

OASIS Alert

Training: Want Accurate Case Mix? Correct These 3 Common Errors

Regular OASIS training could increase your case mix -- and your reimbursement.

Accurate case mix could add more than \$5,000 in reimbursement to a single home health episode. Bottom line: If your clinicians don't accurately determine case mix classification, your agency could lose big.

Another minus: Your agency's inflated errors could also trigger medical review and increase your risk for a fraud accusation, warns **Beth Carpenter**, a Lake Barrington, Ill.-based consultant with **Beth Carpenter & Associates**.

Luckily, there are some common case mix errors you can spot before they negatively affect your bottom line, says **Anne Lemere** with **Gentiva Consulting** in Huntersville, N.C. Use this advice as a guide to keeping your case mix well within standard benchmarks.

Error #1: Asking instead of looking. The number one cause for inaccurate case mix is clinicians asking patients to evaluate themselves, Lemere says. "Many clinicians aren't observing the activity; they're asking the patient questions," she clarifies. For instance, the provider might say, "Do you have problems with your eyesight?" Your patients may answer "No" when really they can't read their medication label.

Solution: Make patients show you -- not tell you -- what you need to know, Lemere advises. Rather than asking them if their vision has diminished, you can ask them to read their medication label. Or, rather than asking them if they have problems with ambulation, you should ask them to walk to the bathroom and back, she says.

Bonus: When patients show you what condition they are in, you have the opportunity to spot problems that might otherwise go unnoticed. For example, when the patient is walking to the bathroom, you may notice a gait abnormality that the patient didn't pick up on. This early intervention can help patients avoid more significant conditions down the road.

Error #2: Clinicians repeatedly score too high or too low. For a true picture of your agency's case mix accuracy, you must evaluate each clinician's case mix trend. That way, you'll spot whether one practitioner consistently scores her patients' case mix on the high side while another's case mix is consistently low, explains **Anne Mattson**, Gentiva Consulting's director of regulations and compliance in Reidsville, N.C.

Solution: You want to compare your agency's average case mix to the national benchmarks, Mattson says. Once you root out those who are inaccurately assessing, you must re-train them on how to complete the OASIS, which may mean going back to your earliest education efforts, she tells **Eli**.

For instance, when you first hire new clinicians, you might accompany them on home visits and examine their OASIS assessment skills to ensure they are following CMS's specific instructions and assessment strategies. When your case mix is outside of national benchmarks, you may want to institute those oversight strategies again, Mattson says.

Error #3: Addressing case mix with a one-time reminder. You can't tackle case mix once only to allow everyone to slip back into their bad habits next week, emphasizes Gentiva Consulting's director of clinical operations, **Martha Stephens**. You must schedule training sessions that occur on a regular basis every 90 days or six months so that everyone remains certain of how to properly complete the OASIS document and accurately assess Medicare patients and then evaluate the resulting case mix weight.

Next step: "You should also look for case mix trends every six months or so," Stephens says. If clinicians' case mix begins



to rise or plummet, you should reevaluate whether your assessment professionals are following the the **Centers for Medicare & Medicaid Services'** OASIS assessment strategies.

Similarly, if your average case mix is significantly different than the national benchmarks, you need to determine what education and training your assessment professionals need to improve their assessments skills.

Best bet: Designate someone in your agency to look at the national standards and determine if patients should be in a higher or lower case mix category, offers **Melinda Gab-oury** with **Healthcare Provider Solutions** in Nashville, Tenn.