



Home Health

Quality Reporting Program Provider Training



**Percent of Patients with Pressure Ulcers That Are New or Worsened:
OASIS-C2 Covariate
GG0170C**

Presenter: Ann Olson, R.N.,
B.S.N., ACHC

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Objectives

Demonstrate a working knowledge of GG0170C. Mobility (Lying to Sitting on Side of Bed):

- Describe the intent of GG0170C.
- Interpret the coding options for GG0170C.
- Apply instructions in order to accurately code practice scenarios.
- Discuss how to resolve the common stumbling blocks encountered in coding this item.

Acronyms in This Presentation

- Centers for Medicare & Medicaid Services (CMS)
- Certification and Survey Provider Enhanced Reports (CASPER)
- International Classification of Diseases (ICD)
- Occupational Therapist (OT)
- Outcome and Assessment Information Set (OASIS)
- Quality Improvement and Evaluation System (QIES)
- QIES Technical Support Office (QTSO)
- Resumption of Care (ROC)
- Start of Care (SOC)



Terminology

- The terms “**Code**” or “**Coding**” used during this training refer to responding or scoring the Outcome and Assessment Information Set (OASIS) assessment items.
 - Not to be confused with the International Classification of Diseases (ICD)-10 coding.

Pressure Ulcer Quality Measure Covariates

The following OASIS items are risk adjustment covariates for the “Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened” Quality Measure:

- M1028. Active Diagnoses
- M1060. Height & Weight
- M1620. Bowel Incontinence
- GG0170C. Lying to Sitting on Side of Bed

OASIS-C2 New Item

GG0170C is **new** to OASIS-C2, effective January 1, 2017.

Item:	Time Points Completed:
GG0170C (Mobility). Lying to Sitting on Side of Bed	<ul style="list-style-type: none">• Start of Care (SOC)• Resumption of Care (ROC)

GG0170C Item Intent

- Identifies the patient's need for assistance with the mobility task of moving from lying on the back to sitting on the side of the bed with feet flat on the floor, with no back support.

GG0170C Item Rationale

- Mobility limitations can:
 - Adversely affect wound healing.
 - Increase risk for development of pressure ulcers.

GG0170C Time Points Completed

- Start of Care (SOC).
- Resumption of Care (ROC).

GG0170C Steps for Assessment

1. Assess the patient's self-care status based on direct observation and/or on report by the patient, caregiver/family.
2. Patients should be allowed to perform activities as independently as possible, as long as they are safe.
3. If caregiver assistance is required because patient's performance is unsafe or of poor quality, enter the response according to amount of assistance required to be safe.

GG0170C Steps for Assessment

4. Activities may be completed with or without assistive device(s). **Use of assistive device(s) to complete an activity does not affect scoring of the activity.**
5. If the patient's self-care performance varies during the assessment time frame, report the patient's usual status.
 - **Not** the patient's most independent performance.
 - **Not** the patient's most dependent episode.

GG0170C1 SOC/ROC Performance

(GG0170C) Mobility			
<p>Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason.</p> <p>Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal.</p>			
<p>Coding: Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activity may be completed with or without assistive devices.</i></p> <p>06 Independent – Patient completes the activity by him/herself with no assistance from a helper.</p> <p>05 Setup or clean-up assistance – Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.</p> <p>04 Supervision or touching assistance – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>03 Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</p> <p>02 Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01 Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.</p> <p>If activity was not attempted, code reason: 07 Patient refused 09 Not applicable 88 Not attempted due to medical condition or safety concerns</p>	<p>1. SOC/ROC Performance</p>	<p>2. Discharge Goal</p>	
	<p>↓Enter Codes in Boxes↓</p>	<p>↓Enter Codes in Boxes↓</p>	<p>↓Enter Codes in Boxes↓</p>



GG0170C1 SOC/ROC Performance

- **Standardized item** included in all post-acute care patient/resident assessment instruments.
- SOC/ROC Performance is used as a covariate for the quality measure, “Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened.”

GG0170C1 SOC/ROC Performance Coding Instructions

- Report the patient's usual status at SOC/ROC using the 6-point scale:
 - Code **"06"** for Independent.
 - Code **"05"** for Setup or clean-up assistance.
 - Code **"04"** for Supervision or touching assistance.
 - Code **"03"** for Partial/moderate assistance.
 - Code **"02"** for Substantial/maximal assistance.
 - Code **"01"** for Dependent.
- This scale was established based on consensus among clinical therapy experts and tested across all post-acute care settings.

GG0170C1 SOC/ROC Performance Coding Instructions

- If the patient does not attempt the activity and a caregiver does not complete the activity for the patient, report the reason the activity was not attempted.
 - Code “**07**” for Patient refused.
 - Code “**09**” for Not applicable.
 - Code “**88**” for Not attempted due to medical condition or safety concerns.

GG0170C1 SOC/ROC Performance Coding Instructions

Code **06**, Independent: if the patient completes the activity by him/herself with no human assistance (includes independent use of an assistive device).

For example: The patient can independently retrieve and use a belt to lift legs to the side of the bed or independently place a step stool for use.

06 Independent

(GG0170C) Mobility		
Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason.		
Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal.		
Coding:	1. SOC/ROC Performance	2. Discharge Goal
Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. Activity may be completed with or without assistive devices.	↓Enter Codes in Boxes↓	
06 Independent – Patient completes the activity by him/herself with no assistance from a helper.	<input type="text"/>	<input type="text"/>
05 Setup or clean-up assistance – Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.	<input type="text"/>	<input type="text"/>
04 Supervision or touching assistance – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.	<input type="text"/>	<input type="text"/>
03 Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.	<input type="text"/>	<input type="text"/>
02 Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	<input type="text"/>	<input type="text"/>
01 Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.	<input type="text"/>	<input type="text"/>
If activity was not attempted, code reason:		
07 Patient refused		
09 Not applicable		
88 Not attempted due to medical condition or safety concerns		
		Lying to Sitting on Side of Bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.



GG0170C1 SOC/ROC Performance Coding Instructions

Code **05**, Setup or clean-up assistance: if the caregiver SETS UP or CLEANS UP; patient completes activity. Caregiver assists only prior to or following the activity, but not during the activity.

For example: The patient requires assistance putting on a shoulder sling prior to the transfer, or requires assistance removing the bedding from his/her lower body to get out of bed.

05 Setup or clean-up assistance

(GG0170C) Mobility		1. SOC/ROC Performance	2. Discharge Goal	
Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal.				
Coding: Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activity may be completed with or without assistive devices.</i>				
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01 Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.				
If activity was not attempted, code reason:				
07 Patient refused				
09 Not applicable				
88 Not attempted due to medical condition or safety concerns				

GG0170C1 SOC/ROC Performance Coding Instructions

Code **04**, Supervision or touching assistance: if the caregiver provides **VERBAL CUES** or **TOUCHING/STEADYING** assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

For example: The patient requires verbal cueing, coaxing, or general supervision for safety to complete activity; or patient may require only incidental help such as contact guard or steadying assistance during the activity.

04 Supervision or touching assistance

(GG0170C) Mobility		1. SOC/ROC Performance	2. Discharge Goal	
Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason.				
Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal.				
Coding:				
Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activity may be completed with or without assistive devices.</i>				
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If activity was not attempted, code reason:				
07 Patient refused				
09 Not applicable				
88 Not attempted due to medical condition or safety concerns				

GG0170C1 SOC/ROC Performance Coding Instructions

Code **02**, Substantial/maximal assistance: if the caregiver must provide **MORE THAN HALF** the effort. Caregiver lifts or holds trunk or limbs and provides more than half the effort.

02 Substantial/maximal assistance

(GG0170C) Mobility			
Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason.			
Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal.			
Coding:	1. SOC/ROC Performance	2. Discharge Goal	
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If activity was not attempted, code reason:			
07 Patient refused			
09 Not applicable			
88 Not attempted due to medical condition or safety concerns			

GG0170C1 SOC/ROC Performance Coding Instructions

Code **01**, Dependent: if the caregiver must provide ALL of the effort. Patient is unable to contribute any of the effort to complete the activity; or the assistance of two or more caregivers is required for the patient to complete the activity.

01 Dependent

(GG0170C) Mobility		01 Dependent	
Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason.			
Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal.			
Coding:			
Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activity may be completed with or without assistive devices.</i>		1. SOC/ROC Performance	2. Discharge Goal
		↓Enter Codes in Boxes↓	
06	Independent – Patient completes the activity by him/herself with no assistance from a helper.	<input type="text"/>	<input type="text"/>
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Lying to Sitting on Side of Bed:
The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.



GG0170C1 SOC/ROC Performance Coding Instructions

Code **07**, Resident refused: if the patient refused to complete the activity.

07 Patient refused

(GG0170C) Mobility		
Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason.		
Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal.		
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	↓Enter Codes in Boxes↓	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	



GG0170C1 SOC/ROC Performance Coding Instructions

Code **09**, Not applicable: if the patient did not perform this activity prior to the current illness, exacerbation, or injury.

09 Not applicable							
<p>(GG0170C) Mobility</p> <p>Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason.</p> <p>Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal.</p>							
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GG0170C1 SOC/ROC Performance Coding Instructions

Code **88**, Not attempted due to medical condition or safety concerns: if the activity was not attempted due to medical condition or safety concerns.

88 Not attempted due to medical condition or safety concerns

(GG0170C) Mobility			
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Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal.			
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GG0170C1 SOC/ROC Performance Coding Instructions

Code 09

- Not applicable.
- Patient did not perform this activity prior to the current illness, exacerbation, or injury.
- Examples: Quadriplegic patient; patient with preexisting and ongoing need of Hoyer lift.

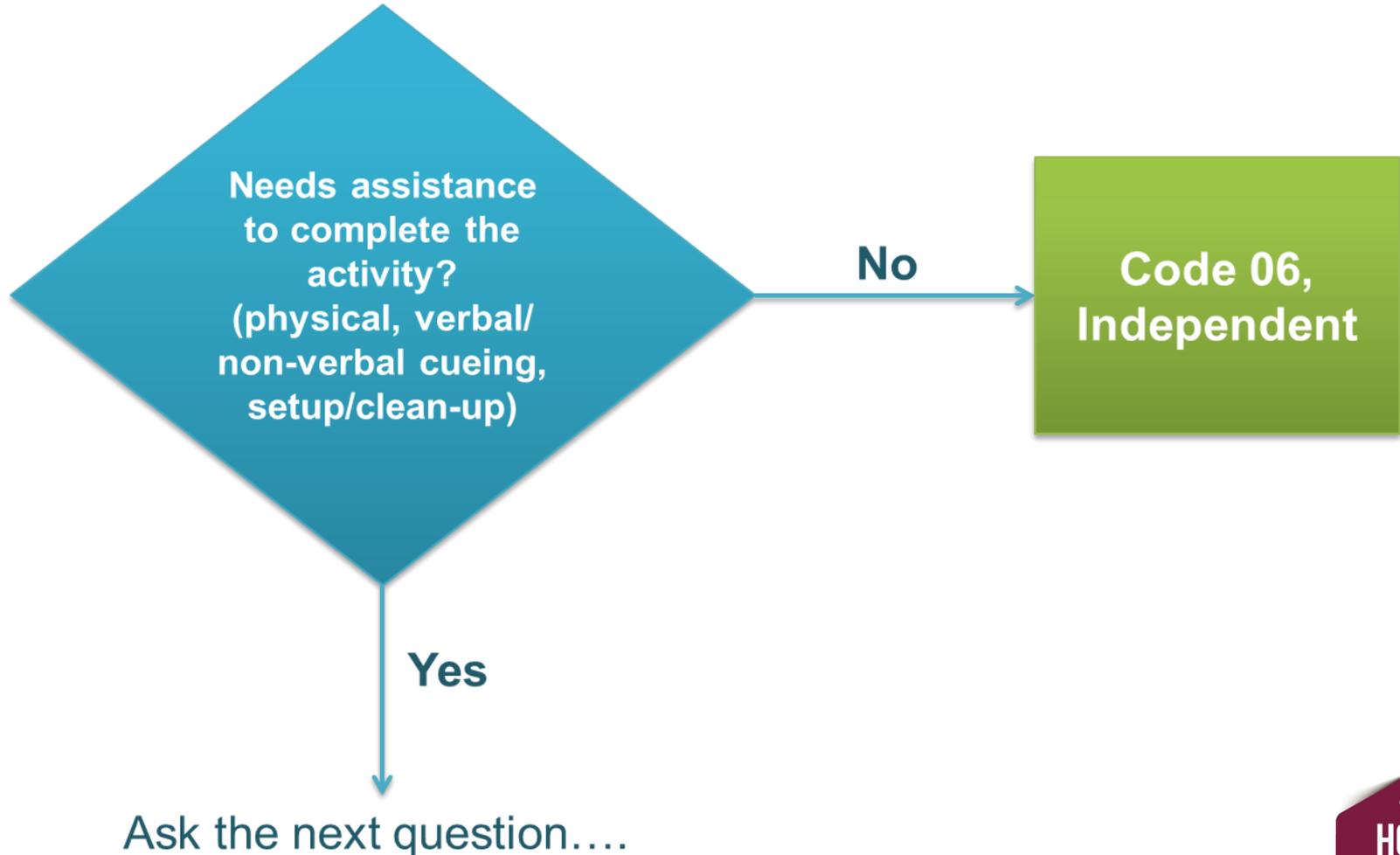
Code 88

- Not attempted due to medical or safety concerns.
- New condition related to current illness, exacerbation, or injury preventing activity from being performed safely on this assessment.
- Example: New compression fracture requiring bed rest.

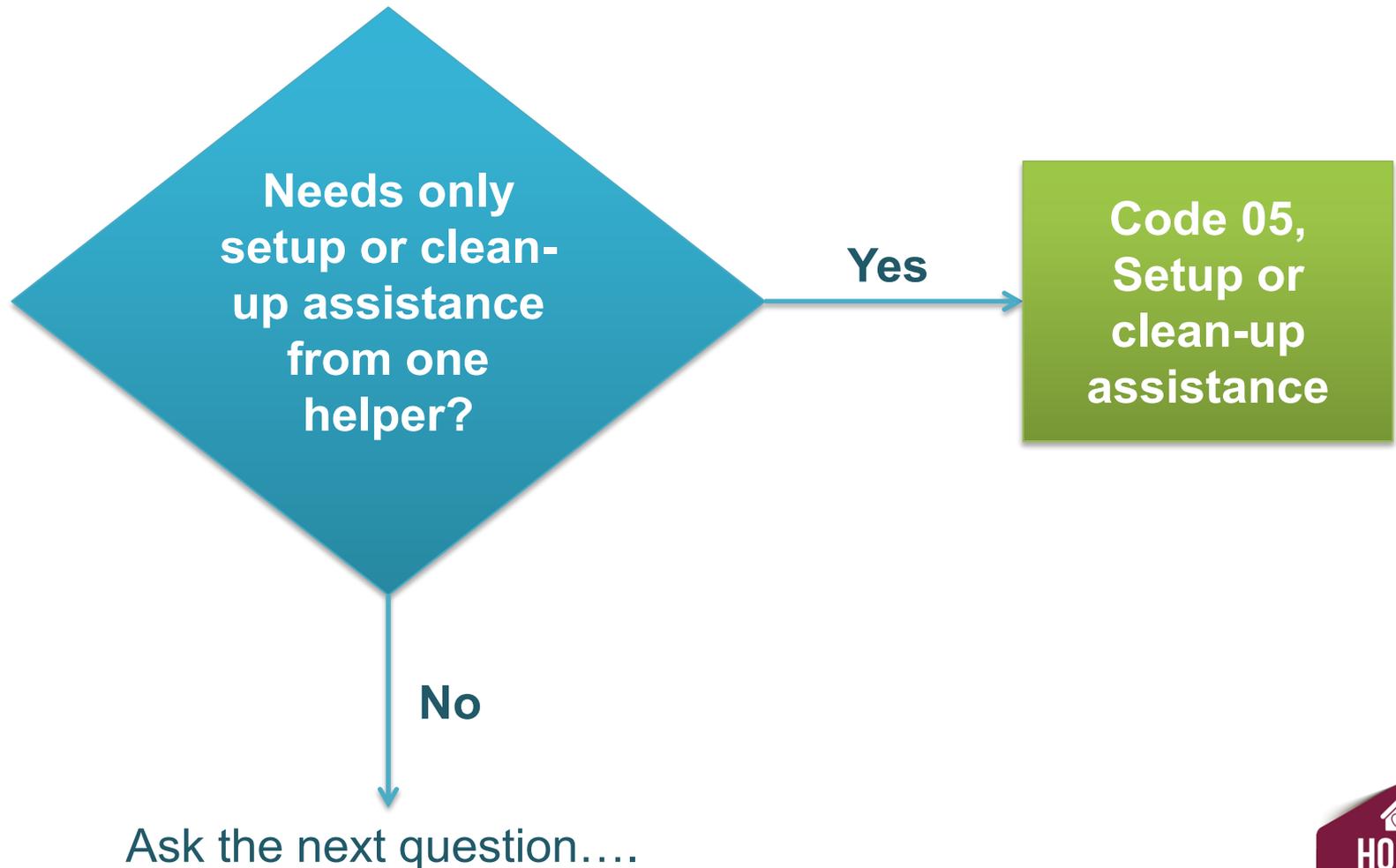
GG0170C1 SOC/ROC Performance Coding Instructions

- **If no information is available or assessment is not possible for other reasons, enter a dash (–) for 1. SOC/ROC Performance.**
- A dash (–) value is a valid response for this item. A dash (–) value indicates that no information is available, and/or an item could not be assessed.
- This most often occurs when the patient is unexpectedly transferred, discharged, or dies before assessment of the item could be completed.
- CMS expects dash use to be a rare occurrence.

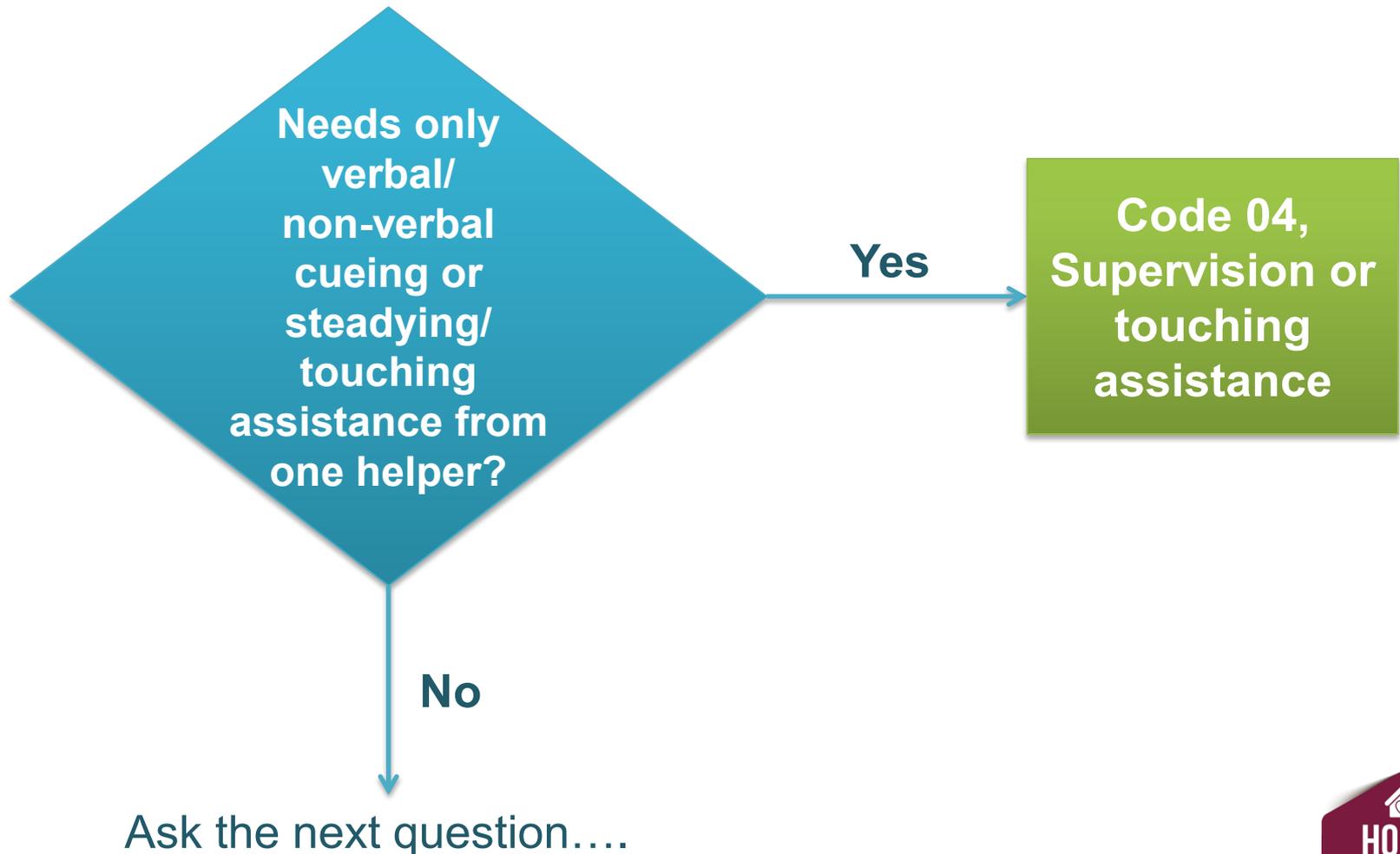
Key Coding Questions



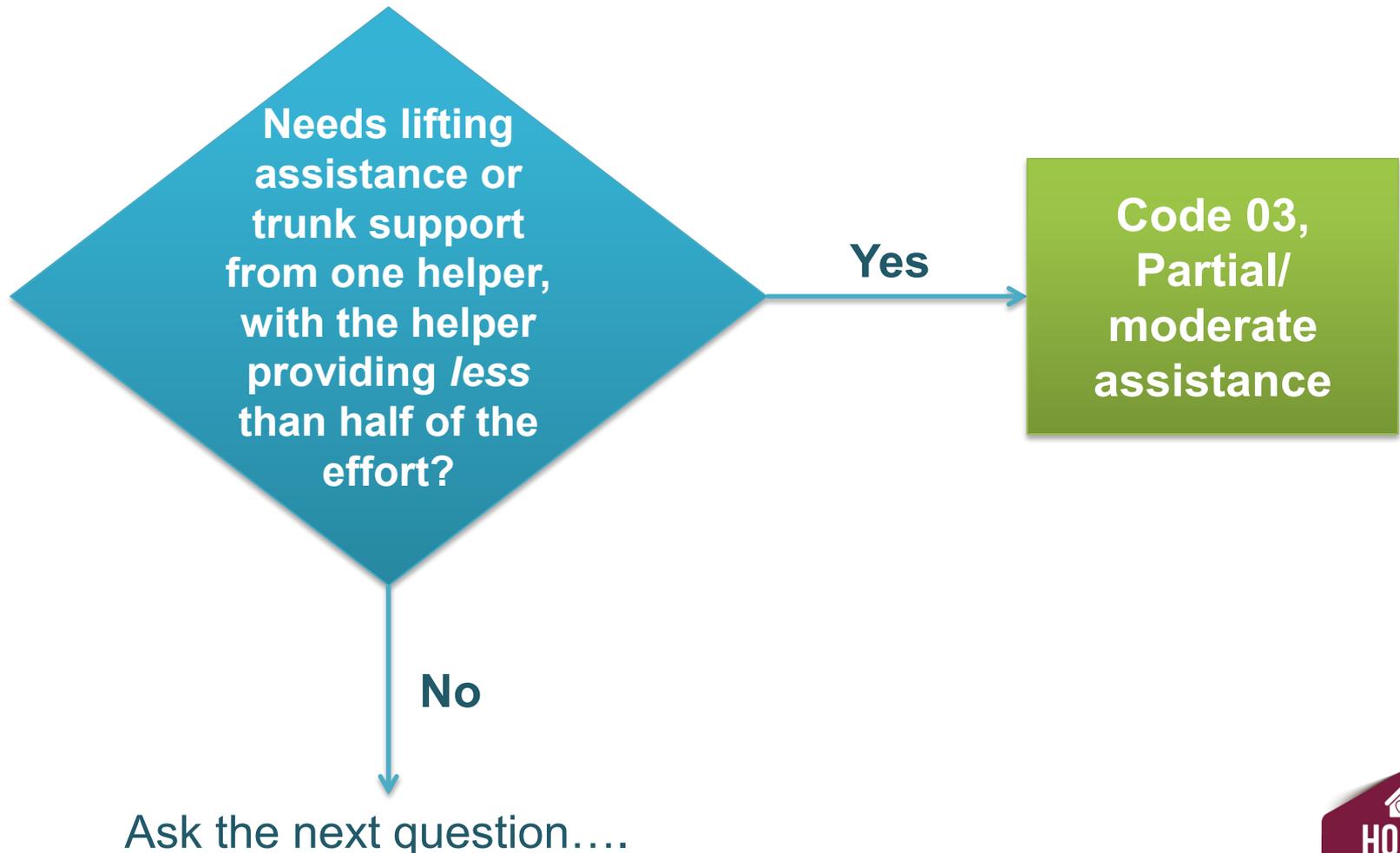
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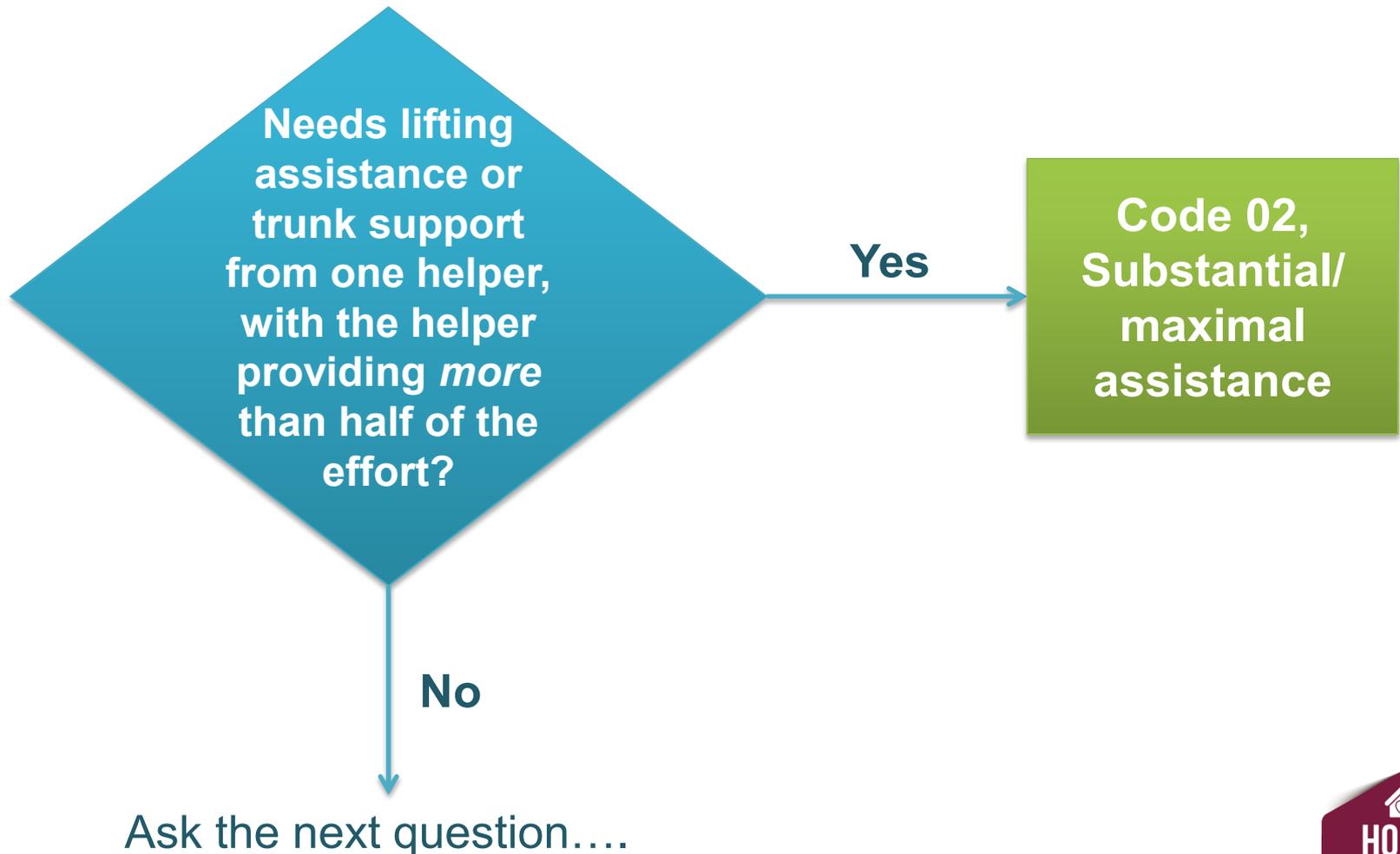
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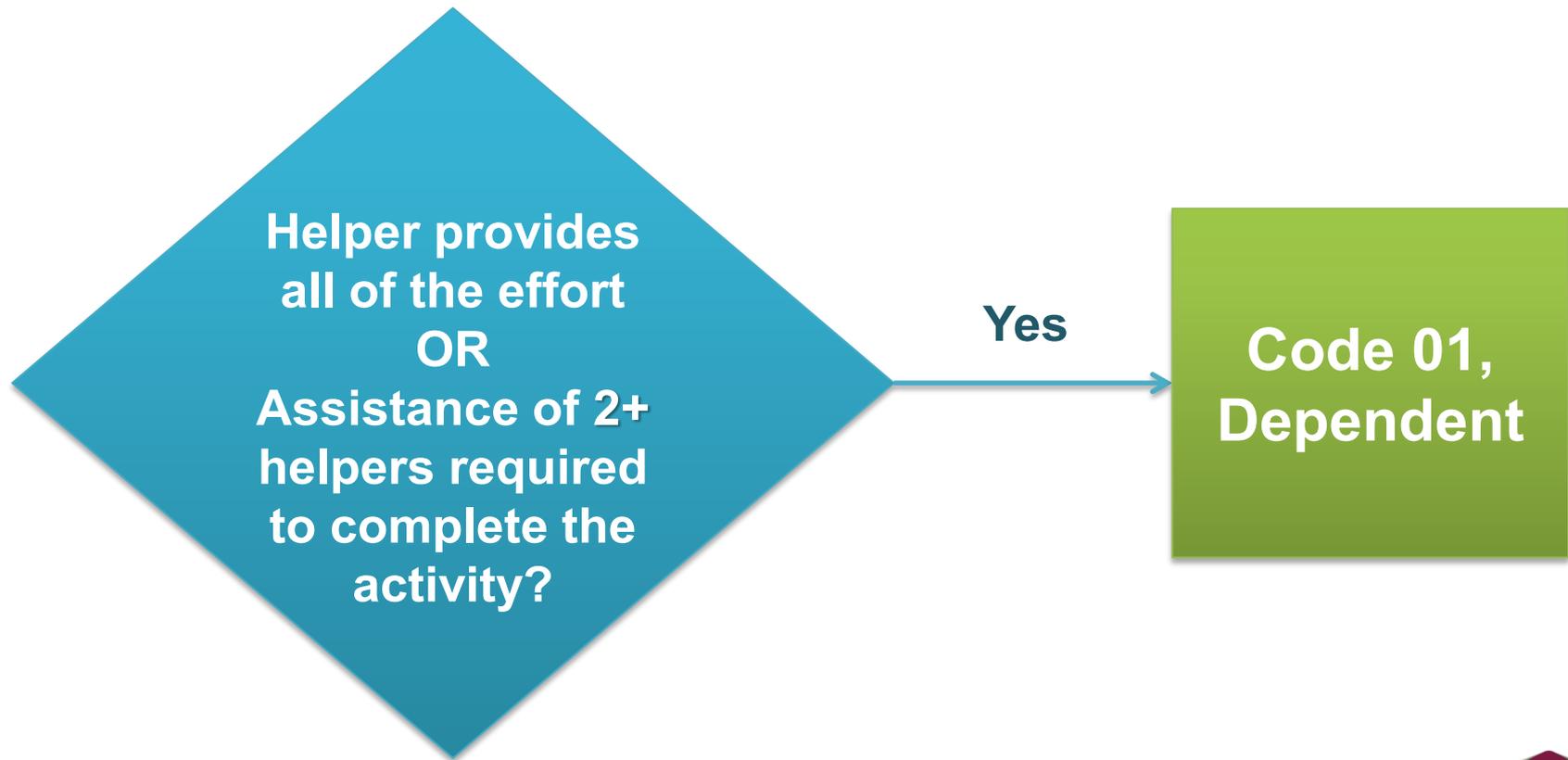
Key Coding Questions



Key Coding Questions



Key Coding Questions



Key Coding Questions

Why was the activity not attempted?

Code 07

Patient refused

Code 09

Not Applicable.

The patient did not perform this activity prior to the current illness, exacerbation, or injury.

Code 88

Not attempted due to medical condition or safety concerns.

GG0170C Coding Tips

- If the patient uses a recliner, sofa, or mattress on the floor as their preferred or necessary sleeping surface, consider that their “bed.”
- Assess the patient’s need for assistance using that sleeping surface when determining ability in GG0170C. Lying to Sitting on Side of Bed.

GG0170C Coding Tips

If the patient's feet do not touch the floor because the patient's feet do not reach the floor, and the patient performs the activity of getting from lying to sitting independently and safely, the patient can be scored as **06, Independent.**

GG0170C Coding Tips

If the assessing clinician feels the patient is not safe sitting at the bedside without their feet on the floor, and requires assistance to lower the bed prior to the transfer, or to place a foot stool prior to the transfer, the patient can be scored as **05, Setup or clean-up assistance.**

GG0170C Coding Tips

- Report the help that the patient needs to complete the lying to sitting transfer.
- Understand that in some cases, clinical judgment will be required to make this determination.

GG0170C2 Discharge Goal

(GG0170C) Mobility						
<p>Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason.</p> <p>Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal.</p>						
<p>Coding:</p> <p>Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activity may be completed with or without assistive devices.</i></p> <p>06 Independent – Patient completes the activity by him/herself with no assistance from a helper.</p> <p>05 Setup or clean-up assistance – Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.</p> <p>04 Supervision or touching assistance – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>03 Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</p> <p>02 Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01 Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.</p> <p>If activity was not attempted, code reason:</p> <p>07 Patient refused</p> <p>09 Not applicable</p> <p>88 Not attempted due to medical condition or safety concerns</p>	<p>1. SOC/ROC Performance</p>	<p>2. Discharge Goal</p>				
	<p>↓Enter Codes in Boxes↓</p>					
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GG0170C2 Discharge Goal

- **Standardized item** included in all post-acute care patient/resident assessment instruments.
- The Discharge Goal is not expected to impact any of the home health quality measures in 2017 but may be used directly or indirectly in future quality measure calculation.

GG0170C2 Discharge Goal Coding Instructions

- Report the discharge goal using the 6-point scale.
- Do not enter 07, 09, or 88 to report the discharge goal.
- The assessing clinician, in conjunction with patient and family input, can establish the discharge goal.

GG0170C2 Discharge Goal Coding Instructions

- Goals may be determined by the clinician's consideration of:
 - Patient's medical condition(s).
 - Expected treatments.
 - Patient motivation to improve.
 - Anticipated length of stay based on patient's condition(s).
 - Prior self-care and mobility status.
 - Current multiple diagnoses.
 - Discussions with patient and family concerning discharge goals.
 - Anticipated assistance for patient at planned discharge setting/home.

GG0170C2 Discharge Goal Coding Instructions

- If the assessing clinician does not establish a Discharge Goal for the patient's bed mobility task, enter a dash (–).
- A dash (–) value is a valid response for this item. A dash (–) value indicates that no information is available, and/or an item could not be assessed.
- This most often occurs when the patient is unexpectedly transferred, discharged, or dies before assessment of the item could be completed.
- CMS expects dash use to be a rare occurrence.

GG0170C2 Discharge Goal

- GG0170C1 SOC/ROC Performance was coded 07, 09, or 88.
- How should G0170C2 Discharge Goal be coded?



GG0170C2 Discharge Goal

- GG0170C1 SOC/ROC Performance was coded 07, 09, or 88.
- How should G0170C2 Discharge Goal be coded?
- Discharge Goal is established at SOC/ROC.
- 07, 09, or 88 are not valid responses for GG0170C2.
- If the patient is expected to gain function, use scale of 01 to 06.
- If patient is not expected to regain function by discharge, enter a **dash (-)**.

GG0170C2 Discharge Goal

Discharge Goal Code is Higher Than SOC/ROC Performance Code

- If the clinician, in collaboration with the patient and caregiver(s), determines that the patient is expected to make functional progress by discharge, the response reported for Discharge Goal will be higher (more independent) than the SOC/ROC Performance response.

GG0170C2 Discharge Goal

Discharge Goal Code is the Same as SOC/ROC Performance Code

- If the clinician, patient, and family determine that the medically complex patient is not expected to make progress during the home health episode, but it is expected that the patient would be able to maintain his/her SOC functional level, the Discharge Goal response will be the same as the patient's SOC Performance response.

GG0170C2 Discharge Goal

Discharge Goal Code is Lower Than SOC/ROC Performance Code

- If the clinician, in collaboration with the patient and/or caregiver(s), determines that a patient with a progressive neurological condition is expected to rapidly decline, and that skilled therapy services may slow the decline of function, the Discharge Goal would be lower (more dependent) than the SOC/ROC Performance response.

GG0170C

Practice Scenarios

GG0170C Practice Scenario (1)

- When asked to demonstrate lying to sitting on the side of the bed, Ms. A states that, while improved, it still requires much effort to get up. She does not want to get up again today. She states that she needs a lot of help moving in bed, getting her feet off the side of the bed, and coming to a sitting position. Her son states he must do most of the work.
- Based on patient/family input and observation of the patient's weakness and pain, the assessing clinician concurs that the patient likely requires considerable assistance to move from lying to sitting on the side of the bed.
- Based on patient/family input on recent progress, observation of Ms. A's general bed mobility, and the expected home care length of stay, the clinician determines that Ms. A will be able to independently perform the activity of sitting to lying on the side of the bed by discharge.

GG0170C Practice Scenario (2)

- Mr. B pushes up on the bed to attempt to get himself from a lying to a seated position as the occupational therapist (OT) provides much of the lifting assistance necessary for him to sit upright.
- The OT provides assistance as Mr. B scoots himself to the edge of the bed and lowers his feet to the floor.
- Overall, the OT must provide more than half of the effort to complete the task.

GG0170C Practice Scenario (3)

- Mrs. Y is obese and recovering from surgery for spinal stenosis with lower extremity weakness.
- The caregiver partially lifts Mrs. Y's trunk to a fully upright sitting position on the bed and minimally lifts each leg toward the edge of the bed.
- Mrs. Y then scoots toward the edge of the bed, placing both feet flat onto the floor. She completes most of the activity herself.

GG0170C Practice Scenario (4)

- Mr. W states he wishes he could get out of bed himself rather than depending on his wife to help. At the SOC, the patient requires his wife to do most of the effort.
- Based on the patient's prior functional status, his current diagnoses, the expected length of stay, and his motivation to improve, the clinician expects that by discharge, the patient would likely only require assistance helping his legs off the bed to complete the supine to sitting task.

GG0170C Practice Scenario (5)

- Mrs. M is a quadriplegic admitted to home health services following a skin graft for a Stage 4 pressure ulcer.
- Prior to this home health admission, she was bedbound, and her caregivers used a Hoyer lift to transfer Mrs. M from her bed to her wheelchair.
- Based on the patient's prior functional status and current diagnoses, the home health clinician does not expect that Mrs. M's dependence on a Hoyer lift for transfer will change by discharge.

GG0170C Practice Scenario (6)

- Mr. W is recovering from shoulder surgery and usually sleeps in an electric recliner every night. When demonstrating lying to sitting, Mr. W pushes the button on the side of the recliner to return the chair to an upright position and sits unassisted with his feet flat on the floor.
- Based on the patient's prior functional status, his current diagnosis, and his motivation to improve, the clinician expects Mr. W will be independent in performing the activity by discharge.

Summary

- GG0170C is a risk adjustment covariate for the Pressure Ulcers That Are New or Worsened Quality Measure.
- GG0170C is a new item added to OASIS-C2, requiring observation and assessment.
- Assesses patient's usual status at SOC/ROC using the 6-point scale and three "activity not attempted" codes.
- A dash (–) value is a valid response for this item.

Action Plan

- Review current assessment processes and tools and revise as needed to reflect the addition of GG0170C.
- Develop an education plan for clinicians for GG0170C.
 - Practice coding a variety of scenarios with staff.
- Annual Performance Improvement Plan
 - Consider a review of items to ensure accuracy in data collection.

Resources

- OASIS Educational Coordinators:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/downloads/OASISeducationalcoordinators.pdf>
- Quality Measures: Home Health Quality Reporting Program
 - HomeHealthQualityQuestions@cms.hhs.gov
- OASIS Items & Payment Policy: Home Health Policy Mailbox
 - HomehealthPolicy@cms.hhs.gov
- Data Submission & CASPER: QTSO Help Desk
 - Telephone: (800) 339-9313
 - Email: help@qtso.com
 - Website: <https://www.qtso.com/index.php>



Questions?