

## **Proposed OASIS Items for Removal in the CY 2018 Home Health PPS Proposed Rule**

In 2017 CMS undertook a comprehensive review of the OASIS assessment item set to identify candidate item removals or modifications, with the goal of reducing data collection burden. Several factors were considered in this evaluation:

- Items used to calculate a measure finalized for the Home Health Quality Reporting Program (HH QRP)
- Items used in the Home Health Prospective Payment System (PPS)
- Items used in the survey process for Medicare certification
- Items used to calculate a measure in the Home Health Value-Based Purchasing (HH VPB) demonstration
- Items used as a critical risk-adjustment factor
- Items incorporated into the OASIS to fulfill a data category as part of the Conditions of Participation

We propose that OASIS items, or data elements within OASIS items, which do not meet any of the above criteria would no longer be collected beginning January 1, 2019. These changes would affect a total of 35 OASIS items and would result in the collection of 247 fewer data elements at specific time points within a home health episode. These items are shown in the table below, along with the number of data elements that would no longer be collected at each time point.

**Data Elements Proposed for Removal from OASIS Beginning January 1, 2019**

| <b>OASIS Item</b>  |  | <b>Specific Time Point</b> |                           |                  |  |                      |                              |
|--------------------|--|----------------------------|---------------------------|------------------|--|----------------------|------------------------------|
| <b>Item Number</b> | <b>Item Name</b>   | <b>Start of Care</b>       | <b>Resumption of Care</b> | <b>Follow-Up</b> | <b>Transfer to an Inpatient Facility</b> | <b>Death at home</b> | <b>Discharge from agency</b> |
| <b>M0903</b>       | Date of Last (Most Recent) Home Visit                                  |                            |                           |                  | 1  | 1                    | 1                            |
| <b>M1011</b>       | Inpatient Diagnosis  | 6                          | 6                         | 6                |  |                      |                              |
| <b>M1017</b>       | Diagnoses Requiring Medical /Treatment Regimen Change                  | 6                          | 6                         |                  |  |                      |                              |
| <b>M1018</b>       | Conditions Prior to Medical/Treatment Regimen Change or Inpatient Stay | 6                          | 6                         |                  |  |                      |                              |
| <b>M1025</b>       | Conditions Prior to Medical/Treatment Regimen Change or Inpatient Stay | 12                         | 12                        | 12               |  |                      |                              |
| <b>M1034</b>       | Overall Status   | 1                          | 1                         |                  |  |                      |                              |
| <b>M1036</b>       | Risk Factors   | 4                          | 4                         |                  |  |                      |                              |
| <b>M1200</b>       | Vision   | 1                          | 1                         | 1                |  |                      |                              |
| <b>M1210</b>       | Ability to Hear  | 1                          | 1                         |                  |  |                      |                              |
| <b>M1220</b>       | Understanding of Verbal Content  | 1                          | 1                         |                  |  |                      |                              |
| <b>M1230</b>       | Speech and Oral (Verbal) Expression                                    | 1                          | 1                         |                  |  |                      | 1                            |
| <b>M1240</b>       | Formal Pain Assessment   | 1                          | 1                         |                  |  |                      |                              |
| <b>M1300</b>       | Pressure Ulcer Assessment  | 1                          | 1                         |                  |  |                      |                              |
| <b>M1302</b>       | Risk of Developing Pressure Ulcers                                     | 1                          | 1                         |                  |  |                      |                              |
| <b>M1320</b>       | Status of Most Problematic Pressure Ulcer                              | 1                          | 1                         |                  |  |                      | 1                            |
| <b>M1322</b>       | Number of Stage 1 Pressure Ulcers                                      |                            |                           |                  |  |                      | 1                            |
| <b>M1332</b>       | Number of Stasis Ulcer(s)  |                            |                           |                  |  |                      | 1                            |
| <b>M1350</b>       | Skin Lesion or Open Wounds   | 1                          | 1                         |                  |  |                      |                              |
| <b>M1410</b>       | Respiratory Treatments at Home   | 3                          | 3                         |                  |  |                      |                              |
| <b>M1501</b>       | Symptoms in Heart Failure Patients                                     |                            |                           |                  | 1  |                      | 1                            |
| <b>M1511</b>       | Heart Failure Follow-up  |                            |                           |                  | 5  |                      | 5                            |
| <b>M1610</b>       | Urinary Incontinence /Urinary Catheter Presence                        |                            |                           |                  |  |                      | 1                            |
| <b>M1615</b>       | When Urinary Incontinence occurs                                       | 1                          | 1                         |                  |  |                      | 1                            |

| OASIS Item    |   | Specific Time Point |                    |           |                                   |               |                       |
|---------------|---|---------------------|--------------------|-----------|-----------------------------------|---------------|-----------------------|
| Item Number   | Item Name                               | Start of Care       | Resumption of Care | Follow-Up | Transfer to an Inpatient Facility | Death at home | Discharge from agency |
| <b>M1730</b>  | Depression Screening                    | 3                   | 3                  |           |                                   |               |                       |
| <b>M1750</b>  | Psychiatric Nursing Services            | 1                   | 1                  |           |                                   |               |                       |
| <b>M1880</b>  | Ability to Plan and Prepare Light Meals | 1                   | 1                  |           |                                   |               | 1                     |
| <b>M1890</b>  | Ability to Use Telephone                | 1                   | 1                  |           |                                   |               | 1                     |
| <b>M1900</b>  | Prior Functioning ADL/IADL              | 4                   | 4                  |           |                                   |               |                       |
| <b>M2030</b>  | Management of Injectable Medications    | 1                   | 1                  | 1         |                                   |               | 1                     |
| <b>M2040</b>  | Prior Medication Management             | 2                   | 2                  |           |                                   |               |                       |
| <b>M2102*</b> | Types and Sources of Assistance         | 6                   | 6                  |           |                                   |               | 3**                   |
| <b>M2110</b>  | ADL/IADL assistance from caregiver      | 1                   | 1                  |           |                                   |               |                       |
| <b>M2250</b>  | Plan of Care Synopsis                   | 7                   | 7                  |           |                                   |               |                       |
| <b>M2310</b>  | Reason for Emergent Care                |                     |                    |           | 15***                             |               | 15***                 |
| <b>M2430</b>  | Reason for Hospitalization              |                     |                    |           | 20                                |               |                       |
| <b>TOTAL</b>  |   | <b>75</b>           | <b>75</b>          | <b>20</b> | <b>42</b>                         | <b>1</b>      | <b>34</b>             |

\* M2102 row f to remain collected at Start of Care, Resumption of Care and Discharge from Agency as part of the HH VBP program.

\*\* M2102 rows a, c, d to remain collected at Discharge from Agency for survey purposes.

\*\*\* M2310 responses 1, 10, OTH, UK to remain collected at Transfer to an Inpatient Facility and Discharge from Agency for survey purposes.