Excellence in OASIS-C

COS-C Prep & OASIS Training

Webinar Series - Session 7
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Session 7 Agenda

1. Medications M2000s
2. Care Management M2100
3. Therapy Need & Plan of Care M2200
4. Plan of Care Interventions M2250 & M2400
5. Emergent Care items M2300s
6. Discharge items M2420, M0903, M0906

Medications

M2000s

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M2000 Drug Regimen Review

- **(M2000) Drug Regimen Review:** Does a complete drug regimen review indicate potential clinically significant medication issues, e.g., drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance?

☐ 0 - Not assessed/reviewed [Go to M2010]
☐ 1 - No problems found during review [Go to M2010]
☐ 2 - Problems found during review
☐ NA - Patient is not taking any medications [Go to M2040]

- Timepoint SOC/ROC

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M2000 Definitions

- Includes **all** medications, prescribed and over the counter, administered by any route (e.g. oral, topical, inhalant, pump, injection)
- *Potential clinically significant medication issues* includes:
  - adverse reactions to medications
  - ineffective drug therapy
  - side effects
  - drug interactions
  - duplicate therapy
  - omissions
  - dosage errors
  - noncompliance
  - impairment or decline in an individual's mental or physical condition or functional or psychosocial status
- Medication interaction is the impact of another substance (such as another medication, nutritional supplement) upon a medication
- Adverse drug reaction (ADR) may be either a secondary effect of a medication that is usually undesirable and different from the therapeutic effect of the medication or any response to a medication that is noxious and unintended and occurs in doses for prophylaxis, diagnosis, or treatment

M2000 Collaboration

- Includes **all** medications, prescribed and over the counter, administered by any route (e.g. oral, topical, inhalant, pump, injection)
- If portions of the drug regimen review (e.g., identification of potential drug-drug interactions or potential dosage errors) are completed by agency staff other than the clinician responsible for completing the SOC/ROC OASIS, information on drug regimen review findings must be communicated to the clinician responsible for the SOC/ROC OASIS assessment so that the appropriate response for M2000 may be selected
  - Collaboration in which the assessing clinician evaluates patient status, and another clinician (in the office) assists with review of the medication list does not violate the requirement that the comprehensive patient assessment is the responsibility of one clinician
  - The M0090 date – the date the assessment is completed – would be the date the two clinicians collaborated and the assessment was completed

M2000 Responses

- Select Response 1 – No problems found – when:
  - Patient's list of medications from the inpatient facility discharge instructions matches the medications the patient shows the clinician at the SOC/ROC assessment visit.
  - Assessment shows that diagnoses/symptoms for which patient is taking medications are adequately controlled (as able to be assessed within the clinician's scope of practice).
  - Patient possesses all medications prescribed.
  - Patient has a plan for taking meds safely at the right time.
  - Patient is not showing signs/symptoms that could be adverse reactions caused by medications.
- If a medication related problem **is identified and resolved** by the agency staff by the time the assessment is completed, the problem does not need to be reported as an existing clinically significant problem.

M2000 Responses

- Select Response 2 – Problems found – when:
  - Patient's list of medications from the inpatient facility discharge instructions **DOES NOT MATCH** the medications the patient shows the clinician at the SOC/ROC assessment visit.
  - Assessment shows that diagnoses/symptoms for which patient is taking medications are NOT adequately controlled.
  - Patient seems confused about when/how to take medications indicating a high risk for medication errors.
  - Patient has not obtained medications or indicates that he/she will probably not take prescribed medications because of financial, access, cultural, or other issues with medications.
  - Patient has signs/symptoms that could be adverse reactions from medications.
  - Patient takes multiple non-prescribed medications (OTCs, herbals) that could interact with prescribed meds.
  - Patient has a complex medication plan with meds prescribed by multiple physicians and/or obtained from multiple pharmacies so that the risk of med interactions is high.

Test Your Knowledge

- In therapy only cases, can the therapist collaborate with a pharmacist when completing the Drug Regimen Review?
- In therapy only cases, can an LPN in the office work cooperatively with the therapist to complete the Drug Regimen Review by performing elements of the drug regimen review that the therapist will not be completing?

M2002 Medication Follow-up

- **(M2002) Medication Follow-up:** Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?

☐ 0 - No
☐ 1 - Yes

- Timepoint SOC/ROC (QM)

M2002 Tips

- Complete if Response 2 (Problems Found) for M2000 is selected.
- Contact with physician is defined as communication to the physician made by telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status.
- Select Response 1 – Yes, only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions.
  - In order to select Response 1, **the two-way communication AND reconciliation** (or plan to resolve the problem) must be completed by the end of the next calendar day after the problem was identified and before the end of the allowed time frame (i.e., within five days of SOC, within two days of discharge from the inpatient facility at ROC).
- If more than one medically significant med issue, all must be resolved in order to answer yes.
- Impacts M0090, Date assessment completed.

M2002 Collaboration

- If agency staff other than the clinician responsible for completing the SOC/ROC OASIS contacted the physician to follow up on clinically significant medication issues, this information must be communicated to the clinician responsible for the SOC/ROC OASIS assessment so that the appropriate response for M2002 may be selected.
- This collaboration does not violate the requirement that the comprehensive patient assessment is the responsibility of, and must ultimately be completed by one clinician.

Test Your Knowledge

- If a clinically significant medication issue is identified on a weekend, and the agency phones the MD on-call who does respond but because he doesn't really know the patient, directs the agency to contact the PCP on Monday, can the clinician select Response 1?
- Multiple clinically significant medication issues were identified on the SOC assessment. Only one was resolved within one calendar day, can the clinician select Response 1?

M2004 Med Intervention (QM)

- **(M2004) Medication Intervention:** If there were any clinically significant medication issues since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day of the assessment to resolve clinically significant medication issues, including reconciliation?

☐ 0 - No

☐ 1 - Yes

☐ NA - No clinically significant medication issues identified since the previous OASIS assessment

- Timepoint TFN/DC

M2004 Tips

- Select Response 1 – Yes, only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions.
- If the interventions are not completed as outlined in this item, select Response 0 – No.
- If agency staff other than the clinician responsible for completing the transfer or DC OASIS contacted the MD to follow up on clinically significant medication issues, this information must be communicated to the clinician responsible for the transfer or DC OASIS assessment.
- This collaboration does not violate the requirement that the comprehensive patient assessment is the responsibility of one clinician.
- If the last OASIS assessment completed was the SOC/ROC, and a clinically significant problem was identified at that SOC/ROC visit, the problem (and/or related physician communication) would be reported at both the SOC/ROC (on M2002), and again at Transfer or Discharge (on M2004)
  - since the time frame under consideration for M2004 is at or since the previous OASIS assessment.

M2010 Patient/Caregiver High Risk Drug Education (QM)

- **Patient/Caregiver High Risk Drug Education:** Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?

☐ 0 - No

☐ 1 - Yes

☐ NA - Patient not taking any high risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications

M2010 Tips

- This item is targeted to high-risk medications as it may be unrealistic to expect that patient education on all medications occur on admission and failure to provide patient education on high-risk medications (e.g. hypoglycemics & anticoagulants) at SOC/ROC could have severe negative impacts on patient safety and health.
- Select Response 0 – No, if the interventions are not completed as outlined in this item. However, in this case, the care provider should document rationale in the clinical record unless the patient is not taking any drugs.
- Select Response 1 – Yes, if high-risk medications are prescribed and education was provided.
- High-risk medications should be identified based on one or more authoritative sources.
- If patient/caregiver is fully knowledgeable about special precautions associated with high-risk medications, select "NA."
- Collaboration is acceptable.

M2015 Drug Education

- **(M2015) Patient/Caregiver Drug Education Intervention**: Since the previous OASIS assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, drug reactions, and side effects, and how and when to report problems that may occur?

☐ 0 - No
☐ 1 - Yes
☐ NA - Patient not taking any drugs

- Timepoint TFN/DC

Test Your Knowledge

- Can drug education be provided on the telephone?
- Does this education need to be provided by the assessing nurse?

M2020 Management of Oral Medications (QM)

- **Management of Oral Medications:** Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**

☐ 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.

☐ 1 - Able to take medication(s) at the correct times if:

(a) individual dosages are prepared in advance by another person; OR

(b) another person develops a drug diary or chart.

☐ 2 - Able to take medication(s) at the correct times if given reminders by another person at the appropriate times

☐ 3 - Unable to take medication unless administered by another person.

☐ NA - No oral medications prescribed.

M2020 Management of Oral Meds SOC/ROC/D/C

Correct meds, correct dose, correct time

- Identifies patient's ability to prepare and take **oral** meds reliably and safely and identifies type of assistance required to administer correct dose at the correct times
  - Includes: accessing the meds from the location, opening containers, selecting the correct dose & safely swallowing, typically accessing a beverage
- Assess patient's ability to take all meds all the time
- Not limited to prescription meds; assess use of OTCs
- Excludes: topical, injectables, IV, sublingual, inhaled medications
- If all meds are given via G tube, transdermal patch response NA is selected
- If varying ability, base response on the med with which the patient needs the most assistance

M2020 Tips

- Select Response 3 - if the patient does not have the physical or cognitive ability on the day of assessment to take all medications correctly as ordered and every time ordered, and it has not been that set up, diary, or reminders have already been successful
  - Unable to swallow
  - Pt Confusion about varying doses & has not taken new meds yet
  - Pt does not have meds in home as unable to pay for meds
- Remember non-compliance does not impact ability

M2020 Tips

- A patient lives in an environment where the facility or caregiver may impose a barrier that limits the patient's ability to access or prepare their medications, (e.g. an Assisted Living Facility) that keeps all medications in a medication room or a family that keeps the medications out of the reach
  - Clinician will assess the patient's vision, strength and manual dexterity in the hands and fingers, as well as their cognitive status to determine the patient's ability to prepare and take their oral medications despite access barriers imposed by family or facility caregivers
- If an automated system is introduced that provides the reminders and after educating the patient on its setup and operation, the patient demonstrates competency at operating the reminder system and no longer needs "another person" to give them the reminders, a "2" response would no longer be appropriate

Test Your Knowledge

Based on the recent guidance regarding sublingual medications and M2020, I'm not sure if we should include medications that are ordered as a swish and expectorate?

Answer: For the purposes of scoring M2020, Management of Oral Medications, the assessing clinician should only include medications placed in the mouth and then swallowed, with absorption occurring through the gastrointestinal system. Other medications with different routes of administration/absorption, e.g. sublingual, buccal, are excluded.

M2030 Management of Injectable Meds

- **Management of Injectable Medications:** Patient's current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. **Excludes IV medications.**

☐ 0 - Able to independently take the correct medication(s) and proper dosage(s) at the correct times.

☐ 1 - Able to take injectable medication(s) at the correct times if:

(a) individual syringes are prepared in advance by another person; OR

(b) another person develops a drug diary or chart.

☐ 2 - Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection

☐ 3 - Unable to take injectable medication unless administered by another person.

☐ NA - No injectable medications prescribed.

- **Item used for HHRG calculation**

M2030 Management of Injectable Meds Tips

- Identify patient's ability to prepare & take <u>all</u> injectable meds
  - What is the patient <u>able</u> to do?
  - Do not include compliance or willingness
  - If varying ability, assess based on med with which the patient needs the most assistance
- Includes: drawing up the med, handling the syringe, selecting the correct location to inject med, injecting using proper technique, disposal of waste
  - In patient needs education regarding safe needle disposal – Response 2
  - If syringe, prefilled by manufacturer (lovenox) – patient must be able to do all other tasks minus the drawing up of med
- Include any monthly injectables
- Include only injectables received in the home

M2030 Management of Injectable Meds Tips

- PRN injectables, ordered and included on POC, are to be considered when determining the patient's ability to manage injectable medications.
- If the PRN medication was not needed during the assessment timeframe, use clinical judgment and make an inference regarding the patient's ability by asking them to describe and demonstrate the steps for administration and needle disposal, considering the patient's cognitive and physical status as well as any other barriers.

Test Your Knowledge

- Our patient has orders for Vitamin B12 to be injected by the RN once a month and SQ Insulin to be injected by the patient 3 times a day. What is the correct response?

- In situations where the patient's ability to inject their various medications varies on the day of assessment, the clinician must report what is true for the medication requiring the most assistance.
- In the situation described, the patient self injects insulin 3 times a day and the Vitamin B12 injection is administered by the RN only once a month.
- Since the order requires the nurse to administer the Vitamin B12, the patient would be considered unable to administer that medication and would represent the patient's ability for the medication requiring the most assistance.
- Response 3, Unable to take injectable medications unless administered by another person, would be the appropriate response

Care Management

M2100s

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M2100 Types and Sources of Assistance

(M2100) Types and Sources of Assistance:
Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (Check only **one** box in each row.) SOC/ROC/D/C from agency

Type of Assistance	No assistance needed in this area	Caregiver(s) currently provide assistance	Caregiver(s) need training/ supportive services to provide assistance	Caregiver(s) not likely to provide assistance	Unclear if Caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available
a. **ADL assistance** (e.g., transfer/ ambulation, bathing, dressing, toileting, eating/feeding)	☐0	☐1	☐2	☐3	☐4	☐5

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M2100 Tips

- Report what is known of day of assessment
- If more than one response applies; answer based on the greatest need
- Do not consider HHA staff as caregiver
- *"Caregiver(s) not likely to provide"* indicates that the caregiver(s) has indicated an unwillingness to provide assistance, or that the caregiver(s) is/are physically and/or cognitively unable to provide needed care
- *"Unclear if caregiver(s) will provide"* indicates that the caregiver(s) may express willingness to provide care, but their ability to do so is in question or there is reluctance on the part of the caregiver(s) that raises questions as to whether the caregiver will provide the needed assistance

M2100 Tips

- Types of assistance needed may be captured in multiple rows
  - Wound Vac: Row d; Row e
  - Foley: Row a; Row d; Row e
- Devices such as T.E.D hose, prosthetic devices, orthotic devices, or other supports that have a medical and/or therapeutic impact should be considered medical procedures/treatments Row d, not as ADL/dressing items in Row a
- 2100 e – Management of Equipment – Examples of medical equipment include oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator, therapy equipment or supplies, continuous passive motion machine, wheelchair, hoyer lift, walker, etc.
  - If receiving services outside the home or no equipment is accessible to patient (e.g. dialysis center; implanted pump) – answer No assistance needed

Therapy Need & Plan of Care

M2200s

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M2200 Therapy Need

- **Therapy Need:** In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? **(Enter zero ["000"] if no therapy visits indicated.)**

  (__ __ __) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).

☐ NA - Not Applicable: No case mix group defined by this assessment.

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M2200 TIPS

- Therapy visits must (a) relate directly and specifically to a treatment regimen established by the physician through consultation with the therapist(s), and (b) be reasonable and necessary to the treatment of the patient's illness or injury.
- Identifies whether the patient's POC indicates need for low or high utilization of therapy.
- For multidisciplinary cases - Nursing and Therapy may collaborate to answer this item correctly. The PT, OT, and/or SLP are responsible to communicate the number of visits ordered by the physician to the RN completing this item.
  - Determine therapy need **after** completion of assessment and formulation of home health POC.
- If the number of visits that will be needed is uncertain, provide your best estimate.
  - The claims processing system will auto-adjust the therapy visits.
  - Reimbursement is affected by M0110 Episode Timing.

M2200 Data

- At the SOC (RFA 1) and Recertification (RFA 4), data from M2200 (along with other relevant OASIS items) are used to determine the payment for the current or upcoming episodes respectively.
- M2200 is also collected at the ROC (RFA3) time point.
  - Data from this ROC is not used for PPS payment determination. Providers may choose to report the total of therapy visits that have been provided during the episode to date, added to the number of therapy visits planned to be provided during the remainder of the current episode.
- When a patient under an active home health plan of care is discharged from an inpatient facility back to the care of the home health agency **in the last five days of the certification period.**
  - CMS allows the agency to complete a single ROC assessment to meet the requirements of both the resumption of care and of the pending recertification.
  - When a ROC assessment will be "used as a recert" (i.e., used to determine payment for the upcoming 60 day episode), then the ROC data will be necessary to define a case mix (payment) group, in which case the total number of therapy visits planned for the upcoming 60 day episode should be reported.

M2250 Plan of Care Synopsis (QM)

- **Plan of Care Synopsis at SOC/ROC**
- **M2250: Does the physician-ordered plan of care include the following:**
  - **Pt-specific parameters** for notification of changes in vital signs, other clinical findings
  - **Diabetic Foot care** including monitoring for the presence of skin lesions on the lower extremities and pt/cg education on proper foot care
  - **Falls prevention** interventions
  - **Depression interventions** such as medication, referral for other treatment, or a monitoring plan for current treatment
  - **Interventions to monitor and mitigate pain**
  - **Interventions to prevent pressure ulcers**
  - **Pressure ulcer treatment** based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician?

M2250 TIPS

- This question can be answered “Yes” prior to the receipt of signed orders if the clinical record reflects evidence of communication with the physician
- Select “No" when orders for interventions have been requested but not authorized by the end of the comprehensive assessment time period. These Plan of Care orders must be in place within five days of SOC or within two days of inpatient discharge at ROC in order to meet the measure definition
- Collaboration: If the assessing clinician chooses to wait to complete M2250 until after discussion with another discipline that has completed their assessment and care plan development, this does not violate the requirement that the comprehensive assessment be completed by one clinician

Test Your Knowledge

- If a patient has Diabetes Insipidus, would the appropriate response be “NA” for M2250b - Plan of Care Synopsis, Diabetic foot care? *Yes*
- If the patient has a diagnosis of depression but no symptoms per the standardized tool, can the clinician choose "NA"? *Must be No or Yes*
- Does the inclusion of existing ordered antidepressant medications on the medication profile equate to a "Yes" response to Depression Interventions on M2250 and/or M2400 if there is a depression diagnosis? *Yes*

Plan of Care Interventions (QM)

- **Intervention Synopsis at TRN/DC**
- **M2400: Since the previous assessment, were the following interventions BOTH included in the physician-ordered POC & implemented?**
  - **Diabetic Foot care** including monitoring for the presence of skin lesions on the lower extremities and pt/cg education on proper foot care
  - **Falls prevention** interventions
  - **Depression interventions** such as medication, referral for other treatment, or a monitoring plan for current treatment
  - **Interventions to monitor and mitigate pain**
  - **Interventions to prevent pressure ulcers**
  - **Pressure ulcer treatment** based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician?

M2400 TIPS

- Identifies if specific interventions focused on specific problems were both included on the physician-ordered home health plan of care AND implemented as part of care provided during the home health care episode (at the time of the previous OASIS assessment or since that time).
- Review items M1020 Diagnoses Diabetes, M1910 Falls, M1730 Depression, M1240 Pain, M1300 Pressure Ulcers.
- Select “No” if the interventions are not on the plan of care OR if the interventions are on the plan of care but the interventions were not implemented by the time the discharge or transfer assessment was completed.
  - For “No” responses, the clinician should document rationale in the clinical record.

Emergent Care

M2300s

M2300 Emergent Care (QM)

- **Emergent Care:** Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation)?

☐ 0 - No [Go to M2400]

☐ 1 - Yes, used hospital emergency department WITHOUT hospital admission

☐ 2 - Yes, used hospital emergency department WITH hospital admission

☐ UK - Unknown [Go to M2400]

M2300 Emergent Care

- This item **excludes** urgent care services not provided in a hospital ER, including doctor's office visits scheduled less than 24 hours in advance, care provided by an ambulance crew without transport, or care received in urgent care facilities.
  - This item only includes holding and observation in the emergency department setting.
- If a patient went to a ER- Response 1 or 2 should be selected depending on whether or not a hospital admission occurred.
- If patient admitted directly into hospital – Response 0
- Patient who dies on route to hospital is under the care of the HHA.
- A patient who dies in a hospital ER is considered to have been under the care of the ER, not the HHA
  - A transfer assessment, not "Death at Home," should be completed.
  - For M2300, Response " 1 - Yes, used hospital emergency department WITHOUT hospital admission."
- Patient held for observation but never admitted - is emergent care.
  - "Holds" can be longer than 23 hours but emergent care should be reported regardless of the length of the "hold."
  - An OASIS transfer assessment is not required if the patient was never actually admitted to an inpatient facility

M2310 Reason for Emergent Care

- **Reason for Emergent Care**: For what reason(s) did the patient receive emergent care (with or without hospitalization)? **(Mark all that apply.)**

- 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- 2 - Injury caused by fall
- 3 - Respiratory infection (e.g., pneumonia, bronchitis)
- 4 - Other respiratory problem
- 5 - Heart failure (e.g., fluid overload)
- 6 - Cardiac dysrhythmia (irregular heartbeat)
- 7 - Myocardial infarction or chest pain
- 8 - Other heart disease
- 9 - Stroke (CVA) or TIA
- 10 - Hypo/Hyperglycemia, diabetes out of control
- 11 - GI bleeding, obstruction, constipation, impaction
- 12 - Dehydration, malnutrition
- 13 - Urinary tract infection
- 14 - IV catheter-related infection or complication
- 15 - Wound infection or deterioration
- 16 - Uncontrolled pain
- 17 - Acute mental/behavioral health problem
- 18 - Deep vein thrombosis, pulmonary embolus
- 19 - Other than above reasons
- UK - Reason unknown
- **Item used for Home Health Compare (QM)**

M2420 Discharge Disposition (QM)

- **Discharge Disposition:** Where is the patient after discharge from your agency? **(Choose only one answer.)**

☐ 1 - Patient remained in the community (without formal assistive services)

☐ 2 - Patient remained in the community (with formal assistive services)

☐ 3 - Patient transferred to a non-institutional hospice

☐ 4 - Unknown because patient moved to a geographic location not served by this agency

☐ UK - Other unknown

[Go to M0903]

M2420 Discharge Disposition

- Discharge from agency – not to inpatient
- Patients who are in assisted living or board and care housing are considered to be living in the community with formal assistive services.
- Formal assistive services refers to community-based services provided through organizations or by paid helpers.
  - Examples: homemaking services under Medicaid waiver programs, personal care services provided by a home health agency, paid assistance provided by an individual, home-delivered meals provided by organizations like Meals-on-Wheels, informal services are provided by friends, family, neighbors, or other individuals in the community for which no financial compensation is provided.
  - Examples: assistance with ADLs provided by a family member, transportation provided by a friend, meals provided by church members (i.e., meals not provided by the church organization itself, but by individual volunteers). Outpatient therapy.
- Noninstitutional hospice is defined as the patient receiving hospice care at home or a caregiver's home, not in an inpatient hospice facility.

M0903

- **Date of Last (Most Recent) Home Visit:**
  __ __ /__ __ / __ __ __ __ month day year

M0906

- **Discharge/Transfer/Death Date:** Enter the date of the discharge, transfer, or death (at home) of the patient. __ __ /__ __ / __ __ __ __ month day year

Test Your Knowledge

- Patient dies at home on 12/1 after the last SN visit on 11/30. Family calls agency on 12/4 to inform HHA.
- Complete Discharge OASIS RFA 8 (death at home)
  - M0090
  - M0903
  - M0906

Final Thoughts

- Review the OASIS Guidance manual to facilitate proper responses
- Review the Q&As which are updated annually
- Download the quarterly Q&A's to remain current (January, April, June, September)
- Review the CORE Documents to increase proficiency
- If you are taking the certification exam…. Study… Study
  - And GOOD LUCK!!

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Resources

- OASIS-C Guidance Manual
  - Manual Updated December 2012
  - https://www.cms.gov/HomeHealthQualityInits/14_HHQIOASISUserManual.asp
- OASIS-C OBQI Manual
  https://www.cms.gov/HomeHealthQualityInits/16_HHQIOASISOBQI.asp
- OASIS-C OBQM Manual
  https://www.cms.gov/HomeHealthQualityInits/18_HHQIOASISOBQM.asp#TopOfPage http://www.oasisanswers.com/cos-c-exam
- OASIS-C PBQI Manual
  https://www.cms.gov/HomeHealthQualityInits/15_PBQIProcessMeasures.asp#TopOfPage
- PPS Final Rule Home Health
  - August 2007 www.cms.hhs.gov/HomeHealthPPS/downloads/CMS-1541-P.pdf
  - November 2012 CMS 1353-F https://www.cms.gov/center/hha.asp
- WOCN Guidance on OASIS-C Integumentary Items *New Guidance 12/09*
  www.wocn.org
- NPUAP www.npuap.org

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Resources

- American Physical Therapy Association Medication Management Statement http://www.apta.org/uploadedFiles/APTAorg/Payment/Medicare/Coding_and_Billing/Home_Health/Comments/Statement_MedicationManagement_102610.pdf
- Home Health Compare http://www.medicare.gov/HomeHealthCompare/search.aspx
- Home Health Quality Measures https://www.cms.gov/HomeHealthQualityInits/10_HHQIQualityMeasures.asp
- ICD-9 Coding Rapid Reference Guide www.jluhealth.com
- Usher, *ICD-9 Coding for Home Health A Guide to Medical Necessity*, © 2010, Beacon Health
- *INSTANT OASIS-C Answers 2014*, 2014 http://www.oasisanswers.com/products.htm
- COS-C Examination Information http://www.oasisanswers.com/cos-c-exam

ABOUT THE SPEAKER:
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- Degree in Health Information Management (HIM)
- Certified OASIS and Coding Specialist
- Massachusetts Health Information Management Association (MaHIMA), BOD 2004-2011
- Professional Achievement Award Recipient, MaHIMA, 2008
- American Health Information Management Association (AHIMA) delegate 2002-2006
- Taught ICD-9 coding for over 15 years and has educated over 7,500 people nationwide
- Taught OASIS for over 7 years
- Home Care Alliance of MA, Board of Directors, 2012 Foundation Home & Health MA, member QI Committee
- Hospice & Palliative Care Federation MA, Board of Director 2008-2012, member QAPI Committee
- Member, Long term and Post Acute care Committee (LTPAC) of American Health Information Management Association (AHIMA)
- Author, Rapid Reference Coding Guide, 2014 edition www.jluhealth.com © 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 © 2011
- Author, ICD-10 Essentials for Home Care: Your Guide to Preparation & Implementation www.hcmarketplace.com © 2011
- Author, ICD-9-CM Coding for Home Health a Comprehensive Coders Guide www.beaconhealth.org © 2008 1st edition, © 2010 second edition
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