OASIS Alert

OASIS Update: DON'T LET UNINTENDED OASIS CHANGES TRIP YOU UP

Major changes to Chapter 8 create confusion.

It's time to go back to school to ensure OASIS assessment accuracy.

The **Centers for Medicare & Medicaid Services** has released its June revision of the Implementation Manual of the OASIS User's anual. Besides reflecting the changes from the Final Reporting Regula-tion (see OASIS Alert, Vol. 7, N0. 7), the revisions affect Chapters 1, 2, 4, 5, 8, 9, 10 and 11, CMS notes. The information in the revised manual is effective immediately, CMS instructs.

Heads up: CMS revised about 50 pages in Chapter 8--the chapter that covers in detail how to answer each of the OASIS questions. Right on the heels of the massive revisions, CMS announced clarifications of the revisions. And experts continue to question inconsistencies within the document. Don't print out too many copies of the current version just yet, says OASIS expert **Linda Krulish** with Redmond, WA-based **OASIS Answers**. Wait for a newly revised version from CMS, expected out within two weeks, Krulish tells **Eli.**

Focus On Critical Issues First

"It takes a lot of time to compare changes and understand inconsistencies," says OASIS consultant **Lisa Selman-Holman** with Denton, TX-based **Selman-Holman & Associates**. Rather than trying to tackle the changes all at once, focus first on a few key points, experts suggest.

But some important M0 item issues are already clear:

• **Delete one M0150 assessment strategy.** When answering M0150 (Current payment sources for home care), agencies are now instructed to stop marking all potential payment sources and to start marking only those payers that the HHA will bill for service included on the plan of care. "Do not consider any equipment, medications or supplies being paid for by the patient, in part or in full," CMS instructs.

Don't do this: You will not need to follow the assessment strategy of determining if the patient has out-of-pocket expenses, even though this is still included in the revised manual.

• **Beware M0175 omission.** Instead of just clarifying the correct way to count the days since an inpatient discharge, CMS actually changed the question.

Background: M0175 asks about prior inpatient stays within the 14 days before admission to home care. If the answer shows a skilled nursing facility or rehab stay without a hospital discharge within that time period, the agency's reimbursement for that episode increases by from $200 to $600. "Hospital" includes long term care facility, CMS instructed prior to the June revisions.

Problem: In its revisions, CMS deleted the bullet point referencing long term care hospitals in its response-specific instructions.

What to do: Continue to include this inadvertently deleted statement in the updated manual, CMS says: "If a patient was discharged from a long term care hospital, the correct re-sponse is 1."

• **Ignore M0245 addition.** CMS erroneously altered M0245 (Payment diagnosis) to include severity ratings, Selman-Holman ex-plains. Ignore the addition of severity ratings when answering M0245, advises the **National Association for**

Home Care & Hospice, after consulting with CMS.

Note: For help beginning to work your way through the Chapter 8 updates, see the list of specific OASIS changes later in this issue.