OASIS Alert

Reimbursement: AUDIT FOR OASIS ACCURACY TO GET THE MONEY YOU EARNED

You're almost certainly leaving reimbursement dollars on the table.

Could you think of ways to spend thousands of dollars if your agency suddenly got the extra money? You may have that opportunity if you carefully audit your OASIS assessments.

Almost no agency receives all the reimbursement it has earned, say experts in OASIS audits. And agencies that think they are billing correctly can still be losing tens of thousands of dollars, says billing expert **Melinda Gaboury** with Nashville, TN-based **Healthcare Provider Solutions**. Even if you receive the reimbursement, if you don't self-audit, you won't get to keep the money.

Check the Big Money Items First

Some of the audit hot spots are M0175 (From which of the following inpatient facilities was the patient discharged during the past 14 days?), M0825 (Therapy needs) and M0230 and 240 (Diagnoses and severity index), all of which contribute significantly to payment, says reimbursement consultant **Michelle Enger** with St. Louis, MO-based **Optimal Reimbursement Strategies.** But at a minimum you should audit all the items contributing to reimbursement, she adds.

The OASIS assessment is so important to your agency's success that you should audit every assessment--start of care, resumption of care, recertification and discharge--before you transmit it, recommends clinical consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen.**

Tip: Once you identify clinicians who consistently answer the OASIS items accurately, you can just audit a sample of their assessments and focus your efforts on staff who need more help answering items correctly, Adams tells **Eli.**

Spend Your Money Early In The Process

When the software you use detects discrepancies in your data, that's a start. But don't rely completely on the software, experts say. Conduct a manual review to check out possible problems. If you can't audit all assessments, at least review a representative sample to identify the major issues for your agency, Enger advises.

If you don't have software, use an HHRG (home health resource group) worksheet to check case mix items or develop your own audit tool to identify specific areas of concern to your agency, Adams says.

And include coding as part of your audit, Adams recommends. Primary, secondary and payment diagnoses are key components of the case mix and must be supported by the OASIS responses and medical record, she ex-plains (see related articles, pp. 33, 34).

Best bet: The best money you can spend on improving OASIS accuracy--thus speeding up your audits--is in training clinicians, Enger says. Every dollar you spend on clinician OASIS training helps prevent spending money correcting errors, canceling and resubmitting RAPs and chasing down reimbursement you missed on items such as M0175 and M0825, she explains.