

OASIS Alert

Reimbursement: Clean Up OASIS Data Gathering

OASIS errors can cost you thousands of dollars.

No matter how long pay for performance takes to affect home health agencies, focusing now on improving OASIS data accuracy can create immediate financial and quality improvement benefits for your agency. Existing OASIS quality measures are likely to comprise the majority of the measures used to score pay for performance, says therapist and home care consultant **Karen Vance** with **BKD** in Springfield, MO.

The **Centers for Medicare & Medicaid Services'** demonstration project, slated to last from October 2007 to September 2009, plans to use data from existing OASIS risk-adjusted measures agencies are already collecting, Vance told listeners at the March 29 audioconference "P4P Basics: What We've Learned So Far," sponsored by **Eli Research**.

Because six of the proposed measures reward "improvement," completing the OASIS assessment accurately is crucial. If you under-report the patient's difficulties, as clinicians tend to do, you may lose your chance to show improvement in that measure, warns San Francisco-based consultant **Sparkle Sparks** with **OASIS Answers Inc.**

Expert advice: Be careful not to compare the patient with other sick people, Sparks says. Instead, record how the patient does relative to a well person in the area you're evaluating.

Boost Your Bottom Line With OASIS Training

Staff education is very important because accuracy does not improve just with repeated use of the OASIS assessment, says **VNS-NY** researcher **Robert Rosati**. "Training should reinforce the importance of observing functional abilities and emphasis should be placed on clarifying the subtle differences between answer choices in the OASIS items," he says. (For more on accurate assessment, see article on p. 44).

Example: If you're scoring M0670 (Able to bathe self in tub or shower independently), you need to know that "able" doesn't mean that the patient was able to bathe himself independently in the hospital before he came home. It also means he must have a tub or shower at home that he can access. If the shower is upstairs and he can't climb the stairs, you must mark response "4" (Unable to use shower or tub and is bathed in bed or bedside chair).

"The response for M0670 should differentiate patients who are able to bathe in the tub or shower (i.e., responses 0, 1, 2, or 3) from those who are unable to bathe in the tub or shower (i.e., response 4) regardless of the specific cause or barrier preventing the patient from bathing in the shower or tub," CMS says in its OASIS questions and answers.

Why do you care? If you answer "0" or "1" on M0670, you receive no points toward the functional domain of the home health resource group. If you answer "2", "3" or "4," you can add eight points to the functional score, moving it from minimum to low, and adding more than \$200 to the episode reimbursement. You can also show improvement in the outcome measure once the patient is able to climb the stairs and can again bathe independently.

Note: For more on P4P basics, order a transcript or CD of Vance's audioconference at <http://codinginstitute.com/conference/tapes.cgi> or call (800) 508-2583.