

OASIS Alert

Corrections: Make Changes to OASIS Assessments Correctly or Pay a Heavy Price

Recent fraud case underscores the importance of a compliant correction policy.

Incorrect OASIS data can lose your agency hundreds of dollars per episode, but you could wind up closing your doors if you correct those assessments the wrong way.

Case in point: Merigrace Orillo, co-owner and operator of **Chalice Home Healthcare Services Inc.** in Chicago, has pled guilty to a scheme that included changing OASIS forms. The changes "made Chalice's patients appear to be sicker than they actually were and in need of greater care than they actually required," says a release from **Patrick Fitzgerald**, U.S. Attorney for the Northern District of Illinois.

Orillo conducted the fraud with her husband **Virgilio Orillo**, the original indictment said. But he died last August.

Reviewing OASIS for accuracy isn't unusual. "A number of HHAs have their OASIS forms reviewed and revised based on their understanding of better or more informed coding and regulatory knowledge," notes financial consultant **Tom Boyd** with Rohnert Park, Calif.-based **Boyd & Nicholas**.

But how you do it can make the difference in whether authorities see it as fraudulent upcoding or a legitimate quest for OASIS accuracy. A big no-no is making the changes without the assessing clinician's knowledge or consent. Be sure your correction policy addresses the following areas.

Get Assessing Clinician Sign-Off

"Normally, if an error is identified through audit or review, the individual who made the original entry into the patient's record would, whenever possible, make the necessary correction by following agency policy," the **Centers for Medicare & Medicaid Services** says in the July 2011 Quarterly CMS **OCCB** questions and answers.

The OASIS Questions and Answers Jan. 2012 update include the following response concerning OASIS corrections in the Category 2 -- Comprehensive Assessment section:

"The comprehensive assessment, including the OASIS, can only be completed by one person. It is a legal document and when signed by a clinician, the signature is an attestation that all contained in the document is truthful and accurate. If an error is discovered upon review by a supervisor or other auditing staff and it can be validated that it is a true error and not just a discrepancy (a difference between two data items without knowledge of which data item is correct), that error should be corrected following the agency's correction policy and established professional medical record documentation standards."

In other words, any corrections to the OASIS assessment items must have buy-in from the assessing clinician, says **Barbara Goodman, RN, BSN, MSN, CHCE, COS-C, HCS-D, CPHQ**, Senior Vice President Quality/Clinical Services with **LHC Group** in Lafayette, La.

Your correction policy could allow the auditor to contact the clinician who made the entry to discuss the discrepancy and make the correction. If your correction policy allows this method of making a correction, be sure to document who discovered the error and the date and time of the discussion with the assessing clinician who agrees that it was an error, CMS instructs.

Collaboration tip: When staff entering data or doing a quality assurance check on the OASIS data suggest to the clinician

that there's a need for a correction, it's often not the assessment itself they are questioning, Goodman says. Instead, they are looking at how the assessment data intersects with the regulatory guidance for completing the OASIS accurately. Working collaboratively when it comes to making corrections can help the process proceed more smoothly.

Correct the Clinical Record

Making corrections doesn't end with the OASIS. The clinical record will need to be updated to show the changes as well.

The CMS State Operations Manual advises, "The agency should establish a procedure to review the impact of any corrections made to assessment records and make corresponding changes to other records that are affected."

Vice-Versa: When you make changes to the clinical documentation, the OASIS should also be updated accordingly. Chapter 12 of the OASIS Implementation Manual advises, "If clinical documentation must be amended, this should be done according to agency policy. Any corrections to OASIS data in the clinical record must also be reflected in the OASIS database maintained by the agency, and if data submission has already occurred, a correction must be submitted to the State."

And don't rush to clear out those corrected records. The SOM also advises, "When a comprehensive assessment is corrected, the HHA must maintain the original assessment record as well as all subsequent corrected assessments in the patient's clinical record for five years, or longer, in accordance with the clinical record requirements at 42 CFR 484.48. If maintained electronically, the HHA must be capable of retrieving and reproducing a hard copy of these assessments upon request. It is acceptable to have multiple corrected assessments for an OASIS assessment, as long as the OASIS and the clinical record are documented in accordance with the requirements at 42 CFR 484.48, Clinical records."

Create a Plan for Dealing with Missing Clinicians

While changing the OASIS without the clinician's consent is usually a misstep, there are times when it's necessary. For example, you may find that a correction is necessary after a clinician has left your agency or when she's on vacation.

When the assessing clinician is no longer available, it's acceptable for the clinical supervisor or quality staff to make the correction, CMS said in a 2011 Q&A about M1340. In such a situation, staff should follow agency correction policy and document why the original assessing clinician isn't available to make the correction as well as how the error was discovered and validated, CMS says.

Prevent Errors with Case Conference

Of course, heading off corrections before they become necessary is always preferable. Holding a case conference before the OASIS data is locked can help prevent the need for corrections, suggests consultant **Karen Vance** with **BKD** in Springfield, Mo. Once the clinician evaluates the patient and develops the plan of care, the ideal situation is to gather everyone involved in the case and run through the critical OASIS data elements, she suggests.

With everyone in the room who has seen the patient, including therapists and the home health aide, you can use everyone's input to assure the assessment has the most accurate OASIS item responses. And while the assessment must be completed by one clinician, it's acceptable to collaborate with staff who have been caring for the patient to gain the most accurate understanding of her condition while keeping all guidelines in mind, she tells **Eli**.

Bonus: Discussing what each person assessed and how they assessed it results in everyone in the room learning something, Vance says. And if any OASIS data needs to be changed, it can be corrected and initialed during the conference.