OASIS MATTERS
March 2019

News From the Texas OASIS Help Desk

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OASIS-D Is Here!

OASIS-D became effective 1/1/2019. The data set was changed due to the IMPACT Act that was signed into law on 10/6/2014, which requires Post-Acute Care, or also known as PAC providers to report standardized data across multiple post-acute care settings. It's meant to:

- Improve Medicare beneficiary outcomes
- Provide access to data to facilitate coordinated care
- Enable comparable data and quality across PAC settings
- Improve hospital discharge planning
- Research
- quality indicator data, including measures derived from OASIS, where applicable, and other relevant data, in the design of its program."

OASIS-D Changes

Changes with OASIS-D included 28 Removed Items, 7 Changed Items, and 2 New Sections (J & GG); plus various other changes to wording within some Item's Stem and Specific-Response Instructions, Skip Patterns, and Collection Time Points.

OASIS-D changes illustration

Removed Items (28 total)		
M0903	M1011	M1017
M1018	M1025	M1034
M1036	M1210	M1220
M1230	M1240	M1300
M1302	M1313	M1320
M1350	M1410	M1501
M1511	M1615	M1750
M1880	M1890	M1900
M2040	M2110	M2250
M2430		

Changed Items (7 total)	
M1028	Active Diagnosis
M1306	Unhealed Pressure Ulcer/Injury
M1311	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
M1322	Current Number of Stage 1 Pressure Injuries
M1324	Stage of Most Problematic Unhealed Pressure Ulcers/Injury that is Stageable
M2102	Type and Sources of Assistance
M2310	Reason for Emergent Care

New Items (2 new sections, 6 items total)	
Section J: Health Conditions (Falls)	Section GG: Functional Abilities and Goals
J1800. Any Falls Since SOC/ROC J1900. Number of Falls Since SOC/ROC	GG0100. Prior Functioning Everyday Activities GG0110. Prior Device Use GG0130. Self-Care GG0170. Mobility

Utilizing the OASIS Guidance Manual is a must for clinicians to ensure data accuracy. For more information use this link: OASIS-D Guidance Manual

What's in Your Toolkit?

The OASIS-D version of the OASIS data set is required for all assessments with a M0090 date (Date Assessment Completed) on or after January 1, 2019. Make sure your clinicians have the tools they need for OASIS accuracy.

The OASIS-D data collection resources the clinicians should begin using effective January 1, 2019 are:

- OASIS-D data set

- OASIS-D Guidance Manual (January 2019)

    o   Here are a few highlights to this guidance manual:

> ➢ Chapter 1 contains the conventions, or general rules, that should be observed when completing OASIS items and the conventions specific to ADL/IADL items.

> ➢ Chapter 2 contains the All Items and Time Point Version of the OASIS-D Data Set. (Remember the OASIS data set must be incorporated into the agency's comprehensive assessment.)

> ➢ Chapter 3 contains the item-by item specific guidance for each item on the following topics:

> > • OASIS Item Text Item Intent: Describes the rationale for collecting the information, in the context of outcome and process quality measurement, care planning, outcome risk adjustment, or prospective payment rate adjustment.

> > • Time Points Completed: Describes when the information is to be collected during the patient's home health episode of care.

> > • Response-Specific Instructions: Describes how the clinician should decide which of the possible responses should apply.

> > • Data Sources/Resources: Describes the potential sources of information that should be accessed during the assessment to determine the most accurate response to a specific item.

> ➢ Chapter 5 provides information on print and electronic resources available to support you in OASIS accuracy, quality, safety and best practice. The Data Sources/Resources section of item specific guidance in Chapter 3 often refers the clinician to resources and links that can be found in Chapter 5. For example: The Wound, Ostomy, and Continence Nurses' guidelines.

• The CMS OASIS Questions and Answers (Q&As) found on the QIES Technical Support Office web-site (QTSO), provide answers to various OASIS questions clinicians may have.

The OASIS-D Guidance Manual, OASIS CMS Q&As, and the CMS Decision tree for Items GG can be found at the following links:

• [OASIS-D Guidance Manual](#)

• [CMS OASIS-D - GG-Self-Care-and-Mobility-Activities-Decision-Tree.pdf](#)

• [CMS OASIS-D Q&As](#)

Are you compliant with OASIS submissions?

Are you collecting and submitting OASIS data as part of a comprehensive assessment & submitting OASIS on all skilled patients 18 & over that are**?**

- Medicare (traditional fee-for-service)

- Medicare (HMO/managed care/Advantage plan)

- Medicaid (traditional fee-for-service)

- Medicaid (HMO/managed care)

Your answer should be YES!

Need a great guide to assist with those submissions?

The OASIS Submission User's Guide is a manual that provides information and instructions pertaining to the QIES ASAP OASIS system to home health agency users who are required to submit assessment data about their patients.

It is intended to be used as a reference and learning tool for the OASIS system. Section 4, Reports, briefly describes the OASIS Final Validation Report and other reports that are available to providers in the CASPER Reporting application. Section 5, Error Messages, lists the error messages that may be encountered during the submission and validation processes and provides troubleshooting assistance. Go to: OASIS Submission Manual

Prohibited Diagnosis Codes and the OASIS Assessment

To comply with Texas Health & Safety Code Chapter 81 and protect the confidentiality of patients with HIV, any diagnosis (DX) codes indicating HIV/AIDS are prohibited and cannot be submitted on OASIS assessments in Texas. This includes codes and sub-codes.

Texas Health & Safety Code 81 provides the basis regarding why HIV/AIDS related DX codes are not allowed to be utilized on the OASIS, and can be found at the following link: Texas Health and Safety Code 81

So, what do we use if we can't use an HIV diagnosis?

Consider the use of DX codes related to symptoms/complications for which the patient is being treated (the purpose for having pt on HH service); not the actual codes that reveal the pt's HIV/AIDS diagnosis.

The OASIS Question and Answer (Q&A) that addresses how a patient's care with this DX might be handled on the OASIS, Plan of Care, and billing documents, is **Q19** of **Category 6** (a rarely accessed category of the Q&As listed under OASIS-C1) at the following link: CMS OASIS Q&As

(Prohibited Diagnosis codes continued)

Q19. There are some States that do not allow transmission of STD/HIV diagnoses. If we submit an assessment with one of those diagnoses, our record is rejected. What should we do?

A19. Several States have a law that prohibits the collection and storage of STD/HIV diagnosis information. The States have the right to accept or reject such diagnoses when submitted in OASIS data. We suggest that the agencies contact the State OEC for advice or use a symptom, such as "wasting syndrome" or "pneumonia" (if the patient has that symptom of the disease) on the OASIS, Plan of Treatment, and billing documents.

Note: Agencies must follow all Federal & State rules/regulations.

Help, My Assessment is Rejecting!

Are You Using the Correct Version?

OASIS-D Data Set was effective 1/1/2019. The current software Data Specification version for OASIS-D is V2.30.1, and must be used for assessments with completion dates (M0090) of 01/01/2019 and after. Information for the OASIS-D Data Specifications is available at this link: **OASIS-D Data Specifications**

Note: OASIS Assessments **will be rejected** if submitted using the wrong OASIS Data Set & Data Specification version, so make sure you select the correct version for your assessment! Validation reports will indicate if this is the cause for the rejection; review them carefully.

Regulation 42 CFR 484.45(d) states "Home health agencies must encode and transmit OASIS data using software that conforms to CMS standard electronic layout, edit specifications, data dictionary, and that includes the required OASIS data set". To understand the submission process completely, **software developers** will need information that is not contained within the data specs themselves.

This additional information is available in the OASIS User's Manual that is published by CMS. The user's manual contains information about topics such as submission timing, record sequencing rules, and record modification and inactivation procedures.

OASIS Submission User's Manual (plus more) is available at this link: QTSO

OASIS Data sets are available at this link: OASIS Data Set

More Information to Follow!

Errors Happen! CMS OASIS Correction Policy

HHAs are required to collect and transmit OASIS data in accordance with CoPs §484.45, Reporting OASIS Information and §484.55 Comprehensive Assessment of Patients.

HHAs can electronically correct key field errors and non-key field errors on assessments found in their accepted OASIS assessment records. Besides describing the different types of corrections an agency can make, the CMS OASIS Correction Policy covers these additional topics:

- Documentation of Corrected Assessments
- Clinical Implications of Corrected Assessments
- Regarding Corrections in Lieu of Required assessments and
- Timeliness of Corrections

The CMS OASIS Correction Policy can be found in Survey and Certification Letter: 15-18 Survey and Certification Letter: 15-18.

That -3330 Final Validation Report Warning and How to Prevent It!

-3330 Warning
Record Submitted late: The submission is more than 30 days after M0090 on this new record. The bad news is that this error cannot be corrected.

Regulation 42 CFR§484.45 tells us that: "An HHA must encode and electronically transmit each completed OASIS assessment to the State agency or the CMS OASIS contractor, regarding each beneficiary with respect to which such information is required to be transmitted (as determined by the Secretary) within 30 days of completing the assessment of the beneficiary."
After the completion date of the assessment (the M0090 date), you have 30 days to submit and make sure the assessment is in the QIES system.

If the assessment isn't submitted in this 30-day timeframe you will get a "-3330 WARNING" that tells you the record was submitted late, and that the submission date is more than 30 days after M0090.

The good news is that it CAN be prevented with an agency back-up plan to ensure it is able to submit OASIS assessments within 30 days of completing the assessment, and as long as the 30-day submission timeframe is met, agencies are free to develop transmission schedules that meet the agency's needs.

So, does your agency have a back-up plan or policy in place to ensure OASIS assessments are submitted within the 30-day timeframe?

Corrections should also be completed within the same initial 30-day timeframe. *Waiting to make corrections can result in late OASIS assessments.*

In Other News!

CASPER Reporting Quality Improvement Reports have been updated
to reflect current Outcome, Process, Agency Related Patient Characteristics (Case Mix) and Potentially Avoidable Event measures, and are available for your agency QAPI use under the Report Category OASIS Quality Improvement. **NOTE:** Only those report categories to which you have access are listed in the *Report Categories* frame.

OASIS Quality Improvement report categories

The CASPER Reporting Manual is a valuable resource used to understand CASPER Reporting. It is available along with other manuals and resources on the following page: QTSO

More information on the current measures can be found on the CMS Home Health Quality Measures page. Tables are located at the bottom of the page at this link: HH Quality Measures
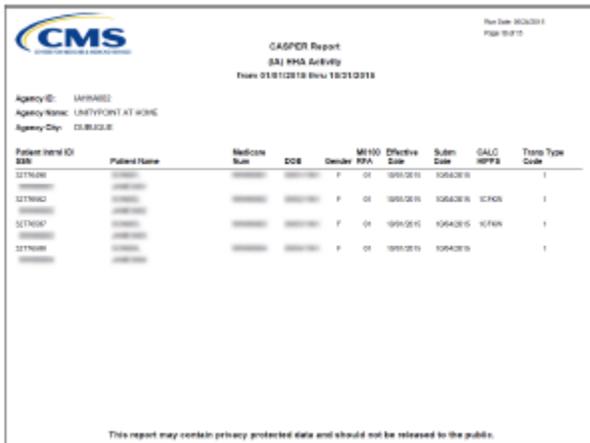
Other Great CASPER Reports!

Think you might be missing an assessment? The CASPER HHA ACTIVITY Report under the Category HHA Provider Reports, lists the accepted assessments and inactivations submitted by or on behalf of an agency during a specified period. It is returned in the agency In-Box after request and is a great way to make sure an assessment or inactivation was accepted as a check in addition to the Final Validation Reports.

HHA Activity Report Request screen

7
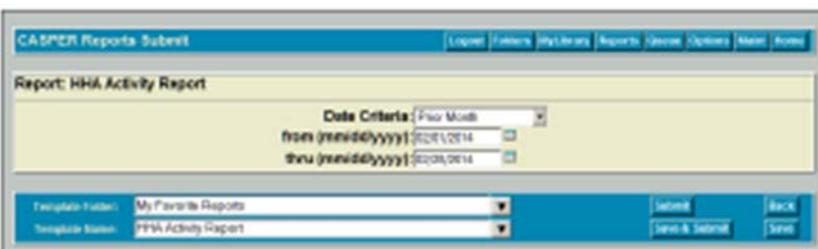
The HHA Activity Report is returned in the agency In-Box, and is sorted in ascending order by Last Name, First Name, Patient Internal ID, RFA, Submission Date, and Transaction Type Code. **NOTE**: The HHA Activity report contains privacy information.

HHA Activity Report

New HHAs Placed in a Provisional Period of Enhanced Oversight

MLN Matters Special Edition Article (SE) 19005 provides important information about the Centers for Medicare & Medicaid Services' (CMS) placement of new HHAs into a provisional period of enhanced oversight. You and your staff should be aware of these procedures.
CMS MLN Matters: SE19005

Technically Speaking

Information and Tips from the OASIS Help Desk

HELP My Password Doesn't Work and I Can't Log In!

Effective as of June 26, 2017 QIES security requires each user to successfully login every 60 days or the account will be disabled and can only be re-enabled by contacting the **QTSO Help Desk at (888) 477-7876**.

Accounts without activity for more than 365 days will be deleted. You will not be able to use or re-enable disabled accounts and you will need to request access through CMS as you did originally. You will be assigned a new User ID and password (PW) when the access is granted.

How do I update my password now? QIES users will continue to use QUMA (QIES User Maintenance Application) to update PWs as required every 60 days, and will continue to use security questions to unlock accounts if the PW is forgotten, or the account is locked due to the PW being input incorrectly 3 times.

If you have any questions, are unable to reset your PW, or find your account has been deleted please contact the **QTSO Help Desk**.

I can't afford to purchase software just to encode and transmit OASIS!

jHAVEN (Home Assessment Validation Entry) is a free, optional, software program designed solely for the purpose of entering OASIS data and creating files of OASIS data to transmit to the National OASIS system.

The current version of jHAVEN can be obtained using the following link: **Go to:** [jHAVEN Manual and software](#)

On this link, you will also find a jHAVEN Installation Guide and a jHAVEN User Guide.

Purchased software-

An agency may choose to purchase software for OASIS transmission from a software vendor. If a HHA uses software other than jHAVEN, it must conform to all CMS standardized electronic record formats, edit specifications, and data dictionaries. The software must also include the required data sets.

If an agency has difficulty verifying if their purchased software conforms to CMS requirements, then the agency must contact their own computer support personnel and their OASIS data encoding software vendor being used.

Helpful Resources and Links

Resources and Links:

(CTRL + Click to access the link)

OASIS Resource Page: [OASIS Resource page](#)

Contact Information

OASIS Helpdesk 833-769-1945 (toll free)
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