CMS OASIS Software Developer/Vendor Call Minutes

August 25, 2022
1:00 – 2:00 p.m. ET
Conference Line: 1-833-568-8864
Meeting ID: 161 024 8691
https://cms.zoomgov.com/j/1610248691?pwd=dDlNM3BuSTYrdjI3bThCWjBjSitwUT09

Welcome..... Kimberlie Jasmin, CMS

Welcome and thank you for joining the CMS OASIS-E Software Developer/Vendor Call. The purpose of this call is to provide information to OASIS software developers and vendors who are creating or have created software for Home Health providers. On this call, we will discuss the upcoming changes to the OASIS item set effective January 1, 2023, as well as updates to the technical data submission specifications, the Validation Utility tool and any changes to the PDGM (or HH PPS Grouper).

If time allows we will have an open Q & A session at the end of this call. I will now turn it over to Joan Proctor from CMS who will provide some important information about the changes to the OASIS Guidance Manual.

OASIS-E Guidance Manual .....Joan Proctor, CMS

As finalized in the CY 2022 Home Health Rule, CMS will implement OASIS E on January 1, 2023 to initiate the capture of data for the Transfer of Health Information to Provider Post-Acute Care measure, the Transfer of Health Information to Patient-PAC measure, and certain Standardized Patient Assessment Data Elements. Implementation was previously delayed to provide maximum flexibilities for providers of Home Health Agencies to respond to the COVID-19 Public Health Emergency.

The Centers for Medicare & Medicaid Services (CMS) is offering a virtual training program that provides instruction on the guidance for the Outcome and Assessment Information Set (OASIS)-E.

The training program consists of two parts:

• Part 1 – LEARN: Watch the pre-recorded training webinars that deliver foundational knowledge to assist in learning the new items and guidance. These videos are intended to be viewed in advance of the live event and are available now on CMS YouTube.

• Part 2 – PRACTICE: Attend the live, virtual workshop sessions that provide practice coding scenarios on the items covered in the Part 1 training webinars. These live sessions will take place on September 13th and September 14th between 1 p.m. and 5 p.m. ET.

For more information and to register for the event, please visit the Home Health Quality Reporting Program (QRP) Training page.

There are two standardized patient assessment items in support of the domain mandated under the IMPACT Act for communicating the existence of and providing for the transfer of health information and care preferences of an individual to the individual, family caregiver of the individual, and providers of services furnishing items and services to the individual, when the individual transitions from a [post-acute care] PAC provider to another applicable setting, including a different PAC provider, a hospital, a critical access hospital, or the home of the individual:

- Transfer of Health Information to Provider-Post-Acute Care (PAC)
- Transfer of Health Information to Patient-Post-Acute Care (PAC)

There are six standardized patient assessment items in Sections A, B, and D that are reflective of social determinants of health (SDOH):

- A1005 Ethnicity
- A1010 Race
- A1110 Language
- A1250 Transportation
- B1300 Health Literacy
- D0700 Social Isolation

There are two standardized patient assessment items to promote accurate assessment of hearing and vision:

- B0200 Hearing
- B1000 Vision

Data Submission Specification updates..... John Jackson, GDIT

Versions:

- OASIS-E **V3.00.2** – to be implemented on 01/01/2023
- Errata document will be posted on the Technical Information web page very soon.
- This will be an errata document to the FINAL specifications.

What's new? A whole lot!

- Section A: Race (A1005), Ethnicity (A1010), Transportation (A1250, A2121-A2124)
  - NOTE: In the final specs, there are new options for A1005, A1010, and A1250 to answer "Patient declines to respond."
  - Therefore, the edits for these items changed significantly. Also, look at B1300 and D0700, which also added "Patient declines to respond" as a response option.
- Section B: Hearing (B0200), Vision (B1000) and Health Literacy (B1300)
- Section C: BIMS (C0100-C0500) and Delirium (C1310 items)
- Section D: Mood items (D0150-D0160 items) *not bringing up the dash? – your hopes are dashed!*
  - The edits for these items were revised **substantially** in the final specs.
  - The revisions centered around handling of the "9" and dash responses, and how items are skipped.
  - The Symptom Frequency items no longer have the dash [-] as a valid value.
  - Please review the guidance manuals for this section to best understand the edit changes!
- Section J: Pain items (J0510-J0530) – Timepoints: Admission & Discharge
- Section K: Nutritional Approaches (K0520 items) – Timepoints: Admission, 7-day, Discharge

- Section N: High-Risk Drug (N0415 items) – Timepoints: Admission & Discharge
  - Note the edit change for handling the dash in the forthcoming errata.
- Section O: Treatments, Therapies, Other (O0110 items) – Timepoints: Admission & Discharge
- **ALSO: Many items are no longer being collected on RFAs 04 and 05, and the [=] is no longer a valid response!**
- Check the Item Change and Edit Change reports in the data specs, and then check the errata document to make sure you have all the changes covered.

What's in the errata?

- The following subedit will be added to edit -6020: (c) If N0415Z1= [-], then at least one of the following active items must equal [-] and the rest of the active items must be [0,-]: N0415A1, N0415E1, N0415F1, N0415H1, N0415I1, N0415J1.
- Several edits for item M2420_DSCHRG_DISP were missing the leading zero for valid values: -5770, -6190, -7000, -7010.
- Edit -5890a had a typo: If D0150I1= [0], then **D0150I2** must equal [0].
- The dash is no longer a valid value for items D0160 and A1110B.
- Format edits for D0160 and C0500 will be changed to edit -3090 from -3060, since they have value ranges.
- Subedit f for edit -5910 was inadvertently deleted from the Unduplicated Edits by ID report.

GENERAL REMINDER: If you want to see what items were deleted, look at the ITEM_FILLER items in the Item Change Report.

Please continue to check the OASIS Technical Information page in case there are any other updates. Also, please continue to report questions/issues to the help desks. Thanks to those of you that have been doing this!

iQIES Submission System & Validation Utility Tool (VUT) updates....Elizabeth Kowal, ICF

The iQIES submission processing system and VUT will edit records with a target date on or after January 1, 2023 using version OASIS-E data submission specifications "as discussed by John on this call".

With this release, iQIES will continue to edit records with a target date prior to January 1, 2023 using the appropriate set of data specifications in effect for the target date of the submitted record.

No planned changes to the interfaces and access to the VUT remains the same.

If any changes occur prior to January 1, 2023, a notice will be sent out.

The tentative date for the VUT to be available for testing is September 20, 2022.

Patient Driven Groupings Model (PDGM) updates ..... Anne Boucher, 3M

There are no changes being made to the grouper based on OASIS-E. Any future changes to grouping based on OASIS-E will appear first in a Home Health proposed rule.

The October HH Grouper release v03.3.22 had 5 vendors who beta tested the software between July 29th and August 18th.

The October software update will be available shortly on the CMS website, if it has not already been released. You can find the software at https://www.cms.gov/medicare/medicare-fee-for-service-payment/homehealthpps/casemixgroupersoftware

If you are interested in beta testing the January HH Grouper v04.0.23 update, please sign up by emailing hhppsgrouperemail@mmm.com. You will be sent instructions on how to register. The beta test period will run from October 3rd to October 21st. For more information about beta testing go to https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/HH-Grouper-Software-Beta-Testing

Discussion of Submitted Q & A's..... Kimberlie Jasmin, CMS

Q1: In the draft version of the OASIS-E instrument, copyright information for specific items is being displayed as footers. Is it required to include the copyright reference when developing electronic or paper-based documentation?

A1: The copyright information is considered part of the OASIS item. The OASIS hard copy information for the chart printed out by a point of care system must use the exact language of the items from the current data set, including the copyright attribution. Due to the size and complexity of some of the items the formatting may be modified to fit the device monitor/screen as long as the data set language is not modified, and any format variances in no way impact the accuracy of the item scoring.

Q2: My agency forgot to complete the Patient Mood Interview when completing the patient's Discharge assessment. How should D0150 - Patient Mood Interview (PHQ-2 to 9) and D0160 - Total Severity Score be coded? What if the agency only missed asking one of the Symptom Presence (Column 1 of D0150) questions?

A2: When the agency misses asking the patient one or more of the symptom presence questions from D0150 - Patient Mood Interview (PHQ-2 to 9), code Column 1: Symptom Presence with a dash (–) and leave Column 2: Symptom Frequency blank.

If no assessment is conducted for Symptom Presence, enter a dash (–) in Column 1 and skip Column 2 in each row of D0150A-I, then code 99 for D0160 - Total Severity Score.

A dash (–) is a valid response for D0150 Column 1: Symptom Presence. A dash (–) is not a valid response for D0150 Column 2: Symptom Frequency or D0160 - Total Severity Score.

At times, CMS provides new or refined instruction that supersedes previously published guidance. In such cases, use the most recent guidance. Note that this guidance supersedes instruction provided in the draft OASIS-E Guidance Manual, posted May 2022. Use this more recent guidance when implementing OASIS-E in January 2023.

Q3: Please clarify under which conditions D0150 - Patient Mood Interview (PHQ-2 to 9) should be stopped after completing D0150A and D0150B?

A3: Please use the following guidance to determine whether to complete the PHQ-9 (i.e., by assessing the presence of the remaining seven symptoms: (D0150C to D0150I).

Whether or not the full PHQ-9 (D0150A-D0150I) is to be completed depends on the coding responses to the PHQ-2 (D0150A and D0150B).

If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise continue.

If **both** D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ-2 and skip D0160 - Total Severity Score.

If **both** D0150A2 and D0150B2 are coded 0 or 1, then end the PHQ-2 and enter the sum of D0150A2 and D0150B2 in D0160 - Total Severity Score.

For all other scenarios, proceed to ask the remaining seven questions (D0150C through D0150I) of the PHQ-9 and complete D0160 - Total Severity Score.

Q4: A provider identified a discrepancy between the draft OASIS-E Guidance Manual and the OASIS-E Technical specifications for A1110B. The technical specs indicate that a dash is a valid response but the guidance for the item states that the dash is not valid for A1110B.

A4: Please follow the guidance from the OASIS-E Guidance Manual stating that a dash is not a valid response for A1110B. The technical specifications will be corrected in a future errata document.

Open Q and A Session ..... Kimberlie Jasmin, CMS

Q1: Because our clinicians will be filling out OASIS in our software, and not on paper, we are going to automatically calculate any scoring fields, to reduce the risk of a clinician making a math error. This includes the BIMS Summary Score, C0500.

For the BIMS interview, the "Outcome and Assessment Information Set OASIS-E Manual" states on page 82 under Coding Instructions:

"If the patient chooses not to answer a specific question(s), that question is coded as incorrect and the item(s) counts in the total score. If, however, the patient chooses not to answer four or more items, then the interview is coded as incomplete."

The fact that the 0 answer in several of these questions serves two purposes ("missed" and "no answer") poses a problem for software developers.

Consider these two scenarios:

Scenario 1.

The patient refuses to answer C0200, C0300A, C0300B, and C0300C. All four of these are coded 0 ("None" for C0200, "No answer" for C0300A, C0300B, C0300C)

In this scenario, C0500 should be 99.

Scenario 2.

The patient has horrible recall and orientation to time.

For C0200, the patient cannot remember the three words, so C0200 is coded 0 ("None").

For C0300A, the patient thinks the year is 2015 when it's really 2022, so C0300A is coded 0 ("Missed by >5 years").

For C0300B, the patient thinks the month is May when it's really July, so C0300B is coded 0 ("Missed by >1 month").

For C0300C, the patient thinks it's Tuesday when it's really Friday, so C0300C is coded 0 ("Incorrect").

In this scenario, the items should be tallied (along with the answers to C0400 A, B, and C) and should contain a numeric score. If C0400 A, B, and C are also scored 0 because the patient could not recall the three words, then the C0500 score will legitimately be 0.

In both of these scenarios, C0200, C0300A, C0300B, and C0300C are answered 0. But in one scenario C0500 should be 99, and in the other one, C0500 should be a total of the items.

It's clear the BIMS was developed to be used on paper, and was not reworked for use in software. In the scenarios I described above, the scoring algorithm does not lend itself to programmatically determining whether the C0500 score should be 99 or should be a total of the items. The only solution

we can come up with is to add an additional question to the interview that asks the clinician if the patient is refusing to answer (which would cause us to set C0500 to 99), OR to split the 0 answer (which currently means both "missed" and "no answer") into two different answers, so our software knows which is which and can calculate C0500 correctly. However, we are uncomfortable adding items or choices to the official OASIS assessment.

Do you have any advice for how we should proceed with programming this in our software?

A1: For C0200-C0400, Code 0 is used for 3 different situations

1. patient provides incorrect answer
2. patient chooses not to answer
3. patient provides a nonsensical answer

It may not be feasible for the vendor to calculate C0500 following existing guidance and using only information from C0200-C0400.

As stated in the draft OASIS-E Guidance Manual:

Code 0 is used to represent three types of responses: incorrect answers (unless the item itself provides an alternate response code), nonsensical responses, and questions the patient chooses not to answer (or "refusals"). Since zeros resulting from these three situations are treated differently when coding the summary score in C0500, the assessing clinician may find it valuable to track the reason for the zero response to aid in accurately calculating the summary score.

Q2: I am a new vendor how can we download the OASIS Data to our website?

A2: Please refer to the following webpages for guidance on how to incorporate the OASIS item set and OASIS Data Submissions Specifications into your vendor software:

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

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

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/DataSpecifications

Q3: What is the rationale for retaining M0110 and M2200?

A3: While CMS will no longer use M0110 or M2200 to influence payment under PDGM, other payers, including Medicare Advantage, may be using this data in their PPS-like payment model. In such cases, agencies should follow instructions from individual payors directing data collection. Agencies may code M0110 Episode Timing and M2200 – Therapy Need with NA – Not Applicable for assessments where the data is not required for the patient's payer (including all Medicare FFS assessments).

Closing Comments ..... Kimberlie Jasmin, CMS

Thank you to today's speakers for their awesome presentations and to all participants for joining the call today to keep up-to-date on the future changes to the OASIS instrument. We hope you have found the information presented helpful. Please note the important resources listed below which will be posted along with the meeting minutes on the QTSO Vendor page. If you have technical questions in the future, please send them to the CMS mailbox at iQIES@cms.hhs.gov.

Important Resources

QTSO Website
https://qtso.cms.gov
https://qtso.cms.gov/vendoroasis.html

iQIES Website
https://iqies.cms.gov/
https://iqies.cms.gov/vut
https://iqies.cms.gov/known-issues
https://iqies.cms.gov/help

CMS.gov – Home Health Quality Reporting Program
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html

CMS.gov – OASIS Data Set
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-Data-Sets.html

CMS.gov – OASIS Guidance Manuals
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html

CMS.gov – OASIS Data Specifications
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/DataSpecifications

CMS.gov – Home Health PPS Grouper Software
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/CaseMixGrouperSoftware.html

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