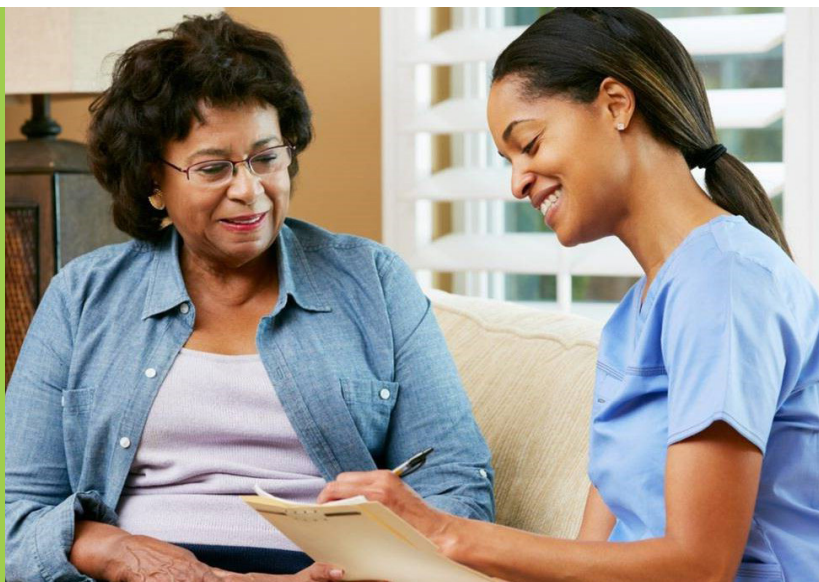


OASIS-D1 is Coming!

WHAT TO EXPECT...

Minor changes to the Outcome and Assessment Information Set (OASIS) data set have been made and will be incorporated into OASIS-D1 effective January 1, 2020. The changes are in alignment with the new Patient-Driven Groupings Model (PDGM). OASIS accuracy continues to be important with Functional Impairment Level under the Patient-Driven Groupings Model derived directly from OASIS items.



(2) Additional Follow-up Items

For Follow-Up assessments with a M0090 - Date Assessment Completed - on or after January 1, 2020, Home Health Agencies must collect data for two additional existing items.

- M1033 Risk for Hospitalization
- M1800 Grooming

(23) Optional Items

On the OASIS-D1, the use of an equal sign (=) is now recognized as a valid coding response for the following items when an agency chooses not to report the optional data. A blank remains an invalid coding response.

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

- M1910 Fall risk Assessment

Transfer (TRN) and Discharge (DC)

- M2401a Intervention Synopsis: Diabetic Foot Care
- M1051 Pneumococcal Vaccine
- M1056 Reason Pneumococcal Vaccine not received

Follow-Up (FU)

- M1021 Primary Diagnosis
- M1023 Other Diagnoses
- 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
- 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
- M1610 Urinary Incontinence or Urinary Catheter Presence
- M1620 Bowel Incontinence Frequency
- M1630 Ostomy for Bowel Elimination
- M2030 Management of Injectable Medications
- M2200 Therapy Need

Instructions for RFA 4 Recertification Assessments

If the RFA 4 Recertification Assessment is completed in the last five days of 2019, CMS is allowing a one-time exception by temporarily waiving the requirement that agencies enter the actual OASIS completion date in M0090. Instead, agencies can enter the M0090 date of 01/01/2020.

Agencies should only transmit these assessments on or after 01/01/2020 or could receive a fatal error preventing transmission of the assessment.

Who We Are

Qualidigm is a leading national healthcare consulting organization providing quality improvement, project management, and technical assistance services to clinicians, healthcare organizations, and communities. Our expertise promotes quality, safety, and value across populations and care settings. With over 35 years of experience improving healthcare delivery, we are the only organization in New England offering comprehensive healthcare consulting services for the full spectrum of healthcare from prenatal to end of life care.

With over 200 peer-reviewed articles published, Qualidigm is recognized among the healthcare provider network as a facilitator and leader in performing peer-reviewed research, providing evidence-based education, and implementing learning sessions that foster collaboration and accelerate change.

Our professional staff in our network of office across New England has expertise in clinical medicine, quality improvement, patient safety, public health, patient-centered medical home (PCMH), care coordination, utilization review, data evaluation and analysis and patient/provider education. The staff includes Registered Nurses, Social Workers, and many other staff with advanced degrees, e.g., PhDs, MAs, and MBAs.

Qualidigm has been a Centers for Medicare & Medicaid Services (CMS) Quality Improvement Organization (QIO) for over 30 years, most recently serving New England healthcare providers and stakeholders to enhance care, experience, and outcomes for Medicare beneficiaries. Additionally, Qualidigm leads the Northern New England Practice Transformation Network (NNE PTN) for CMS, assisting over 2,300 clinicians in achieving the “Quadruple Aim” of healthier people, better patient care, smarter spending, and increase the joy that provider teams find in their work, while decreasing inappropriate utilization of tests and procedures, and reducing the burden for providers and their teams.

Additional Resources

All OASIS-D1 Items and Follow-Up instruments can be found at the CMS webpage with the other, unchanged time points versions of the instrument:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOA-SISUserManual.html>

A video review of these changes is available via Quality Quick Minute for Home Health on our website:

<https://qualidigm.org/our-services/home-healthcare-consulting>

Please visit the CMS Home Health Quality Reporting Training page for new web-based training on OASIS D:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Training.html>

For More Information:

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Our Mission

Transforming the quality, safety, and value of healthcare by leading, collaborating, and aligning improvement efforts.

Sources:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/OASIS-D1-Update-Memorandum_Revised_May-2019.pdf

https://qtso.cms.gov/system/files/qtso/CMS_OAI_2nd%20Qtr_2019_QAs_JULY_2019_Final_Updated.pdf