

OASIS Alert

Regulations: Final OASIS Reg May Save Your Sanity

Temporary data-collection suspensions for certain patients still apply.

If you've been struggling to lock OASIS data within seven days of completing the assessment, you'll be thrilled with this unexpected gift.

Home health agencies have submitted more than 56.4 million OASIS assessments since August 1999, the **Centers for Medicare & Medicaid Services** reports.

At last--nearly seven years after publishing the interim final regulation on Jan. 25, 1999--CMS issued the final OASIS reporting regulation on Dec. 23, 2005.

Make Corrections Without Edit Warnings

The final OASIS reg--effective June 21--makes some changes in the home health conditions of participation and clarifies some other issues, a CMS spokesperson explained during the Jan. 18 Home Health Open Door Forum:

- **Forget about locking.** CMS no longer requires HHAs to lock OASIS data within seven days of completing the OASIS assessment, the final reg states. Instead, agencies must encode and electronically transmit the OASIS data to the state agency or contractor within 30 calendar days of the date the OASIS assessment is completed--that is, the date in M0090.

Currently, agencies have a month to transmit following the month in which the data is locked. But 75 percent of agencies already transmit data within 30 days of assessment completion, CMS says. After June 21, agencies may "make corrections to transmitted OASIS data at any time without edit warnings," the final rule states.

Bonus: Once the new requirement to transmit OASIS data within 30 days takes effect, agencies will be able to access outcome-based quality improvement reports and outcome-based quality monitoring reports in 30 days instead of 60 days, CMS says.

This faster data transmission will be a great benefit for agencies, especially with pay for performance in the wings, says consultant **Pam Warmack**, with Ruston, LA-based **Clinic Connections**. Without such a long lag time, agencies will be able to address problems faster and see results while participating clinicians are still working for the agency, she predicts.

- **Continue limiting OASIS use.** CMS will continue to delay "the requirement for agencies to use OASIS for the personal-care-only population until further notice." In addition, the temporary suspension for collecting OASIS data on non-Medicare/non-Medicaid patients remains in effect, the final rule states.

- **Identify your branches.** HHAs must include on the OASIS their CMS-assigned branch identification numbers--Branch State in M0014 and Branch ID in M0016--to identify branch-specific OASIS assessments. This will allow CMS to provide outcome reports specific to the branches, the reg points out.

- **Don't blame the patient.** If your patients refuse to answer OASIS questions, you are still responsible for conducting a comprehensive assessment, CMS says, noting that clinicians are trained to do assessments even on uncooperative patients.

"If an agency has an unusually high rate of patients refusing to answer assessment questions, it may warrant a review of the process the HHA is using to conduct assessments," CMS says in response to comments.

Although patients may avoid discussing embarrassing topics or may not give you honest answers, they rarely refuse to answer the OASIS questions, Warmack says.

Note: The final regulation is at www.access.gpo.gov/su_docs/fedreg/a051223c.html scroll down to the CMS entries.