

OASIS Alert

Outcomes: Voluntary Single Visit OASIS Assessments Can Hurt You

Distinguish between OASIS and comprehensive assessments.

You may be increasing your rate of adverse events by submitting OASIS assessments unnecessarily.

Billing for a single visit and collecting OASIS data for a single visit are two different issues, panelists told the audience at an Nov. 12 conference session of the **OASIS Certificate & Competency Board** in Baltimore. New Q&As posted in October answer a number of questions about OASIS management for single visits at start of care and resumption of care.

It's important to incorporate all the **Centers for Medicare & Medicaid Services'** questions and answers in your understanding of OASIS, said panel member **Pat Sevast** from CMS. Clarifications using Q&As lets CMS update definitions, time point information, response specific instructions and assessment strategies without going through the "nearly impossible" task of changing the official language of an OASIS item, Sevast explained.

Background: OASIS was designed as a data collection tool to show changes in a patient's condition between two points in time. Items were worded to show changes. Only later did OASIS become a payment tool. When you submit your OASIS data to the State, they are added to results from other home health agencies to demonstrate home care's effect on Medicare patients.

Bottom line: If you can't have data for two points in time, you don't need to submit data to the state, even if you submit it to your intermediary for payment. But remember you always need to provide each patient with a comprehensive assessment, said OCCB panel member and president **Linda Krulish**.

Common Scenarios Not Requiring Data Submission

In some home care situations, collecting OASIS data is voluntary, Krulish explained. And if the collection is voluntary, so is submission of the data. Even if you decide to complete the OASIS as part of your comprehensive assessment in these scenarios, and at times use it for billing, regulations don't require you to submit the data to the state system, Krulish said. OASIS data need not be submitted for episodes in which your agency:

1. At start of care, or resumption of care, planned and provided only one visit.
2. At SOC or ROC, planned more visits, but only completed one.
3. At SOC or ROC, made one visit, but the patient was admitted for a qualified inpatient facility stay before the second visit.
4. At SOC or ROC, made one visit but the patient died before the second visit.
5. At SOC or ROC, made one visit but did not admit the patient to home care.

If OASIS Is Voluntary, Consider Its Effects On Your HHA

In some situations, choosing not to complete the SOC or ROC OASIS means you also don't need to worry about other

OASIS assessments, CMS says in its Q&As. And lack of a second time point means a patient's death or admission or emergent care does not appear on your agency's report.

Example: If the patient died before the second visit, you are not required to submit either a SOC OASIS or an RFA8 (Death at home) OASIS. That patient's death will not count against you as an adverse event.

What about billing? In many of these situations a payer may require you to collect the OASIS items that comprise the home health resource group, CMS says in its document "OASIS Management for Single Visits at Start of Care or Resumption of Care." But using data for billing and reporting data for outcomes are two different decisions, Krulish pointed out.

Note: For a chart showing requirements for single visit scenarios and the underlying Q&As, go to <http://www.qtso.com/hhdownload.html> and scroll down the single visit document, or email marianc@eliresearch.com with "Single visit" in the subject line.