OASIS Alert

**Compliance: NAMES AND DATES REALLY MATTER ON M0175**

Whether your new patient calls the institution she just left a hospital, a nursing home or a rehab facility may not make much difference to her but it can mean hundreds of dollars or a fraud investigation to you.

The **HHS Office of Inspector General** is working with the four regional home health intermediaries on a nationwide audit focusing on whether home health agencies have accurately reported hospital stays in response to M0175, a spokesperson for IG Janet Rehnquist tells Eli. The audit covers claims with dates of service from Oct. 1, 2000 to Sept. 30, 2001, the OIG source says.

M0175 asks if a patient has been discharged from a hospital, rehab facility, skilled nursing facility or other nursing home within 14 days of the start or resumption of care. A hospital stay earns zero points, NO hospital stay earns one point, and a rehab or SNF stay earns two points.

The only reimbursement impact comes if the patient had no hospital stay and also had a rehab or SNF stay, explains consultant Laura Gramenelles with Hamden, CT-based Simione Consultants. You can add the no-hospital-stay point to the two points for a SNF or rehab stay and have three points in the service category of the home health resource group.

Three points moves the patient from S0 to S1 in the HHRG a difference of about $170, depending on geographic location, experts say. The points become even more lucrative if the patient requires 10 or more therapy visits which adds 4 points to the service category with the combination pushing the patient from S2 to S3, for a difference of as much as $525.

In other words, those scenarios take the fourth digit of the patient's HIPPS code from a 'J' to a 'K' for non-therapy cases and from an'L' to an 'M' for therapy cases, explains the National Association for Home Care & Hospice. And if the information is wrong, that additional money may be an overpayment, NAHC points out.

The OIG believes HHAs inappropriately have collected more than $25 million by omitting a hospital stay when claiming a rehab or SNF stay for a patient, NAHC reports. Agencies had "better be prepared for recoupments," warns Gramenelles.

It's not easy for agencies to know exactly where the patient has been during the last two weeks, since they rely on patient recollection and information from referral sources. Meanwhile the OIG can check just by looking at hospital, SNF and rehab facility claims data, notes clinical consultant Cyndi Rohret with West Des Moines, IA-based Briggs Corp.

Experts offer these tips for making sure your M0175 answers are on track:

**Add M0175 to reviews.** If your agency conducts supervisory reviews of OASIS assessments, make M0175 accuracy a key item to check in those reviews, Gramenelles suggests.