

* **OASIS C-1: Understanding Changes for Jan/Oct 2015**

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OASIS-C:

* **OASIS-C will remain in effect until 11:59 p.m. (E.T.) on December 31, 2014;**

* The use of OASIS-C has been extended for an additional 3 month period due to the legislatively mandated ICD-10 delay.

OASIS-C1/ ICD-9 Version:

* **The OASIS-C1/ ICD-9 Version will go into effect at 12:00 a.m. (E.T.) on January 1, 2015, and shall remain in effect until ICD-10 is implemented or until another disposition/decision is made regarding this matter by CMS.**

* **To create the OASIS-C1 / ICD-9 Version, the following five items which use ICD-10 codes have been removed from the OASIS-C1 data item set: M1011, M1017, M1021, M1023, M1025; and**

* **OASIS Changes Timing**

- * These deleted items have been replaced with corresponding ICD-9 based items from the OASIS-C data item set: **M1010, M1016, M1020, M1022, and M1024**;
- * The replacement items will retain their OASIS-C based numbering in the **OASIS-C1/ ICD-9 Version** data item set.

OASIS-C1 (Original Version):

- * OASIS-C1 (Original Version) will go into effect upon the occurrence of one of the following events, whichever occurs earlier in time:
 - * 12:00 a.m. (E.T.) on October 1, 2015; *OR*
 - * 12:00 a.m. (E.T.) on the first day that ICD-10 goes live (whichever occurs soonest).

*** OASIS Changes Timing**

DataSet	Total Items	Start of Care (SOC)	Resumption of Care (ROC)	Recertification/ Other Follow-Up	Discharge	Death at Home
OASIS-C	114	95	80	32	62	5
OASIS-C1	110	91	76	32	56	5

*** Number of OASIS Items by Assessment Reason**

Modifying and clarifying item wording - Wording changes designed to clarify questions, responses or directions were made to 44 items in OASIS-C1. These include clarification of data collection time periods and spelling out abbreviations such as "e.g." and "i.e." with clearer language such as "for example" and "specifically".

Increased Harmonization - Column 2 on M1308 was eliminated at all time points and replaced with M1309 at Discharge to collect information on worsening pressure ulcer status using wording harmonized with other post-acute data collection instruments.

Updated clinical concepts - M1032, Risk for Hospitalization, was revised to collect data on factors that have been identified in the literature as predictive of hospitalization, and to order responses based on length of the appropriate look-back period.

* Recap of some Changes

Deleted Items

- *Item M1012, Inpatient Procedures (SOC/ROC)
- *Items M1310, M1312, and M1314, which report the length, width and depth of the pressure ulcer with the largest surface dimension. (SOC/ROC, DC)
- *Item M2440- Reason patient was admitted to a nursing facility. (TRF)

* Deleted Items

Deleted at Discharge

- * Collection of the following items will no longer occur at discharge since they are used only for risk adjustment of quality measures. **They will continue to be collected at SOC and ROC.**
- * Item M1350 reports whether the patient has a skin lesion or open wound that is receiving intervention from the home health agency, other than a surgical wound, pressure or stasis ulcer.
- * Item M1410 reports the types of respiratory treatments (oxygen, ventilator etc) the patient is receiving at home.
- * Item M2110 reports how frequently the patient receives assistance with activities of daily living from caregivers other than the home health agency.

*** Items No Longer Collected at Discharge**

- | | |
|--|------------------------------|
| * M0100 - ALL | * M1500 - M1510 - TRF/DC |
| * M1000 - SOC/ROC | * M1610 - SOC/ROC/FU/DC |
| * M1011 - SOC/ROC/FU | * M1700 - SOC/ROC/DC |
| * M1017-M1018 - SOC/ROC | * M1730 - SOC/ROC |
| * M1020-M1024 - SOC/ROC (10/15) | * M1830 - SOC/ROC/FU/DC |
| * M1033 - SOC/ROC | * M1860 - SOC/ROC/FU/DC |
| * M1040 - M1055 - TRF/DC | * M1900 - M2000 - SOC/ROC |
| * M1100 - SOC/ROC | * M2004 - TRF/DC |
| * M1240 - SOC/ROC | * M2015 - TRF/DC |
| * M1300 - M1320 - SOC/ROC
FU/TRF/DC | * M2040 - SOC/ROC |
| * M1324 - SOC/ROC/FU/DC | * M2100 - M2110 - SOC/ROC/DC |
| * M1334 - M1340 - SOC/ROC/FU/DC | * M2250 - SOC/ROC |
| * M1350 - SOC/ROC | * M2300 - M2410 - TRF/DC |
| * M1400 - SOC/ROC/FU/DC | * M2430 - TRF |
| * M1410 - SOC/ROC | |

*** Changes to M Items**

- * 44 items have wording changes designed to clarify questions, responses or directions. These include clarification of data collection time periods and spelling out abbreviations such as "e.g." and "i.e." with clearer language.
- * (M1033 was M1032) **Risk for Hospitalization:** Which of the following signs or symptoms characterize this patient as at risk for hospitalization? Update to the response selections
- * M1041 **Influenza Vaccine Data Collection Period** & M1046 **Influenza Vaccine Received:** did the patient receive the influenza vaccine for this year's flu season? NO longer have to respond as to why they did not receive from your agency.

* New M Items or New Wording/Options in M Item

- * M1051 **Pneumococcal Vaccine:** Has the patient ever received the pneumococcal vaccination (PPV)? In OASIS C it asked if the patient received from the agency.
- * M1055 - **Reason PPV not received:** If patient did not receive the pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge), state reason:
- * M1240 - Has this patient had a formal **Pain Assessment** using a standardized, **validated** pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)? Validated added to M1300 (pressure ulcer), M1730 (depression), M1910 (falls)

* New M Items or New Wording/Options in M Item

- *M1300 - M1307 - some slight changes to wording
- *M1308 - Column 2 eliminated...M1309 NEW - basically replacing M1308
- *M1310 - M1314 - DELETED FROM THE DATA SET
- *M1324) Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable: (Excludes pressure ulcer that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or suspected deep tissue injury.)

*New M Items or New Wording/Options in M Item

- * (M1500) Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) **at the time of or at any time** since the previous OASIS assessment?
This new wording also added to M2004 (Med Intervention)
- * (M1860) Ambulation/Locomotion: more specific guidance in responses selections
- * (M1900) Prior Functioning ADL/IADL: more specific guidance in response selections

*New M Items or New Wording/Options in M Item

CARE MANAGEMENT

(M2102) Types and Sources of Assistance: Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. EXCLUDES all care by your agency staff. (Check only **one** box in each row.)

SOC
ROC
DC

Reworked

Type of Assistance	No assistance needed – patient is independent or does not have needs in this area	Non-agency caregiver(s) currently provide assistance	Non-agency caregiver(s) need training/ supportive services to provide assistance	Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance	Assistance needed, but no non-agency caregiver(s) available
a. ADL assistance (for example: transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. IADL assistance (for example: meals, housekeeping, laundry, telephone, shopping, finances)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Medication administration (for example: oral, inhaled or injectable)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Medical procedures/ treatments (for example: changing wound dressing, home exercise program)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Management of Equipment (for example: oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Supervision and safety (for example: due to cognitive impairment)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Advocacy or facilitation of patient's participation in appropriate medical care (for example: transportation to or from appointments)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

(M2250) Plan of Care Synopsis: (Check only **one** box in each row.) Does the physician-ordered plan of care include the following:

Plan / Intervention	No	Yes	Not Applicable
a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Physician has chosen not to establish patient-specific parameters for this patient. Agency will use standardized clinical guidelines accessible for all care providers to reference
b. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee).
c. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Falls risk assessment indicates patient has no risk for falls.
d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment and/or physician notified that patient screened positive for depression	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient has no diagnosis of depression AND depression screening indicates patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.
e. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Pain assessment indicates patient has no pain.
f. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Pressure ulcer risk assessment (clinical or formal) indicates patient is not at risk of developing pressure ulcers.
g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.

NA Instructions Updated

Row d updated

- * M0100 - ALL
 - * Change in skip patterns
- * M1000 - SOC/ROC
 - * **Within** the past 14 days
- * M1011 - SOC/ROC/FU
 - * CHANGES ONLY WITH IC9-10 (10/15)
- * M1017-M1018 - SOC/ROC
 - * CHANGES ONLY WITH IC9-10 (10/15)
 - * Conditions that EXISTED prior to....
- * M1020-M1024 - SOC/ROC (10/15)
 - * See slide #18
- * M1033 - SOC/ROC
 - * See slide #17
- * M1040 - M1055 - TRF/DC
 - * Vaccines - reworked the question and answers to be very clear about time periods and rationale
- * M1100 - SOC/ROC
 - * Residential Care Home are now considered congregate living
- * M1240 - SOC/ROC & M1300 - SOC/ROC FU/TRF/DC & M1730 - SOC/ROC & M1910
 - * allowable standardized tools must be VALIDATED
- * M1306 & M1308 - SOC/ROC FU/DC
 - * Healed Stage II pressure ulcers cannot be considered when responding to these items
- * M1309 - SOC/ROC FU/DC
 - * NEW - this is a spinoff of Column 2 from M1308 and response are specific about what wounds were present at previous assessment points
- * M1320 & M1324- SOC/ROC FU/TRF/DC
 - * Cannot consider pressure ulcers that are NONStageable due to wound dressings

*** Specific Guidance Changes**

- * M1334 - M1340 - SOC/ROC/FU/DC
 - * M1334 - Newly Epithelialized is no longer optional
 - * M1340 - skip patterns updated
- * M1350 - SOC/ROC
 - * No longer completed at FU & DC
- * M1400 - SOC/ROC/FU/DCM & 1700 - SOC/ROC/DC
 - * For example added
- * M1410 - SOC/ROC & M2110
 - * No longer complete at DC
- * M1500 - M1510 - TRF/DC & M2004 & M2015 - TRF/DC & M2300
 - * Items must be considered AT THE TIME OF OR SINCE THE MOST RECENT ASSESSMENT
- * M1610 - SOC/ROC/FU/DC & M1860 - SOC/ROC/FU/DC
 - * SPECIFICALLY CONSIDER ONLY TIMES LISTED AS POSSIBILITIES
 - * And for example added
- * M1830 - SOC/ROC/FU/DC
 - * Supervision does not have to be needed throughout the bath
- * M1910 - SOC/ROC
 - * Toileting hygiene & phone use are now considered
- * M2000 - SOC/ROC & M2310 & M2430
 - * Adverse reactions and significant side effects
- * M2040 - SOC/ROC
 - * His/her most recent illness
- * M2100 - now M2102
- * M2250 - SOC/ROC & M2400
 - * See slide #14
- * M2410 - TRF/DC
 - * New skip patterns

*** Specific Guidance Changes**

- * (M1033) Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)
 - * D 1 - History of falls (2 or more falls - or any fall with an injury - in the past 12 months)
 - * D 2 - Unintentional weight loss of a total of 10 pounds or more in the past 12 months
 - * D 3 - Multiple hospitalizations (2 or more) in the past 6 months
 - * D 4 - Multiple emergency department visits (2 or more) in the past 6 months
 - * D 5 - Decline in mental, emotional, or behavioral status in the past 3 months
 - * D 6 - Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
 - * D 7 - Currently taking 5 or more meds
 - * D 8 - Currently reports exhaustion
 - * D 9 - Other risk(s) not listed in 1 - 8 D

* Specific Guidance Changes

(M1021/1023/1025) Diagnoses, Symptom Control, and Optional Diagnoses: List each diagnosis for which the patient is receiving home care in Column 1, and enter its ICD-10-CM code at the level of highest specificity in Column 2 (diagnosis codes only - no surgical or procedure codes allowed). Diagnoses are listed in the order that best reflects the seriousness of each condition and supports the disciplines and services provided. Rate the degree of symptom control for each condition in Column 2. ICD-10-C M sequencing requirements must be followed if multiple coding is indicated for any diagnoses. If a Z-code is reported resolved condition), then optional item M1025 (reported in M1025 will not impact payment.

- * Code each row according to the following directions for each column.
 - * Column 1: Enter the description of the diagnosis. Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.
 - * Column 2: Enter the ICD-10-CM code for the condition described in Column 1 - no surgical or procedure codes allowed. Codes must be entered at the level of highest specificity and ICD-10-CM coding rules and sequencing requirements must be followed. Note that external cause codes (ICD-10-C M codes beginning with V, W, X, or Y) may not be reported in M1021 (Primary Diagnosis) but may be reported in M1023 (Secondary Diagnoses). Also note that when a Z-code is reported in Column 2, the code for the underlying condition can often be entered in Column 2, as long as it is an active on-going condition impacting home health care.
- * Rate the degree of symptom control for the condition listed in Column 1. Choose one value that represents the degree of symptom control appropriate for each diagnosis using the following scale:
 - * - Asymptomatic, no treatment needed at this time
 - * - Symptoms well controlled with current therapy
 - * - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring 3 - Symptoms poorly controlled; patient needs frequent adjustment in treatment and dose monitoring 4 - Symptoms poorly controlled; history of re-hospitalizations
- * Note that the rating for symptom control in Column 2 should not be used to determine the sequencing of the diagnoses listed in Column 1. These are separate items and sequencing may not coincide.
 - * Column 3: (OPTIONAL) There is no requirement that HHAs enter a diagnosis code in M1025 (Columns 3 and 4). Diagnoses reported in M1025 will not impact payment.
 - * Column 4: (OPTIONAL) If a Z-code is reported in M1021/M1023 (Column 2) and the agency chooses to report a resolved underlying condition that requires multiple diagnosis codes under ICD-10-CM coding guidelines, enter the diagnosis descriptions and the ICD-10-C M codes in the same row in Columns 3 and 4. For example, if the resolved condition is a manifestation code, record the diagnosis description and ICD-10-C M code for the underlying condition in Column 3 of that row and the diagnosis description and ICD-10-C M code for the manifestation in Column 4 of that row. Otherwise, leave Column 4 blank in that row.

* Specific 10/15 Guidance

*Case-mix refinement - Effective 01/01/08

-Expanded set of case-mix variables

* 153 case mix groups

-Additional clinical conditions and co-morbidities

-Primary and secondary diagnoses

-Manifestation codes

-Four equation model (or is it five?)

* Early versus late episode

* Three therapy thresholds with smoothing

* **Case-Mix Reform - Reimbursement**

*Four equations

-Early episodes (1st or 2nd) with fewer than 14 therapy visits

-Early episodes (1st or 2nd) with 14 to 19 therapy visits

-Late episodes (3rd or later) with fewer than 14 therapy visits

-Late episodes (3rd or later) with 14 to 19 therapy visits

*Fifth Grouping Step

-Early and late episodes with 20 or more therapy visits

* **Four Equation Model - Reimbursement**

Clinical Domain

- M1020 and M1022 and M1024
- M1030 Therapies
- M1200 Vision
- M1242 Pain
- M1308 & M1324 Pressure ulcer
- M1334 Stasis ulcers
- M1342 Surgical wounds
- M1400 Dyspnea
- M1620 Bowel incontinence
- M1630 Ostomy
- M2030 Injectable drugs

*** OASIS-C1 Items - Reimbursement**

- *M1810 - Dressing Upper Body
- *M1820 - Dressing Lower Body
- *M1830 - Bathing
- *M1840 - Toileting
- *M1850 - Transferring
- *M1860 - Ambulation

*** Functional Status - Reimbursement**

Clinical Domain in HHRG

- * M1324 - SOC/ROC/FU/DC
- * M1334 - M1340 - SOC/ROC/FU/DC
- * M1400 - SOC/ROC/FU/DC

Functional Domain in HHRG

- * M1830 - SOC/ROC/FU/DC
- * M1860 - SOC/ROC/FU/DC

*** Reimbursement Related
M Items Effected**

* OASIS C1 Guidance Manual

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

* OASIS C1/ICD-9 Data Set

* <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/Draft-OASIS-C1-ICD-9-Version-Item-Set-effective-01-01-2015.pdf>

* OASIS C1/ICD-10 Data Set

* <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/OASIS-C1-All-Items.pdf>

*** OASIS C1 Guidance Manual
& Other Resources**

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