Outcome and ASsessment Information Set

IMPLEMENTATION MANUAL

Implementing OASIS at a Home Health Agency to Improve Patient Outcomes

Revised (June 2006)

Department of Health and Human Services
Centers for Medicare & Medicaid Services

PREFACE

OASIS IMPLEMENTATION MANUAL

This manual is written to assist home health agency staff incorporate a federally mandated instrument (to assess patients and collect a core set of data) and transmit that data to their State agency. We believe that this data collection instrument helps home health agencies systematically plan for using resources and evaluating how their patients fare during an episode of care.

The manual was first created in the late 1990s, in anticipation to changes in the Medicare Conditions of Participation (CoPs). Some modifications were made to the manual in late 2000 - early 2001 following changes in the approach used by Medicare to pay for home health services, i.e., the creation of the Prospective Payment System. Further edits occurred in December 2002 and in June 2006 to reflect new regulatory requirements. The primary focus remains assisting home health agencies implement and maintain processes to collect and submit OASIS data.

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2. I feel my agency's patient population is very unique. Will the outcome reports be able to take these patient characteristics into account? 3.11
3. When will agencies begin to receive outcome-based quality improvement (OBQI) reports based on the data that will be submitted to the OASIS national repository? Once agencies start receiving these reports, how often will they come? 3.11
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Chapter 4: The Comprehensive Assessment and OASIS

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2. Should the comprehensive assessment and OASIS data collection be the collaborative effort of all the disciplines ordered? 4.9
3. My skilled care patient does not have a visit scheduled during the five-day period at the end of the certification period. What should I do? 4.9
4. We occasionally receive requests for one-time visits to perform specific services (e.g., evaluate patients for DME needs, perform a venipuncture, administer an injection, etc.). Do these patients require a comprehensive assessment with OASIS data collection? If so, which data are transmitted to the State? 4.10
5. What are the indications for an "other follow-up" assessment? 4.10
6. If a resumption of care survey is performed, does the clock "reset" with respect to follow-up survey, i.e., is the follow-up due two calendar months after resumption of care or does it remain two calendar months from the original start of care date? 4.11

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7. In multidiscipline cases, who can perform the comprehensive assessment in the following situations:
   a) When RN and PT are both ordered at SOC?
   b) When PT is ordered at SOC, and the RN will enter 7-10 days after SOC?
   c) When PT (or ST) is ordered along with an aide?
   d) If our agency policy is for the RN to perform an assessment before the therapist's SOC visit?
   e) OT services are the only ones ordered for a non-Medicare patient?
   f) Both RN and PT will conduct discharge visits on the same day? 4.12
8. Can the MSW or an LPN ever perform a comprehensive assessment? What about therapy assistants? 4.13
9. I understand that the SOC (or resumption of care) initial assessment is to be done within 48 hours of the referral (or hospital discharge). What do we do if the patient puts us off longer than that? For example, the patient says, "I have an appointment today (Friday); please come Monday." 4.13
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18. What OASIS data are required to be collected when the Resumption of Care (ROC) and the Follow-up (FU) assessment for recertification are within days of each other (i.e., when the patient is discharged from the inpatient facility during the last five days of a 60-day episode)? 4.18
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1. I don't have Internet access in my agency. How can I obtain the information that is posted on CMS' web site in a printed version? 5.7
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3. These steps appear to take at least six months to accomplish. Is it at all feasible to accomplish them in a relatively brief time period? 5.7

Chapter 6: Planning For OASIS Implementation

1. Do the new regulations require my agency to discharge any skilled care patients who are admitted to inpatient facilities for 24 hours or longer? 6.8
2. My agency prefers the simplicity of a policy that discharges all patients admitted to an inpatient facility. Must I wait until the patient has been hospitalized for 24 hours to discharge him/her from my agency, or can I discharge the patient as soon as they are admitted to an inpatient facility? 6.8
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6. Are the OASIS data sets (all time points) to become part of the patient's record? Our admission OASIS data set will be part of the chart because we have our admission assessment included in the OASIS questions. But with the resumption of care, transfer, discharge, do we make this part of the record? 7.12
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Chapter 8: OASIS in Detail

1. How can I make sure that my staff is answering the OASIS items correctly? I'm particularly concerned about one clinician substituting for another when there are vacations, sick days, or other absences. 8.8
2. Do different disciplines assess the patient in the same way? I wonder whether the nurse and therapist, when encountering the same situation, actually "see" the same thing. 8.9
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7. We had a patient that we visited on April 15 and the physician called on April 19 to say no more visits were needed. When we enter the discharge assessment (M0100 Reason for Assessment 9) into HAVEN, we get the following message: *"WARNING: Difference between M0090_INFO_COMPLETED_DT (04/19/1999) and M0906_DC_TRAN_DTH_DT (04/15/1999) should be no more than 2 days (4)"*.. 10.9
8. How do I handle a situation in HAVEN where a patient's ID number (M0020_PAT_ID) changes between episodes of care? 10.10
9. Regarding the time frame for OASIS data entry, the *Federal Register* stated that the start of care assessment must be completed within five days and the encoding and transmission of the data within 30 days of completing the OASIS data set. Does the 30 days start from the date that is recorded in OASIS question M0090 (Date Assessment Completed)? Is the date assessment completed the day of that initial visit when the service provider obtains their information (start of care date) or is it the day the clerical staff complete the ICD codes which could be a day or two later? 10.11
10. Where can I find information on correcting errors in my agency's production data submissions? 10.11
11. If an HHA identifies that an error was made in a patient's Social security number after having submitted several assessments containing that error, will the inactivation of the most recent assessment retroactively correct all erroneous submissions? 10.12
12. Can an HHA submit non-key field corrections, inactivation requests, and new assessments in the same batch? 10.12

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Chapter 11: Training in the Agency

1. Someone told me that it took over 40 hours to train agency clinical staff to use OASIS. My agency doesn't have this quantity of staff time available for training. What do I do? 11.10
2. It appears that training is a nearly continuous activity for an agency, even if conducted in only informal ways. Is this correct? 11.10

Chapter 12: Data Quality Audits

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