Outcome and Assessment Information Set (OASIS)-D1
2020 Update and Q & A

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Objectives

Participants will be able to

• Identify the changes to the OASIS data set, effective 1/1/2020, now called OASIS-D1

• Explain the changes from the Prospective Payment System (PPS) to the Patient Driven Groupings Model (PDGM)

• Identify the importance of accurate documentation with the shift from OASIS-D to OASIS-D1, and from PPS to PDGM

• Q & A
Beginning January 1, 2020, changes to the OASIS data set and data collection guidance took effect, based on the Calendar Year (CY) 2019 Home Health (HH) Final Rule, CMS 1689-FC. The new data set, OASIS-D1 All Items instrument and the OASIS-D1 Follow-Up instrument, were revised to accommodate these changes, however, there is no revised version of the OASIS-D Guidance Manual for 2020.

Two existing items were added to the Follow-Up assessment instrument (with corresponding revisions to the All Items instrument). Home Health agencies (HHAs) must collect data on these items at Follow-Up, in addition to all other required time points.

* M1033 Risk for Hospitalization
* M1800 Grooming
OASIS-D to OASIS-D1

Data collection at certain time points for 23 existing OASIS items are now optional. HHAs may enter an equal sign (=) for these items, at the specified time points only. This is now a valid response for these items, at these time points. The items themselves are unchanged.

**Start of Care/Resumption of Care (SOC/ROC)**

* M1910 Fall risk Assessment

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OASIS-D to OASIS-D1

**Transfer (TRN) and Discharge (DC)**

* M2401a Intervention Synopsis: Diabetic Foot Care
* M1051 Pneumococcal Vaccine
* M1056 Reason Pneumococcal Vaccine not received
OASIS-D to OASIS-D1

**Follow-Up (FU)**

* M1021 Primary Diagnosis
* M1023 Other Diagnosis
* M1030 Therapies
* M1200 Vision
* M1242 Frequency of Pain Interfering with Activity

* M1311 Current Number of Unhealed Pressure Ulcers at Each Stage
* M1322 Current Number of Stage 1 Pressure Injuries
* M1324 Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable
* M1330 Does this patient have a Stasis Ulcer
OASIS-D to OASIS-D1

* M1332 Current Number of Stasis Ulcers that are Observable
* M1334 Status of Most Problematic Stasis Ulcer that is Observable
* M1340 Does this patient have a Surgical Wound
* M1342 Status of the Most Problematic Surgical Wound that is Observable
* M1400 Short of Breath

OASIS-D to OASIS-D1

* M1610 Urinary Incontinence or Urinary Catheter Presence
* M1620 Bowel Incontinence Frequency
* M1630 Ostomy for Bowel Elimination
* M2030 Management of Injectable Medications
* M2200 Therapy Need
Motivation for Development of the PDGM – Section 3131(d) Report to Congress

- Section 3131(d) of the Affordable Care Act - Report to Congress found the previous payment system produced lower margins for those patients:

- needing parenteral nutrition
- with traumatic wounds or ulcers
- who required substantial assistance in bathing
- admitted to HH following an acute or post-acute stay
- who had a high Hierarchical Condition Category score
- who had certain poorly controlled clinical conditions
- who were dual eligible

- The Medicare HH benefit was ill-defined
- HH payment should be determined by patient characteristics

• HH payment should not be based on the number of therapy visits
  - Payments based on therapy thresholds creates financial incentives that distract agencies from focusing on patient characteristics when setting plans of care.
  - Trend of notable shifts away from non-therapy visits.
PPS to PDGM

FACTS: PDGM became effective 1/1/20

PDGM relies more heavily on clinical characteristics and other patient information

PDGM places patients into meaningful payment categories

PDGM eliminates the use of therapy service thresholds

PDGM changed the home health payment from a 60-day episode to a 30 day period

ITEMS THAT HAVE NOT CHANGED

• Conditions of Participation (CoP)

• Plan of Care every 60 days

• Comprehensive Assessment is still required at SOC, Recert, Follow-Up, ROC, and Discharge

• OASIS transmitted within 30 days of M0090 date
Overview of the Patient-Driven Groupings Model (PDGM)

PDGM uses 30-day periods as a basis for payment. The 30-day periods are categorized into 432 case-mix groups for the purposes of adjusting payment in the PDGM. In particular, 30-day periods are placed into different subgroups for each of the following broad categories:
• **Admission source** (two subgroups): community or institutional admission source

• **Timing** of the 30-day period (two subgroups): early or late

![Admission Source and Timing (From Claims)](image)

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**Clinical Grouping (From Principal Diagnosis Reported on Claim)**

- Neuro Rehab
- Wounds
- Complex Nursing Interventions
- MS Rehab
- Behavioral Health
- MMTA - Other
- MMTA - Surgical Aftercare
- MMTA - Cardiac and Circulatory
- MMTA - Endocrine
- MMTA - GI/GU
- MMTA - Infectious Disease
- MMTA - Respiratory

![Clinical Grouping Diagram](image)
• **Functional impairment level** (three subgroups): low, medium, or high
PDGM

VARIABLE # | DESCRIPTION
--- | ---
M1800 | Grooming
M1810 | Current ability to dress upper body safely
M1820 | Current ability to dress lower body safely
M1830 | Bathing
M1840 | Toilet transferring
M1850 | Transferring
M1860 | Ambulation and locomotion
M1033 | Risk for hospitalization

PDGM

Functional Impairment Levels and Associated Points

Thresholds for Functional Levels by Clinical Group, CY 2017

<table>
<thead>
<tr>
<th>Clinical Group</th>
<th>Level of Impairment</th>
<th>Points (2017 Data)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>Low</td>
<td>0-36</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>37-52</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>53+</td>
</tr>
<tr>
<td>Complex Nursing Interventions</td>
<td>Low</td>
<td>0-38</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>39-56</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>59+</td>
</tr>
<tr>
<td>Musculoskeletal Rehabilitation</td>
<td>Low</td>
<td>0-38</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>38-52</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>53+</td>
</tr>
<tr>
<td>Neuro Rehabilitation</td>
<td>Low</td>
<td>0-44</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>45-60</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>60+</td>
</tr>
<tr>
<td>Wound</td>
<td>Low</td>
<td>0-42</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>43-51</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>52+</td>
</tr>
<tr>
<td>MMTA - Surgical Aftercare</td>
<td>Low</td>
<td>0-24</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>25-37</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>38+</td>
</tr>
</tbody>
</table>
**PDGM**

**Functional Impairment Levels and Associated Points, continued**

**Thresholds for Functional Levels by Clinical Group, CY 2017**

<table>
<thead>
<tr>
<th>Clinical Group</th>
<th>Level of Impairment</th>
<th>Points (2017 Data)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMTA - Cardiac and Circulatory</td>
<td>Low</td>
<td>0-36</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>37-52</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>53+</td>
</tr>
<tr>
<td>MMTA - Endocrine</td>
<td>Low</td>
<td>0-61</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>62-84</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>84+</td>
</tr>
<tr>
<td>MMTA - Gastrointestinal tract and Genitourinary system</td>
<td>Low</td>
<td>0-27</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>28-44</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>45+</td>
</tr>
<tr>
<td>MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases</td>
<td>Low</td>
<td>0-32</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>33-49</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>50+</td>
</tr>
<tr>
<td>MMTA - Respiratory</td>
<td>Low</td>
<td>0-26</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>30-43</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>44+</td>
</tr>
<tr>
<td>MMTA - Other</td>
<td>Low</td>
<td>0-32</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>33-48</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>49+</td>
</tr>
</tbody>
</table>

**Comorbidity adjustment (three subgroups):** none, low, or high based on secondary diagnoses.
**PDGM**

- **Low comorbidity adjustment:** There is a reported secondary diagnosis that is associated with higher resource use, or;

- **High comorbidity adjustment:** There are two or more secondary diagnoses that are associated with higher resource use when both are reported together compared to if they were reported separately. That is, the two diagnoses may interact with one another, resulting in higher resource use.

- **None:** No secondary diagnosis that falls into a comorbidity adjustment subgroup.

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**Comorbidities Specific to Home Health**

A HH specific comorbidity list was developed with broad clinical categories used to group comorbidities within the PDGM:

- Heart disease
- Respiratory disease
- Circulatory disease
- Cerebral vascular disease
- Gastrointestinal disease
- Neurological conditions
- Endocrine disease
- Neoplasms
- Genitourinary/Renal disease
- Skin disease
- Musculoskeletal disease
- Behavioral health issues (including substance use disorders)
- Infectious diseases
### Low Comorbidity Adjustment Subgroups

As shown in the CY 2019 HH PPS Final Rule (83 FR 56487)

<table>
<thead>
<tr>
<th>Comorbidity Subgroup</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebral 4</td>
<td>Includes sequelae of cerebral vascular diseases</td>
</tr>
<tr>
<td>Circulatory 10</td>
<td>Includes varicose veins with ulceration</td>
</tr>
<tr>
<td>Circulatory 9</td>
<td>Includes acute and chronic embolisms and thrombosis</td>
</tr>
<tr>
<td>Heart 10</td>
<td>Includes cardiac dysrhythmias</td>
</tr>
<tr>
<td>Heart 11</td>
<td>Includes heart failure</td>
</tr>
<tr>
<td>Neoplasms 1</td>
<td>Includes oral cancers</td>
</tr>
<tr>
<td>Neuro 10</td>
<td>Includes peripheral and polyneuropathies</td>
</tr>
<tr>
<td>Neuro 11</td>
<td>Includes diabetic retinopathy and other blindness</td>
</tr>
<tr>
<td>Neuro 5</td>
<td>Includes Parkinson's disease</td>
</tr>
<tr>
<td>Neuro 7</td>
<td>Includes hemiplegia, paraplegia, and quadriplegia</td>
</tr>
<tr>
<td>Skin 1</td>
<td>Includes cutaneous abscess, cellulitis, lymphangitis</td>
</tr>
<tr>
<td>Skin 3</td>
<td>Includes diseases of arteries, arterioles, and capillaries with ulceration and non-pressure, chronic ulcers</td>
</tr>
<tr>
<td>Skin 4</td>
<td>Includes Stages Two through Four and Unstageable pressure ulcers</td>
</tr>
</tbody>
</table>

### High Comorbidity Adjustment Interaction Subgroups

As shown in the CY 2019 HH PPS Final Rule (83 FR 56488)

<table>
<thead>
<tr>
<th>Comorbidity Subgroup Interaction</th>
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<th>Description</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Behavioral 2</td>
<td>Includes depression and bipolar disorder</td>
<td>Skin 3</td>
<td>Includes diseases of arteries, arterioles, and capillaries with ulceration and non-pressure, chronic ulcers</td>
</tr>
<tr>
<td>2</td>
<td>Cerebral 4</td>
<td>Includes sequelae of cerebral vascular diseases</td>
<td>Circulatory 4</td>
<td>Includes hypertensive chronic kidney disease</td>
</tr>
<tr>
<td>3</td>
<td>Cerebral 4</td>
<td>Includes sequelae of cerebral vascular diseases</td>
<td>Heart 10</td>
<td>Includes cardiac dysrhythmias</td>
</tr>
<tr>
<td>4</td>
<td>Cerebral 4</td>
<td>Includes sequelae of cerebral vascular diseases</td>
<td>Heart 11</td>
<td>Includes heart failure</td>
</tr>
<tr>
<td>5</td>
<td>Cerebral 4</td>
<td>Includes sequelae of cerebral vascular diseases</td>
<td>Endocrine 3</td>
<td>Includes diabetes with complications</td>
</tr>
<tr>
<td>6</td>
<td>Circulatory 10</td>
<td>Includes varicose veins with ulceration</td>
<td>Heart 11</td>
<td>Includes heart failure</td>
</tr>
<tr>
<td>7</td>
<td>Circulatory 10</td>
<td>Includes varicose veins with ulceration</td>
<td>Skin 1</td>
<td>Includes cutaneous abscess, cellulitis, lymphangitis</td>
</tr>
<tr>
<td>8</td>
<td>Circulatory 4</td>
<td>Includes hypertensive chronic kidney disease</td>
<td>Skin 3</td>
<td>Includes diseases of arteries, arterioles, and capillaries with ulceration and non-pressure, chronic ulcers</td>
</tr>
<tr>
<td>9</td>
<td>Circulatory 4</td>
<td>Include hypertensive chronic kidney disease</td>
<td>Skin 4</td>
<td>Includes Stages Two through Four and Unstageable pressure ulcers</td>
</tr>
<tr>
<td>10</td>
<td>Circulatory 4</td>
<td>Include hypertensive chronic kidney disease</td>
<td></td>
<td></td>
</tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Circulatory 7</td>
<td>Includes atherosclerosis</td>
<td>Skin 3</td>
<td>Includes diseases of arteries, arterioles, and capillaries with ulceration and non-pressure, chronic ulcers</td>
</tr>
<tr>
<td>12</td>
<td>Endocrine 3</td>
<td>Includes diabetes with complications</td>
<td>Neuro 5</td>
<td>Includes Parkinson’s disease</td>
</tr>
<tr>
<td>13</td>
<td>Endocrine 3</td>
<td>Includes diabetes with complications</td>
<td>Neuro 7</td>
<td>Includes hemiplegia, paraplegia, and quadriplegia</td>
</tr>
<tr>
<td>14</td>
<td>Endocrine 3</td>
<td>Includes diabetes with complications</td>
<td>Skin 3</td>
<td>Includes diseases of arteries, arterioles, and capillaries with ulceration and non-pressure, chronic ulcers</td>
</tr>
<tr>
<td>15</td>
<td>Endocrine 3</td>
<td>Diabetes with complications</td>
<td>Skin 4</td>
<td>Includes Stages Two through Four and Unstableable pressure ulcers</td>
</tr>
<tr>
<td>16</td>
<td>Heart 10</td>
<td>Includes cardiac dysrhythmias</td>
<td>Skin 4</td>
<td>Includes Stages Two through Four and Unstableable pressure ulcers</td>
</tr>
<tr>
<td>17</td>
<td>Heart 11</td>
<td>Includes heart failure</td>
<td>Neuro 10</td>
<td>Includes peripheral and polyneuropathies</td>
</tr>
<tr>
<td>18</td>
<td>Heart 11</td>
<td>Includes heart failure</td>
<td>Neuro 5</td>
<td>Includes Parkinson’s disease</td>
</tr>
<tr>
<td>19</td>
<td>Heart 11</td>
<td>Includes heart failure</td>
<td>Skin 3</td>
<td>Includes diseases of arteries, arterioles, and capillaries with ulceration and non-pressure, chronic ulcers</td>
</tr>
<tr>
<td>20</td>
<td>Heart 11</td>
<td>Includes heart failure</td>
<td>Skin 4</td>
<td>Includes Stages Two through Four and Unstableable pressure ulcers</td>
</tr>
</tbody>
</table>

### High Comorbidity Adjustment Interaction Subgroups, continued

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<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Heart 12</td>
<td>Includes other heart diseases</td>
<td>Skin 3</td>
<td>Includes diseases of arteries, arterioles, and capillaries with ulceration and non-pressure, chronic ulcers</td>
</tr>
<tr>
<td>22</td>
<td>Heart 12</td>
<td>Includes other heart diseases</td>
<td>Skin 4</td>
<td>Includes Stages Two through Four and Unstableable pressure ulcers</td>
</tr>
<tr>
<td>23</td>
<td>Neuro 10</td>
<td>Includes peripheral and polyneuropathies</td>
<td>Neuro 5</td>
<td>Includes Parkinson’s disease</td>
</tr>
<tr>
<td>24</td>
<td>Neuro 3</td>
<td>Includes dementias</td>
<td>Skin 3</td>
<td>Includes diseases of arteries, arterioles, and capillaries with ulceration and non-pressure, chronic ulcers</td>
</tr>
<tr>
<td>25</td>
<td>Neuro 3</td>
<td>Includes dementias</td>
<td>Skin 4</td>
<td>Includes Stages Two through Four and Unstableable pressure ulcers</td>
</tr>
<tr>
<td>26</td>
<td>Neuro 5</td>
<td>Includes Parkinson’s disease</td>
<td>Renal 3</td>
<td>Includes nephrogenic diabetes insipidus</td>
</tr>
<tr>
<td>27</td>
<td>Neuro 7</td>
<td>Includes hemiplegia, paraplegia, and quadriplegia</td>
<td>Renal 3</td>
<td>Includes nephrogenic diabetes insipidus</td>
</tr>
<tr>
<td>28</td>
<td>Renal 1</td>
<td>Includes Chronic kidney disease and ESRD</td>
<td>Skin 3</td>
<td>Includes diseases of arteries, arterioles, and capillaries with ulceration and non-pressure, chronic ulcers</td>
</tr>
<tr>
<td>29</td>
<td>Renal 1</td>
<td>Includes Chronic kidney disease and ESRD</td>
<td>Skin 4</td>
<td>Includes Stages Two through Four and Unstableable pressure ulcers</td>
</tr>
<tr>
<td>30</td>
<td>Renal 3</td>
<td>Includes nephrogenic diabetes insipidus</td>
<td>Skin 4</td>
<td>Includes Stages Two through Four and Unstableable pressure ulcers</td>
</tr>
</tbody>
</table>
In total, there are $2 \times 2 \times 12 \times 3 \times 3 = 432$ possible case-mix adjusted payment groups.
Determining Case-Mix Weights for the PDGM

• Case-mix weights are used to adjust the base payment amount

• Higher resource need periods have a higher case-mix weight and receive a higher payment adjustment

• There will be an annual recalibration of the PDGM case-mix weights to reflect the most recent utilization data.

Quality of Patient Care Star Ratings

The Quality of Patient Care (QoPC) Star Rating is based on OASIS assessments and Medicare claims data. These ratings were first posted on Home Health Compare (HHC) in July 2015 and are updated quarterly based on new data posted on HHC.
Quality of Patient Care Star Rating

The 8 measures that are part of the Quality of Patient Care Star Rating are:

- Timely Initiation of Care (process measure) M0102
- Improvement in Ambulation (outcome measure) M1860 & PDGM
- Improvement in Bed Transferring (outcome measure) M1850 & PDGM
- Improvement in Bathing (outcome measure) M1830 & PDGM

- Improvement in Pain Interfering With Activity (outcome measure)* M1242
- Improvement in Shortness of Breath (outcome measure) M1400
- Improvement in Management of Oral Medications (outcome measure) M2020
- Acute Care Hospitalization (claims-based) (outcome measure)
SCENARIO #1

April Showers was receiving home care services from HHA Sunny Skies. She became ill, and was admitted for an inpatient hospital stay. It is expected that April Showers will return to the HHA upon discharge from her hospital stay and a M0100 RFA 6 was completed. After hospitalization, April Showers required post-acute care in a skilled nursing facility for 18 days, prior to returning home for home health services.

When April Showers returns home for home care services, what should the HHA do?

What is April Showers admission source considered when she returns to home care services, community or institutional?

Would the timing be coded as early or late?
SCENARIO #2

Mr. Flowers was receiving home health services from HHA Sunny Skies and was admitted directly to an inpatient rehab facility (IRF) for a qualifying stay (stays as an inpatient for 24 hours or longer for reasons other than diagnostic testing). Which OASIS should the HHA complete?

After 17 days, Mr. Flowers was discharged from the IRF and referred for further home health services. Which OASIS should the HHA complete? Would this be an institutional or community admission source? Is the timing classified as an ‘early’ or ‘late?’

SCENARIO #3

Mr. Spring was admitted to services on 1/17 and both the RN and PT visited him on 2/17 in order to discharge him from their services (RN saw the patient at 9am and PT at 2pm). There was a misunderstanding and neither completed the comprehensive assessment including OASIS data. The missed agency discharge wasn’t discovered until 7 days later. Agency policy states that the discharge date for patients is the date of the last visit by any agency staff. What is the most compliant process in situations where the agency discharge including OASIS is missed?
SCENARIO #3

A. The RN may complete the agency discharge including OASIS when the oversight was identified based on the last visit made to the patient.

B. The agency should complete any internal agency discharge paperwork but is not able to create/complete the discharge OASIS because the discharge assessment timeframe has passed.

C. The agency has the manager complete the discharge OASIS based on information from visits occurring in the last 5 calendar days that the agency saw the patient.

D. The PT may complete the agency discharge including OASIS when the oversight was identified based on information from their last visit made to the patient on 2/17 and any other visits occurring in the four preceding calendar day.
SCENARIO #4

Ms. Bunny was hospitalized after a fall, and returned home yesterday. Ms. Bunny fractured her hip and has restrictions of limited weight bearing and is to use her walker at all times. When completing the SOC OASIS, Nurse Susie assessed Ms. Bunny’s ability to prepare and take all of her oral medications (M2020). When asked if she is able to take her own medications, Ms. Bunny responded, “Yes, I take them on my own, all the time.” When reviewing the medication list with Ms. Bunny, Nurse Susie verified that she knew what her medications were, the correct dosage, the correct times, and per her provider’s instructions. When Nurse Susie asked to see Ms. Bunny’s medications, Ms. Bunny stated she had not taken her medications since coming home from the hospital, because the bottles were in a cupboard above the refrigerator, and she needed to climb on a step stool that was kept in the garage, to reach them. This was not possible due to her restrictions, however, Ms. Bunny stated if Nurse Susie could get them for her, she would be able to take them. Nurse Susie retrieved the medications, and verified Ms. Bunny could independently take her medications. How would you code...
SCENARIO #4

Ms. Bunny’s current ability to prepare and take all of her medications, reliably and safely, including administration of the correct dosage at the appropriate time/intervals?

• 0-Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.

• 1-Able to take medication(s) at the correct times if:
  (a) individual dosages are prepared in advance by another person; OR
  (b) another person develops a drug diary or chart.

• 2- Able to take medication(s) at the correct times if given reminders by another person at the appropriate time.
SCENARIO #4

• 3- Unable to take medication unless administered by another person.

• NA- No oral medications prescribed.

SCENARIO #5

Nurse Wendy conducted a home visit with Mrs. Daisy on Wednesday at 3:00 p.m. Mrs. Daisy stated her daughter set up her medications in a pill box, and she knew to take them in the morning and at noon. Mrs. Daisy demonstrated the ability to open the pill bar when asked, and could verbalize what times she was to take the medications. When assessing compliance with medication, Nurse Wendy looked at the pill box, and although it was 3:00 in the afternoon, Mrs. Daisy’s noon medications were still in the pill box.
When Nurse Wendy questioned Mrs. Daisy, she stated, “Oh I must have forgotten today. I’ve been very forgetful lately.”

How would you code Mrs. Daisy’s ability to prepare and take all of his oral medications?

0- Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.

• 1- Able to take medication(s) at the correct times if:
  (a) individual dosages are prepared in advance by another person; OR
  (b) another person develops a drug diary or chart.

• 2- Able to take medication(s) at the correct times if given reminders by another person at the appropriate time.
SCENARIO #5

• 3- Unable to take medication unless administered by another person.

• NA- No oral medications prescribed.

SCENARIO #6

HHA Blooming Flowers received a referral from a Swing bed facility for Mrs. Sunshine. Is a referral from a Swing Bed facility considered a referral from an acute care hospital? Or from a SNF?
SCENARIO #7

Andrew, physical therapist, was admitting Mr. Tulips for home care services and completing OASIS item M1400. Mr. Tulips reported that he has oxygen in his home, but only uses it when he feels short of breath, or intermittently. Mr. Tulips reported when using oxygen, he never feels short of breath, however, when not using oxygen, he becomes short of breath while getting dressed and using the bathroom. How should Andrew code M1400?

0-Patient is not short of breath
1-When walking more than 20 feet, climbing stairs
2-With moderate exertion (while dressing, using commode or bedpan, walking distances less than 20 feet)
3-With minimal exertion (while eating, talking, or performing other ADLs) or with agitation
4-At rest (during day or night)
SCENARIO #8

Nurse Missy was admitting Mrs. Iris for home care services and completing OASIS item M1830. Mrs. Iris reported that she was able to bathe independently in the shower, and could get in and out of the shower without difficulty. Nurse Missy coded M1830 as a “0,” indicating Mrs. Iris was able to bathe independently, including getting in and out of the shower. At the next skilled nurse visit, Nurse Missy was present as Mrs. Iris was attempting to get into the shower.

Mrs. Iris lost her balance while getting in the shower and, if Nurse Missy had not have been present to assist Mrs. Iris to steady, Mrs. Iris would have fallen. Mrs. Iris stated, “That happens a lot. I have fallen while getting in the shower, but I’ve been lucky and haven’t gotten hurt.”

What should Nurse Missy have done differently while coding M1830, during the start of care, to ensure the item was coded correctly to indicate Mrs. Iris’ need for assistance while showering?
Timing and Admission Source: Mr. Smith was newly diagnosed by his primary care physician with type 2 diabetes with hyperglycemia (E11.65) during an office visit. Mr. Smith’s doctor made a home health referral for diabetic management teaching, medication review and evaluation of compliance and response to new medications. Mr. Smith also has a documented history of chronic, systolic (congestive) heart failure (I50.22), cerebral atherosclerosis (I67.2), and benign prostatic hypertrophy (N40.0)
Clinical Grouping: Mr. Smith was newly diagnosed by his primary care physician with type 2 diabetes with hyperglycemia (E11.65). Mr. Smith’s doctor made a home health referral for diabetic management teaching, medication review and evaluation of compliance and response to new medications. Mr. Smith also has a documented history of chronic, systolic (congestive) heart failure (I50.22), cerebral atherosclerosis (I67.2), and benign prostatic hypertrophy (N40.0).

Input E11.65 for primary diagnosis

One of 12 Clinical Groups will auto-populate
Example Scenario 1 – Functional Points, Part 1 of 2

The HHA completed the initial OASIS assessment:

- M1033 Risk of Hospitalization: Responses 4-7 (two or more emergency department visits in 6 months; decline in mental, emotional or behavioral status in the past 3 months; reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months; and, currently taking five or more medications)

Example Scenario 1 – Functional Points, Part 2 of 2

The HHA completed the initial OASIS assessment with the following responses to the OASIS functional items:

- M1800 Grooming
- M1810 Upper body dressing
- M1820 Lower body dressing
- M1830 Bathing
- M1840 Toilet transferring
- M1850 Transferring
- M1860 Ambulation/locomotion

The sum of Functional Points auto-populates Functional Score.
Example Scenario 1 – Comorbidity Adjustment

Mr. Smith was newly diagnosed by his primary care physician with type 2 diabetes with hyperglycemia (E11.65). Mr. Smith’s doctor made a home health referral for diabetic management teaching, medication review and evaluation of compliance and response to new medications. Mr. Smith also has a documented history of chronic, systolic (congestive) heart failure (I50.22), cerebral atherosclerosis (I67.2), and benign prostatic hypertrophy (N40.0).

Input I50.22, I67.2, N40.0 for secondary diagnoses

Example Scenario 1 – HIPPS and Case-Mix Weight

- HHRG payment group = Early-Community-Medication Management, Teaching and Assessment, Endocrine-Low Functional Impairment-High Comorbidity (1IA31)

- Case-mix weight = 1.2759

- Does not include LUPA, partial payments and outlier adjustments
PDGM CODING

Example Scenario #1: 30-day Payment Plus Case-Mix Adjustment and Geographic Wage Index

<table>
<thead>
<tr>
<th>CY 2019 Illustrative Payment Example</th>
<th>Value</th>
<th>Operation</th>
<th>Adjuster</th>
<th>Equals</th>
<th>Output</th>
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</thead>
<tbody>
<tr>
<td>National, Standardized 30-day Period Payment Rate</td>
<td>$1,763.88</td>
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<td></td>
<td></td>
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<tr>
<td>Case-Mix Adjustment for HPPD HAC</td>
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<td></td>
<td>1.2759</td>
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<td>$2,237.52</td>
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<td>Labor Portion of the Case-Mix Adjusted Payment Amount</td>
<td>$2,237.52</td>
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<td>0.761</td>
<td>=</td>
<td>$1,702.75</td>
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<td>Non-Labor Portion of the Case-Mix Adjusted Payment Amount</td>
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<td></td>
<td>0.239</td>
<td>=</td>
<td>$534.77</td>
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<tr>
<td>Wage Index Value (Beneficiary resides in 31064, Los Angeles-Long Beach, Glendale, CA)</td>
<td>1.3055</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Wage-Adjusted Labor Portion of the Case-Mix Adjusted Payment Amount</td>
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<td></td>
<td>$1,702.75</td>
<td>=</td>
<td>$2,222.94</td>
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<td>Total Case-Mix and Wage-Adjusted Payment Amount (Wage-Adjusted Labor Portion plus Non-Labor Portion)</td>
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<td>$2,222.94</td>
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<td>$2,557.71</td>
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Health Regulation Division, Licensing & Certification

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PDGM FACTS

• OASIS accuracy continues to be critical!
• OASIS should be completed by professionals that possess strong assessment skills required to document a detailed “picture” of the patient.
• Should not be an interview; must observe and assess!
• Functional Levels driven by the OASIS–impact payment.
PDGM FACTS

If the OASIS is not completed correctly and thoroughly, an underpayment may result.

• When completed correctly the OASIS represents patient information that is submitted to CMS-Quality Outcomes.

• The OASIS must be audited by a qualified experienced individual prior to submission to ensure correct reimbursement.

Q&A

QUESTIONS?
RESOURCES


OASIS-D1-Update-Memorandum_Revised_May-2019.pdf


RESOURCES

CMS Patient-Driven Groupings Model:

ICD-10-CM Codes and Clinical Groupings (CMS):

Outlier Payments (CMS):

PDGM Agency Level Impacts (CMS):
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Downloads/PDGM-Agency-Level-Impacts.zip
The revised version of the Guide to Home Health Help Desks will be available in the downloads section of the Home Health Quality Reporting Program Help Desk webpage, https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Help-Desk. This document provides guidance to home health providers for questions related to a variety of topics.

**Quarterly OASIS Q&As:**


**Home Health Quality Measures:**


Thank you!!

The art of life is a constant readjustment to our surroundings.

- - Kakuzo Okakura