OASIS Alert

Industry Notes: CHANGES ON A 485 MEAN CHANGES ON OASIS

If your claim, 485 and OASIS record aren't perfect matches, you're out of step with the **Centers for Medicare & Medicaid Services'** requirements.

Home health agencies often will correct diagnosis and ICD-9-CM codes on a 485, but neglect to make the same change on OASIS. And agencies can't change the 485 without a physician's signature on a new order, CMS confirms in a recent PPS question and answer set.

Agencies should put one person in charge of ensuring the 485, OASIS and orders match. That person should double-check the match-up when any changes are made to any of these documents.

"If you change one thing, you must check it on the other two," says consultant **Mark Fuentes** with **The Anesis Group** in Knoxville, TN.

The Q&A also notes that failing to complete an OASIS assessment in the first five days from the start of care is a COP requirement and doesn't affect billing. Home health agencies should immediately complete the OASIS when they realize it is late so they can then use the HHRG on the request for anticipated payment, CMS says. Agencies will have to pay the piper at survey time for such behavior.

To see the Q&A, go to www.hcfa.gov/medicare/hhoasis.htm.

1. **If a patient is transferred to an inpatient facility and returns home** before the end of the 60-day certification period, an HHA must complete a resumption of care OASIS, CMS confirms in a recent Q&A set posted to its Web site.

   The HIPPS code generated by this ROC assessment will then be used to bill for a significant change in condition (SCIC) adjustment.

   If the patient returns home within the last five days of the 60-day period, the agency must also complete a follow-up assessment, "bearing in mind that they are completing MO825 (the therapy item) with the NEXT 60-day episode in mind," CMS notes.

   So even though you'll only conduct one assessment, you'll collect, enter and transmit two OASIS assessments.

   To see the Q&A, go to www.hcfa.gov/medicare/hhqanda.htm, and click on OASIS.

2. **CMS advised HHAs to pick target outcomes** for the outcome-based quality improvement process by mid-March, and to complete the action plan aimed at improving those outcomes by late March, according to the OBQI Implementation Manual. HHAs now should be implementing that plan, and by late May their monitoring activities should provide information on whether their processes are changing or they need to make some extra interventions.

3. **HHAs having trouble printing up the OBQI documents** on CMS' Web site can access the same documents in a more easily printed format on the **Iowa Foundation for Medical Care's** site.

   The OASIS contractor's site is www.qtso.com/hhanews.html, CMS says on its OASIS Web site. State OASIS educational coordinators also might have copies of the files on state OASIS bulletin boards, CMS adds.

4. **OASIS poses a significant burden on HHAs**, and is one of the many reasons they can't afford reimbursement cuts, insists a recent study commissioned by the **American Association for Homecare**.

   The **Polisher Research Institute** report, titled "Impact of a Further Payment Reduction in the Medicare Home Health Benefit," is the latest weapon in the industry's fight to stop the 15 percent cut to home care reimbursement.

   To see the report, go to www.aahomecare.org/govrelations/polisher-study.html.

5. **HHAs starved for coding expertise** but reluctant to commit significant time and resources to training staff for the job might find a compromise in a new coding credential offered by the **American Health Information Management Association**.

   AHIMA has developed a new "entry-level coding credential" requiring only a high school degree to sit for the exam, although AHIMA strongly recommends the candidate have at least six months experience or take a training course.

   Candidates may sit for the Certified Coding Associate exam starting in November.