AXXESS

THE IMPORTANCE OF OASIS-D

Part 1 of 4

Presented by

Jennifer Gibson Osburn

RN, HCS-D, COS-C

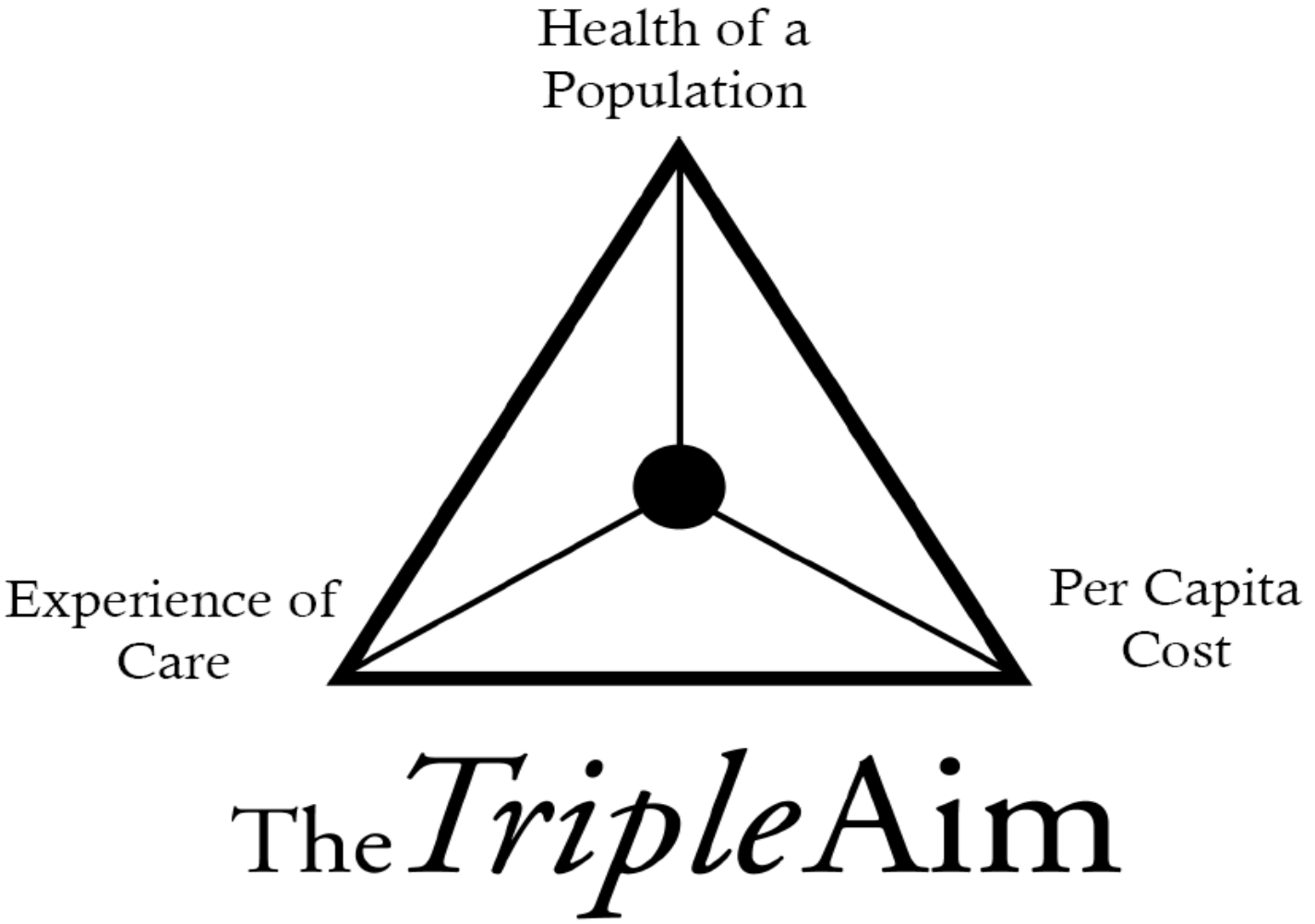
Please Note:

- These slides are meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting OASIS D guidelines and requirements based solely on the content of these slides.
- These slides are copyrighted and may not be further used, shared or distributed without permission of the original presenter or Axxess.

Webinar Series Objectives

- ✓ Verbalize understanding of purpose of OASIS D
- ✓ Understand official OASIS D Guidelines and Conventions
- ✓ Learn new and modified OASIS D items
- ✓ Understand OASIS D implications in quality, payment, and outcomes measurement
- ✓ Learn clinical tips for obtaining accurate OASIS D data
- ✓ Apply item specific guidance to scenarios

Goals of Healthcare Improvement



Importance of OASIS D

- CMS uses data to make informed decisions
- Because of IMPACT Act of 2014, Post-Acute Care standardization of quality measures result in ongoing measures
- OASIS accuracy is paramount
- OASIS data are used for:
  - CMS rulemaking
  - Payment
  - Agency quality monitoring
  - State survey activities

History of OASIS

- OASIS = **O**utcome and **AS**sessment **I**nformation **S**et
- Department of Health and Human Services (HHS) required by law to monitor the quality of home health care using “a standardized, reproducible assessment instrument”
- 1999: Use of **OASIS** became a Condition of Participation (**CoP**) for Medicare and Medicaid Home Health
- Elements were developed, tested and refined over two decades by **CMS**, the Robert Wood Johnson Foundation and New York State Department of Health

History of OASIS

- OASIS allows systemic comparative measurement of patient outcomes at two points of time (quality episode)
- Outcome measures are the basis for outcome-based quality improvement (OBQI) efforts that home health agencies can employ to assess and improve the quality of care they provide to patients
- CMS provides reports data regarding:
  - Process quality
  - Risk-adjusted outcomes
  - Potentially avoidable events

Goals of OASIS

- Items designed to be discipline neutral
- Assess patient care over the course of treatment
- Measure patient quality of care
- Define patient outcomes
- Provide OBQI data
- Identify fraud and abuse

OASIS Data Reports

- Agencies can access patient-related characteristic reports and patient tally reports
  - CASPER reports
  - Home Health Compare
  - 5 Star reports

Overview and Insights

- A Look at OASIS Changes

OASIS D: What's New

- The OASIS items changed to:
  - Reduce data collection burden
  - Implement IMPACT Act items
  - Increase standardization across post-acute care (PAC) settings to enable calculations of standardized, cross-settings Quality Measures (QM's)

OASIS D: What's New

- New items are added
- Different time point versions of some items
- Removal of items
- Revision of some items
- Updated skip patterns
- References to "coding" items that are not diagnosis coding items

OASIS D: What's New

- 70 items removed from the SOC and ROC versions
- 18 items removed from the Follow Up
- 42 item removed from the Transfer to Inpatient Facility
- 1 item removed from the Death at Home
- 34 items removed from the Discharge From Agency
- Chapter 4 of the OASIS manual retired (illustrative examples)
- Appendix F not included (users must go to QTSO website to find CASPER reporting user manual

OASIS D: What's New

- The items remaining in OASIS D must meet one of the following criteria:
  - Calculate a measure finalized for Home Health Quality Reporting Program (HHQRP)
  - Be used in Home Health Prospective Payment System (HHPPS)
  - Use in survey process for Medicare certification
  - Calculate a measure in Home Health

OASIS D: What's New

- New sections GG and J added
- GG = Functional Abilities and Goals
- J = Health Conditions
- These sections have been commonly used in other post-acute care settings
  - Long Term Care Hospitals (LTCH uses Continuity Assessment Record and Evaluation or CARE)
  - Skilled Nursing Facilities (SNF uses Minimum Data Set or MDS)
  - Inpatient Rehab Facilities (IRF uses Patient Assessment Instrument or PAI)

OASIS D: What's New

- **GG0100**: Prior Functioning Everyday Activities
- **GG0110**: Prior Device Use
- **GG0130**: Self-care
- **GG0170**: Mobility
- **J1800**: Any Falls Since SOC or ROC
- **J1900**: Number of Falls Since SOC or ROC

CoPs and OASIS D

- The CoPs have required that each patient receive a patient-specific comprehensive assessment since 1999
- Revised CoPs went into effect January 13, 2018
- New standard “Content of the Comprehensive Assessment” was established
- OASIS items form a substantial portion of the comprehensive assessment, but the OASIS items themselves do not constitute a thorough comprehensive assessment
- All HH patients who receive skilled care are required to have a comprehensive assessment regardless of payer per CoP requirements

CoPs and OASIS D

- **§ 484.45 Reporting OASIS information**
- HHAs must electronically report all OASIS data collected in accordance with §484.55
- (a) Standard: Encoding and transmitting OASIS data. An HHA must encode and electronically transmit each completed OASIS assessment to the CMS system, regarding each beneficiary with respect to which information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the beneficiary.

CoPs and OASIS D

- **§ 484.45(a) Reporting OASIS information**
- Exceptions to the transmittal requirements are patients:
  - Under age 18;
  - Receiving maternity services;
  - Receiving housekeeping or chore services only;
  - Receiving only personal care services until further notice; and
  - Patients for whom Medicare or Medicaid insurance is not billed.

As long as the submission time frame is met, HHAs are free to develop schedules that best suit their needs. (IGs)

CoPs and OASIS D

- **§ 484.45 Reporting OASIS information**
- HHAs must electronically report all OASIS data collected in accordance with §484.55
- (b) Standard: Accuracy of encoded OASIS data. The encoded OASIS data must accurately reflect the patient's status at the time of assessment.

CoPs and OASIS D

- **§ 484.45 Reporting OASIS information**
- (c) Standard: Transmittal of OASIS data. An HHA must-
  - (1) For all completed assessments, transmit OASIS data in a format that meets the requirements of paragraph (d) of this section
  - (2) Successfully transmit test data to the QIES ASAP System or CMS OASIS contractor.
  - (3) Transmit data using electronic communications software that complies with the Federal Information Processing Standard (FIPS 140-2, issued May 25, 2001) from the HHA or the HHA contractor to the CMS collection site.
  - (4) Transmit data that includes the CMS-assigned branch identification number, as applicable.

CoPs and OASIS D

- **§ 484.45 Reporting OASIS information**
- (d) Standard: Data Format.
- The HHA must encode and transmit data using the software available from CMS or software that conforms to CMS standard electronic record layout, edit specifications and data dictionary, and that includes the required OASIS data set.

CoPs and OASIS D

- **§484.50 Patient rights**
  - (a) Standard: Notice of Rights. The HHA must -
  - (1) Provide the patient and representative (if any) the following information during the initial visit, in advance of furnishing care to the patient
  - (iii) An OASIS privacy notice to all patients for whom the OASIS data is collected

CoPs and OASIS D

- **§484.55 Comprehensive assessment of patients**
  - (a) Standard: Initial assessment visit: Each patient must receive, and an HHA must provide, a patient-specific, comprehensive assessment. For Medicare beneficiaries, the HHA must verify the patient's eligibility for the Medicare Home Health benefit including homebound status, both at the time of the initial assessment visit and at the time of the comprehensive assessment.

CoPs and OASIS D

- **§484.55 Comprehensive assessment of patients**
  - (a) Standard: Initial assessment visit: (1) A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date.

CoPs and OASIS D

- **§484.55 Comprehensive assessment of patients**
  - (b) Standard: Completion of the comprehensive assessment
  - (1) The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care.

CoPs and OASIS D

- **§484.55 Comprehensive assessment of patients**
  - (b) Standard: Completion of the comprehensive assessment
  - (2) Except as provided in paragraph (b)(3) of this section, a registered nurse must complete the comprehensive assessment and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status.

CoPs and OASIS D

- **§484.55 Comprehensive assessment of patients**
  - (b) Standard: Completion of the comprehensive assessment
  - (3) When physical therapy, speech-language pathology, or occupational therapy is the only service ordered by the physician, a physical therapist, speech-language pathologist or occupational therapist may complete the comprehensive assessment, and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status. The occupational therapist may complete the comprehensive assessment if the need for occupational therapy establishes program eligibility.

CoPs and OASIS D

- **§484.55 Comprehensive assessment of patients**
  - (c) Standard: Content of the comprehensive assessment. The comprehensive assessment must accurately reflect the patient's status, and must include, at a minimum, the following information:
  - (1) The patient's current health, psychosocial, functional, and cognitive status;
  - (2) The patient's strengths, goals, and care preferences, including information that may be used to demonstrate the patient's progress toward the achievement of the goals identified by the patient and the measurable outcomes identified by the HHA

CoPs and OASIS D

- **§484.55 Comprehensive assessment of patients**
  - (c) Standard: Content of the comprehensive assessment.
  - (3) The patient's continuing need for home care
  - (4) The patient's medical, nursing, rehabilitative, social and discharge planning needs
  - (5) A review of all the medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy

CoPs and OASIS D

- **§484.55 Comprehensive assessment of patients**
  - (c) Standard: Content of the comprehensive assessment.
  - (6) The patient's primary caregiver(s), if any, and other available supports, including their:
    - (i) willingness and ability to provide care and
    - (ii) availability and schedules
  - (7) The patient's representative(s), if any

CoPs and OASIS D

- **§484.55 Comprehensive assessment of patients**
  - (c) Standard: Content of the comprehensive assessment.
  - (8) Incorporation of the current version of the Outcome and Assessment Information Set (OASIS) items, using the language and groupings of the OASIS items, as specified the Secretary. The OASIS data items determined by the Secretary must include:

CoPs and OASIS D

- **§484.55 Comprehensive assessment of patients**
  - (c)(8)
    - Clinical record items
    - Demographics and patient history
    - Living arrangements
    - Supportive assistance
    - Sensory status
    - Integumentary status
    - Respiratory status
    - Elimination status

CoPs and OASIS D

- **§484.55 Comprehensive assessment of patients**
  - (c)(8)
    - Neuro/emotional/behavioral status
    - Activities of daily living
    - Medications
    - Equipment management
    - Emergent Care
    - Data items collected at inpatient facility admission or discharge only

CoPs and OASIS D

Comprehensive Assessment

CoPs and OASIS D

- **§484.55 Comprehensive assessment of patients**
  - (d) Standard: Update of the comprehensive assessment
  - The comprehensive assessment must be updated and revised (including the administration of the OASIS) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status, but not less frequently than—
    - (1) The last 5 days of every 60 days beginning with the start-of-care date, unless there is a—
      - (i) Beneficiary elected transfer;
      - (ii) Significant change in condition; or
      - (iii) Discharge and return to the same HHA during the 60-day episode.

CoPs and OASIS D

- **§484.55 Comprehensive assessment of patients**
  - (d) Standard: Update of the comprehensive assessment
    - (2) Within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests, or on physician-ordered resumption date;
    - (3) At discharge.

Next in the Webinar Series

Learn the official CMS guidelines and rules for filling out the OASIS D data set

Contact Information for the Presenter:

Jennifer Gibson Osburn, RN, HCS-D, COS-C
Axxess
Jgibson@axxess.com
972-975-0417 call/text