

OASIS Alert

Reform: CMS SCRUBS UP FOR OASIS FACELIFT

The home health industry clamored, and the **Centers for Medicare & Medicaid Services** finally is responding with changes that could significantly ease the OASIS burden and OASIS-B1 will come just in time for Christmas.

In a move that should let beleaguered home health agencies breathe a sigh of relief, CMS is proposing to nix some items from the OASIS assessment altogether (see the list on this page for details) and stop requiring assessments at start of care when no further visits are planned and at discharge when there were no further visits after SOC, according to information posted on the CMS Web site.

CMS' decision to eliminate these assessments will make most agencies "very happy," predicts Chapel Hill, NC-based consultant **Judy Adams** with the **Larson Allen Health Group**. "These two situations required a lot of work for little return to the agency," she notes. "This change should have a positive impact on staff morale and productivity."

Agencies also will be pleased to see CMS' proposal to reduce the data set used at recertification and follow-up. After Dec. 16 when the proposed changes are scheduled to take effect agencies must collect only the 23 OASIS items used to generate the patient's payment group, M0080 (discipline of person completing the assessment), M0090 (date) and M0100 (reason for assessment). "Limiting this assessment to only the case mix items should be a significant time saver for home health staff and therefore be viewed as a great relief," Adams cheers.

However, while CMS' left hand is removing OASIS items, its right hand is adding one to indicate the payment diagnosis code. "There will be one new OASIS item added to the OASIS data set to facilitate compliance with the Health Insurance Portability and Accountability Act. This item will be identified as item M0245 and will be activated in October 2003," CMS says.

M0245 "will be inactive to prevent use until October 2003 and will appear as a shaded item when the revised OASIS data set is posted on our Web site," CMS continues. This could cause some confusion for agencies, since the OASIS form essentially will change twice, worries **Mary St. Pierre** of the **National Association for Home Care**.

To keep from having to create a form to use between now and October 2003, and then another to use once CMS activates M0245, "agencies can just change the guidance and instructions they give their staff," St. Pierre suggests. That is, an agency can instruct clinicians simply to skip the items that no longer are required.

Or agencies can continue gathering information for all the OASIS items currently on the instrument, CMS says. "Once the reduced OASIS is implemented, if an agency continues to encode and submit the entire OASIS for the time points that do not require the entire OASIS," CMS simply will ignore the unnecessary items, according to its Web site. "No errors or warnings will occur."

The good news is that M0245 will allow agencies to use V-codes at M0230/240. That should come as a relief to agencies confounded by CMS' previous refusal to allow them to use these codes for encounters for the care of surgical wounds (see OA, Vol. 3, No. 4, p. 44).

The proposed changes also mean that OASIS-B1 will include new skip patterns for M0460 (skip this item if patient has no pressure ulcers), M0476 (skip if no stasis ulcers), M0488 (skip if no surgical wounds) and M0530 (skip if no urinary tract incontinence or urinary catheter presence).

CMS is careful to note that these changes still are in the "clearance process within CMS" and then must gain approval from the **Office of Management and Budget** before they can be implemented. Still, things are moving fairly quickly

"by CMS standards," says former CMS official **Bob Wardwell**, now with the **Visiting Nurse Associations of America**.

And the industry is pushing for OASIS reform not to be a one-time shot. "Hopefully, CMS will put the recommendation in place to regularly reassess OASIS with industry representation so that there is an ongoing and open process of reform and revision," Wardwell says.

Providers Speak Up At Town Hall Meeting

CMS gave providers a chance to let their voices be heard July 31 during a three-hour "town hall meeting" on OASIS reform.

Providers had the floor for most of the meeting, and offered suggestions such as additional OASIS items that should be eliminated, extended completion and data lock timeframes, increased reimbursement to defray the education and time costs OASIS presents, and further reducing the number of assessments, among others.

Another prominent theme during the meeting was the adverse impact OASIS has had on staffing. Several providers shared their experiences with home health nurses returning to the outpatient setting because of the OASIS time burden. Providers also highlighted the negative impact administering the OASIS assessment has on patients, who often become tired and frustrated with the length and depth of the instrument.

Editor's Note: For more information about the proposed changes, go to www.cms.hhs.gov/oasis/hhnew.asp.