



# ***Excellence in OASIS-C COS-C Prep & OASIS Training***

***Webinar Series - Session 1  
February 26, 2014  
2:00 – 3:00PM EST***

**PRESENTER:**

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## **Session 1 Agenda**

1. Overview COS-C exam & expectations
2. Brief explanation of core documents
3. OASIS overview & eligibility
4. OASIS & Conditions of Participation (COPs)
5. Understanding the difference between initial assessment & comprehensive assessment

# COS-C Designation



- Certificate for OASIS Specialist-Clinical
- A nationally recognized standardized way to demonstrate proficiency in OASIS-C
- Requires continued knowledge of OASIS changes
- Examination administered by OASIS Answers



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## Some Helpful Resources

### OASIS

Instant Answers Book

<http://www.oasisanswers.com/>

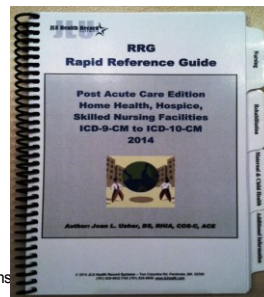
### Coding

ICD-9 & ICD-10 version

Rapid Reference Guide  
<http://www.jluhealth.com/products.htm>

**INSTANT OASIS Answers 2014**

A CMS-based Ready Reference for Data Collectors



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# COS-C Preparation Requirements

- Domains Include
  - ☐ Regulations Domain
  - ☐ Time Points Domain
  - ☐ Item by Item Guidance Domain
    - Scoring of specific M items
  - ☐ Patient Populations Domain
- Materials to Review
  - ☐ Chapter 3 OASIS Manual
  - ☐ COP's
  - ☐ CMS Q&A's
  - ☐ OBQI/OBQM Reports
  - ☐ Process Measures
- Exam Prep
  - ☐ <http://www.oasisanswers.com/cos-c-exam>



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training & consulting

**COS-C Exam**


- Overview
- Registration
  - Paper & Pencil (P&P)
  - Computer Based Test (CBT)
- Renewal
- Exam Prep
- FAQs
- COS-C Directory
- Calendar

about us

OASIS links & resources

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## COS-C EXAM

### Exam Overview

The Certificate for OASIS Specialist-Clinical (COS-C) exam is the only nationally standardized, psychometrically validated test that evaluates a clinician's knowledge of CMS' OASIS guidelines.

The exam items are developed by the COS-C Exam Review Committee, a group of OASIS content experts who create these items to reflect the OASIS knowledge and skills identified as necessary for competent OASIS data collection (Exam Committee link pending). Once assembled, the test then undergoes a holistic review by a psychometrician and the COS-C Exam Review Committee, who examine the test for accuracy, significance, fairness, and conformity to test specifications. Exam items are then placed through a rigorous item-analysis adhering to psychometric industry standards to detect any questionable item performance. The results are reviewed so that item ambiguities are detected and the necessary adjustments made before scoring.

[COS-C Exam Non-Disclosure Statement](#) - A confidentiality agreement applying to all candidates.

### What does this mean? Why does it matter?

The COS-C exam was originally developed and administered by the OASIS Certificate & Competency Board (OCCB). The COS-C exam is a voluntary certificate examination available to home care providers interested in demonstrating and establishing their expertise and commitment to OASIS data accuracy. Exam administrators go to great lengths to ensure that the COS-C exam is an accurate reflection of the most current CMS guidance, and that it is administered in a way to protect the integrity of the resulting COS-C designation. This requires vigilance in both exam analysis and proctoring efforts. The COS-C exam is reviewed and updated, including regular item-analysis to determine that all items are performing as originally intended. Ongoing analysis and stringent proctoring methods are critical to maintaining exam integrity and the resulting COS-C designation. The extensive psychometric process is necessary not only to verify each item as reliable and an

# Core Documents Needed

- Chapter 1 Guidance Manual
- Chapter 3 Guidance Manual
- OASIS C Guidance Manual Errata
- OASIS Items at Each Timepoint
- Appendix D Diagnosis Selection Assignment
- CMS OASIS Q&A's
- Comprehensive Assessment Requirements for Medicare –Approved HHAs
- OASIS Considerations for Medicare PPS Patients
- OASIS Reference Sheet
- WOCN OASIS-C Guidance



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# Elements for Success – COS-C

- Comprehensive understanding of regulations and instructions
  - Focus on Chapter 1
  - Focus on Chapter 3
- Review all Core Documents
- Remember Open Book Test
  - Mark your reference materials for ease in look-up
- Exam is fast paced
  - Do not spend a lot of time on one question



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# Overview OASIS

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## Purpose & Benefits

- OASIS is an acronym of Outcome and Assessment Information Set
- The Outcome and Assessment Information Set (OASIS) is a group of standard data elements
- Enables a systematic comparison measurement of patient outcomes at two points in time
- Outcome measures are the basis for outcome-based quality improvement (OBQI) efforts that home health agencies (HHAs) can employ to assess and improve the quality of care they provide to patients
- Mandated by CMS as part of Medicare Conditions of Participation (COPs)

# OASIS-C 4 Manuals

- OASIS - Guidance Manual
- Outcome Based Quality Improvement (OBQI)
- Outcome Based Quality Monitoring (OBQM)
- Process Based Quality Improvement (PBQI)



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# OASIS-C Guidance Manual

This manual is divided into five chapters & seven appendices:

- Chapter 1 – The Introduction, which provides contextual information and other general information relevant to OASIS data collection.
- Chapter 2 – Includes versions of the OASIS-C data set for each time point.
- Chapter 3 – Contains item-specific guidance, subdivided into sections.
- Chapter 4 – Contains sample clinical record forms for OASIS data collection time points.
- Chapter 5 – Includes relevant resources for HHAs, with hyperlinks when available.



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# OASIS-C Guidance Manual

- Appendix A: OASIS and the Comprehensive Assessment
- Appendix B: OASIS and the Data Accuracy
- Appendix C: OASIS-C Item Uses
- Appendix D: Selection and Assignment of OASIS Diagnosis
- Appendix E: Data Reporting Regulations
- Appendix F: OASIS and OBQI
- Appendix G: Comparison of OASIS – B1 to OASIS-C



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## Eligible Patients

- OASIS data are collected for Medicare and Medicaid patients, 18 years and older, receiving skilled services
  - ☐ With the exception of patients receiving services for pre- or postnatal conditions.
- Patients receiving only personal care, homemaker, or chore services exclusively are *excluded* since these are not considered skilled services.



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## Test Your Knowledge

■ **Is OASIS data collection required?**

- a. Medicare Managed Care
- b. Private Insurance
- c. 17 yo Medicaid
- d. Chore services only
- e. 66 yo workers comp

■ **Is a Comprehensive Assessment required?**

- a. Medicare Managed Care
- b. Private Insurance
- c. 17 yo Medicaid
- d. Chore services only
- e. 66 yo workers comp



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## Test Your Knowledge Answers

■ **Is OASIS data collection required?**

- a. Yes
- b. No
- c. No
- d. No
- e. No

■ **Is a Comprehensive Assessment required?**

- a. Yes
- b. Yes
- c. Yes
- d. No
- e. Yes



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## Sample COS-C Exam Question

- Which of the following patients requires OASIS data collection?
  - a. A 78-year-old patient with a primary diagnosis of Heart Failure admitted to the Hospice Medicare benefit.
  - b. A 17-year-old victim of a gunshot who requires daily packing of a wound; Medicaid is the payer.
  - c. A 47-year-old patient who qualifies for Medicare disability insurance and requires diabetic teaching and drug monitoring.
  - d. A 31-year-old patient with a wound infection that is status-post Cesarean section.

## Pediatric Patient Under Care - Turns 18

- For a skilled Medicare/Medicaid patient who turns 18 while under the care of an HHA, the comprehensive assessment with OASIS data collection and submission to the State OASIS system would occur the first time one of the following events takes place:
  1. When patient returns home from a qualifying inpatient stay - ROC RFA3
  2. When patient is transferred to an inpatient facility for 24 hours or longer (for a reason other than diagnostic tests) -Transfer to an Inpatient Facility -RFA6 or RFA7
  3. When the 60 day recertification is due, *i.e., the last five days of the certification period* -Follow-up RFA4
  4. When there is a major decline or major improvement in the patient's condition to update the care plan -Other follow-up RFA5
  5. On death of the patient at home, or when the patient is discharged from the agency RFA8 -death or RFA9 -normal discharge.

# Who Completes OASIS-C Form

- OASIS data collection should be conducted by a registered nurse (RN) or any of the therapies (PT, SLP, OT- (recert only).
- In cases involving nursing, the RN completes the comprehensive assessment at SOC.
- For a therapy-only case, the therapist usually conducts the comprehensive assessment.
- Any discipline qualified to perform assessments (RN, PT, SLP, OT) may complete subsequent assessments.



# Test Your Knowledge True or False

1. OT may complete an OASIS recertification (OT only)
2. OT may complete a SOC OASIS for non-Medicare patients
3. An LPN may complete an transfer OASIS when she is the last visit for an unexpected hospitalization
4. A PTA may complete a recertification OASIS for a therapy only case
5. The therapist can complete the SOC when the order for nursing services is to begin in 3 days (after the next MD appointment)

## Test Your Knowledge True or False Answers

1. True
2. True
3. False
4. False
5. False



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## Sample COS-C Exam Question

A therapist may complete the OASIS instead of the RN when:

- a. The therapist and RN go in on the same day to admit
- b. The therapist is the last service in at discharge
- c. The PT & RN are ordered at SOC and the care is centered around the rehab



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# Regulations

## Medicare Conditions of Participation (CoPs)

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## Conditions of Participation

### ■ 42 CFR 484.20

- ☐ Collection of data on a defined population of patients
- ☐ Reporting of data
- ☐ Encoding
- ☐ Transmittal
- ☐ Ensure clinical record match encoded data transmitted
- ☐ Data Format
- ☐ Policy and Procedure development
- ☐ OBQI

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# Comprehensive Assessment

- 42 CFR 484.55 (5 standards)
  1. Initial Assessment Visit
  2. Comprehensive Assessment
  3. Drug Regimen Review
  4. Update of Comprehensive Assessment
  5. OASIS Data Set



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# Assessment

- Initial Assessment: determination of **immediate care needs** and patient's **eligibility** for the home health benefit, including homebound status.
- Comprehensive Assessment:
  - ☐ OASIS Assessment Items
  - ☐ Agency Core Assessment
  - ☐ Discipline Specific



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## §484.55 Standard: Initial Assessment Visit

- The initial visit is performed to determine the immediate care and support needs of the patient.
- Visit is conducted within 48 hours of referral or within 48 hours of a patient's return home from an inpatient stay, or on the physician-ordered start of care date.
- For Medicare patients, this initial assessment determines eligibility for the Medicare home health benefit, including homebound status.
- The initial assessment visit must be conducted by a registered nurse unless rehabilitation therapy services are the only services ordered by the physician.

## Comprehensive Assessment

- Requires that a patient receive from the HHA a patient-specific, comprehensive assessment that accurately reflects the patient's current health status and includes information that may be used to demonstrate the patient's progress toward achievement of desired outcomes.
- The comprehensive assessment must:
  - identify the patient's continuing need for home care;
  - meet the patient's medical, nursing, rehabilitative, social, and discharge planning needs; and
  - for Medicare patients, identify eligibility for the home health benefit, including the patient's homebound status.
- It should be noted that the data items in OASIS are not, in and of themselves, a complete or comprehensive assessment.
- Assessment requires the collection of pertinent data regarding the patient, supportive assistance, and the patient's environment.

## §484.55(b) Standard: Completion of the Comprehensive Assessment

- The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but **no later than five calendar days** after the start of care.

## Single Visit



- A patient needs only a single Physical Therapy visit (no other disciplines ordered/needed). Is a SOC OASIS required? If the SOC OASIS is required, is a D/C OASIS also required?
- Completion of a comprehensive patient assessment is required, even when the patient is known to only need a single visit in the episode.
- OASIS data collection and submission is not required when only one visit is made in a quality episode (SOC/ROC date to TRF/DC).
  - However, to bill Medicare PPS for a single visit payment episode, OASIS data must be collected and submitted to the state repository, and used to calculate a HIPPS code for inclusion on the Medicare claim.
  - If you choose NOT TO BILL Medicare for the single visit provided, there is no requirement to collect and transmit OASIS data for single visit episodes.
- Agency clinical documentation should note that no further visits occurred. No subsequent OASIS discharge assessment data should be collected or submitted.

## **§484.55(c) Standard: Drug Regimen Review**

- The comprehensive assessment must include a review of all medications the patient is currently using to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects and drug interactions, duplicate drug therapy, and non-compliance with drug therapy.



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## **Drug Review**



- Does the Medication List need to be reviewed by the RN if the patient is only receiving therapy services?
- The comprehensive assessment must include a review of all medications the patient is using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects and drug interactions, duplicate drug therapy and non-compliance with drug therapy.
- No specific discipline is identified as exclusively able to perform this assessment.



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## **§484.55(d) Standard: Update of the Comprehensive Assessment**

- The comprehensive assessment, which includes OASIS items for Medicare and Medicaid patients, must be updated and revised as frequently as the patient's condition requires, but not less frequently than **every 60 days** beginning with the start of care date; within **48 hours of the patient's return home from an inpatient facility** stay of 24 hours or more for any reason except diagnostic testing; and **at discharge**.
- Follow-up assessments must be completed every 60 days that a patient is under care.



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## **§484.55(e) Standard: Incorporation of the OASIS Data Set**

- OASIS must be incorporated into the HHA's own assessment, exactly as written.
- The OASIS data set is not intended to constitute a complete comprehensive assessment instrument.
- The data set comprises items that are a necessary part of a complete comprehensive assessment and are essential to uniformly and consistently measure patient outcomes.
- The M numbers for each OASIS data item should be retained to allow for easy recognition of the required OASIS item in the HHA comprehensive assessments.



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## CoP Section 484.20 Reporting of OASIS Information

- Requires that HHAs electronically report all OASIS data collected in accordance with Section 484.55.
- Specific language about accuracy of data, as well as transmitting, encoding, and locking data using software available from CMS or software that conforms to CMS' specifications.
- Section 484.20 also requires that **all patient-identifiable information** in the medical record, including OASIS data, **remain confidential** and not be released without proper authorization in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.



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### Home Health Agency Outcome and Assessment Information Set(OASIS) STATEMENT OF PATIENT PRIVACY RIGHTS

As a home health patient, you have the privacy rights listed below.

- You have the right to know why we need to ask you questions.  
We are required by law to collect health information to make sure:  
1) you get quality health care, and  
2) payment for Medicare and Medicaid patients is correct.
- You have the right to have your personal health care information kept confidential.  
You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.
- You have the right to refuse to answer questions.  
We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.
- You have the right to look at your personal health information.
  - We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
  - If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HIPAA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice: PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

This is a Medicare & Medicaid Approved Notice.

CMS



## PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

### THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

#### I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT.

Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

#### II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- support litigation involving the Centers for Medicare & Medicaid Services;
- support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- study the effectiveness and quality of care provided by these home health agencies;
- survey and certification of Medicare and Medicaid home health agencies;
- provide for development, validation, and refinement of a Medicare prospective payment system;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- support constituent requests made to a Congressional representative.

#### III. ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information.

Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

#### IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

## Next Session:

March 12, 2014  
2:00 – 3:00PM EST

**Some Highlights:**  
Face to Face Eligibility  
RFAs  
Conventions



## Resources

- OASIS-C Manuals (Guidance, OBQI, OBQM, PBQI)
  - Guidance Manual Last Updated December 2012
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>
- PPS Final Rule Home Health August 2007 [www.cms.hhs.gov/HomeHealthPPS/downloads/CMS-1541-P.pdf](http://www.cms.hhs.gov/HomeHealthPPS/downloads/CMS-1541-P.pdf)
- CMS 1450-F Effective 01/01/14  
<http://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html>
- WOCN Guidance on OASIS-C Integumentary Items Guidance 12/09 <http://www.wocn.org/?page=oasis>
- NPUAP [www.npuap.org](http://www.npuap.org)



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## Resources

- Home Health Compare  
<http://www.medicare.gov/homehealthcompare/>
- Home Health Quality Measures  
[https://www.cms.gov/HomeHealthQualityInits/10\\_HHQIQualityMeasures.asp](https://www.cms.gov/HomeHealthQualityInits/10_HHQIQualityMeasures.asp)
- Rapid Reference Guide (Coding) [www.jluhealth.com](http://www.jluhealth.com)
- Usher, *ICD-10 Coding for Home Health A Guide to Medical Necessity*, © 2014, Beacon Health  
[http://www.beaconhealth.org/cgi-bin/ccp51/cp-app.cgi?pg=prod&ref=ICD10CHH\\_0582](http://www.beaconhealth.org/cgi-bin/ccp51/cp-app.cgi?pg=prod&ref=ICD10CHH_0582)
- *INSTANT OASIS-C Answers 2014*, 2014  
<http://www.oasisanswers.com/products.htm>
- COS-C Examination Information  
<http://www.oasisanswers.com/cos-c-exam>



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### ABOUT THE SPEAKER:

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- Degree in Health Information Management; Certified OASIS and Coding Specialist
- **AHIMA Approved ICD-10-CM Trainer**
- Author, Rapid Reference Coding Guide, 2014 edition [www.jluhealth.com](http://www.jluhealth.com) © 2013
- Author, Online ICD Coding Courses in partnership with Libman Education 2012-2014  
<http://www.libmaneducation.com/healthcare-education-training/home-health-coding/>
- Author, ICD-10 for Home Health: A Guide to Medical Necessity & Payment [www.beaconhealth.org](http://www.beaconhealth.org) © 2014
- Author/Editor Online E-Learning Coding Courses: Home Health Diagnostic Coding; Home Health Reimbursement Methods, Home Health Documentation & Health Record Requirements AHIMA [www.ahimastore.org](http://www.ahimastore.org) © 2011
- Author, ICD-9CM Coding for Home Health a Comprehensive Coders Guide [www.beaconhealth.org](http://www.beaconhealth.org) © 2010 second edition
- Contributing editor, Schraffenberger/Keuhn, Effective Mgmt of Coding Services, **AHIMA**, © 2009
- MaHIMA, Medicio- Legal Guide to Health Record Information, © 2004, editor & contributing author
- Massachusetts Health Information Management Association (MaHIMA), BOD 2004-2011
  - *President , 2006, under her leadership, MA received 4 national awards from AHIMA in Continuing Education Programs, Support for Accredited HIM Education Programs, Legislative Advocacy and Electronic Communications*
  - *Co-Chair ICD-10 Task Force 2013-2014*
- Professional Achievement Award Recipient, MaHIMA, 2008
- American Health Information Management Association (AHIMA) delegate 2002-2006
- Taught ICD-9 coding for over 20 years and has educated over 10,000 people nationwide
- Home Care Alliance of MA , Board of Director 2012-2014 member QI Committee, Facilitator ICD-10 Group
- Hospice & Palliative Care Federation MA, Board of Director 2008-2015, member QAPI Committee

