OASIS Alert

Regulations: Take Your Time with SOC Comprehensive Assessment

Don't let speed overtake OASIS accuracy.

If you're rushing to complete the OASIS, you could be short-changing your agency's reimbursement. Make the most of the time you have to give a thorough picture of your patient and the care she requires.

Background: The Home Health Condition of Participation guidelines governing the comprehensive assessment require you to complete the start of care (SOC) comprehensive assessment in a timely manner five days. The SOC date is the date your agency makes its first billable visit. When counting off the days you have to complete the comprehensive assessment, the SOC date is considered day zero, and you have up until day five to complete the assessment.

Caution: You cannot begin the comprehensive assessment before the SOC date.

Taking the full amount of time you have to complete the comprehensive assessment will improve your OASIS accuracy and benefit your agency in a variety of ways. "There are no drawbacks to waiting the full five days, especially if the days are used productively," says **Karen Vance, OTR**, supervising consultant with **BKD** in Colorado Springs, Colo. Expect a positive change in the following areas when you use the allotted time wisely:

Getting a clearer picture of your patient. Seeing the same patient at different times of the day can give you a better understanding of his condition, Vance says. This is particularly helpful with patients that have COPD and CHF whose functional capacity may be diminished later in the day, she says.

Seeing patients for more than one visit also gives you more opportunities to put patients in different situations to assess things like dyspnea or ambulation, Vance says. You'll also have more of a chance to gather an accurate depiction of incontinence.

Improved collaboration. Those five days give you more time to collaborate with other team members for reconsideration and reassessing for more accurate data collection, Vance says.

In multi-disciplinary cases, the clinician should wait to review the therapy evaluation and speak with the therapist if needed to consider the responses and any inconsistencies that there might be, says **Thelma Bowen, MSN, RN**, with **HealthCare Compliance Services** in San Antonio, Texas. Consistency between evaluations that occur during the five-day window is important unless there is documentation that supports a valid reason for the differing results, she reminds.

Making the most of the time to collaborate may also help the assessing clinician detect errors made in the comprehensive assessment at SOC that could impact OASIS responses, Bowen says. "We all make mistakes. This gives us the opportunity to correct them within the five-day window and also demonstrates coordination of care" such as occurs when the clinician speaks with the therapist regarding M2200 Therapy need.

Better wound details. When your patient has a physician ordered non-removable dressing that will be removed within the five-day window, it's important for the clinician to return within that time span to assess the wound, Bowen says. This is important for two reasons:

1. Your comprehensive assessment is more complete and permits the clinician to add orders specific to the type of care that the wound requires.

2. You'll have an opportunity to gain case mix points. If you answer M1340 Does this patient have a surgical wound? with response "2 Surgical wound known but not observable due to non-removable dressing" the prompt is to skip

M1342 □ Status of most problematic (observable) surgical wound, Bowen points out. Waiting to assess the wound once the dressing is removed increases your chances greater accuracy and payment.

More accurate diagnoses. Those five days give you time to clarify diagnoses and conditions with the physician for more accurate diagnosis coding, Vance says.

All diagnoses need to be confirmed by the physician before they can be coded on the OASIS. When the coder is faced with a list of diagnoses that have not been confirmed by the physician, they can't code for them. As a result, the HHRG and final payment HIPPS code can be negatively impacted, Bowen says. To prevent this from happening, the clinician should take the time within the five day window to communicate with the doctor and confirm diagnoses, if needed, she says.

Physician communication. You can't enter response "Yes" in M2250 □ Plan of care synopsis before obtaining physician orders, Bowen says. "Every agency should have a process in place to ensure steps are taken from day 0 (M0030) so that this requirement is met within the five-day window. Agencies have a total of six days to get this done if they include the start of care date. This ensures that Medicare care planning measures are met."