

OASIS Alert

BENCHMARKING: Use Case Mix Weight To Track Down OASIS Errors

Don't waste resources on re-training all your clinicians.

You can find potential ways to improve revenue by identifying and analyzing how your agency differs from benchmark numbers.

Agencies that want to receive the most accurate payment will focus on capturing the most accurate picture of the patient, says **Karen Vance**, supervising consultant with **BKD** in Springfield, MO. If you benchmark your case mix weight against other similar agencies, the results will reflect trends or patterns. These patterns may indicate inaccurate OASIS assessments throughout your agency or just with some clinicians, she says.

As a manager, if you see case mix weights significantly higher or lower than the average, take action, experts advise. Here are three ways to start:

1. Examine case mix weight by clinician. A simple spreadsheet can save you from wasting management resources, Vance suggests. If you find one or a few clinicians who have case mix weights significantly above or below average, concentrate your re-training on these "weak links" rather than "beating everybody over the head with more training," she says.

2. Look at severity ratings. Even though the severity rating you choose has no impact financially, it can be a red flag for a reviewer that may lead to questions about your other assessment answers or the care you provided, explains consultant **Kathy Green** with **Healthcare Quality Solutions** in Tampa, FL. A low severity rating and high case mix weight for a patient should trigger questions, she says. Check your software program to see if inconsistencies like this can be retrieved in a report form, she suggests.

3. Consider inaccurate diagnosis codes. If the agency's case mix weight is extremely low, putting an incorrect primary diagnosis in M0230 is responsible for the greatest dollar losses, Vance has found. ICD-9 codes used to answer OASIS questions M0230, M0240 and M0245 affect case mix weight and are part of the calculation for the home health episode payment rate. So undercoding costs you money and upcoding can put you in the line of fire for the **HHS Office of Inspector General's** fraud investigations.

Note: For information on Eli's 2007 Home Health Operations Dashboard, which includes the agency, local, regional and national benchmarks discussed in this article, call 1-888-779-3718 x326 or email dashboard@eliresearch.com. For a more detailed discussion of case mix weight, see Eli's OASIS Alert, Vol. 7, No. 3, p. 22-23.