

Meeting Minutes

CMS OASIS-D Software Developer/Vendor Call

June 28, 2018
4:00 – 5:00 p.m. ET

Welcome..... Kimberlie Jasmin, CMS

Welcome and thank you for joining the CMS OASIS-D Software Developer/Vendor Call. The purpose of this call is to provide information to HHA software developers and vendors who are creating or have created software for Home Health providers. On this call, we will discuss the changes to OASIS item set effective January 1, 2019, as well as anticipated HH-PPS Grouper updates effective October 1, 2018.

OASIS-D Guidance Manual – January 2019 Heidi Magladry, CMS

- CMS is planning to publish the OASIS-D Guidance Manual and the OASIS-D assessment instrument early in July. The Guidance Manual details the changes from OASIS-C2 to OASIS-D and includes “item-by-item” tips for every item included on the assessment instrument. In addition, the Manual includes related information about OASIS and the comprehensive assessment, data accuracy and reporting regulations, and quality improvement. The OASIS-D Guidance Manual and OASIS-D assessment instrument will be available on the CMS Home Health Quality Initiatives website on the “OASIS Users Manual” page (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>). The OASIS-D is currently undergoing review by the Office of Management (OMB) and Budget, in accordance with the Paperwork Reduction Act (PRA). When this process is complete, an OMB number will be assigned to the documents, which will then be considered final.

Data Submission Specification Updates – January 2019..... John Jackson, GDIT

- A new DRAFT version of the OASIS Data Specifications (v2.30.0) was posted on the OASIS Data Specifications page. These specifications support the new OASIS-D item set and go into effect on January 1, 2019. There are a large number of changes, so it's a good idea to review the draft specifications right away.
- What's new? OASIS-D introduces two new sections: GG and J. Note that these sections are using the naming conventions established in other settings, so there are no “M” numbers. Having said that, please also note that there are two GG0170C items that were in OASIS-C2 and will maintain the previous naming established for them.
- What's old? A lot of items – 126, to be exact - have been retired for OASIS-D! When looking at the Item Change Report, take a look at all the new ITEM_FILLER items to see what items were removed.
- What's changed? There are a few things to note:
 - The M1311 items now allow the dash [-] as a valid value.
 - The M1311 SOC/ROC items were removed from follow-ups (RFAs 4 and 5).
 - A few items are no longer collected at discharge (RFA 9): M1322_NBR_PRSULC_STG1, M1332_NBR_STAS_ULCR, M1610_UR_INCONT, and M2030_CRNT_MGMT_INJCTN_MDCTN
 - Three M2102 items are no longer collected at start of care or resumption of care (RFAs 1 and 3).
 - A “None of the above” item was added to M1028.
 - New lower and upper bounds were defined for the M1060 height and weight items.
- What about edits? There are new format, skip pattern and consistency edits for the new items, of course. We also have many edits that have been removed, since the items they referenced

were deleted. Note, however, that quite a few of these deleted edits were replaced – the logic in the replacement edits removes the items that have been deleted. Please review the Edit Change Report for the complete list.

- As always, please check the OASIS Data Specification page regularly for any updates to the draft specifications. There will be an errata in the near future, as we know of a couple of issues:
 - M1860_CRNT_AMBLTN was inadvertently removed from RFAs 4 and 5.
- Edits -5030, -5230, and -5240, which apply to items M1021/M1023, will be deleted, as they refer to Columns 3 and 4...and those columns were removed in OASIS-D.

Validation Utility Tool (VUT) Updates..... John Jackson, GDIT

- As should be expected, the OASIS VUT will be updated to reflect the new data specifications. It is expected that the new version will be made available sometime in November 2018.
- There are no functional changes anticipated for the VUT. The plan is for it to work in the same manner as past versions.
- As always, the VUT will continue to support older data specification versions in order to provide error-checking for corrections to older assessments.

ASAP System and CASPER Report Enhancements..... Shannon Magill, Telligen

- ASAP system will be enhanced to accommodate the changes contained in the OASIS Data Submission Specifications, version 2.30.
- The October 2018 Home Health Resource Grouper or HHRG in effect January 1, 2019 will be incorporated into the ASAP system.
- **As a reminder**, the ASAP system already includes the new MBI edit. As of April 1, 2018, the Health Insurance Claim Number (HICN) or the Medicare Beneficiary ID (MBI) can be submitted in item M0063 (Medicare Number). Following the end of the SSNRI transition period, which is currently December 31, 2019, the ASAP system will reject any OASIS record that contains a value other than the MBI in item M0063 (Medicare Number).
- Error -915 Patient Information Mismatch warning message is being updated to return on the validation report when the submitted Medicaid Number (M0065) is different than the Medicaid Number value for the patient on the national resident table.

HH-PPS Grouper – Effective Date 10/01/2018 Anne Boucher / Lyn Wyskiel, 3M

Proposed summary of changes for the Home Health Prospective Payment System

This document describes the proposed clinical logic and software changes effective October 1, 2018 in the Home Health Prospective Payment System (HH-PPS) version 7218.

Clinical Content Changes effective October 1, 2018:

- Added 279 new ICD-10-CM diagnosis codes, with Diagnostic Groups and NRS Groups assigned to applicable codes
- Deleted 51 ICD-10-CM diagnosis codes
- Revised 122 ICD-10-CM diagnosis code descriptions
- Three of the new ICD-10-CM diagnosis codes are added to the gangrene exclusion list: K3531, K35891, K82A1
- Remove the NRS DG assignment to group 5 for ICD-10-CM diagnosis code C44191 (due to "unspecified eyelid" in description)
- Added DG assignment of group 11 to ICD-10-CM diagnosis code G7111 Muscular Dystrophy
- There are two new ICD-10-CM diagnosis codes designated as manifestation (they are not in the beta grouper but will be in the final)

- New ICD-10-CM diagnosis codes that are included in the list of etiology codes for existing manifestation diagnoses are added to the Diagnosis Etiology pairs file

Technical Changes effective October 1, 2018:

- Removed the decimal point from all diagnosis code content in all grouper tables and log file output

(Note: There is no impact to grouper processing of diagnosis codes entered with or without decimal points; end-users can continue to enter diagnosis codes with decimal points if they choose to do so.)

Documentation Changes effective October 1, 2018:

- Updated Overview document to include grouper version changes
- Revised Overview document content to include additional grouping detail

Open Q and A Session Kimberlie Jasmin, CMS

Q: Sandy Griffiths, Homecare Homebase noticed that there are no edits related to M1028 and submitted the following:

There is no edit to address selecting PAD/PVD, DM, and None of the above.

(PAD/PVD = yes, DM = yes, None of the above = yes)

Is this intentional or will this be addressed in future errata?

A: The following edit -5670 will be addressed in a future errata:

If M1028_ACTV_DIAG_NOA = [0], then at least one of M1028_ACTV_DIAG_PVD_PAD and M1028_ACTV_DIAG_DM must equal [1].

If M1028_ACTV_DIAG_NOA = [1], then M1028_ACTV_DIAG_PVD_PAD and M1028_ACTV_DIAG_DM must equal [0].

If M1028_ACTV_DIAG_NOA = [-], then at least one of M1028_ACTV_DIAG_PVD_PAD and M1028_ACTV_DIAG_DM must equal [-] and the other item must equal [0,-].

Q: Alice Black, with Meditech is a software vendor implementing OASIS-D and submitted the following: This may be more of a clinical question than a technical question, although I suppose it's probably both:

There is an Edit on all the GG0130 and GG0170 "Discharge Goal" items that says at least one of those items should have an answer of 1, 2, 3, 4, 5, 6, 7, 9, 10, or 88, even if all the other "Discharge Goal" ones have dashes ("not assessed/no information").

We can't figure out the logic behind this, and we are having to insert some special code to make this check, so we'd like to understand why this edit is in place.

It looks like this requirement was lifted directly from the IRF-PAI (since the GG items all came from the IRF-PAI). I found this paragraph in the IRF-PAI Training Manual: A minimum of one self-care or mobility discharge goal must be coded. However, facilities may choose to complete more than one self-care or mobility discharge goal. Code the patient's discharge goal(s) using the 6-point scale. Use of the "activity was not attempted" codes (07, 09, 10, and 88) is permissible to code discharge goal(s). Use of a dash is permissible for any remaining self-care or mobility goals that were not coded. Using the dash in this allowed instance after the coding of at least one goal does not affect APU determination.

I assume that text will probably just be lifted as-is and placed into the new OASIS Guidance Manual. Do you have any insight as to where this requirement came from? We are trying to word our Edit message to direct the clinicians who answer things incorrectly in our software, and it seems odd to say "you have to answer something legit for at least one Discharge Goal, so just pick one at random". Any insight you can provide would be appreciated.

A: One purpose for the data collected from items GG0130 Self-Care, and GG0170 Mobility, will be to support calculation of the new Quality Measure, Percent of Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function. The **specifications** for this measure require functional assessment data for each self-care and mobility activity, and at least one self-care or mobility discharge goal. The Guidance Manual includes guidance, as referenced in your question, to clarify these requirements.

The draft OASIS-D Guidance manual is posted on

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>.

Q: Sandy Griffiths, Homecare Homebase submitted the following: M1025 (payment dx) is being removed in OASIS-D. Will these payment diagnoses still be used in grouper calculation of HIPPS/HHRG?

A: The field M1025 (Optional Diagnosis) was introduced in OASIS C1 v2.12, and “replaced” field M1024 (Payment Diagnosis) OASIS C1 v2.11.2 which was used in the grouper through version 4115 (through 9/30/2015). Although the field may still be present in the grouper (for versions prior to 5115), the use of payment diagnoses logic no longer applies as of 10/1/2015. The M1025 Optional Diagnosis fields for OASIS C1 v2.12, if populated, may be used (if reported) for the “primary point promotion” logic, in support of specific ICD-10 Z-diagnosis codes that cause the diagnosis codes in M1025 to act as the “primary” diagnosis.

Since the M1025 field is being removed with OASIS D, we would assume the primary point promotion logic will no longer be required, however, we will need to review and confirm that with CMS.

Q: Dawn Cope from McKesson submitted the following: In the meeting yesterday, it was mentioned that OASIS-D M1060 Weight the validation max value is only 440. In C2 this max values 999, we coded to enter 999. With 999 in OASIS-D, we would expect a validation error.

The team was discussing and a weight of 440 does not seem like that much. Also, not sure if there is a validation for M1023, but ICD-10 BMI scores go up to ‘ Body Mass Index (BMI) 70 or greater, adult Z68.45’ Could this be an issue?

A: CMS established minimum and maximum limits for weight (and height) for item M1060, with a fatal warning triggered for values entered that fall outside these parameters, to improve the validity of data collected. The validity of M1060 height and weight data are of great importance, as these data are used in risk adjustment, and calculation of selected home health quality measures. The limits were determined using a national, reliable, reputable data source, the National Health and Nutrition Examination Survey (NHANES). Analysis of 4,811,930 quality episodes in 2017 informed us that only 1.5% of quality episodes had values for M1060 weight that was greater than 440 pounds. CMS does not intend to restrict the ICD-10-CM codes a home health agency may enter for M1023 Other Diagnoses, beyond the current instructions for completion of this item. CMS expects home health agencies to develop agency-specific policies and procedures when needed, such as to address any clinical scenario in which a patient’s weight exceeds the upper limit of 440 pounds placed on M1060-weight, and an ICD-10-CM code such as Z68.45 Body Mass Index (BMI) 70 or greater, adult, is entered for M1023.

Q: Sandy Griffiths, Homecare Homebase submitted the following: Will the dash (not assessed/no information) ever be added to the paper versions of the future OASIS versions?

It causes confusion to agencies who do not see in the paper version and don't realize its acceptable based upon the specs.

A: Some OASIS items allow a dash response. Unlike response options for OASIS items, however, a dash indicates that no information is available. Thus, the dash is not included as one of the regular response options for these items. CMS expects dash use to be a rare occurrence. CMS acknowledges that use of the dash as a valid response for some OASIS items may be confusing to some users, and will take your suggestion, that the dash be listed as a response option, into consideration for the future.

Q: Sandy Griffiths, Homecare Homebase submitted the following: When will the corresponding VUT be available?

A: The OASIS VUT will be available in November 2018.

Closing Comments Kimberlie Jasmin, CMS

Thanks to today's speakers for their presentations, and to all participants for dialing in to learn about the changes coming up for OASIS. We hope you have found the information presented helpful. Please send any *technical* questions to OASIS Technical Issues Mailbox

OASISTECHISSUES@cms.hhs.gov. Please note the important resources listed at the bottom of these meeting minutes, which will be posted, along with the OASIS Q&A, on the Vendor - OASIS Information Page <https://qtso.cms.gov/vendors/oasis.html> under the heading "OASIS D Software Developer/Vendor Call".

Important Resources

QTSO.com

<https://qtso.cms.gov>

<https://qtso.cms.gov/vendorsasis.html>

<https://qtso.cms.gov/hhdownload.html>

CMS.gov – OASIS

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html>

CMS.gov – OASIS Data Specifications

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-Data-Sets.html>

CMS.gov – OASIS User Manuals

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>

CMS.gov – OASIS Data Set

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-Data-Sets.html>