

OASIS Alert

Recertification SOUND THE RECERT ALERT!

When it comes to scheduling OASIS follow-up assessments, is your home health agency allowing some of its patients to slip through the administrative cracks? By avoiding some of the common confusion and mistakes surrounding patient recertifications, you can save yourself plenty of time, money and hassle.

According to the Centers of Medicare & Medicaid Services' Web site, "the OASIS followup (recertification) assessment completion date (M0090) must be set within a five-day window that ends 60 days from the start of care date (M0030). The date in M0090 must be one of the five days between day-56 and day-60 from the date in M0030 (which is counted as day-1)."

To help agencies keep better track of their patient recertification dates, CMS recently has issued an "OASIS Calendar" in the form of a Microsoft Excel spreadsheet (see related chart, p. 7). The first column of the spreadsheet contains the start of care date that an HHA would enter under M0030, while the remaining columns enable agencies to determine three subsequent recertification date ranges. Each of these recertification columns includes the first and last recertification completion date that would be permissible on M0090.

HHAs that routinely fail to recertify patients within the first five-day follow-up window have to get their act together, states Pam Warmack, a consultant with Clinic Connections in Ruston, LA. "If the issue is they lose track of the timeframe, that's just inexcusable. It's like forgetting to go see your patient," she admonishes.

Missed recertification periods are indicative of poor organization in smaller agencies that "haven't invested in appropriate staffing and quality software," Warmack believes. She points to one of her larger clients — an agency with close to 1,000 patients — which uses specialized software packages to schedule recertification visits once the initial OASIS information is entered.

In addition, she notes, the agency staffs RN case managers to oversee compliance with the recertification schedules and patient assignments. As a result, she says, "the process just works so you don't miss recerts."

For HHAs that aren't ready to invest in pricey software to provide them with scheduling reports, a spreadsheet grid will give them the same type of data, reports Rose Kimball, a consultant with Dallas-based Med-Care Administrative Services. "You don't have to have a sophisticated scheduling program" to keep track of your followup assessments, especially if you're a "mom-and-pop" outfit of 100 patients or fewer, she insists.

Using standard in-house software, Kimball has helped HHAs create spreadsheets that list the patient's name, the start of care date and the five-day period in which they must perform a recertification visit.

"In any given week, you can see who's going to fall in the five-day window for recertification," she explains. Additionally, such spreadsheets would allow agencies to print or sort either chronologically or alphabetically.

While computers and software can become scheduling saviors, agencies that rely solely on technology to keep them up-to-date on follow-up assessments could run into trouble, cautions consultant Pat Sevast with American Express Tax & Business Services in Timonium, MD. "Everybody complains the computer didn't print the recert list," she remarks. "Why should you be depending on a computer to tell you when to do something?"

Agencies need to mark down their 56-to-60-day recertification periods in a calendar as soon as they admit a patient, as well as keep an eye out for all future appointments, urges Sevast. Because many home care patients are handled on a short-term basis, Sevast believes HHAs often don't schedule follow-up visits far enough in advance.

Agencies are often "only thinking about next week or the week after," she tells Eli. Instead of just looking at what's

around the corner, think more long-term about necessary administrative visits, recommends Sevast.