

## OASIS Alert

### Regulatory Reform: INDUSTRY CHEERS PROPOSED OASIS CHANGES

The newly created **HHS Advisory Committee on Regulatory Reform** agrees with many of the complaints home health agencies have raised about the burden of OASIS, and has charged the **Centers for Medicare & Medicaid Services** with fixing some of the trouble spots.

The reform committee has proposed 16 recommendations to "modernize OASIS," including extending the completion deadline from five to seven days and the lock deadline from seven to 14 days. Those two actions "would provide the most relief quickly," says **Bob Wardwell** with the **Visiting Nurse Associations of America**, and therefore would be at the top of VNAs' priority lists.

Current tight OASIS deadlines force HHAs to strike "a balancing act between cost-effective use of staff" and regulatory requirements, laments **Terri Ayer**, president of Annandale, VA-based **Ayer Associates**. "HHA nurses, especially in rural areas, only come to the HHA central office once a week," agrees the committee in its recommendations. If CMS would ease up on the deadlines, even by a few days, it would prevent nurses from being forced to come into the office every day to drop off admission paperwork, Ayer notes.

"VNAs support quality, but they can't continue to support an inflexible and bureaucratic system that takes nurses away from caring for patients," charges Wardwell.

If CMS adopts the committee's suggestions to standardize the definition of "significant change" used for the significant change in condition (SCIC) assessment and/or billing, it would be another load off providers' minds, Ayer says. Currently, CMS tells each HHA to come up with its own definition of what a significant change is. The committee urges CMS to consider using re-hospitalization as a proxy for the term.

While agencies would like to see a concrete definition, limiting it to just re-hospitalization could cheat them of reimbursement, Ayer points out. For instance, if a nurse decides a patient would benefit from 10 or more therapy visits in mid-episode, allowing a SCIC billing adjustment only for re-hospitalizations wouldn't permit agencies to bill for the therapy upgrade.

HHAs would love for CMS to nix some of the unnecessary, repetitive assessments, Wardwell says. The committee proposes eliminating a separate form for SCICs when it occurs within the five-day window of reassessment; eliminating "OASIS encounters" not used for payment, outcome or survey purposes; creating one OASIS form to use for "all situations of care or change in status"; and eliminating data collection that doesn't contribute to development of a care plan, a valid and relative risk adjustment process, or which is clinically unnecessary.

#### Beware Hidden Traps

But HHAs should be careful what they wish for, warns OASIS expert **Linda Krulish** with **Home Therapy Services** in Redmond, WA. Using one form for all situations sounds like a good idea at first, "since trying to keep track of multiple versions of assessment forms can be a bother," Krulish says. But that would lead to "creating a huge form, that would have to include the OASIS data elements for every time point," she protests. "Clinicians would still have to decide within this big, single form, which specific OASIS items they have to collect and don't have to collect."

CMS said in its February satellite broadcast for risk-adjusted outcome-based quality improvement reports that it would release the risk-adjustment methodology, but it hasn't done so yet. That's another recommendation from the committee.

HHAs with sophisticated outcomes systems would be able to assess the methodology and use it to benchmark multiple

offices with each other, Ayer notes. And at least agencies could find out which OASIS questions the system uses to risk-adjust outcomes, she adds.

The industry also would rejoice if CMS took up the committee's suggestion to cut certain OASIS questions "that are duplicative or not used for payment, outcome, or survey purposes." Namely, MO190 (inpatient diagnoses and ICD-9 codes), MO340 (whom the patient lives with), MO640-680 (certain activities of daily living) and MO780 (management of oral medications).

However, Wardwell acknowledges that cutting OASIS items altogether would take time and require retraining for HHAs.

Other changes the committee proposes are:

1. Providing access to studies on OASIS data validity, adverse event measurements and the **University of Colorado's Center for Health Services Research's** study on OASIS quality and outcomes.
2. Establishing a scientific and technical advisory panel to guide OASIS use.
3. Keeping the OASIS tool current with medical practice and care delivery systems.
4. Field testing new measures before implementing them.
5. Conducting an independent evaluation of the cost benefit of using the OASIS form.

Establishing an independent OASIS panel should be the first order of business, according to Krulish. This panel then could address many of the other recommendations for change, especially those that challenge CMS' and CHSR's authority.

CHSR might be a barrier to the reform effort, Wardwell contends. "The Commission's influence is yet to be seen," adds **William Dombi**, vice president for law with the **National Association for Home Care's Center for Health Care Law**. "If you examine the overall recommendations, it appears that CMS may be using the commission to secure support for some of its policy goals."

But chances are better than ever that CMS will heed at least some of the calls for OASIS reform, Wardwell forecasts. "At the last CMS Home Health Open Door Meeting, Administrator **[Tom] Scully** made a strong and unequivocal promise to significantly reduce the OASIS burden," Wardwell relates.

Scully held a May 21 two-hour meeting with eight home care providers to hash out both sides of the OASIS issue, reports the **American Association for Homecare**. "Scully ... realized the burden that the assessment imposed on nurses," AAH says.

And he was open to considering doing away with OASIS for non-Medicare or -Medicaid patients one of the items on the committee's recommended OASIS changes.

And CMS senior officials previously have assured industry representatives that "CMS would take the work of the Advisory Committee very seriously," Wardwell adds. "I believe that CMS' leadership will push very aggressively on OASIS reform, including the Advisory Committee's recommendations."

Editor's Note: The proposed changes are at [www.regreform.hhs.gov/datainfo\\_denver.htm](http://www.regreform.hhs.gov/datainfo_denver.htm).

