Editorial

COST IMPACT OF MEDICARE OASIS OUTCOME MEASUREMENT FOR RURAL HOME HEALTH AGENCIES

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Many home health agencies (HHA) are in small towns located in rural areas. Due to volume restraints, a rural home health agency desiring to excel financially must endeavor to understand OASIS (the Outcome and Assessment Information Set). Rural HHAs must ensure that their OASIS assessments are completed thoroughly, consistently, and accurately. OASIS was developed over more than a decade by researchers at the University of Colorado Health Sciences Center (see http://www.uchsc.edu/), with funding for Medicare and Medicaid Services (CMS) and the Robert Wood Johnson Foundation. The CMS requires that OASIS data be reported and this data is used for two purposes: " to monitor outcomes of home health agency services and (as of October 2000) as an indicator of patient severity and needs in determining payment amounts under Medicare's home health prospective payment system" (Keepnews, Capitman, and Rosati, pg. 79).

There are 80 OASIS data points that represent core items of a comprehensive assessment of an adult home care patient and are essential for measuring outcomes. These data points are detailed and precisely defined to permit comparative results. Eleven of these data points are also currently used for public report card ratings of home health agencies for consumers. The initial assessment is performed at the start of care visit in the patient's home. Findings from the assessment and answers to the OASIS questions determine points assigned to the clinical status, functional status, and service utilization domains.

Points in the clinical domain are based on the primary and first secondary diagnosis that are approved in the orthopedic, neurological, or diabetes category, IV infusions, enteral tubes, wounds, dyspnea, urinary and bowel incontinence, bowel ostomy, and behavioral problems. Points in the functional status domain are based on dressing upper and lower body, bathing, transferring, and locomotion. The service utilization domain includes points the patient receives for ten or more therapy visits within a 60-day episode of care. From the start of a patient's care, the agency must lock the OASIS data to the state within seven days. After the OASIS is complete, the patient admitted, and the physician's orders are sent for signature, the HHA can submit the request for the anticipated payment document for payment of 60 percent of the home health resource group (HHRG) rate. In determining HHRG payment, care must be taken to ensure accurate reporting. For example, inaccurate assessments can lead to minor mistakes in diagnosis coding that can lead to payment loss dollars. Just one level in severity code from C0 to C1 leads to a payment difference of approximately $183; S1 to S2 is greater than $1,600. Considering the numbers of patients seen, these types of differences in reimbursement potential demonstrate the necessity of accurate diagnosis coding.

REFERENCES

Keepnews, D., Capitman, J., & Rosati, R. (2004). Measuring patient-level clinical outcomes of home health care. *Journal of Nursing Scholarship, 36*(1), 79-85.