OASIS Alert

Assessment: STOP THROWING MONEY AWAY ON THESE TWO OASIS ITEMS

Can your clinicians correctly count to 14?

Your OASIS assessments are probably making your patients look better than they really are--and you're paying the price in lost reimbursement and poor outcomes.

Background: When the **Centers for Medicare & Medicaid Services** released a June 2006 revised version of the Implemen-tation Manual of the OASIS User's Manual, home health agencies received another challenge to their OASIS accuracy. The fallout is still noticeable in the problems people have with certain OASIS items, says clinical consultant **Lisa Selman-Holman** with Denton, TX-based **Selman-Holman & Associates**.

CMS revised about 50 pages in Chapter 8--the chapter that covers in detail how to answer each of the OASIS questions. Inaccurate OASIS answers do more than cost you money; they interfere with the risk adjustment that ensures your outcomes are compared with those of similar agencies, Selman-Holman told listeners in the Mar. 14 **Eli-**sponsored audio conference "P4P--5 Assessment Strategies."

Count M0175 Days Differently On Recert

Fiscal intermediaries are still taking back overpayments from incorrect answers to M0175 going back to fiscal year 2001. Meanwhile, agencies are cheating themselves out of reimbursement when they don't understand how to count days on start of care, recertification and resumption of care assessments, Selman-Holman cautioned.

On SOC: M0175 asks from which inpatient facilities the patient has been discharged during the past 14 days. It instructs the clinician to mark all that apply among the choices of hospital, rehabilitation facility, skilled nursing facility, other nursing home and other (specify).

Tip: On the start of care assessment, you count backwards with the day of assessment as day 0.

Example: You are doing the start of care assessment on June 2 and the patient was discharged from the SNF on June 1 and from the hospital on May 17. You start at 0 on June 2 and must mark a SNF discharge, but not a hospital discharge as being within the applicable 14 days.

On recert: If you are doing a recertification assessment, you could be completing the assessment on any of the last five days of the home health episode, and the new episode begins on day 61, Selman-Holman explained. In this situation, you count the 14 days back from the first day of the new episode, not from the day of the recert assessment, she said.

Example: You are completing a recert OASIS on June 14, which is day 58 of the episode. The patient was discharged from the hospital on June 1. If you count back from June 14, the hospital discharge is within the 14 days and you will lose the $200 to $600 extra reimbursement for that question.

If you remember to count correctly--starting on day 61, which is June 18--the hospital discharge falls outside the 14 days and you receive the reimbursement.

On ROC: CMS lets agencies use the resumption of care assessment as the recert assessment if the patient is discharged back to home care in the last five days of an episode. Now CMS has clarified that in this situation, the 14 days for M0175 are also counted back from the first day of the recert period--day 61.

Example: You are doing a ROC OASIS on June 14 (day 58). Because you are doing a ROC OASIS that also counts as a recert, obviously the patient was discharged from a facility within 14 days before day 61. But if that facility was a rehab facility--and the preceding hospital discharge occurred on June 1--you need to know on which day you start the 14-day count. Starting on day 61 gives you a rehab stay without a hospital stay within the 14 days and gives you the extra reimbursement, Selman-Holman explained.

M0250 Continues To Confuse

Many clinicians are answering M0250 incorrectly, Selman-Holman reported.

Problem: Often clinicians think that if the agency isn't involved in providing the infusion, they shouldn't "take credit," she said. But if you don't take credit when you should, you throw away between 14 and 24 points in the clinical severity domain--and $600 to $1,500. You also lose out on risk adjustment, she explained (For more about OASIS risk adjustment, see Eli's OASIS Alert, Vol. 7, No. 1).

Solution: Teach clinicians that if the patient gets an infusion at home, no matter who takes care of it, you need to count it in M0250.

Explain that this question isn't about paying you for doing an infusion. It is about the acuity of the patient you're caring for, Selman-Holman explained. If a patient is getting an infusion, he is probably sicker than one who is not getting an infusion, she said.

Heads up: When CMS revised the in-struction for answering M0250, the agency did not incorporate the June 2005 question and answer number 46, Selman-Holman noted.

This question dealt with counting home dialysis and peritoneal dialysis as infusions for M0250. Since CMS didn't mention those situations, they probably don't count for this M0 item, she said.

Note: For more tips on OASIS accuracy for payment and outcomes, order the tape or CD of Selman-Holman's March 14 audio conference at www.audioeducator.com (put "Selman-Holman" in the search box), or call 1-800-508-2582.