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OASIS-C Is Coming

Watch Out for Survey Traps in Proposed OASIS Data Elements

Survey problems are inherent in care delivery and documentation issues. Making a mistake, misinterpreting a finding, or documenting something in error can all lead to citations. However, there are some questions in OASIS-C, the proposed revisions to the data set, that ask about actions directly related to regulation with little or no value for care planning, payment, and outcomes. In some cases, a surveyor might look no further than the answer to these questions to justify a non-compliance deficiency.

Referral, start of care dates

The *Conditions of Participation*, §484.55(a) (1), require the clinician to make the initial assessment visit within 48 hours of referral, within 48 hours of the patient’s return home, or on the physician-ordered start of care date. Two new data elements in OASIS-C will provide information the surveyor needs, in most cases, to determine whether the agency complied with this requirement.

The first new data element (M0102) asks for the date the physician made the referral for either a start or resumption of care (see page 2). If the agency has one contact with the physician prior to sending a clinician to the home, this data element will be easy to complete. However, it is not unusual for an agency to have more than one contact with a physician during the referral process, complicating the answer. **Example:** *On Monday, the agency receives orders for a new patient having outpatient*

surgery on Tuesday. However, the patient has sniffles on Wednesday, and the surgery is postponed until Friday. The agency gets updated orders from the physician Friday morning. On what day did the physician refer this patient? If the nurse records Monday, and the visit is not made until Friday, the agency is not in compliance. But the agency did not get all the necessary information until the last contact on Friday. A visit that afternoon would meet the regulatory intent. It will be necessary to review intake and referral processes to ensure documentation and dates reflect what happened, in order to show that the agency is in compliance.

The second new data element (M0104) notes the physician-ordered start of care

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Question of the Month: Documentation Words

Identify which words or phrases should not appear in the documentation of skilled homecare services.

- a. Monitor
- b. Patient not at home
- c. Status improving
- d. Independent
- e. Privately hired caregiver
- f. All of the above can appear in documentation.
- g. All of the above should not be used in documentation.

See page 7 for the answer.



E-mail:
info@beaconhealth.org

Web site:
www.beaconhealth.org