Oklahoma State Department of Health

OASIS News You Can Use

What's New? OASIS C-2

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Oklahoma State Department of Health

Quality Improvement & Evaluation Service

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OASIS-C2 goes into effect on January 1, 2017. The changes were created in support of the IMPACT Act which passed in 2014 and mandates standardized items in the Post-Acute Care patient assessment instruments. Some of the changes include new formatting, new items, revised language to some existing items, and a new data entry option of a "dash."

NEW FORMATTING

In order to standardize the OASIS with other program assessment instruments like the MDS, two formatting changes will be implemented with OASIS-C2. For items that currently include spaces to collect responses (for example the patient's name, or the Medicare number), the spaces have been replaced with boxes. For items which require the data collector to select only one response from a list of available options, multiple box formatting has been replaced with a single box.

NEW ITEMS

The new items are M1028 - Active Diagnoses, M1060 - Height and Weight, and GG0170C - Mobility. All will be used in the calculation of cross-setting IMPACT measures. The four post acute care settings include: Long-term care hospitals, inpatient rehab facilities, nursing homes and home health agencies. They are wanting to compare apples to apples between health care providers.

M1028 Active Diagnoses- Comorbidities and Co-existing Conditions—Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) and Diabetes Mellitus (DM) being the given options. This item identifies whether the above two specific diagnoses are present, and active. These diagnoses influence a patient's functional outcomes or increase a patient's risk for development or worsening of pressure ulcers.

M1060 Height and Weight a. Height (in inches). Record most recent height measure since the most recent SOC/ROC. b. Weight (in pounds). Base weight on most recent measure in last 30 days and to measure weight consistently, according to standard agency practice. The intent of this item is to support calculation of the patient's body mass index (BMI).

GG0170C—Mobility

This item is scoring the ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal using the 6-point scale. The most independent being 06 and 01 being the most dependent. Note: this scoring is opposite of other scoring in the OASIS. If the activity was not attempted the following codes may be used: 07-Patient refused, 09-Not applicable, or 88-Not attempted due to medical condition or safety. This item has 2 parts. The first is: **GG0170C1 – SOC / ROC Performance**

What's New (continued)

and the second is: **GG0170C2 – Discharge Goal .** A dash value is a valid response for this item. Do not use codes 07, 09, or 88 to code discharge goal.

INTRODUCING THE DASH

The dash (-) is a valid response that generally indicates "no information." For instance, the dash might be used for M1060 when a patient cannot be weighed due to extreme pain. To achieve standardization, the dash will be allowed to be used only for a limited number of OASIS items. This most often occurs when the patient is unexpectedly transferred, discharged or dies before assessment of the item could be completed. CMS expects dash use to be a rare occurrence.

REVISED LANGUAGE

Due to the nature of the changes made, some items have been assigned new item numbers for OASIS-C2. There were also significant changes to the Medications section (the M2000 series). For instance, M2004 Medication Intervention, will become M2005, and M1308 – Current Number of Pressure Ulcers, will become M1311. Five existing items have been modified to standardize the look back period. These items have also been assigned new item numbers; for instance, M2015 – Patient/Caregiver Drug Education will become M2016, with the look-back period changed going back to the most recent Start of Care or Resumption of Care, instead of back to the last OASIS assessment of any type. Other language changes include aligning terminology describing pressure ulcer stages by changing the stage representations from Roman numerals to Arabic numerals. Additional items required edits to support to the change to the single box formatting (like removing the phrase "check one" from M1034 - Overall Status, and updating the "go to" language of some items required by item renumbering). The OASIS C-2 Guidance Manual is available for viewing and download at CMS.gov.

OASIS C-2 Q & A

M1028
QUESTION:
For M1028 (Active Diagnosis) and other IMPACT ACT added items, what do I record on the paper instrument if I could not assess or did not have the information at the time of the assessment? I realize I would submit a dash (-) in the electronic submission. I understand the circumstances in which a dash is appropriate per the Guidance Manual. So I don't need any guidance of when to use the dash. However, there is NO dash on the paper instrument. I would feel uncomfortable submitting something electronically that does not appear on the paper instrument. So, which takes precedence? The paper instrument, which does NOT allow a dash, OR the electronic data specs which allow a dash?

ANSWER: For OASIS items that allow the dash (–) as a valid option, the clinician should enter a dash in the applicable box on the agency's paper or electronic assessment. CMS expects dash use to be a rare occurrence.

M1060
QUESTION:
For the new OASIS item M1060, can the agency gather the patient's height and weight by patient/caregiver report? M1060a requests most recent height measure since SOC/ROC, but M1060b allows most recent weight measurement in last 30 days. So does that mean that height must be actually measured after the home health admission, but weight can be entered based on hospital discharge paperwork documented within the last 30 days? Can we ask the patient or caregiver the patient's height and/or weight?

ANSWER: The assessing clinician should measure the patient's height and weight in accordance with the agency's policies and procedures, which should reflect current standards of practice (shoes off, etc.). The assessing clinician is

OASIS C-2 Q & A (continued)

expected to weigh and measure the patient as part of the comprehensive assessment. Data collection for M1060 by self-report or from paperwork from another provider setting is not acceptable. If a patient cannot be weighed/measured, enter the dash value ("-") and document the rationale on the patient's medical record. A dash (–) value indicates that no information is available and /or an item could not be assessed. CMS expects dash use to be a rare occurrence.

GG0170C
QUESTION: The patients we see in our agency often sleep in a recliner and not in bed. We currently have a patient who sleeps on a mattress on the floor. The new GG0170c item is about bed mobility and describes a patient who sleeps in a bed and requires sitting at the side of the bed, with feet flat on the floor. How do we assess this new GG0170C item for our patients who do not sleep in a bed, like the ones I described? Or patients who are unable to reach the floor sitting at the bedside, due to bed height/leg length?

ANSWER: If the patient uses a recliner, sofa, or mattress on the floor as the patient's "bed" (preferred or necessary sleeping surface), assess the patient's need for assistance using that sleeping surface when determining ability in GG0170C - Lying to sitting on side of bed. If the patient's feet do not touch the floor because the patient's feet do not reach the floor, and the patient performs the activity of getting from lying to sitting independently and safely, the patient can be scored as 06 – Independent. If the assessing clinician feels the patient is not safe sitting at the bedside without their feet on the floor and requires assist to lower the bed prior to the transfer, or to place a foot stool prior to the transfer, the patient can be scored as 05 – Setup or clean-up assistance.

M2003
QUESTION: I am aware that in order to mark response "1 - Yes", the two-way communication AND prescribed or recommended actions must be completed by midnight of the next calendar day after the problem was identified. Does that "next calendar day" have to be within the 5 days after the SOC? That is if the nurse finds a problem with the patient's meds while completing the comprehensive assessment on day 5 after the SOC, and the physician is notified and the problems are resolved but not until day 6 after the SOC, (although it is within the one calendar day), can "1 - Yes" be marked on M2003?

ANSWER: M2003, Medication Follow-up, is only collected at the SOC and ROC. The item must be answered within the timeframe allowed at the SOC/ROC to ensure compliance with the Condition of Participation regarding the completion of the comprehensive assessment. If a problem is identified, the communication and completion of prescribed/recommended actions must occur by midnight of the next calendar day after identification and before the end of the allowed timeframe in order to answer "1 - Yes." If a medication issue is identified on day 5 after the SOC, the physician is contacted by midnight of the next calendar day and responds back with a plan to resolve the problem on day 6 after the SOC, this 2-way communication could not be captured at the SOC.

M2001 & M2003
QUESTION: The assessing clinician identifies a problem with medications. The patient has not picked up a prescription because she was not sure she absolutely needed it. If the assessing clinician's education results in the resolution of the situation prior to the completion of the comprehensive assessment, can the clinician indicate on M2001 that there is no clinically significant problem, eliminating the need to address it in M2003 Medication Follow-up?

ANSWER: If a medication related problem is identified and resolved by the agency staff not requiring physician/physician-designee contact by midnight of the next calendar day, the problem does not need to be reported as an potential or existing clinically significant medication issue in M2001.

CMS Quarterly Q&As – October 2016 (www.oasisanswers.com)

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Future Potential Monetary Adjustments

The Home Health Conditions of Participations (CoPs) require HHAs to submit OASIS assessments as a condition of payment and also for quality measurement purposes. HHAs that do not submit quality measure data to CMS will see a two percent reduction in their annual payment update (APU). Last year CMS finalized its proposal to require all HHAs to submit both admission and discharge OASIS assessments for a maximum goal of 90 percent, which is the ultimate goal of all patients with episodes of care occurring during the reporting period. CMS is incrementally increasing this compliance threshold over a three-year period beginning with the reporting period for CY 2017. This compliance rate is for submissions with a SOC/ROC and a transfer or Discharge for each quality episode being received in the Federal database. Please note, we will try to assist with the compliance ratio, by beginning our fatal records project.

A maximum payment adjustment (upward or downward) of three percent in CY 2018; a maximum payment adjustment of five percent in CY 2019; a maximum payment adjustment of six percent in CY 2020; a maximum payment adjustment of seven percent in CY 2021; and, a maximum payment adjustment of eight percent in CY 2022.

New Q & A

Question: Traditionally, aside from M0080, M0090, and M0100, the only items that appear on the time point 8 Death at Home assessment are M0903 (Date of Last Home Visit) and M0906 (Discharge/Transfer/Death Date). In OASIS-C2, M2005 (Medication Intervention) has been added to the RFA 8 assessment. This seems like an odd item to add to the Death at Home assessment, especially since no other items are being added to this assessment. Can you explain why M2005 was added, and/or verify that this wasn't a mistake?

Answer: Per the OASIS-C2 Guidance Manual, effective January 1, 2017, M2005 Medication Intervention will be collected at the following time points: Transfer to inpatient facility, Death at home, and Discharge from agency - not to an inpatient facility. M2005 is a data source for a new cross-setting IMPACT Drug Regimen Review process measure, and the quality measure specifications required data collection for all home care episodes, including those ending in a patient death at home.

Automation Tip

New Computer Specifications for 2017 are available at (www.qtso.com). Be careful with disposal of your old hard drives and computers. Think HIPPA and confidential information. Call us with any questions related to New Computer Specifications.

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