Getting a Clean OASIS: Balancing Speed and Accuracy

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Objectives

1. Discuss the impact of Intake on OASIS accuracy and timeliness
2. Examine the impact of clinician engagement on OASIS accuracy and timeliness
3. Explore the impact of the quality review process on OASIS accuracy and timeliness.

What are the Concerns?

- Data Collection
- "Clean" OASIS
- Review Process
- Re-Review Process
- Correction Process
Key Focus Areas

| INTAKE | CLINICIANS | REVIEW |

The Role of Intake in Establishing Eligibility and Diagnosis Coding

Establishing Eligibility (Ch 7)

- Eligibility requirements for care under the MEDICARE PART A Home Health Benefit:
  - Confined to the home
  - Need for skilled care
  - Under care of physician
  - Physician-approved plan of care
  - Physician certification (F2F)

- Eligibility for recertification = establish the continuing need for service(s)

Source: Medicare Benefit Policy Manual Chapter 7 - Home Health Services, Rev. 245, 01.10.20. Section 30 - Conditions Patient Must Meet to Qualify for Coverage of Services
As of 1/1/2015, documentation in the certifying physician’s medical records (MR) and/or the acute/post-acute care facility’s MR (if patient directly admitted to HH) will be used as the basis upon which patient eligibility for the Medicare HH benefit will be determined.

- Must be provided, upon request, to the HH agency, review entities, and/or CMS
- Without sufficient documentation to demonstrate the patient is/was eligible, payment will not be rendered for HH services
- Information to justify the referral of Medicare HH services includes:
  - Need for skilled services; and
  - Homebound status;
- The certifying physician and/or the acute/post-acute facility MR for the patient must contain the actual clinical note for the F2F encounter visit that demonstrates that the encounter:
  - Occurred within the required timeframe;
  - Was related to the primary reason the patient requires HH; and
  - Was performed by an allowed provider type

Where can this Information be Found?

- Clinical and progress notes
- Discharge summaries
- NOTE: while the F2F encounter must be related to the primary reason for HH services, the patient’s skilled need and homebound status can be substantiated through an examination of all submitted MR documentation from the certifying physician, acute/post-acute care facility, and/or HH agency

Putting the Pieces Together

The synthesis of progress notes, diagnostic findings, medications, nursing notes, etc., help to create a longitudinal clinical picture of the patient’s health status.

- This information can be incorporated into the certifying physician’s MR for the patient and used to support the patient’s homebound status and need for skilled care.
- MUST be corroborated by other medical record entries, meaning . . .
Key Questions - Intake

Under Care of Physician

What must you ensure is provided in the referral order for HH services, as written by the post-acute setting physician referring this patient for skilled care under the Medicare Part A HH benefit?

F2F

Which physician will provide the F2F encounter for this patient's HH services?

What is included in the F2F documentation to support HH services for this patient?

Supportive Documentation

What additional information should be requested to support eligibility for this patient's care under the Medicare Part A HH benefit?

PDGM and ICD-10 Coding

Source & Timing

Clinical Grouping

PDGM

Functional Level

Comorbidity Adjustment

Assignment of Diagnoses

• Ultimate responsibility for diagnoses rests with the physician
• The physician has the responsibility of diagnosis assignment for all services, testing performed or ordered, including home health care
• Medical coding of diagnoses uses the International Classification of Disease, 10th Edition (ICD10)
• Although the law provides for the physician to provide the diagnosis codes, HH providers do not always find this to be true.
• Agency Goal: Referral documentation includes physician diagnoses to support primary and secondary diagnoses included on the HH claim
Sourcing Physician-Confirmed Diagnoses

- Recording diagnoses is the responsibility of the attending physician ("provider") per ICD10 Official Coding and Reporting Guidelines
- Review referral information to ensure that physician has documented relevant conditions
  - ACH/IRF/SNF physician progress notes and discharge summaries
  - Operation reports
  - Current H&P from physician

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Hard Stop?

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The Role of the Clinician in Timely Completion
How Most Clinicians Feel About OASIS

Why Are We Here?
- Making OASIS corrections can be a stressful process
- Our goal is to help clinicians REDUCE ERRORS
- Trends have been identified and can be fixed

Key Concepts
- OASIS Is:
  - Discipline Neutral
  - Data Collection
- OASIS Is Not:
  - Thorough Assessment
  - Creating Care Plans
OASIS “Accuracy”

- There is NOT an OASIS item for every possible piece of information that will be gathered about a patient
- There is NOT a specific response option that is perfect in every patient situation
- The job of the clinician is to understand the item and the responses and select the best fit from what is available.

OASIS Impact Areas

- OUTCOMES
- PROCESS MEASURES
- RISK ADJUSTMENT
- PAYMENT

Quick Test

HOW MANY OF THE PUBLICLY REPORTED MEASURES CAN YOU LIST WITHOUT LOOKING IT UP?
**Functional Assessment: Chronic Problem Area**

**ASSISTANCE**
- Defined as: “help; aid; support”
- Anything another person would do to ensure the safe completion of the task:
  - Physical assistance
  - Verbal Cues
  - Supervision
  - Reminders
- Ask “Would there be any concerns if no one was there when the task was being done?”

**SAFETY**
- Defined as: “involving little or no risk of mishap”
- Impacted by one or more issues:
  - Physical Ability
  - Cognitive Issues
  - Environment
  - Medical Restrictions
  - Sensory Issues
- Equipment
- Ask “Am I completely comfortable with how this task is being completed?”

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**Function and Fall Risk**

(M1910) Has this patient had a multi-factor Fall Risk Assessment (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?

0 - No multi-factor falls risk assessment conducted.
1 - Yes, and it does not indicate a risk for falls.
2 - Yes, and it indicates a risk for falls.

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**Connecting M1910 to Function**

When coding this item, the assessing clinician may consider available input from other agency staff who have had direct patient contact.
**GG Response Options**

When possible, CMS favors a multidisciplinary approach to patient assessment.

**Not Attempted Codes – 88 versus 09**

<table>
<thead>
<tr>
<th>GG Item Specifics</th>
<th>Assess Ability</th>
<th>Code Options</th>
<th>GG Item Specifics</th>
<th>Consider PLOF</th>
<th>Correct Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
<td>No</td>
<td>Yes</td>
<td></td>
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</table>

**GG and Fall Risk**

<table>
<thead>
<tr>
<th>Risk for Falls?</th>
<th>Completely Independent</th>
<th>Assistance Before/After</th>
<th>Human Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAHC 10 &lt; 4</td>
<td>GG = 06</td>
<td>GG = 05</td>
<td>GG = at LEAST Supervision</td>
</tr>
</tbody>
</table>
Such assistance may range from calls to remind the forgetful patient to take medications, to in-person visits to ensure that a patient with impaired decision-making is safe, to the need for the physical presence of another person in the home to ensure that the patient doesn’t wander, have hallucinations or delusions, or to monitor other safety risks related to cognitive/mental health concerns.

**Row f – Supervision & Safety**

Data Collection Check List

- Standardized orientation materials
- Inclusive of knowledge application exercises
- Accessibility of Guidance Manual information
- Teaching the clinician to “fish”
- Knowledge confirmation during patient care visit
- Initial and annual proficiency
- Periodic education based on error trends
- Use data to focus efforts
The Impact of the Review Process

Perceptions Matter

Choosing a Reviewer

Evidence:
- Discipline?
- Credentials?
- Experience?
- Outsourced?
Required Skill Sets

- Coding
  - Coding Conventions
  - Regulatory Requirements
  - PDGM
  - Defensible Documentation

- OASIS
  - Guidance Manual
  - CMS Q&As
  - PDGM
  - Defensible Documentation

Confirming Proficiency

- Written tests related to OASIS / Coding knowledge
- Concurrent review of sample patient records
- Periodic auditing of reviewer with clear follow up
- Ongoing education / knowledge application

Standardizing the Review Process

- A framework is needed to ensure consistency, reduce confusion and provide education to the clinicians.
- The ultimate goal = DECREASE ERRORS
- Critical Areas:
  - Focus of the review (coding, OASIS, both)
  - Error identification
  - Response to errors
    - Coding
    - OASIS
Defining Errors

**True Errors**
- Unsigned documents for coding
- Missing responses
- Responses clearly conflicting with documentation

**Potential Errors**
- Inconsistency with care plan
- Conflicting information between clinicians
- Responses appearing to conflict with documentation

Review Process Check List

- Standardized orientation materials
- Inclusive of knowledge application exercises
- Accessibility of official guidance information
- Teaching the reviewer to “fish”
- Knowledge and consistency auditing
- Confirming initial and annual proficiency
- Implementation of standardized processes
- Track and trend error rates

Implementing the Standardized Tool

**Key Considerations:**
- No tool is perfect
- Changes require approval
- Periodic modifications are expected
- Must be coordinated effort
- Designated lead to monitor for official updates
- Guidance Manuals, Q&A, Coding Updates
Tracking and Trending

Data-driven decision making key areas for both errors and corrections:
- Number
- Type
- By Clinician
- By Discipline

Don't only focus on the "negative"

How Many Times?

Correct

Review

???

Correct

Review

What Contributes to Delays?

Unclear / Inconsistent recommendations
- True errors
- Potential errors

Ill defined expectations
- Timeliness
- Communication

Lack of accountability
- Clinician
- Reviewer
Ultimate Goal

CURRENT REVIEW CYCLE

LESS CORRECTIONS NEEDED

Accountability

**Reviewer**
- Timeliness
- Consistency
- Professionalism

**Clinician**
- Timeliness
- Documentation
- Professionalism

Collaboration Works
Additional Resources

Kornetti & Krafft Health Care Solutions
www.valuebeyondthevisit.com
- Coding and OASIS Education
- Outsourced Coding and OASIS Reviews
- Coding and OASIS Audits

Mission:
Empower home health agencies with revenue protection strategies.

Core Values:
Innovation / Trust / Integrity