

OASIS Alert

Assessment : USE THIS ADVICE TO PREPARE FOR OASIS C

Contractors and CMS addressed these major concerns in recent OASIS C session.

Following its extreme makeover, you're about to see the final reveal of the OASIS C data set. But it will be months before many of the details become clear.

The major changes seem to be finished. The **Centers for Medicare & Medicaid Services** released the "tentative final" OASIS C version 12.2 on March 9. This version of the new OASIS C assessment instrument is now with the **Office of Management and Budget**, and experts don't expect many changes after the 30-day comment period. But even after the "final final" version is out -- by late summer, "don't expect OASIS to ever stay the same," cautioned **Angela Richard**, with OASIS contractor **University of Colorado Health Sciences Center** in Denver.

Details And Instructions Will Follow

CMS and its OASIS contractors, including **Abt Associates** of Cambridge, Mass., made many changes to the field-tested OASIS C in response to feedback from testers and comments from more than 140 interested parties, said **Deborah Deitz** of **Abt**, a panel member speaking at the **National Association for Home Care & Hospice's** March on Washington meeting March 23.

To help you understand the new OASIS tool that will determine your reimbursement and outcomes, some documents are currently available on the CMS Web site -- including a 74-page response to public comments and a 61-page crosswalk from the current OASIS B to the new OASIS C form. Other important documents will not be available until the fall, according to CMS's **Deborah Terkay**, who also spoke at the NAHC session Up Close and Personal: The OASIS C Assessment Instrument.

CMS is in the process of revamping Chapter 8 of the OASIS User's Manual, Terkay said. In fact, the entire OASIS manual is slated for an overhaul. The new five-chapter manual will be called the "OASIS Guidance Document," she said. The revised version of the former Chapter 8 also will include information on where to look for screening tools to use with the new process items on the form, Terkay added.

January 2010 Implementation Scheduled

Even though the explanatory and training material won't be available until the fall, the OASIS C rollout is still planned for January 2010, Terkay confirmed. Agencies planning for 2010 should look carefully at how the change to OASIS C will affect their agency's operations, experts say.

Many agencies have expressed concerns about OASIS C. Panel members stressed the following items:

- **Agency burden doesn't increase much.** Just looking at the item count, when you compare the current OASIS with OASIS C, you see very little difference in the number of items, except at transfer, Richard said. But the transfer OASIS will take longer and contain more items than the current OASIS B to capture more information for CMS.

Caveat: But several items are bundled together in grids at the ends of the assessments, an audience member pointed out.

The new OASIS also will require you to look back over the episode of care at transfer and discharge, Deitz added. But improved systems within the agency can streamline this, she predicted.

Don't overlook: Physical therapists are competent to perform the OASIS C assessment, Deitz emphasized. The **American**

Physical Therapy Association has released a statement confirming that, she said.

- **No impact on payment.** "The OASIS C impact on payment is zero," Terkay stressed. "OASIS items used in the payment algorithm were assessed to make sure they were not changed in a way that would affect the payment algorithm," CMS said in its response to comments. On the other hand, "once OASIS C data are collected, it will be possible to assess whether they could be useful for refinements to the case mix adjustor," CMS added.

Many disagree with CMS' prediction. Expect some changes in the case mix calculation and in reimbursement because of the OASIS changes, says **Judy Adams** with Chapel Hill, N.C.-based **Adams Home Care Consulting**. But agencies probably won't see these until the annual prospective payment system update typically released in October, she tells **Eli**. "Some of the redesigned OASIS questions will automatically change scoring -- particularly on pressure ulcers (currently a major impact on payments) and functional activities, to mention just a couple of areas," Adams speculates.

- **Process items are optional.** The process measures were added in part to capture care that home health agencies can control, according to Richard. Many agencies already incorporate these in their patient care because they identify patients who are at high risk for problems, she said.

But it is up to the agency to decide which measures they will use, if any, and how to use them. "CMS has taken care to ensure that each process item in the latest version of the OASIS C provides an opportunity for clinicians to indicate that a process was not conducted," CMS says in its response to comments. "Clinicians have the option of responding that an assessment or intervention was not implemented and of documenting in the record any additional information they deem appropriate," CMS adds.

Having process measures included in OASIS C will not increase cost of care, Richard contended. "You may choose to do some of these when OASIS C comes out; you may choose to roll some of them out later; or you may choose not to do some of them at all," she explained. "Right now they are not required. Even though because it is in there agencies may feel obligated to do it, there is no mandate," she stressed.

Reality check: These process items may be used in the future for pay for performance -- now called "quality-based purchasing," Richard confirmed. Then if agencies decide not to incorporate these evidence-based practices, it could impact future payment, Terkay warned.

- **New systems are needed.** OASIS C will make it very important to identify diagnoses early, Deitz said. This is especially true for diabetes, to cue you to ask the questions on the assessment related to diabetes, she said. HHAs also may want a system to add spaces to the referral form to record when a patient received different vaccinations.

In addition, the transfer and discharge OASIS assessments will require the clinician to be able to look back over the episode of care, Deitz said. This may be easier to implement for agencies using point-of-care systems, but paper-based agencies can use flow sheets or worksheets to streamline the process, she suggested. One change CMS made after the field-testing was to limit the "look back period" to 60 days, she noted.

Caution: "Looking back does not mean using a past OASIS to answer a new OASIS," Deitz stressed.