OASIS Alert

OASIS News: CATCH 22 SURFACES FROM NEW OASIS DATA TRANSMISSION RULES

With new reg agencies must choose between money and quality.

After June 21, you may not have to lock your OASIS data within seven days, but you won't be able to submit a request for anticipated payment until you transmit the OASIS data.

Hidden trap: An unexpected result of the new OASIS reporting regulation surfaced in the May 24 Home Health, Hospice and DME Open Door Forum. The new reg is in response to industry requests for more time to audit OASIS data before locking it, a **Centers for Medicare & Medicaid Services** official told the ODF audience. But agencies may submit the RAP only after completing the data transmission, she confirmed. The current rule allows agencies to file a RAP after the seven-day OASIS data lock and transmission.

Beginning June 21, HHAs will be re-quired to transmit OASIS data only within 30 days of the assessment completion date found in M0090. A new error message will address any failure to comply with this timing.

Look for: Expect changes to the OASIS User's Manual in Chapters 2, 5 and 10, as well as revisions to Chapter 8 some time this summer, CMS informed ODF participants.

Watch out: Clinicians still must complete the assessment within five days. And agencies may not perform repeated assessments within the 30-day period before data transmission and choose the one they want to send, CMS says.

• **A June release of new HAVEN software will** put the new OASIS data transmission reg in effect, CMS announced at the May 24 forum. The new version will have a space for a provider ID number, which may be left blank. And it will allow filtering of data by branch ID.

It also will include consistency checks between M0460 (Stage of most problematic [observable] pressure ulcer) and M0464 (Status of most problematic [observable] pressure ulcer), between M0468 (Does the patient have a stasis ulcer?) and M0476 (Status of most problematic [observable] stasis ulcer) and between M0482 (Does this patient have a surgical wound?) and M0488 (Status of most problematic [observable] surgical wound).

Watch for: In mid-June, CMS plans to send a CD reflecting these changes to all agencies currently using the HAVEN software, a CMS official reported.

• Regional home health intermediary Cahaba GBA warned agencies of continuing widespread medical reviews because of significant provider errors. In its Web site notification at www.cahabagba.com/part_a/whats_new/20060505_probe.htm, Cahaba says it is initiating a widespread review (5THCU) of claims with a primary diagnosis of V58.69 (Long-term [current} use of other medications) and a length of stay greater than 60 days, where a probe review showed a 46 percent error rate.

Also new is a widespread review of home health outpatient therapy claims (5TD01) with TOB 34X, a primary diagnosis of V57.1 and a revenue code of 042X; probe review results for this edit will be posted on the RHHI's Web site.

An ongoing edit (5TH87) of claims with 10 therapy visits consisting of nine physical therapy and one occupational therapy showed a 31 percent denial rate and will continue. Also continuing is an ongoing edit for claims with a primary diagnosis of chronic airway obstruction and a length of stay greater than 120 days, which had a denial rate of over 45 percent in the January through March 2006 quarter.

• **CMS has slated the proposed rule on refinements** to the prospective payment system to come out in November and take effect in January 2008, the agency says in the **Department of Health and Human Services** semiannual regulatory agenda, published in the April 24 Federal Register.

The rule will propose "the first major refinement to the HH PPS since its implementation on 10/1/01," CMS says in the notice.

CMS also set October as the new release date for the re-proposed home health conditions of participation.