

OASIS Alert

Compliance: USE THE AUDIT PROCESS TO DETERMINE TRAINING NEEDS

Experts offer 5 audit tips.

Misunderstanding key OASIS items can quickly drain your coffers.

Keep lines of communication open between clinicians and billers to be sure the audit results are incorporated into the claims before you submit them, experts emphasize. Other expert tips to improve your OASIS audits include:

1. Focus on OASIS items with the most financial impact. For example, in looking at M0825, check to be sure you have orders to support your "yes" answer, billing expert **Melinda Gaboury** with Nashville, TN-based **Healthcare Provider Solutions** says. Also be sure the diagnosis supports the high therapy expectation, that the answers to functional items in the OASIS are consistent with the therapy need and that the patient is homebound. At discharge, check for thorough therapy visit notes. This M0 item is certain to continue to receive intense scrutiny, experts agree, and an error can cost you more than \$2,000.

2. Note any pattern of errors in answering M0 items. For example, if your clinicians frequently answer M0520 (Urinary incontinence or urinary catheter present) as "0" (No incontinence or catheter), you probably need to provide some training on that question, experts say. Many clinicians don't know that stress incontinence results in response "1" (Patient is incontinent), because they consider stress incontinence a normal part of aging (for more on M0520 accuracy, see Eli's OASIS Alert, Vol. 7, No. 6).

3. Follow up on quality improvement items. Even if an OASIS item your QI staff is working on is not a "money M0," the OASIS audit provides a great opportunity to see if your clinician training is working. If you continue to find inaccurate answers, you'll know you need to re-train staff. If your agency has problems with a particular outcome, include in your audit a review of the OASIS item that impacts that outcome, advises clinical consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen**.

4. Get the most from your audit. Prevent re-work by combining as many issues as possible in the audit, Adams recommends. Besides reviewing the OASIS items for internal consistency, look for consistency between the OASIS and the medical record information and plan of care, she says.

Strategy: When comparing the OASIS with the POC, you can review order frequency and duration and see if an audit trail supports that clinicians have obtained verbal orders for services. Also focus on how the orders support your OASIS answers, Adams adds.

5. Don't forget buy-in. Everyone in the agency needs to buy-in to your audit plans, Adams says. "The administration needs to allocate staffing resources to the audits and staff need to understand the process is a continuous quality improvement effort and educational activity," she says. Staff need to know it is not a "nit picking" process designed to "get them," she adds.