DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality/Survey & Certification Group

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Dear Ms. Krulish:

The accompanying questions and answers have been reviewed by CMS staff, selected content experts and contractors. Consensus on the responses has been achieved.

We understand that you will share the Questions and Answers (Q&A's) with the provider community and the OASIS Education Coordinators (OEC).

Sincerely,

Je'annine O'Malley
Captain, USPHS
Nurse Consultant
Division of Continuing Care Providers
Survey and Certification Group
Office of Clinical Standards & Quality
Centers for Medicare & Medicaid Services

July 2016 CMS Quarterly OASIS Q&As

Category 2

Question 1: Patient admitted to home health services under Medicare payer in December and discharged January . During the episode the patient was in the hospital for observation, according to the HH medical record, so no Transfer nor Resumption of care OASIS assessments were completed. The patient was seen by a RN the day following return home from the 'observation' stay. Now, months later, the hospital informed us that Medicare shows the patient had an open home health episode, so the hospital claim is being denied by Medicare. Their records indicate the patient was in fact admitted, not keep in observation stay. What is the proper action – if any - at this point to correct the OASIS for this episode?

Answer 1: When an agency is notified that a patient has had a qualifying inpatient facility admission, a missed Transfer and Resumption of Care assessment would be completed as soon as the agency becomes aware of the missed assessment(s), recognizing that in some situations (as with a patient discharge, death, relocation, etc.) a home visit to conduct the Resumption of Care assessment visit may not be possible. In the scenario cited, even if the Resumption of Care assessment is not able to be completed because necessary data to complete the assessment is not available, the Transfer assessment (RFA 6 – Transfer without agency discharge) would be completed to end the patient's quality episode with the M0906 date being the date the patient transferred to the hospital, and the M0090 Data Assessment Completed would be the day the agency completes the transfer data collection.

Category 4a

Question 2: We utilize an electronic medical record. Do the formatting changes added to OASIS-C2 regarding the single box entry need to be presented to the clinicians in the EMR? The end result in the extract is the same. Currently the response options are presented to the clinicians in a list with radio buttons to indication response selection. Is this acceptable?

Answer 2: In the development and maintenance of OASIS-C2 Assessment user tools, Vendors are advised to reference the Data Specifications v2.20.0 (http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/DataSpecifications.html). While the Data Specifications dictate the Assessment Instrument Items, their applicable time point(s) in the Assessment Instrument, the exact language of the Items, and each Item's allowable response options, the Data Specifications do not dictate the format of the graphical user interface (GUI) software presentation of the Items in the Assessment Instrument. Per your example, presenting the allowable response options in the format of radio buttons in the GUI software is acceptable, and is left to the user's discretion, as long as such modification does not impact the accuracy of the item scoring.

Category 4b

M0065

Question 3: Home Health Agencies in the state of Iowa are transitioning from Traditional Medicaid, to three private companies for Medicaid Managed Care Organizations (MCOs). For M0065 - Medicaid Number, should agencies use the traditional Medicaid number, or the new patient ID number provided by the MCO?

Answer 3: M0065 Medicaid Number specifies the patient's Medicaid number, if the patient has Medicaid. Answer this item whether or not Medicaid is the payer source for the home care episode. (OASIS Guidance Manual, Chapter 3 located at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html) Do not enter the identification number provided by an HMO or MCO.

M1311 (OASIS-C2)

Question 4: In OASIS-C2, M1311 appears to be taking the place of M1308. M1308 has been collected at SOC, ROC, FU & Discharge, but it appears that portions of M1311 will not be completed at all time points? Please clarify?

Answer 4: M1311 will be collected at SOC/ROC, Follow-up and Discharge, although the portions of the item referenced as A2, B2, C2, D2, E2, and F2 should be omitted at the SOC/ROC time points.

M1342

Question 5: I have a question about M1340. I have a patient receiving peritoneal dialysis every night. I understand that the peritoneal dialysis catheter site is considered a surgical wound (4b Q102.1) . What would the site's healing status be for M1342?

Answer 5: Assuming the assessing clinician determines the peritoneal catheter site is the most problematic observable surgical wound, the clinician would determine the healing status of the wound following the definitions provided in the OASIS Guidance Manual, Chapter 3, M1342 Status of Most Problematic Surgical Wound that is Observable Response-Specific Instructions located at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html. The peritoneal catheter exit site cannot fully granulate and/or epithelialize because of the presence of the catheter. In this scenario Response 3 – Not healing for M1342 would be appropriate.

GG0170C (OASIS-C2)

Question 6: It appears that OASIS-C2 item GG0170C only measures the patient's performance for Lying to Sitting on Side of Bed. However, the response options available include 05 – Setup or Clean-up. Does this item address more tasks that just the bed mobility activity?

Answer 6: GG0170C- Functional Abilities and Goals only includes evaluating the activity of lying to sitting at the side of the bed with feet flat on the floor, and with no back support. If a patient required setup assistance to complete this bed mobility task, Response 05 would be selected.

M1900

Question 7: We have a 92 year-old patient that has CHF, lives alone, and refuses a walker. Patient did all her own care before getting ill, but our nurse answered M1900 Prior Functioning ADL/IADL with Response 1's Needed Some Help, because based on the patient's report and demonstration, our nurse didn't believe the patient was completing the tasks safely on her own. Our hired consulting company feels we have to mark this patient independent, as she was doing things on her own without help. Please advise on how to address this situation.

Answer 7: The clinician, through patient/caregiver interview, review of H&P, physician input, etc., would determine the patient's functional ability prior to the onset of the current illness, exacerbation of a chronic condition, or injury (whichever is most recent) that initiated this episode of care. "Independent" means that the patient had the ability to safely complete the activity by him/herself (with or without assistive devices) without physical or verbal assistance from a helper. "Needed some help" means that the patient contributed effort but required help from another person to accomplish the task/activity safely. In the scenario cited, if in the clinician's judgement the patient's ability to perform the defined tasks warranted the assistance of another person, response 1 - Needed some help would be appropriate.

M2301

Question 8: In regard to CMS Q&A Cat 2 #17.1 and 17.1.1, both describe scenarios in which a SOC OASIS assessment was initiated but not completed prior to a patient being re-hospitalized. Please explain the sequence when an Initial Assessment is completed, establishing eligibility, but the patient goes to the Emergency Department with a hospital admission before the HH comprehensive assessment is completed. The patient returns home and the Comprehensive Assessment and SOC OASIS are completed within the 5-day window from the SOC date. Is a Transfer and ROC completed and if so, how is M2301 completed since it asks, "At the time of or at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency department"? An OASIS assessment had not been completed previously in this scenario, but the Initial Assessment did establish eligibility for a SOC date.

Answer 8: When within the assessment time frame, the start of care date has been established and the patient experiences a qualifying inpatient facility admission of 24 hours or longer for reasons more than diagnostic testing, the Transfer and Resumption of Care assessments would be required. In the situation where the SOC date was established, but the SOC comprehensive assessment had not been completed prior to the hospital admission, look back to the SOC date and report the use of the emergent care in M2301.

M1306, M1307, M1311, M1313, M1322, M11324

Question 9: The National Pressure Ulcer Advisory Panel (NPUAP) announced a change in terminology from pressure “ulcer” to pressure “injury” and updated the stages of pressure injury. In addition to the change in terminology, Arabic numbers are now used in the names of the stages instead of Roman numerals. Will OASIS-C2 update the terminology to match (pressure ulcer to pressure injury)?

Answer 9: The language for the pressure ulcer items in the posted OASIS-C2 data set are specifically designed to align with the language in the assessment instruments utilized in other Post-Acute Care settings, to meet the standardization requirements imposed by the IMPACT Act of 2014. This standardization effort included transitioning from Roman numerals to Arabic, to represent pressure ulcer stages. CMS is aware of the press release dated April 13, 2016, in which NPUAP announced the change in terminology within the NPUAP staging system. CMS is reviewing this update, but at this time no decision has been made to revise the OASIS-C2 item wording. Once the OASIS-C2 data set is approved by the Office of Management and Budget, the OMB approval number will be affixed to the document, and the data set file will be reposted as final at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-Data-Sets.html.