

Home Health Coding and OASIS Expert

Reimbursement: Expect Reimbursement Reduction for Missing OASIS Assessments

Missing OASIS assessments will soon cause your agency more trouble than denied claims. Forget to submit enough of them and your overall reimbursement will take a hit under the 2015 home health prospective payment system final rule.

You can expect a 2 percent reduction in your 2017 reimbursement rate if you fail to meet a 70 percent OASIS submission threshold, said **Sharon Litwin, RN, BS, MHA** with **5 Star Consultants** in Camdenton, Mo.

Under this pay for reporting initiative, the **Centers for Medicare & Medicaid Services** will base your 2017 payment rate in part on OASIS submission for quality episodes from July 1, 2015 to June 30, 2016, Litwin said during the recent **Eli**-sponsored audioconference "New Home Health Final Rule for 2015 & The Newly Proposed Conditions Of Participation."

CMS will start monitoring your OASIS submission rate in July 2015, so don't think you can kick back and wait until 2017 to worry about this requirement, Litwin said. "If you start missing submissions for OASIS in July, you're going to get a decrease in 2017."

Check Your Processes

Not submitting OASIS assessments in a timely fashion can already put a dent in your agency's finances. Surveyors have been known to issue condition-level deficiencies for late OASIS assessments, Litwin said. This often happens with transfers, discharges and recertifications.

"I worked with one agency to establish a plan of correction after a number of condition -level deficiencies, one of which was for not submitting the OASIS assessments," says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O**, consultant and principal of **Selman-Holman & Associates, Code Pro University and CoDR** □ **Coding Done Right** in Denton, Texas. In this case, it turned out that the person who was responsible for the task had been submitting OASIS assessments in a timely manner, but she misunderstood the instruction from CMS in 2010 that stated that SOC and recertification assessments had to be submitted prior to the claim for that episode. "She assumed (wrongly) that she only had to submit SOC and recertifications and stopped submitting the other OASIS timepoint assessments. No one caught the error, although the DON wondered why their outcome reports looked 'so weird.'"

Why do submission problems so often involve transfers, discharges and recertifications? Agencies often miss transfers because they are not monitoring their patients and a hospitalization occurs without their knowledge, Selman-Holman says. When they do find out, they may complete a transfer OASIS, but because it's so late, they don't bother transmitting it.

Discharges often occur without an assessment because they are unplanned. That, in itself, is a reason for survey deficiencies, Selman-Holman says. Discharges without an assessment should be a rare occurrence.

Recertifications are a bigger question. Because a recertification establishes the HIPPS code for the next episode, it is imperative to complete recertifications in the required 56-60 day time period and transmit them before the final claim for that episode, Selman-Holman says. "CMS states that even if the recertification is late, do not discharge the patient and go ahead and perform the recertification OASIS late."

To help prevent repercussions from late or missing OASIS assessments, it's important to take a close look at your submission process. Establishing an air-tight procedure for submitting timely, compliant OASIS assessments within the 30-day window is essential.

Try this: Many agencies are submitting their assessments weekly, rather than monthly to help tighten up their processes, Litwin said.

How it will work

CMS expects agencies to meet a 70 percent OASIS submission threshold for the first year (July 1, 2014 – June 30, 2015). CMS will monitor submissions during that first year and provide agencies with a "hypothetical performance" report, Litwin said. This will determine how your agency is doing with the submission process and CMS will use the data to determine whether the threshold should increase for the second year of the program and beyond.

Caution: "You're not going to get that hypothetical performance assessment until way after July 1, so you want to make sure you have a tight process," Litwin said. Now's the time to take a look at your OASIS submission process and make sure it's occurring when it should – don't just sit back and assume it will happen automatically.

CMS defines a "Quality Assessment" several ways, Litwin says. In the end, this simply means all of the times agencies have to do an OASIS assessment, she says. To make certain your agency doesn't take a hit for not meeting the threshold, be sure to examine your process for submitting timely OASIS assessments that complies with what the conditions of participation say at each of these timepoints:

- SOC/ROC with a matching EOC (transfer, discharge or death)
- SOC/ROC in the first 60 days of reporting period
- EOC in the first 60 days of reporting period
- SOC/ROC followed by one or more follow up assessments, the last of which is in the last 60 days
- EOC episode that is preceded by a one or more recert episode, the last of which occurs in the first 60 days of reporting period
- SOC/ROC one visit episode

Tip: To tighten up your processes for submitting OASIS assessments on time, such as sending weekly batches, you also need to tighten up your processes for completing the OASIS and the QA on that OASIS in a timely manner, says Selman-Holman. And you need a complete process for correcting OASIS when needed. If the OASIS has to be corrected, you must review the RAP and the POC to see if those same corrections are necessary on those documents. Remember the OASIS, POC, and claim have to match to avoid denials.

Note: You can order a CD or transcript of "New Home Health Final Rule for 2015 & The Newly Proposed Conditions Of Participation" here: www.audioeducator.com/home-health/home-health-final-rule-01-29-2015.html.