OASIS Alert

Reimbursement: Stay On Top Of P4P By Focusing On Key OASIS Issues

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Stay On Top Of P4P By Focusing On Key OASIS Issues

You won't have to wait long before sub par outcomes take a financial toll.

Unless you want other home health agencies to get part of the Medicare money you earned, make sure you keep your eye on the outcomes improvement ball.

In the **Medicare Payment Advisory Commission's** March report to Congress, the influential group points out that the **Centers for Medicare & Medicaid Services** has already built much of the infrastructure needed to move into pay for performance.

In home care, this infrastructure includes identifying and developing OASIS-based quality measures, collecting standard data on quality, and publishing information on providers' performance (Home Health Compare).

Warning: "It's critically important for any home care provider to understand that pay for performance is on its way," stresses consultant **Patricia Tulloch** with Staatsburg, NY-based **RBC Limited**. Even though no one knows the exact processes P4P will involve, it will include some measures from Home Health Compare. Agencies should expect acute care hospitalization to be more heavily weighted, she tells **Eli.** Look for a demonstration project in 2007 and for P4P to begin incrementally starting in 2008, she notes.

Members of the P4P task force formed by the **National Association for Home Care & Hospice**, the **Visiting Nurse Associations of America** and the **American Association for Homecare** have met with CMS to begin to address the direction P4P should take in home care, NAHC reports.

"P4P is really getting a lot of attention," said **Pamela Teenier** with **Gentiva Health Services**, in her presentation on P4P at the **National Association for Home Care & Hospice's** 24th annual meeting in Seattle. To show improvement by the time P4P begins, agencies must start their quality improvement efforts soon, she warned.

Master OASIS Accuracy Before P4P Hits

The structure of payment incentives is not yet clear. P4P is likely to include OASIS-based outcome measures, some standardized measure of patient satisfaction and measures of process improvements related to positive patient outcomes, experts say.

Because P4P will be budget neutral, "low performers will pay top performers," Tulloch says. Some low-performing providers will end up going out of business because the financial incentives will favor the top providers at the low-performers' expense, she predicts.

Agencies must continue to pay attention to OASIS accuracy, Tulloch recommends. The tool is complex and clinicians have many other priorities, so if agencies take their eyes off OASIS accuracy, it will deteriorate, she warns. And OASIS accuracy directly affects the outcomes likely to determine payment incentives under P4P, she adds.

Providing ongoing OASIS education and having manager clinicians review OASIS assessments for accuracy are important for all agencies, Teenier said. Using OASIS specialists to perform the assessments is another option, she added.

Hidden trap: Not understanding how accuracy affects outcomes can prevent clinicians from putting in the effort it takes

to answer OASIS questions correctly, Tulloch warns.

Tip: Emphasize to clinicians that the answers to all the OASIS questions are important, even if the items don't contribute to the case mix and thus the patient's payment level, Teenier stressed.