

Home Health Line

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Delay in early OASIS-C wound guidance causes initial dip in case-mix weight

Confusion about how to answer OASIS-C wound questions likely contributed to an initial drop in the average case-mix weight for some agencies.

The national average for start-of-care case-mix weight dipped to 1.39 in January 2010 from 1.41 in December 2009, according to data from clients of OCS HomeCare in Seattle (*see box, p. 2*). But by March, the average had increased to almost 1.40.

One possible reason: Clinicians were unclear about guidance related to wound questions M1308 (current number of unhealed pressure ulcers) and M1342 (status of most problematic surgical wound) that are worth case-mix points, says Ann Rambusch, director of home health education and training at HHL's parent DecisionHealth (HHL 6/14/10, 10/19/09).

For example, inaccurately scoring a non-healing surgical wound as early/partial granulation could mean the difference of four case-mix points for certain patients. And the Wound, Ostomy and Continence Nurses Society (WOCN) released new definitions for answering OASIS-C wound items in December, which left little time to train clinicians before OASIS-C's Jan. 1 implementation.

Since then, agencies have educated clinicians on wound assessments thus improving the accuracy of their OASIS answers. American-Mercy Home Care, for one, beefed up its joint visits between nurses and therapists, explains Arlynn Hansell, program manager of clinical excellence for the Cincinnati agency. The joint visits allowed nurses to help therapists with the OASIS wound questions, and therapists to help nurses with the functional questions.

The result: The agency's average case-mix weight increased to 1.24, after dipping down to 1.15 when OASIS-C was implemented, Hansell says.

Some agencies saw case mix increase

Not all agencies saw a dip in case-mix weights when they started using OASIS-C.

When OASIS-C was first implemented, Nason Hospital Home Health Agency increased its average case-mix weight to 1.21 from about 0.91, says Sharon Snider, director of the Roaring Spring, Pa., agency.

Snider attributes the bump to the adoption of the agency's PPS Plus software program, which conducts automated OASIS reviews and generates reports of inconsistencies in OASIS-C answers.

The software costs \$400 per month, but it allows staff members to review potential issues with clinicians and determine whether to agree with the program's suggested changes or override them, Snider says.

As a result, the agency increased its revenue by an average of \$900 per patient in the first month using the program and reduced the time spent reviewing OASIS to about 20 minutes a day from up to four hours, Snider says.

Tips for investigating case-mix changes

- **Bring in certified wound care nurses to assess complicated wounds.** Best Home Health/National Homecare Services has one certified wound care nurse on staff and plans to have four more get certified, says Karen Carter, director of growth and development at the Ruston, La., agencies. Clinicians can consult with the certified wound care nurses when assessing complicated wounds to ensure accurate OASIS answers.

- **Examine patient diagnoses.** Best Home Health/National Homecare Services enlists an outside coder to examine patient charts, including the patient's history and physical, for correct diagnosis sequencing, Carter says. If

the coder suggests a change, the nurse or therapist who completed the OASIS needs to approve it.

- **Encourage nurses and therapists to collaborate on functional items.** At Pennock Homecare and Hospice, nurses consult with therapists and factor in the results from a separate therapy evaluation when completing the OASIS-C functional items, says Cindy Poort, director of the Hastings, Mich., agency.

- **Have a manager review functional items.** Pennock Homecare and Hospice's managers also review functional questions for discrep-

ancies – such as scores that the patient can transfer to the bathroom unassisted but needs help transferring in other areas – to reconcile with clinicians, Poort says.

- **Identify clinicians whose patients consistently have low HHRG scores.** That could signal the need for more training about how to answer OASIS-C questions correctly, Hansell says. – *Karen Long (klong@decisionhealth.com)*

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Benchmark of the Week

Average case-mix weight for Q4 2009, Q1 2010 after OASIS-C implementation

Start-of-care case-mix weights dropped as OASIS-C was implemented in January but began to rebound by the end of the quarter, according to data from OCS HomeCare in Seattle (*see related story, p. 1*).

The opposite is true for recert case-mix weights, which jumped in January 2010 but have fallen off since then, the data show. The data represent about 600,000 total episodes in Q4 2009 and Q1 2010.

Month	SOC RAP case weight	SOC RAP payment
Oct. 2009	1.4110	\$3,182
Nov. 2009	1.3964	\$3,152
Dec. 2009	1.4056	\$3,166
Jan. 2010	1.3870	\$3,160
Feb. 2010	1.3973	\$3,181
March 2010	1.3998	\$3,190
Month	Recert RAP case weight	Recert RAP payment
Oct. 2009	1.1601	\$2,486
Nov. 2009	1.1449	\$2,458
Dec. 2009	1.1483	\$2,453
Jan. 2010	1.1590	\$2,517
Feb. 2010	1.1524	\$2,503
March 2010	1.1519	\$2,499
Month	Overall RAP case weight	Overall RAP payment
Oct. 2009	1.3162	\$2,919
Nov. 2009	1.2997	\$2,885
Dec. 2009	1.3005	\$2,874
Jan. 2010	1.3060	\$2,931
Feb. 2010	1.3077	\$2,933
March 2010	1.3049	\$2,926

Source: OCS HomeCare, www.ocshomecare.com