

OASIS Alert

Recertification: Know 3 Keys to Recertification Success

Don't let your agency get lax on the final OASIS step.

Are the challenges of scheduling OASIS follow-up assessments letting patients and reimbursement slip through the cracks at your agency? Good scheduling, communication, and accountability will help your agency manage timely and accurate recertifications. See how you can improve your processes with this expert advice.

Background: The **Centers of Medicare &Medicaid Services** requires the OASIS follow-up recertification assessment completion date (M0090) to occur within the five-day window that ends 60 days from the start of care date (M0030). So the date in M0090 for a recert must be one of the five days between day-56 and day-60 from the date in M0030 (which is counted as day 1).

Plan Ahead for Success

It's up to your agency to track and make certain that these recertification assessments are happening within that five day window. Good scheduling is the first step to making sure you're meeting this requirement, says **Pam Warmack, RN-BC, HCS-D, COS-C,** a consultant with **Clinic Connections** in Ruston, La.

Caution: "A lot of folks schedule their recertification assessments pretty tightly [] like on that fifth day," says **Rose Kimball**, a consultant with Dallas-based **Med-Care Administrative Services**.

But scheduling the reassessments as early in the five-day window as possible has its advantages, Warmack says. When you schedule the assessment on the first day of that timeframe, "if an assessment visit is missed (for a plausible reason), you still have four days remaining to make it happen," she says.

Using a regular case conference approach can help you keep on top of recertifications, Kimball says. Have these meetings once a week, every week to track patients based on certification periods and determine who is due for recert or discharge in the next week, she suggests. That way you can schedule the assessment before the five days are up.

Be consistent with tracking the recertification assessment window for these conferences, Kimball cautions. You'll want someone to gather the data on the same day each week. And there should always be someone who is cross-trained to act as back-up in case the employee responsible for gathering the data is out sick or on vacation.

Keep Communication Clear

It's a good idea to automate as much of the recertification assessment tracking process as you can, Kimball says.

Most providers can use their computer software programs to both schedule and track assessments and reassessments, Warmack agrees.

The catch: Software programs are only as good as the accuracy of the data entered, Warmack says. So, ensuring data is entered accurately is important.

To make certain everything flows smoothly, you'll need to have a solid process. After schedules are printed, the RN



Managers should review assignments with the clinicians and make certain everything is "good-to-go," Warmack says. The clinicians should also give a verbal report at the conclusion of the day to update the RN Manager on the completion of all assigned visits. "That way a clinician can't 'accidentally' forget to make a reassessment visit or reschedule one that was missed."

Focus on Accountability

In order to make certain your agency is hitting the recertification window, you'll need everyone on board. Without buy-in from everyone, dates and tracking can slip.

Agencies that struggle the most with compliance to the reassessment time frames leave the responsibility in the hands of field clinicians who have no stake in the game, Warmack cautions.

For example: "Often in large metropolitan areas, so much of the visiting staff (RNs) are pay per visit or contract-PRN staff," Warmack says. The root of the problem stems from having limited contact with the management team within the agency, she says. Plus, these contract employees often "encounter no adverse outcome if they fail to make assigned visits or if they fail to make them in the required time frames."

"Lack of communication between the agency management team and the clinicians making visits and conducting assessments is a major factor in the mistakes made," she says.

Better: If your agency uses contract staff to conduct assessments, "build into the employment contract the requirements that the field staff communicate with the management team daily," Warmack urges. "Don't wait for them to call you, you call them. Hold them accountable for the same level of performance that the full time employees are held to. Don't settle for being a mediocre agency."

Tip: Build in a reward system or bonus system for all clinicians who do a really good job completing assessments in a timely and accurate fashion, Warmack suggests.

Don't Make this OASIS Mistake

Accountability doesn't end with completing the recert assessment, Kimball says. State surveyors report that some agencies have been completing the OASIS, but haven't been making the final step to transmit it on time, she says.

Fix: Agencies should submit completed OASIS assessments "to the state on a weekly basis [] once a month isn't often enough," Kimball says.