

**Outcome and ASsessment  
Information Set**

***OASIS-C Guidance Manual***

***Revised: December 2011***

***Centers for Medicare & Medicaid Services***

## PREFACE

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This manual is an updated, streamlined version of the original OASIS-B1 Implementation Manual, originally published in 1999. It is the first in a four-manual series on the Outcome and Assessment Information Set (OASIS), interpretation of the OASIS-based quality reports that CMS provides, and use of the reports for performance improvement. This manual provides guidance for home health agencies (HHAs) on how to ensure the collection of high-quality (accurate) OASIS-C data. It includes both general data collection conventions and item-specific guidance, as well as links to quality-related resources for agencies. The original manual has been archived, and while it will still be accessible on the CMS web site ([Archives Home Health Quality Initiatives](#)), it will not be updated to reflect OASIS-C changes or other future changes.

The second manual, entitled “*Outcome-based Quality Improvement (OBQI) Manual*” is written for agencies wishing to implement activities to improve or maintain OASIS outcomes. The third manual, the “*Process Quality Measure Manual*,” provides information on the OASIS-derived process measure report and recommendations for using the process measures both as a starting place for increasing the use of best practices in home health care delivery, and in conjunction with OASIS outcomes to improve clinical outcomes. The “*Quality Monitoring Using Case Mix and Adverse Event Outcome Reports*” manual focuses on the measures on the Potentially Avoidable Event (adverse event outcome) reports, which can be helpful to agencies as part of a quality monitoring program. These manuals will be available to agencies in 2010.

Since OASIS collection was implemented in 1999, national interest in the area of home health care quality measurement and improvement has been ongoing. CMS received hundreds of comments about OASIS from a variety of sources: providers, professional organizations (e.g., American Nurses Association and the American Physical Therapy Association), home care provider organizations, accrediting organizations, researchers, etc. In addition, individuals and groups with expertise in health care quality measurement, such as the Medicare Payment Advisory Commission (MedPAC), the National Quality Forum (NQF), and several technical expert panels commissioned by CMS to guide OASIS evolution have offered suggestions for improving OASIS and expanding the domains of home health quality measurement to address the six aims (safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness) articulated by the Institute of Medicine in their 2001 report “Crossing the Quality Chasm.”

Input from the NQF, a nonprofit organization that endorses national consensus standards for measuring and publicly reporting on performance, has been especially valuable in guiding the evolution of OASIS and associated performance reports. NQF-endorsed voluntary consensus standards are widely viewed as the gold standard for measurement of health care quality. Once a measure is NQF-endorsed, it can be used by government agencies like CMS for public reporting and quality improvement. In 2005, NQF endorsed the initial set of home health quality measures that now appear on Home Health Compare. At that time, they recommended that CMS augment the outcome measures by developing measures to examine care processes. The NQF recommendations were incorporated into the development of OASIS-C and associated quality measures. In Fall 2008, a new set of OASIS performance measures were submitted for NQF review, including existing measures that were scheduled for maintenance review and revised/new measures based on OASIS-C items. NQF reviewed the new home health measures and offered several suggestions for revisions to both data items and associated measures, which were addressed when finalizing OASIS-C. Ultimately, NQF endorsed 10 outcome measures and 13 process quality measures based on OASIS-C data. These measures will appear on the Home Health Compare website in 2010-2011, after sufficient OASIS-C data are reported.

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These contributions were extremely valuable in the refinement and finalization of OASIS-C and the manuals. The result is an improved OASIS that a) eliminates items not needed for quality measurement, payment or risk adjustment; b) reflects current terminology and concepts; c) contains new scale levels to more accurately measure patient status changes; d) includes items to support measurement of care processes and clinical domains not previously addressed; and e) is aligned (harmonized) with data sets being developed to measure care in other post-acute care settings.

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