OASIS Alert

Industry Notes: SURVEYORS MUST BEGIN USING OASIS-BASED REPORTS

Using OASIS may still be optional for youbut not for your surveyor.

The **Centers for Medicare & Medicaid Services** provided training to surveyors last fall on how to include information from OASIS-based reports in the survey process. Since then, some surveyors have started using the reports to target their surveys but many haven't.

Now CMS says in a Feb. 13 letter that "effective May 1, 2003, the home health survey process shall include the specific review and incorporation of information generated from the OASIS data into the survey process " That means all surveyors must use the presurvey worksheets to determine which patients and areas to focus on (see Eli's OASIS Alert, Vol. 3, No. 11, p. 115).

The protocols and tools included in the 31-page letter from the **Center for Medicaid and State Operations** "will help surveyors identify specific closed records for review when on site for survey, as well as identify types of patients for focus who are 'at risk' for specific outcomes." CMS does stress in the letter that "onsite compliance decisions will not be based solely on OASIS data," and reminds surveyors that the reports "are to be used to identify quality of care indicators, not quality of care determinations." The letter is at www.cms.gov/medicaid/ltcsp/sc0313.pdf.

Lesson learned: Save CMS' letter to surveyors, in case you need to remind your surveyor not to make citations based on the reports rather than on substantiated findings.

1. **In its March 3 report to Congress the Medicare Payment Advisory Commission remarks** home health agencies have an incentive to skimp on visits under the prospective payment system.MedPAC plans to"extend its current analysis of cost and use data" to address the impact of PPS on patient care, the report discloses. The commission also points to a forthcoming database from CMS that will link utilization with patient outcomes. In addition, CMS plans to implement a medical review tool aimed at detecting "stinting," the report informs.

   MedPAC does admit an index measuring patient scores on OASIS assessments did not show a decline in quality during the first year of PPS. There is little support for correlating a decrease in the number of visits per episode with a decrease in the quality of care, the report adds.

   MedPAC recommends ongoing studies on Medicare beneficiaries' access to home health services and estimates a 2003 Medicare profit margin for home health agencies of 23.3 percent. "Medicare payments for home health services are more than adequate relative to costs," MedPAC opines, saying rural HHAs are enjoying even greater profit margins than are urban agencies.

   Industry representatives have blasted those numbers' reliance on assumptions that have little grounding in reality. The report is at http://www.medpac.gov/publications/congressional_reports/Mar03_Ch2D.pdf.

   Lesson learned: Expect CMS to try to show that fewer visits either worsen quality of care or justify less reimbursement or both.

2. **Average case mix weight was 1.2464 for HHAs submitting data** to Seattle, WA-based **Outcome Concept Systems** in the third quarter of 2002, the company says in its 2002 State of the Industry Report.The report contains data from 1,000 agencies from all 50 states.

The national average case weight at the start of care steadily declined from a high of 1.2987 in the first quarter of PPS to 1.2263 in the first quarter of 2002, according to data collected by OCS. Only after six quarters, in the second and third quarters of 2002, did case weights finally increase slightly for OCS clients, to 1.2449 and 1.2464 respectively.

OCS' benchmarking data looks at as-filed claims at the SOC, not what Medicare actually pays. OCS notes it found only a small difference in the average case weights of freestanding versus hospital-based agencies for the second quarter of 2002 1.26 versus 1.20. But not-for-profit agencies submitting data to the company had an average weight of 1.19 while proprietary agencies had a higher 1.38 average for that quarter.

The benchmarking company also isolated case weight by primary diagnosis, using the top 10 primary diagnoses submitted to it in the second quarter of 2002. The ICD-9 code for CVA, 436, saw the highest case weight with 1.7923. Hip fracture patients were close behind with 1.7047 for 820, the code for fracture of neck of femur. The lowest case weight went to heart disease, code 414, at 0.9698 and heart failure, code 428, at 1.0413.

Lesson learned: Benchmarking case mix weight can help predict cash flow.

3. **CMS has issued a fix** to HAVEN 6.0 that corrects two problems regarding archived records and entering data on OASIS 1.10 records. A description of the problems and a download of the fix are at www.cms.hhs.gov/oasis/havensof.asp.

4. **Failure to follow** signed orders, lack of documentation when decreasing visits and wildly different chart documentation versus OASIS are top problems found by state surveyors, reports the **HomeCare Association of Louisiana**. "Agencies that previously had solid surveys have recently started to see more deficiencies and some even have been placed on temporary termination track," the association warns.