M0175 Errors"). Use it in addition to all the other available resources.

Best bet: The most accurate prior stay information comes from interviewing referral sources, patients and family members, as well as the providers they name, advises **Linda Dilts-Benson** with **Reingruber & Co.** in St. Petersburg, FL.

What to do: Protect your agency's bottom line by having a system in place to review the OASIS and the medical record - referral, hospital summary and any home health clinical notes - to ensure the information is consistent and the answer to M0175 is accurate, experts recommend.

How to do it: Experts offers these interview tips:

1. Question referral sources. Have intake staff ask referral sources pointed questions about prior discharges. A list of responses and follow-up queries can ensure consistency. Ask the referral source about **all** prior admissions, transfers and discharges during the initial referral phone call, stresses clinical consultant **Karen Vance**, also with **BKD**.

2. Look at length of stay. Compare the patient's length of stay to what is covered by Medicare, Vance suggests. If the patient says she was "in the hospital" for 10 days, but Medicare only covers three days of hospital care for the patient's diagnosis related group (DRG), it's likely the patient was under SNF or rehab care for the remaining seven days.

3. Review records. Carefully examine all documentation from the referral source, including the patient's history and physical, to identify potential prior SNF stays.

4. Keep asking. Make a list of trigger questions that improve OASIS accuracy, experts say. During the comprehensive assessment, ask the patient questions like "Did you move from one place to another during your hospital stay?" and "What unit/wing were you in during your hospital stay?" Answers can lead clinicians to confirm a potential SNF stay by contacting the hospital, Vance advises.

"While the thought of doing each of these items is overwhelming, each step is important and should become part of the admission process from intake through completion of the comprehensive assessment," Little says.