

OASIS Alert

Education: 3 TIPS FOR SQUEAKY CLEAN OASIS TRANSMITTALS

Home health agencies continue to transmit flawed OASIS assessments, often cheating themselves out of much-deserved reimbursement.

One solution to this pesky problem is well-informed clinicians. Experts have shared with **Eli** three key tips agencies can follow in their quest for OASIS perfection:

1. Start at the beginning. Many clinicians didn't receive enough OASIS training from the get-go, and need a refresher course, says **Laura Slataper**, president of **Home Care Consulting** in Houston. The best place to start is the definitions in the OASIS User's Manual, she says. For example, many clinicians don't know the official definition of a skin lesion, Slataper notes. Most nurses already have their own ideas about what constitutes a skin lesion, and sometimes those don't match OASIS's definition, she explains.

Many clinicians don't realize they don't understand some parts of OASIS, Slataper laments. Once a trainer shows them that they've been approaching the questions incorrectly, they're surprised, she relates. "You just have to pretend like [OASIS] is brand new and just start over."

2. Go for the RINGSHOT. Health care consultant **Linda Stock** with the **Larson Allen Health Group** in Charlotte, NC has developed a set of questions clinicians should ask themselves before they complete OASIS. She calls it "RING-SHOT." RINGSHOT involves asking whether: the services they plan to provide are **R**easonable and necessary, the care is **I**ntermittent, the patient has a **N**ew or changing condition, the care is **G**oal-driven, the patient requires **S**killed care, the patient is **H**omebound, the care has been **O**rdered by a physician, and the care is **T**ime-limited.

"If you can answer all those questions before you start [the OASIS assessment], you have the answer as to whether the patient qualifies for Medicare," Stock says.

And clinicians should go through the RINGSHOT sequence even if they're just completing a recertification or a resumption of care OASIS, she instructs.

3. Explain the HIPPS codes. Many clinicians don't understand HIPPS codes, notes consultant **Rose Kimball** with **Med-Care Administrative Services** in Dallas. And while clinicians don't need to master all the ins and outs of reimbursement, they should have a basic idea of how HIPPS codes work.

At least explain to clinicians what the second letter in the code means, Kimball counsels. That way, a clinician can glance at the HIPPS code her OASIS assessment or data generates and have an idea of whether it jibes with her assessment of the patient. For example, if the patient is very ill but the second letter in the HIPPS code is an A, that will tell the nurse right off the bat that there could be a problem with her OASIS data (since a very ill patient should generate a D in the second position of the HIPPS code), Kimball explains.

The person in your agency who enters and transmits OASIS data should run the transmittal by the nurse who completed the OASIS before locking the data, Kimball says. That way, just by quickly glancing at the HIPPS code the nurse can verify whether she might have made a mistake somewhere along the way.