

# Home Health Coding and OASIS Expert

## OASIS-C1: Follow 3 Steps for OASIS-C1 Preparedness

**Your ICD-10 transition may go smoother if you implement this OASIS-C1 advice.**

The final transition date for the new OASIS-C1/ICD-9 data set is just around the corner. You have just a few weeks to make certain all your ducks are in a row for this Jan. 1 change. Follow our expert advice for a smooth transition.

**Step 1: Examine your training program.** Your agency should have a training game plan, especially as it relates to coding and OASIS, says **Pat Jump** with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. Consider establishing internal "experts" for both coding and OASIS training for best results with all of the upcoming documentation changes that your agency will face.

In essence, you'll create your own "internal consultants," Jump says. The best way to select internal expert candidates is to ask for volunteers, then handpick the experts based on experience and aptitude, she says. The expert should be someone who pays attention to detail, relates well to others, and is good at teaching, Jump says.

As you near the final selection process for your experts, be sure to include in your decision clinicians who will be utilizing the experts, Jump suggests. Ask for at least a one-year commitment from the chosen "expert." Larger agencies may want one or more OASIS experts and one or more coding experts. Smaller providers may have one person act as the expert for both areas of training.

Each of your internal experts should receive extensive training, Jump says. This includes going to conferences, watching webinars, and reading and keeping up on guidance changes. "While this may initially seem like a costly adventure, it will actually result in a greater revenue stream as coding and the OASIS data set are completed correctly," she explains.

Many providers leave money on the table due to inaccurate coding and incorrect answers to OASIS items, Jump says. "Any money spent on training is generally rapidly recaptured as accuracy improves."

**Step 2: Train now and train often.** Ongoing coding and OASIS training are essential, Jump says. Don't wait until the deadline for implementation of OASIS-C1 nears. And don't wait until it's too late to get ready for ICD-10 either. Instead, use the delay to prepare for the changes and bring all clinicians up to speed on existing practices as well as the planned changes, she advises. Coding in ICD-10 and OASIS completion are both complex matters and both require excellent training.

**Caution:** "While delaying the training may be tempting due to CMS' frequent mandate delays, the postponement is a perfect opportunity to prepare and facilitate clinician proficiency. Clinicians often report frustration in having to learn too much in too short of time," Jump points out.

**Step 3: Get in touch with your software vendor.** Home health agencies should make sure they are in frequent contact with their software vendors, Jump says. Make sure the vendor has a strategic plan in place for all of the upcoming changes. Ask for a specific timeframe from the vendor for implementation and training related to the changes.

**Best:** Try to get the vendor to create a "test" version using upcoming OASIS changes as well as ICD-10 coding, Jump suggests. Have your internal experts complete both versions of the forms using both code sets and then make comparisons and discuss the changes necessary to train the rest of the staff. This will help to work out any software issues and to prepare for implementation.

**Take note:** One frequent concern of those completing and coding for the OASIS is the feeling that they have been adequately trained, Jump says. "Because of the complexity of coding and OASIS completion, training needs to be frequent and ongoing. There is simply too much riding on coding and OASIS accuracy."

**Bonus:** Adequate training benefits the provider and the clinician, Jump says. "Some research also shows that adequate training results in reduced turnover."