George Jetson, OASIS, and the survey process…
“Hooba-dooba-dooba!”

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Let’s see how it might have gone........

George Jetson: Well, here we go again. Another night, another traffic jam. Just like my day with the surveyors. Boy, this spaceway traffic is like getting around the regulatory process. Hey, looks like an opening up ahead. I will find the opening and take it. (He finds the opening and takes it.) I will find a way to get around those regulations!

(Only...he gets stuck in more traffic.)
George Jetson: Those darn regulations!
George Jetson: There’s another opening. He tries to take that one, only to find someone else has taken it first. He crashes with it. George crashed head-on with those regulations!
George Jetson: Space bag! I bet better cut around and try and slide in. (He does just that tries to find another way around those regulations.)
George Jetson: Surveyors! Sunday surveyors! (He then looks forward with a start.)
George Jetson: Yikes! (He crashes through a sign advertising for Cosmic Cola and Survey Assistance.)
Traffic Cop: Hey, you! What do you think this is, the Indianapolis 500,000? (He gets George to pull over. George just may need that Survey Assistance!)
George gets home to his lovely wife...

George Jetson: Everything, EVERYTHING you bought goes back to the store.
Jane Jetson: But George, you said our ship has come in.
George Jetson: It sunk. The surveyors showed up today.

Objectives
The participant will be able to determine which current OASIS data items are looked at more closely during the survey process and what the agency can do to ward off deficiencies.

OASIS & The Survey Process
There are three (3) regulations that mandate OASIS

– 484.55 – “The Collection Regulation”
  • Requires that each patient receive from the HHA a patient-specific, comprehensive assessment and that as part of the comprehensive assessment, HHAs use a standard core assessment data set, the OASIS, when evaluating adult, non-maternity patients.
– 484.20 – “The Reporting Regulation”
  • Requires that OASIS data be electronically transmitted.
– 484.11 – This regulation requires HHAs to maintain privacy of their OASIS data.
Standard Survey

• Does not include the requirement to report OASIS data.
• Does include determining compliance with the requirements regulating the comprehensive assessment of patients.
• Both offsite and onsite monitoring are required to determine compliance with the OASIS CoPs.
• HHAs that do not collect and report accurate and complete OASIS data for all applicable HHA patients risk citations at the standard and condition levels.

Offsite- Pre-survey Preparation

OASIS Generated Reports
– These reports contain valuable information that assist the surveyor in identifying areas of concern during the survey and possibly identifies individuals to be included in the sample selection.
– Surveyor will review the most recent quarter (3 months) or whatever time period is necessary to reach at least 60 patients for the potentially avoidable events.
– For the OBQI Outcome Reports, the surveyor will review a 12 month reporting period. Each outcome reviewed will have to have at least 30 eligible cases.

Types of OASIS Generated Reports

• OBQM – Potentially Avoidable Event Report
  – Used during the onsite survey to guide the selection of home visits and record reviews
    • Tier I Adverse Event Outcomes
    • Tier II Adverse Event Outcomes

• OBQI- Risk adjusted outcome report.
  – Surveyor will select patient records that focus on significant problems for 10 of the outcomes identified on the CMS pre-survey worksheet.

• OBQI – Case Mix Report
  – Identifies the HHA patient population trends to investigate during the onsite survey. Ex: Acute conditions and home care diagnoses that are statistically significant.
**OASIS Generated Reports cont’d...**

- Submission Statistics by Agency Report
  - Determines whether the agency is submitting data less often than monthly and/or has greater than 20 percent of records rejected.

*If either probe is triggered, the surveyor will investigate compliance with the OASIS transmission requirements CFR484.20, Reporting OASIS Information, during the onsite survey through the partial extended survey process.*

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**G330 Condition of Participation:**
Comprehensive Assessment of Patients (CFR 484.55)

- Crucial to establishing the plan of care.
- To be done on all home health patients, regardless of payer source.
- If the patient is Medicare/Medicaid, over 18 yrs. of age or a non maternity patient, it must include OASIS data items.
- Must address the patient’s medical, nursing, rehabilitative, social and discharge planning needs.
- Must identify the patient’s continuing need for home care.
- Identifies patient progress toward desired outcomes or goals of the care plan.
- Must be completed by one clinician – may collaborate, but one clinician completes the comprehensive assessment.

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**G330 Comprehensive Assessment cont’d...**

- Comprised of five (5) standards
  - Initial Assessment Visit
  - Completion of the Comprehensive Assessment
  - Drug Regimen Review
  - Update of the Comprehensive Assessment
  - Incorporation of OASIS data items – exact language, integrated throughout the assessment, not added at the beginning or end, must follow skip patterns.
G320 Condition of Participation
Reporting of OASIS Information
(CFR 484.20)
• HHAs must electronically report all OASIS data collected.
• There are four (4) standards under this condition:
  – Encoding and Transmitting OASIS Data – must be encoded and transmitted within thirty (30) days of completing the assessment (M0090 Date).
  – Accuracy of Encoded OASIS Data – data collected, encoded, and reported must accurately reflect the patient’s status at the time of the assessment.
  – Transmittal of OASIS Data – each agency must demonstrate the ability to successfully transmit data and receive validation reports confirming transmission of data.
  – Data Format – must conform with software available from CMS (Haven) or other software that conforms to the CMS data specifications.

G310 Condition of Participation
Release of Patient Identifiable OASIS Information
(CFR 484.11)
• Mandates that the HHA ensures the confidentiality of all patient identifiable OASIS information contained in the clinical record and may not release it for any reason other than for what it is intended, which is to transmit for the development of outcome reports.
• HHAs policies should include assignment and maintenance of secure passwords required for encoding and transmitting OASIS data.

Why are surveyors looking at certain OASIS data items?
Many of these items affect an agency’s outcome measures, Home Health Compare scores, and payment, so it is very important that these OASIS data items are answered correctly.
OASIS ITEMS COMMONLY LOOKED AT WHILE ON SURVEY

- M0030 Start of Care Date
- M0080 Discipline of Person Completing the Assessment
- M0090 Date Assessment Completed
- M0102 Date of Physician Ordered SOC
- M0104 Date of Referral
- M1005 Inpatient Discharge Date
- Screening OASIS Items
  - M1240 (Pain), M.1300 (Pressure Ulcer), M.1730 (Depression) and M.1910 (Falls Risk)
- M2000 Drug Regimen Review
- M2002 Medication Follow-up
- M2010 High Risk Drug Education
- M2250 Plan of Care Synopsis
- M2400 Intervention Synopsis

Tips when answering
M0030 Start of Care Date
M0102 Date of Physician Ordered SOC
M0104 Date of Referral
M1005 Inpatient Discharge Date

The initial assessment visit, different from the Comprehensive Assessment that includes OASIS items
- must be done within 48 hrs. of the patient’s referral (M0104), or
- within 48 hours of the patient’s return home from a hospital (M1005), or
- on the physician ordered start of care date (M0102).

All of these M items are used to determine if this regulatory requirement is met.

More tips when answering
M0030 Start of Care Date
M0102 Date of Physician Ordered SOC
M0104 Date of Referral
M1005 Inpatient Discharge Date

- SOC date is the date of the first billable visit. Majority of the time, the first billable visit (SOC) is conducted simultaneously with the initial assessment.
- If there are issues with meeting this forty-eight (48) hour regulatory requirement, the surveyor will rely on clinical record documentation to justify why this regulation was not met.
Tips when answering
M0080 Discipline of Person Completing the Assessment

• If nursing is at the SOC, the RN MUST conduct the Comprehensive Assessment including the OASIS data items.
• If only therapy is ordered at the SOC, the PT or SLP CAN do the Comprehensive Assessment including the OASIS data items.
  – An RN may do the assessment if it is the agency’s policy to do this.
  – The RN cannot conduct the comprehensive assessment before the SOC date (First Billable Visit).
• The surveyors will look to see that M0080 reflects the appropriate discipline completing the assessment based on the orders at the SOC.

TIPS when answering
M0090 Date Assessment Completed

• The M0090 date is the date the ENTIRE Comprehensive Assessment with the OASIS data items is completed.
• Regulation requires it to be completed within five (5) days of the SOC date.
• If you have a multidisciplinary case and the RN waits for the therapies to complete their evaluations (which must be within five [5] days of the SOC date), the M0090 date is when the two disciplines collaborated in order to answer M2200 (# of therapy visits needed).

More tips when answering
M0090 Date Assessment Completed

• The M0090 date is when all orders (written or verbal) are obtained in order to answer M2250 (Plan of Care Synopsis).
• If you do not receive all the orders to complete M2250 on the SOC date, then the M0090 date should not be the same date as the SOC date.
• Remember, these orders must be obtained verbally or in writing within five (5) days of the SOC date in order to take credit for M2250.
Even more tips when answering **M0090** Date Assessment Completed

- The medication review (M2000) is part of the Comprehensive Assessment that includes the OASIS data items; therefore, the M0090 date is when the entire assessment is completed, including the medication review.
- If it is a therapy only case and the PT or SLP completed the Comprehensive Assessment with the OASIS data items, then the M0090 date is the date the RN completed the medication review.

Tips when answering **M1240** (Pain), **M1300** (Pressure Ulcer), **M1730** (Depression) and **M1910** (Falls Risk):

- If you mark “Yes” to these screening questions, there must be documentation in the clinical record that these standardized screenings were completed.
- The surveyors may also look for policies and procedures indicating what standardized screening assessments are being utilized.

More tips when answering **M1240** (Pain), **M1300** (Pressure Ulcer), **M1730** (Depression) and **M1910** (Falls Risk)

- **CANNOT** mark “Yes”, assessments completed if:
  - The screenings are not conducted within five (5) days from the SOC or within two (2) days of the ROC.
  - The screenings were not completed by the clinician who is performing the SOC comprehensive assessment with the OASIS data items.
  - An example of answering these items in error would be: You have a multidisciplinary case (therefore, RN must do the comprehensive/OASIS assessment) and the PT does the falls risk assessment. You must answer M1910 “0” No multi-factor falls risk assessment conducted.
- Also for M1910, the clinician cannot mark “Yes” if the Fall Risk Assessment that was completed was not multifactor.
Tips when answering M2000 Drug Regimen Review

A lot, although not all, of the deficiencies at G337 are either directly or indirectly related to how the agency answers M2000.

- It has always been in regulation that a full medication review must be completed on SOC, ROC, RECERT and Discharge.
- That includes potential adverse effects, drug reactions, ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy and non compliance with drug therapy.

More to know about answering M2000

- M2000 is a data item that addresses whether or not a drug regimen review was conducted and if problems were found.
  - If the clinician marks “no problems found”, the surveyor will look for the results of the review in the clinical documentation to confirm.
  - If the clinician marks “problems found during review”, the clinical record must contain documentation regarding specific problems found and resolution of the problem.

Even more tips when answering M2000 Drug Regimen Review

- M2000 is only answered on the SOC and ROC OASIS.
- The conditions of participation require the full medication review must be completed as part of each comprehensive assessment for the SOC, ROC, RECERT, Discharge and Significant Change in Condition.
- The surveyors will be looking at clinical documentation to determine if the full medication review is being conducted at all the time points required by regulation.
Still more tips for

**M2000 Drug Regimen Review**

If the patient’s POC orders are for therapy only and the PT or SLP does the Comprehensive Assessment with the OASIS data items, the surveyor is going to look to make sure an RN does the medication review:

– The PT/SLP will answer this OASIS data item, but somewhere in the clinical record there should be documentation that the RN did the review and collaborated with the PT/SLP to answer M2000, M2002 and M2010.

– The surveyor may also look for agency policies regarding how this process will be done.

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**Tips when answering M2002 Medication Follow-up**

- If the clinician answers this OASIS data item that the physician was contacted regarding any potentially significant problems with the medication review, the surveyor will look for documentation in the clinical record of this occurring.

- The surveyor will also look that this notification and reconciliation of the problems occurred within the required time frame (within one [1] calendar day) following the identification of the issue.

- This process must occur within five (5) days of the SOC or two (2) days of the ROC.

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**Tips when answering M2010 High Risk Drug Education**

- All agencies should have policies outlining what drugs they consider to be high risk. If the patient is on medications that the agency considers high risk, then M2010 should usually not be answered “NA”.

- If the clinician marks M2010 “NA” because the patient/caregiver are fully knowledgeable of their high risk drugs, there should be documentation in the clinical record supporting this.

- If M2010 indicates that the patient was educated in high risk drug education, the surveyor will look for documentation in the clinical record as to which drugs the patient was educated on, the teaching provided, and the patient/caregiver level of understanding.
More tips when answering **M2010 High Risk Drug Education**

- The process measures are not mandated by regulation. However, “meeting the patient’s needs” is regulatory.
- If the agency answers M2010, high risk medications not taught, a citation could be warranted if:
  - the agency did not follow their policy,
  - the patient’s needs weren’t met by not educating the patient, or
  - there were physician orders to teach the patient and the teaching was not done.

Tips when answering **M2250 Plan of Care Synopsis**

- M2250 asks the clinician if there are physician orders for these specific process measures. These orders can be verbal.
- If the clinician marks “Yes” indicating the process was discussed with the physician and orders received for any of the listed process measures, the surveyor will check the clinical documentation for the orders.
- If “Yes” is marked, then the orders (verbal or written) must have been received from the physician within five (5) days of the SOC or two (2) days of the ROC.
- The clinician cannot answer “Yes” for any of the process measures listed in M2250 just because they carried them out (for example, monitoring of skin lesions and diabetic teaching) if they do not have specific orders for these.

Tips when answering **M2400 Intervention Synopsis**

- Answered only at Transfer to IP Facility or Discharge.
- If the agency marks “Yes”, the surveyor will look for documentation in the clinical record that there ARE orders for the specific process measures AND documentation that these orders have been carried out.
After all of these surveying tips, George is more relaxed now when he talks to Jane....

George Jetson: Jane, this morning you wanted to buy some silverware. Here. (Hands her a wad of cash)
Jane Jetson: Get it in gold.
George Jetson: Gold silverware?
Jane Jetson: Judy, you wanted some stereo-phonics tapes. (Hands her a wad of cash)
George Jetson: Get yourself a band. Now what can I do for you, son?
Elroy Jetson: If I had known you were filling requests, I'd have brought a list.
George Jetson: You wanted a toy space fire engine. (Hands him a wad of cash)
Elroy Jetson: Get yourself a real fire engine. (Hands him more cash) Might as well get yourself a fire too.
Astro: What about me?
George Jetson: Of course, Astro, you wanted a bone. (Hands him a wad of cash)
George Jetson: Buy yourself a meat market.

If the Jetson's can do it....
You can do it!