

Meeting Minutes

Centers for Medicare & Medicaid Services (CMS) Outcome and Assessment Information Set (OASIS)-D1 Software Developer/Vendor Call

October 30, 2019
1:00 - 2:00 p.m. ET

Welcome.....Christine Grose, CMS

Welcome and thank you for joining the CMS Outcome and Assessment Information Set (OASIS)-D1 Software Developer/Vendor Call. The purpose of this call is to provide information to Home Health Agency (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 the OASIS item set effective January 1, 2020 and the Validation Utility Tool (VUT). We also have CMS staff here to provide an update on the Patient-Driven Groupings Model (PDGM) implementation. We also received some questions in the internet Quality Improvement Evaluation System (iQIES) broadcast mailbox that we can respond to on this call and take any other questions from attendees, time permitting.

HHA Onboarding for iQIES Reminder.....Christine Grose, CMS

We would like to remind you that we are currently onboarding Home Health Agencies and vendors who need access to iQIES. HHAs will be migrating to iQIES effective Jan 1, 2020 and will need access to iQIES in order to submit their OASIS Submissions. Notifications were sent on Oct. 15th. We will continue to send these reminders on a regular basis. If you have not received the message with instructions for onboarding, please refer to the following link for iQIES access instructions and important information: <https://qtso.cms.gov/news-and-updates/register-iqies-account-action-required-1>. We recommend onboarding early to ensure a smooth transition. Information regarding the process for onboarding is also posted on the HHA Quality Reporting Program (QRP) webpages. If you have any general iQIES questions, please contact: iQIES_Broadcast@cms.hhs.gov. Training videos for iQIES are available at https://go.cms.gov/iQIES_Training.

Data Submission Specification Update.....Christine Grose, CMS

The final data submission specifications for OASIS D1 have been posted to the HHA QRP webpage. Please contact help@qtso.com with any questions regarding the technical specifications. We received many questions regarding the timing of the posting of the final specifications. We apologize for any inconvenience regarding the timing of posting final technical specifications. Due to the development activities in preparation of the migration of HHA from the Quality Improvement Evaluation System (QIES)-Assessment Submission and Processing (ASAP) system to iQIES, CMS was unable to post final technical specifications until now. However, a memorandum was posted on May 24, 2019 that provided the details in regards to the changes that would be included in the final version of the technical specifications for OASIS D1.

OASIS D1 Changes.....Lisa Badger, Ventera

The OASIS 2.31.0 Final Data Specifications that are effective January 1, 2020 are available on the HHA Specifications page of CMS. The specification changes include updates to accommodate the Functional Impairment Level Case-Mix Adjustment under PDGM.

Two items which were previously inactive for Reason for Assessment 04 and 05 will now be active for assessments with a M0090 Completion Date of January 1, 2020 or greater. These two items are **M1800 Current Grooming** and **M1033 Hospital Risk Items History of Falls through None of the Above**.

Also, there are several items which are no longer required elements and can be marked as 'Ignored' with the entry of an [=] equal sign. Items which now allow for a valid value of [=] are still active for the identified Reason for Assessment (RFA) and the item must be included in the XML file for the record to be considered complete. It is important to note that the use of the [=] does not apply to all Reason for Assessments for which the item is active.

In cases where a valid value of [=] only applies to a subset of the active Reason for Assessments for an item new fatal errors were added. In instances where an item is active for RFA 01, 03, 04 or 05 but a value of [=] is valid for RFA 04 or 05, a new fatal error -5690 has been added which will be triggered if a value of [=] is submitted for RFA 01 and 03.

Where an item is active for RFA 01, 03, 04, 05 and 09 but a valid value of [=] is allowed for RFA 04 and 05 a new Fatal Error -5700 has been added and will be triggered if a value of [=] is added for RFA 01, 03 or 09 for the specified item.

Also, when an [=] is a valid value for the specified item/RFA combination, it is important to note that responses must still conform to valid values, but the consistency and skip pattern edits no longer apply. For example, consistency edits between M1306 and M1311A1, B1, C1, D1, E1 and F1 which require at least one of the items have a response greater than 00 if M1306 is = [1] will not apply to RFA 04 and 05 where the M0090 Completion date is on or after January 1, 2020.

However, the other active RFA's of 01, 03 and 09 must still conform with Consistency and Skip Pattern Edits. To help illustrate this in the data specifications the consistency and skip pattern edits for these items have been replaced with new edits that identify the RFA's to which the edit now applies.

Patient Medicare Number Edits

The transition period that allowed for submission of either the Health Insurance Claim Number (HICN) or the Medicare Beneficiary Identifier (MBI) is ending on January 1, 2020. As a result, Fatal Error -5710 will replace -5480 which requires that only the MBI can be submitted as of January 1, 2020.

Submitted HIPPS and HIPPS Version

With the transition to PDGM for payment calculation the Health Insurance Prospective Payment System (HIPPS) Group Code and HIPPS Version Code are no longer required for submission for assessments with a M0090 date of January 1, 2020 or greater.

PDGM Update.....Wil Gehne, CM

Updates on items vendors have been checking in on:

- Clarifications provided on the last Open Door Forum regarding billing when hospital stays that span day 30 and billing for patients who receive no visits during a 30 day period will be issued in Change Request 11527 next week.

- Assuming the HH PDGM final rule is published this week, the final PDGM Grouper will be posted on Monday 11/4. This will include the Java package that can be incorporated into vendor products and a freestanding PC version. Both will be in one download file. The 'Home Health PPS Software' page will be renamed 'Home Health Grouper Software.'

Update on overall PDGM implementation:

- CMS software maintainers completed major coding and unit testing of PDGM changes 10/1.
- Throughout October we've been doing integration testing between iQIES, Fiscal Intermediary Standard System (FISS) and Common Working File (CWF), including tests of the new Grouper and Pricer programs.
- We are bringing on our internal Beta site and Medicare Administrative Contractor (MAC) users to conduct end-to-end testing shortly and will continue to test from now until January 1.

OASIS VUT Update.....Jesse Piascik, Ventera

CMS will no longer be providing a downloadable version of the VUT. You can access the OASIS VUT at <https://iqies.cms.gov/vut>. Read the warning banner and click 'accept' to proceed. Select 'Validate Assessments' to upload the assessments you would like to validate. Please note that the iQIES VUT is for validating OASIS D1 technical specifications. If you want to validate the current version, OASIS D, you should use the VUT that is downloadable from the qtso.cms.gov webpage.

You can also access the iQIES VUT on the iQIES login screen. Click on the 'VUT' link located in the banner near the bottom of the webpage. A login is not required.

Please contact us at help@qtso.com with any questions or if you would like to receive a copy of the VUT presentation, the code example, and a nodejs program that vendors can use to automatically process files through the iQIES VUT that they can drop in a directory.

Thank you for attending today's call.