

OASIS Alert

Regulatory Reform OMB BLESSES REDUCED OASIS ASSESSMENT

It didn't happen when the Centers for Medicare & Medicaid Services thought it would, but it finally has happened.

The Office of Management and Budget has given the green light to the dataset that cuts the OASIS burden by 25 percent, a CMS spokesperson tells Eli. The new tool drops 45 MO items from follow-up assessments, establishes a patient data tracking sheet and eliminates two collection time-points altogether.

CMS already had assured home health agencies that it was OK to use the pared-down OASIS tool starting Dec. 16, but few agencies appear to have taken the feds up on the offer.

The prohibitive cost of printing up new forms was a major factor in MedShares Inc.'s decision not to implement the changes at this time, says MedShares' Kathy Brown Mayes.

Technical problems have been another stumbling block. That was the case for the VNA of Southwestern Indiana, which hasn't used the slimmed down OASIS tool yet, says its information management supervisor Alicia Cave. "We're glad we haven't implemented yet," she says, noting "the upgraded HAVEN program has had bugs □ losing the ability to archive and store."

And some agencies that went ahead and made the switch encountered trouble. Donna Reimer with Indianapolis-based Westview Hospital Home Health, reports that her agency ran into "a lot of problems with software."

HHAs should find the changes beneficial, observers note, although they will have to continue to collect enough information to meet comprehensive assessment requirements and make case management decisions.

Even though OMB has given its stamp of approval to the reduced dataset, many agencies will continue to hesitate to implement it, predicts consultant Rosemary Vander Wyde with Teaneck, NJ-based Vander Wyde Healthcare Consultants. Now that nurses are accustomed to their current OASIS forms, providers are loath to change them, even to lighten the workloads.

The cost of revamping forms and retraining staff on them outweighs the savings of the reduced data collection, HHAs believe. That's especially true of agencies that have a large stockpile of current forms, Vander Wyde points out.

And come October, CMS will add another MO item to the tool □ M0245. That's where HHAs will submit payment-influencing diagnosis codes that will be bumped by the HIPAA requirement to use V and E codes in M0230 and M0240. Many HHAs are happy to put off making any changes until that important addition goes into effect Oct. 1.

Editor's Note: The data specs and HAVEN 6.0 are at www.cms.hhs.gov/oasis/hhnew.asp.