

## OASIS Alert

### Assessment: YOUR OASIS ANSWERS CAN COST AN AGENCY HUNDREDS PER EPISODE

#### Keeping up-to-date matters in more than fashion.

If you don't keep up with the multiple sources of OASIS clarification, you're undermining your agency's reimbursement and quality.

You may feel the OASIS assessment is just one more thing that interferes with what you really want to do - provide patient care. But unless your agency survives, you won't be there to care for the patient. Because OASIS answers control payment, accuracy in answering the M0 questions has the potential to make your agency a financial success or failure.

Besides affecting reimbursement, inaccurate data can keep you from getting the quality results you're aiming for, says consultant **Marion Donahue** with Hamden, CT-based **Simione Consulting**. And focusing on data accuracy can have a large impact in improving outcomes because it is something you can control, she adds.

#### Look Beyond a Question's Wording

In the OASIS assessment, 24 questions determine the case mix, which directly affects agency payment.

Answers to these questions can add points to the clinical, functional and service domains that make up the home health prospective payment system case mix (see Eli's OASIS Alert, Vol. 4, No. 11) Misunderstanding just one question can cost \$200 or more in reimbursement.

**Example:** In assessing your patient on OASIS item M0650 (Ability to dress upper body), you observe that she is able to get her sweatpants and T-shirt out of the drawer, put them on and remove them by herself. So you mark answer "0" on M0650.

But M0650 is intended to assess the patient's ability to dress herself in the clothing she would routinely wear, the **Centers for Medicare & Medicaid Services** instructs in a Frequently Asked Question. This patient usually wears dresses with buttons or zippers but hasn't been able to manage them since her illness. If you understood the correct way to interpret this question, you would answer with a less functional response to M0650 - and the episode reimbursement would increase by about \$200.

**Bonus:** Understanding the question in the above example also would clarify that the patient may need therapy to help her improve her dressing skills. With help, by the end of the episode, she may be able to show improvement on the Home Health Compare quality measure "Patients who get better at getting dressed."

#### One Question Impacts Many Measures

OASIS data is the foundation for your quality improvement efforts, and assessment accuracy clearly affects your outcomes, emphasized consultant **Debbie Chisholm**, in a presentation "How OASIS Accuracy Impacts Quality," sponsored by the **Texas Medical Foundation**. Poor data also interferes with measuring outcomes, interpreting outcome reports, choosing quality improvement target outcomes and getting good results from your QI efforts, noted Chisholm, a senior consultant with Redmond, WA-based **OASIS Answers**.

**Example:** CMS uses M0690 (Transfer-ring) in six different functions: payment, public reporting, the survey process, case mix reports, outcome-based quality improvement and outcome-based quality monitoring. Inaccuracy in answering

M0690 can have a huge impact on an agency, Chisholm explained.

"Inaccurate data cost home health agencies millions of dollars in lost reimbursement and costs relating to downcoding and corrections," Chisholm warned. To stem the losses, agencies need to aim for consistency among staff in correctly answering the OASIS questions, she said.

CMS continues to update the official interpretation of M0 questions, recently releasing a set of 57 new Q&As and five edited ones on its Web site (see OASIS Alert, Vol. 6, No. 7). Constantly evolving OASIS material requires continuous staff education, experts advise.

**Heads up:** If you haven't looked beyond the material in the OASIS Implementation Manual, here are some of the errors experts say you may be making:

1. Are you marking M0670 "0" (Able to bathe self in tub or shower independently) if the patient was able to shower by himself in the hospital, but has no functioning tub/shower in his home?

In the Q&As released in June, CMS clarified that "the response for M0670 should differentiate patients who are able to bathe in the tub or shower (i.e., responses 0, 1, 2, or 3) from those who are unable to bathe in the tub or shower (e.g., response 4) regardless of the specific cause or barrier preventing the patient from bathing in the shower or tub."

2. When you admitted the patient, she needed intermittent help in feeding herself, so you chose "1" for M0710 (Able to feed self independently but requires: (a) meal set-up; OR (b) intermittent assistance or supervision from another person; OR (c) a liquid, pureed or ground meat diet). At discharge, she is able to feed herself independently except for needing help getting the food from the kitchen to the table.

If you are unaware of CMS' Q&A telling you that "meal set-up" in answer "1" doesn't include carrying food to the table, you may answer "1" instead of "0" (Able to feed self independently). Because of this error, the patient will fail to show improvement in this outcome.

3. In M0400, if you are focusing on making sure the patient understands what you say, you may think a deaf patient who understands most of what you say because of excellent lip-reading ability should be scored a "1" (With minimal difficulty, able to hear and understand most multi-step instructions and ordinary conversation. May need occasional repetition, extra time or louder voice).

But in another new Q&A, CMS instructs you to score that patient "4" (Unable to hear and understand familiar words or common expressions consistently, or patient nonresponsive) because the assessment for this question includes the ability to hear spoken language, no matter how well the patient understands it.

Note: For the updated Q&As go to [www.qtso.com/guides/hha/cat2.pdf](http://www.qtso.com/guides/hha/cat2.pdf).