

Objectives The learner will be able to identify the differences in OASIS D1 and OASIS E The learner will understand new items for behavioral health and transfer of health information The learner will be able to understand why the new items are being introduced

Post Acute Care/IMPACT Act

On October 6, 2014, the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 was signed into law

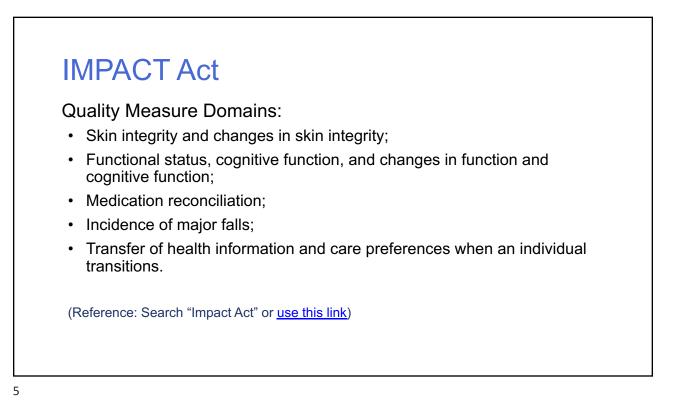
The Act intends for standardized post-acute care data to improve Medicare beneficiary outcomes through shared-decision making, care coordination, and enhanced discharge planning.

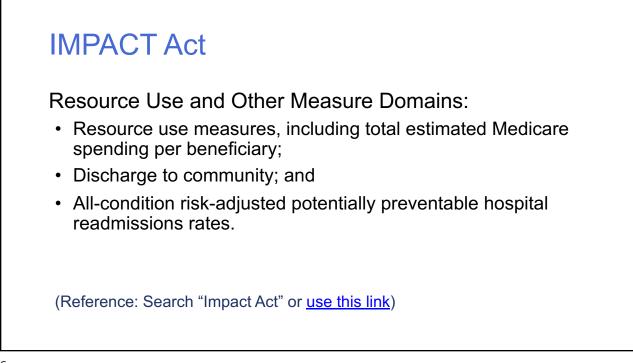
IMPACT Act

CMS Meaningful Measure priority areas are:

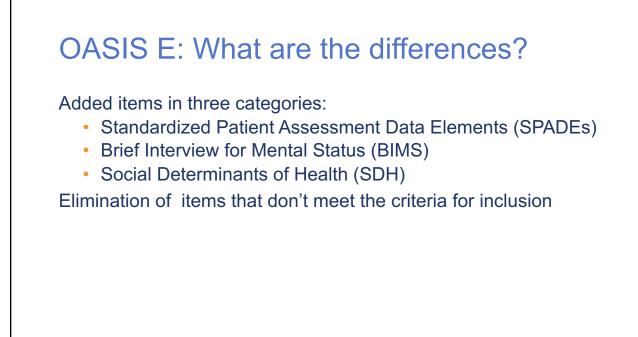
- Promote effective communication and coordination of care
- Promote effective prevention and treatment of chronic disease
- Work with communities to promote best practices of healthy living
- Make care affordable
- Make care safer by reducing harm, cost in the delivery of care
- Strengthen person and family engagement as partners in their care

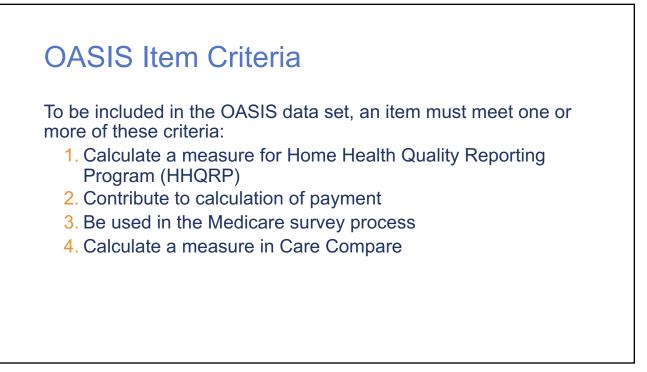
(Reference: Search "Impact Act" or use this link)

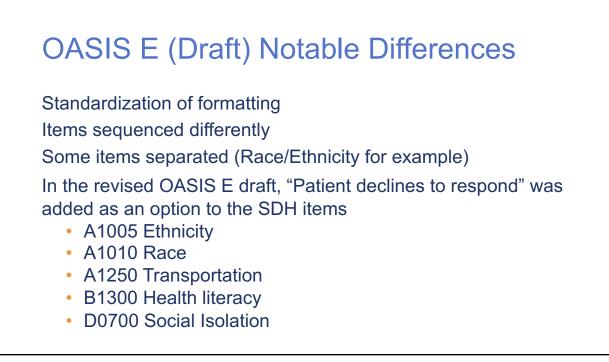




Ad	minis	strative	Burden				
Time #		Elements Added a #DE added for OASIS-E	nd Removed for OAS #DE removed for OASIS-E	SIS-E Net change (+)	#DE in OASIS-E		
SOC	158	59	14		203	57.3 min	
ROC	131	49	8	41	172	48 min	
FU	36	8	C	8	44	13.2 min	
тос	22	. 1	1	0	. 22	6.6 min	
DAH	9	0	C	0	9	2.7 min	
DC	97	51	2	49	146	40.2 min	
Totals	444	168	25	143	596		
Table 6. Propo	sed Change in (Clinician Burden Costs*					
OASIS-E		OASIS-D	DIFFERENCE				
\$900,679,044.	53	\$559,827,580.49	\$340,851,464.04				
			(\$30,020.39 per HHA	,			







Sections of OASIS E

- A Administrative Section
- B Hearing, Speech, and Vision
- C Cognitive Patterns
- D Mood
- E Behavior

F - Preferences for Customary Routine Activities

G - Functional Status

GG - Functional Abilities

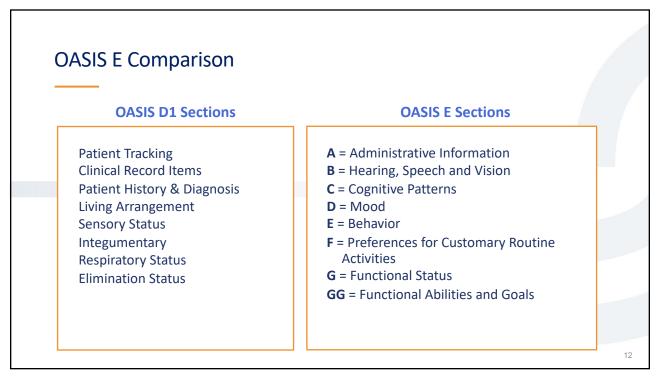
- H Bladder and Bowel
- I Active Diagnoses
- J Health Conditions
- K Swallowing/nutritional status
- M Skin Conditions
- N Medications

O - Special treatment, Procedures, Programs

Q - Participation in Assessment and Goal Setting

Note: No L or P Sections

11





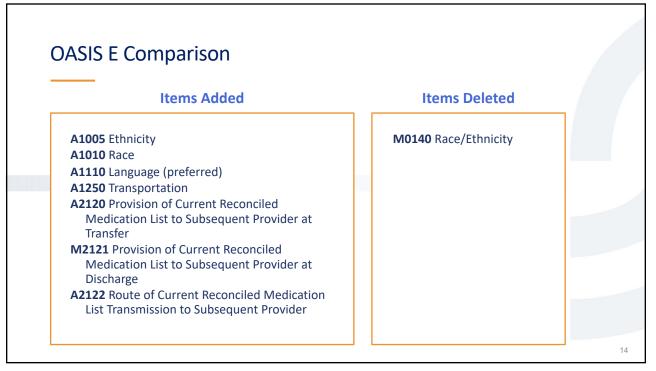
Setting

Q = Participation in Assessment and Goal

13

Functional Abilities & Goals

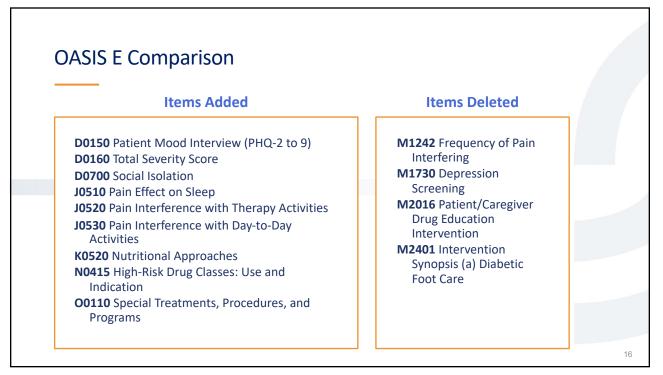
Health Conditions



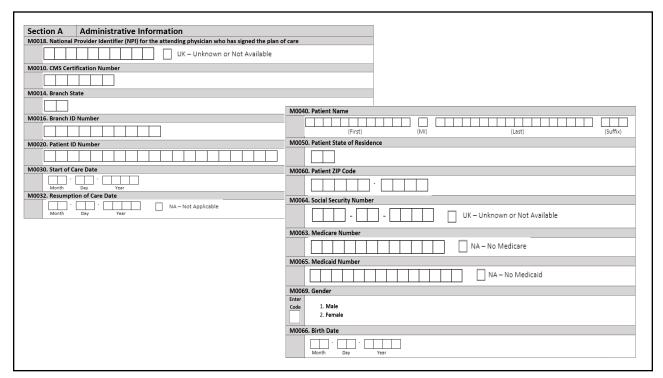
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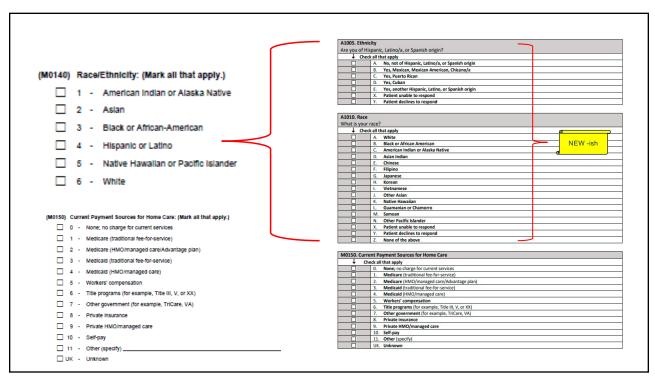
Items Added	Items Deleted
A2123 Provision of Current Reconciled	M1030 Therapies (received
Medication List to Patient at Discharge	at home)
A2124 Route of Current Reconciled Medication	M1051 Pneumococcal
List Transmission to Patient	Vaccine
B0200 Hearing	M1056 Reason
B1000 Vision	Pneumococcal Vaccine
B1300 Health Literacy	not received
C0100 Should BIMS be conducted	M1200 Vision
C0200 Repetition of Three Words	
C0300 Temporal Orientation	
CO400 Recall	
C0500 BIMS Summary Score	
C1310 Signs and Symptoms of Delirium	

15

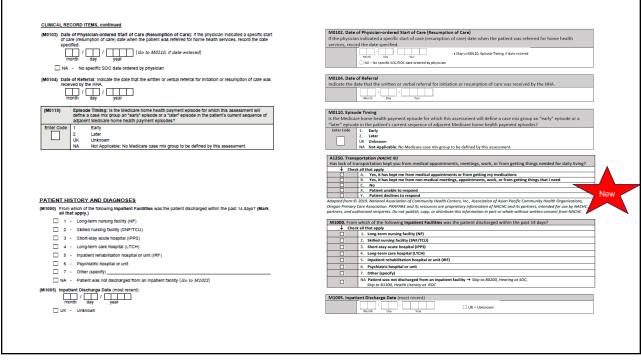




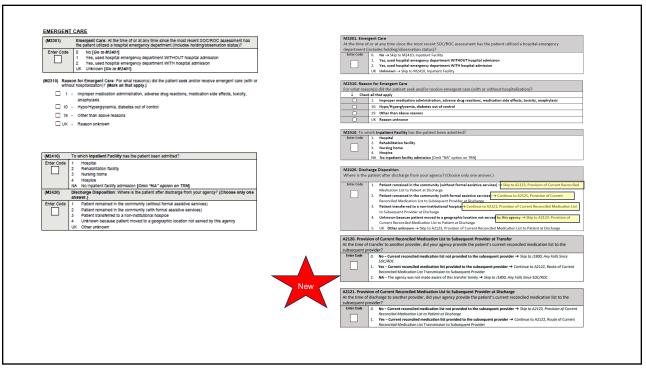










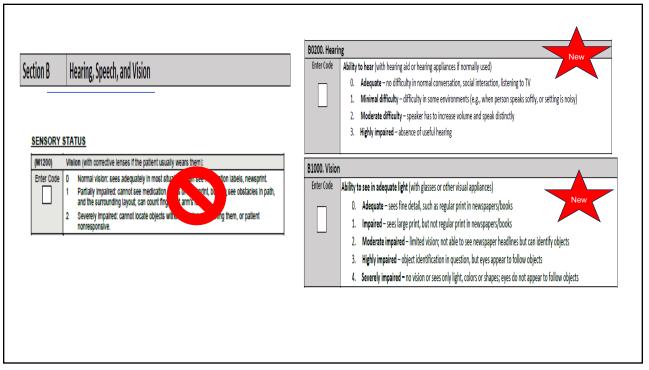


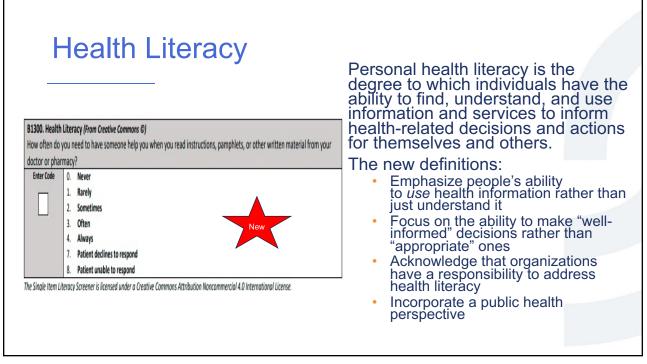
Reconciled	A2122 Route of Current Reconciled Medication List Transmission to S Indicate the route(s) of transmission of the current reconciled medicat	
Madiaationa	Route of Transmission	
Medications	A. Electronic Health Record	
	B. Health Information Exchange Organization	
	C. Verbal (e.g., in-person, telephone, video conferencing)	
	D. Paper-based (e.g., fax, copies, printouts)	
Medication Reconciliation The	E. Other Methods (e.g., texting, email, CDs)	
taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.	1. Tes - Unrent reconcised medication into provide to the Current Reconciled Medication List Transmission to 7 bate A2124. Route of Current Reconciled Medication List Transmission to Indicate the route(s) of transmission of the current reconciled medicat Route of Transmission A. Electronic Health Record	Patient
	B. Health Information Exchange Organization	
	C. Verbal (e.g., in-person, telephone, video conferencing)	
	D. Paper-based (e.g., fax, copies, printouts)	
	E. Other Methods (e.g., texting, email, CDs)	
Transition of Care – The movement of a pa setting of care (hospital, ambulatory primary ambulatory specialty care practice, long-term health, rehabilitation facility) to another.	care practice,	





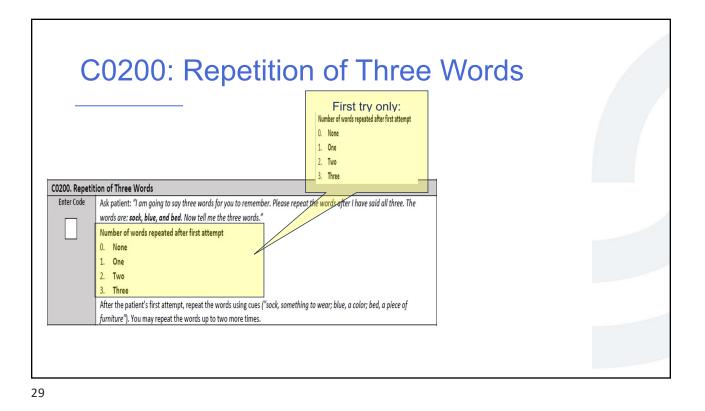


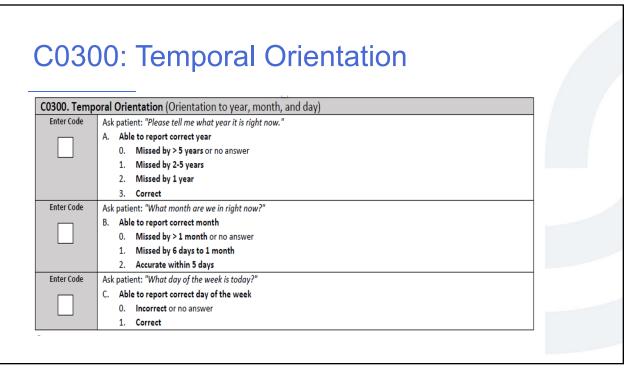


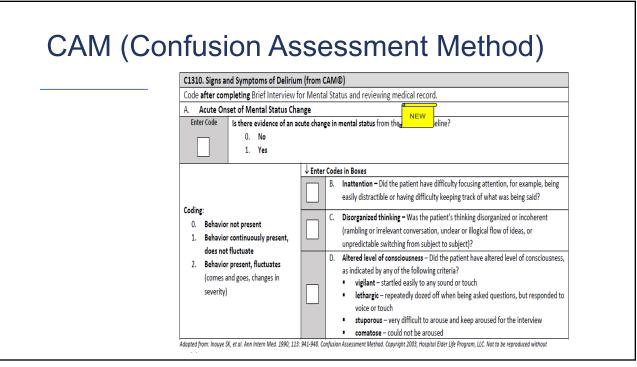


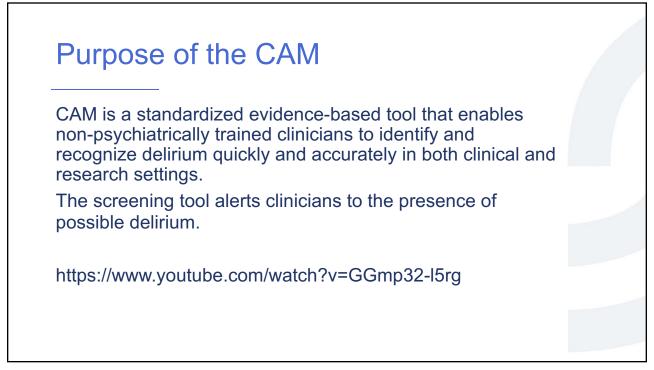
Cognitive		
Section C		
		27

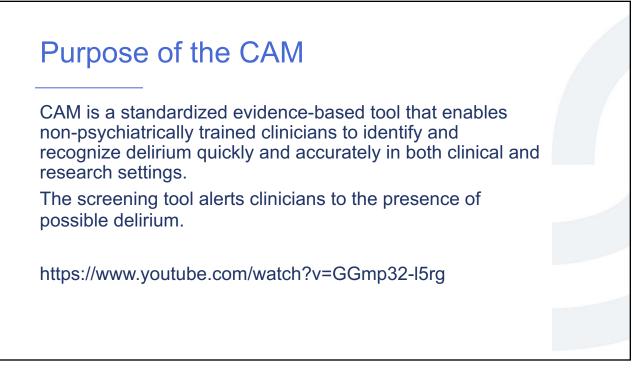
C0300. Temporal Orientation (Orientation to year, month, and day) New cognitive status Ask patient: "Please tell me what year it is right now A. Able to report correct year Enter Code items for OASIS-E П 0. Missed by > 5 years or no answer
1. Missed by 2-5 years
2. Missed by 1 year 3. Correct Ask patient: "What month are we in right now: Enter Code C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted? B. Able to report correct month . . 0. Missed by > 1 month or no answer 1. Missed by 6 days to 1 month Attempt to conduct interview with all patients. 2. Accurate within 5 days Ask patient: "What day of the week is today? Enter Code Enter Code C. Able to report correct day of the week 0. Incorrect or no answer 1. Correct 0. No (patient is rarely/never understood) → Skip to C1310, Signs and Symptoms of Delirium (from CAM ©) 1. Yes → Continue to C0200, Repetition of Three Words CO400. Recall Enter Code Ask patient: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word. Brief Interview for Mental Status (BIMS) П A. Able to recall "sock" No - could not recall 0. Yes, after cueing ("something to wear")
 Yes, no cue required
 Able to recall "blue" C0200. Repetition of Three Words Enter Code Enter Code Ask patient: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The No – could not recall Yes, after cueing ("a color") 0. 1. words are: sock, blue, and bed. Now tell me the three words." . . 2. Yes, no cue required Able to recall "bed" Number of words repeated after first attempt Enter Code С. 0. None 0. No – could not recall 1. Yes, after cueing ("a Yes, after cueing ("a piece of furniture") 1. One 2. Yes, no cue required 2. Two C0500. BIMS Summary Score 3. Three Add scores for questions C0200-C0400 and fill in total score (00-15) Enter 99 if the patient was unable to complete the interview Enter After the patient's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.









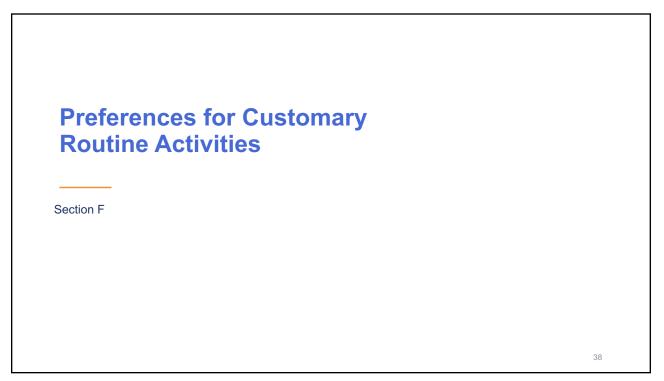


Mood			
Section D			
			34

(M1730)		pression Screening: Has the p dated depression screening too		screened for	r depression, u	ising a stand	lardized,		Section D	Mood						
Enter Code	0	No Yes, patient was screened us	ing the Div	0.201 seale					D0150. Patient Mood I	standay (PHO.2	(to 0)					
	Ľ.	Instructions for this two-ques			or they be	veeks, ho	w often		Say to patient: "Over th			bothered by any of t	the following problems	2"		
		have you been bothered by			ar the	reeko, no	W Olden		If symptom is present, ent				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
					More or th				If yes in column 1, then as							
		PHQ-20*	Not at all	Several days	half of the days	Nearly every day	NA Unable to		Read and show the patien 1. Symptom Presence	t a card with the s		ncy choices. Indicate res m Frequency	ponse in column 2, Symp	tom Frequenc		2.
			0-1 day	2-6 days	7-11 days		s respond	l î	0. No (enter 0 in co	dumn 2)		ver or 1 day		Symp		Sympto
		a) Little Interest or pleasure		1	2	□3			1. Yes (enter 0-3 in			5 days (several days)		Prese		Frequer
		In doing things		- U-			0		9. No response (lea	ave column		L1 days (half or more of		↓Ent	er Score:	in Boxes
		b) Feeling down, depressed, or hopeless?	0	1	2	3	□NA		2 blank).			-14 days (nearly every da	ay)			_
									A. Little interest or plea	sure in doing thin	gs					
	2	Yes, patient was screened wit patient meets criteria for furth	h a differer er evaluatio	nt standardize on for depres	ed, validated a sion.	ssessment a	ind the		B. Feeling down, depres	ssed, or hopeless						
	3	Yes, patient was screened wit patient does not meet criteria				ssessment a	ind the		If either D150A2 or D150B	2 is coded 2 or 3,	CONTINUE askir	g the questions below. I	If not, END the PHQ interv	view.		
					reserved. Rep	produced wit	th permission.		C. Trouble falling or sta	ying asleep, or sle	eping too much					
	-							-	D. Feeling tired or havin	a little energy						
														_		
								\	E. Poor appetite or over							
						_			E. Poor appetite or over F. Feeling bad about yo		u are a failure e	or have let yourself or yo	our family down			
										urself – or that yo						
					-	100 LT	Nev	w	F. Feeling bad about yo G. Trouble concentratin H. Moving or speaking a	urself – or that yo g on things, such a to slowly that othe	as reading the r	ewspaper or watching t	television			
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↓ Check all	e, Behavioral, and Psychiatric Symptoms that are demonstrated <u>at least once a week</u> (Reported or Observed):	Section E	Behavior
	 Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required 	M1740. Cogniti	ive, Behavioral, and Psychiatric Symptoms that are demonstrated at least once a week (Reported or Observed
1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		Check a	all that apply
Ц	 Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions 		 Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required
	Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.		2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities,
	 Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, 	_	jeopardizes safety through actions
	dangerous maneuvers with wheelchair or other objects)		 Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.
	5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)		 Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)
	6. Delusional, hallucinatory, or paranoid behavior		5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)
	7. None of the above behaviors demonstrated		Disruptive, infanctie, or socially inappropriate behavior (excludes verbal actions) Delusional, hallucinatory, or paranoid behavior
			7. None of the above behaviors demonstrated
	3. Several times each month 4. Several times a week 5. At least daily		3. Several times each month 4. Several times a week 5. At least daily



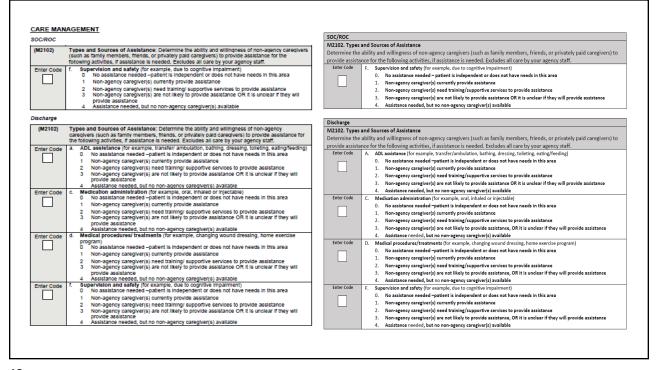
LIVING ARRANGEMENTS

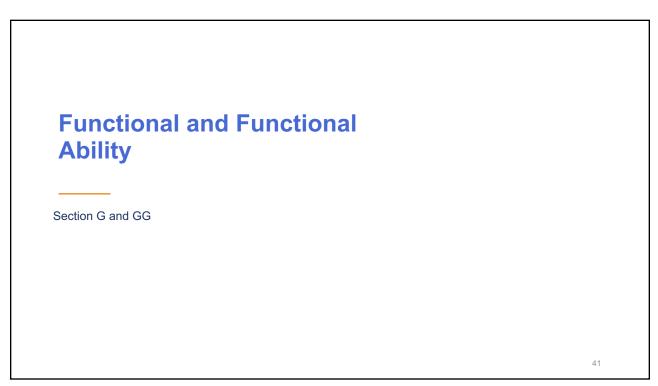
(M1100) Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.)

	Availability of Assistance						
Living Arrangement	Around the clock	Regular daytime	Regular nighttime	Occasional / short-term assistance	No assistance available		
a. Patient lives alone	01	02	03	04	05		
b. Patient lives with other person(s) in the home	06	07	08	09	10		
c. Patient lives in congregate situation (for example, assisted living, residential care home)	11	12	13	14	15		

Section F Preferences for Customary Routine Activities

Availability of Assistance							
Living Arrangement		Around the Clock	Regular Daytime	Regular Nighttime	Occasional/ Short-Term Assistance	No Assistance Available	
				Check one box o	nly↓		
Α.	Patient lives alone	01	0 ₂	0 ₀₃	□ ₀₄	0 ₀₅	
В.	Patient lives with other person(s) in the home	□06	□07	08	09	□ ₁₀	
c.	Patient lives in congregate situation (for example, assisted living, residential care home)	011	□ ₁₂	□ ₁₃	□ ₁₄	□15	





GG and GG Items

No changes to M18-- items except M1870 moved to a different category

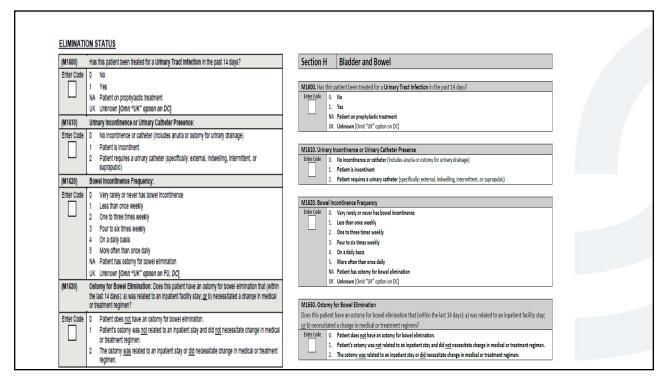
No changes to GG items

42

Bladder and Bowel

Section H

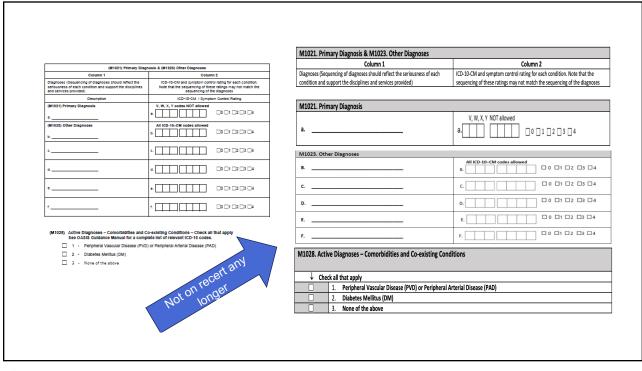
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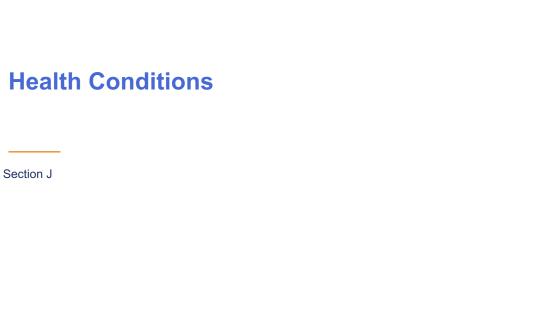


Active Diagnoses

45

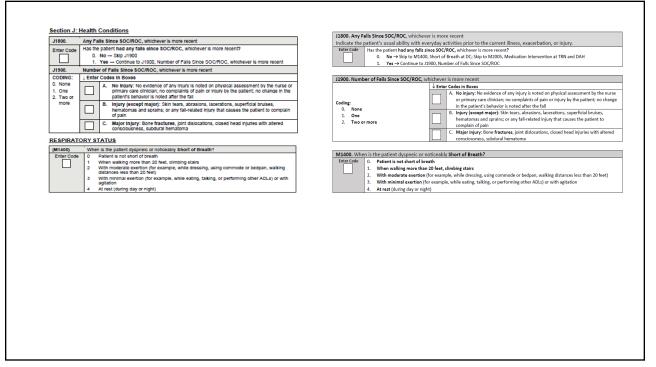
Section I



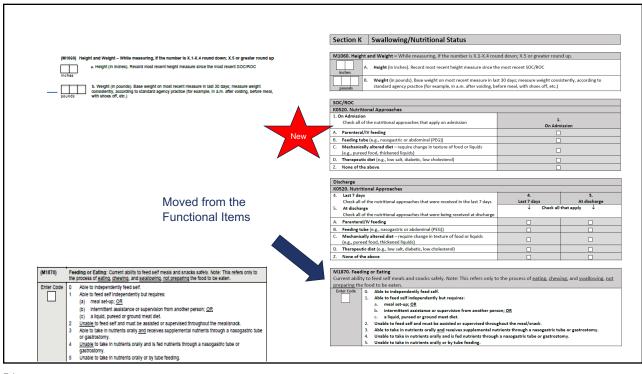


	Section J Health Conditions
(M1033) Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)	M1033. Risk for Hospitalization Which of the following signs or symptoms characterize this patient as at risk for hospitalization?
nospinalization? (wain an una appry.)	Crecks all instra spaping L. Histery of falls [2 or more falls – or any fall with an injury – in the past 12 months) L. Unintentional weight loss of a total of 10 pounds or more in the past 12 months J. Multiple hospitalizations (c) rance jin the past 1 months Multiple hospitalizations (c) rance jin the past 1 months
2 - Unintentional weight loss of a total of 10 pounds or more in the past 12 months	4. Multiple emergency department visits (2 or more) in the past 6 months 5. Decline in mental, emotional, or behavioral status in the past 3 months
3 - Multiple hospitalizations (2 or more) in the past 6 months	diet, exercise) in the past 3 months 7. Currently taking 5 or more medications
4 - Multiple emergency department visits (2 or more) in the past 6 months	
5 - Decline In mental, emotional, or behavioral status in the past 3 months	J0510. Pain Effect on Sleep
6 - Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months 7 - Currently taking 5 or more medications	Einstruction Ada patient:: "Over the pasts 3 doys, how much of the time hear poin model it hand for you to a leep at night" 0. Decens targety - Take not tab any pain or hunting in the past 3 days → Skip to M1400, Short of Breath at SOC/ROC st to 11800 Any fails Since SOC/ROC at DC 1. Rardy or not at all 2. Occasionality 3. Frequently
8 - Currently reports exhaustion	4. Almost constantly d 8. Unable to answer
9 - Other risk(s) not listed in 1 - 8	J0520. Pain Interference with Therapy Activities Enter Code Ack patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to
10 - None of the above	point ²⁴ 0. Does not apply -1 have not received rehabilitation therapy in the past 5 days 1. Reardy or not at all 2. Occessionally 1. Frequently 4. Almost constantly 4. Unable to saver
141540 Economy of Data Interfering with estimatic public or resuments	J0530. Pain Interference with Day-to-Day Activities
(M1242) Prequency of Pain Interfering with patient's activity or movement. Enter Cose 0 Patient has no pain 1 Patient has pain that does not interfere with activity or movement. 2 Less often than daily 3 Daily, but no constantly 4 All of the time	Einter Cole AA partient: "Over the part 5 days, how often you have limited your day-to-day activities (<u>excluding</u> rehabilitation therapy esciola) Access of pain?" 1. Rarely or not at all 2. Occasionally 3. Fraquently 4. Almost contantly Unable to answer

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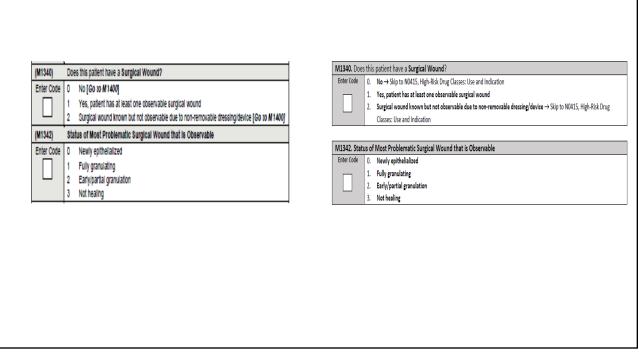




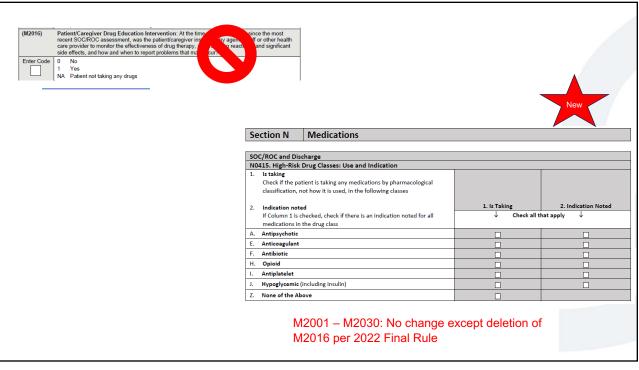
		M1306, M1307: No change
IOC/ROC		
(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number	SOC/ROC M1311. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
A1. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured bilster. Number of Stage 2 pressure ulcers		Enter Number A1. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slou May also present as an instact or open/ruptured bilster. Number of Stage 2: pressure ulers
		Graphics change only
=ollow-Up		
(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number	
A1. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured bilster. Number of Stage 2 pressure ulcers		Follow-up version not indicated?
Discharge		
(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number	Discharge
A1. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink		M1311. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage Enter Number A1. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough
		May also present as an intact or open/ruptured blister. Number of Stage 2 pressure ukers – If 0 → Skip to M1311B1, Stage 3
wound bed, without slough. May also present as an intact or open/ruptured blister. Number of Stage 2 pressure ulcers		
wound bed, without slough. May also present as an intact or open/ruptured bilitier. Number of Stage 2 pressure ulcers [if 0 – Go to M131181, Stage 3] A2. Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC		A2. Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC
wound bed, without slough. May also present as an intact or open/ruptured blister. Number of stage 2 pressure ulcore [If 0 – Go to M1311B1, Stage 3]		A2. Number of <u>these</u> Stage 2 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC
wound bed, without slough. May also present as an intact or open/ruptured bilitier. Number of Stage 2 pressure ulcers [if 0 – Go to M131181, Stage 3] A2. Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC		
wound bed, without slough. May also present as an intact or open/ruptured bilitier. Number of Stage 2 pressure ulcers [if 0 – Go to M131181, Stage 3] A2. Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC		A2. Number of mean stage 2 pressure dicers that were present at most recent soci, koc
wound bed, without slough. May also present as an intact or open/ruptured bilitier. Number of Stage 2 pressure ulcers [if 0 – Go to M131181, Stage 3] A2. Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC		
wound bed, without slough. May also present as an intact or open/ruptured bilitier. Number of Stage 2 pressure ulcers [if 0 – Go to M131181, Stage 3] A2. Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC		

No changes	
M1322. Current Number of Stage 1 Pressure Injuries Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching, in dark skin tones only it may appear with persistent blue or purple hues. Enter Cole 0 1 2 3 4 or more	
M1324. Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable Excludes pressure ulcer/Injury that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or exchar, or otep tissue injury. Enter Code 1. Stage 1 2. Stage 2 3. Stage 3 3. Stage 4 NA Patient has no pressure ulcers/injuries or no stageable pressure ulcers/injuries	
M1330. Does this patient have a Stasis Ulcer? Enter Cold 0. Ne → Skip to M1340, Surgical Wound Ves, patient has OBT /> beservable ratasis ulcers Ves, patient has observable stasis ulcers ONLY Ves, patient has unobservable stasis ulcers ONLY	
M1332. Current Number of Stasis Ulcer(s) that are Observable Enter Code 1. One 2. Two 3. Three 4. Four	
M1334. Status of Most Problematic Stasis Ulcer that is Observable Enter Code 1. Fully granulating 2. Entry/partial granulation 3. Not healing	



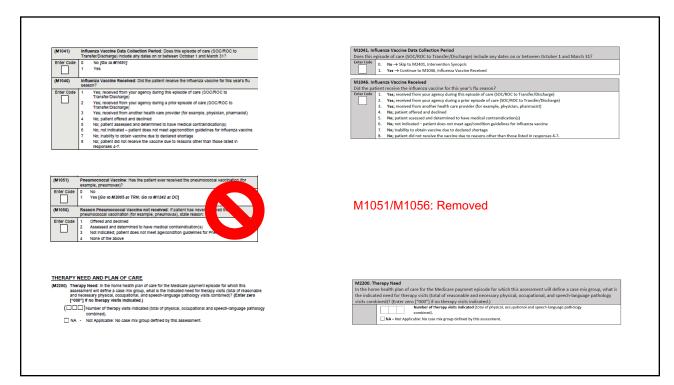








	Section O Special Treatment, Procedures, and Programs	
	SOC/ROC	
	O0110. Special Treatments, Procedures, and Programs	a. On Admission
Net	Check all of the following treatments, procedures, and programs that apply on admission.	Check all that apply
	Cancer Treatments	
	A1. Chemotherapy	
	A2. IV	
	A3. Oral	
	A10. Other	
	B1. Radiation	
	Respiratory Therapies	
	C1. Oxygen Therapy	
	C2. Continuous C3. Intermittent	
	C3. Intermittent C4. High-concentration	
nt receives at home: (Mark all that apply.)	D1. Suctioning	
n receives <u>at nome</u> . (Mark all that apply.)	D2. Scheduled	
or infusion therapy (excludes TPN)	D3. As needed	
	E1. Tracheostomy Care	
utrition (TPN or lipids)	F1. Invasive Mechanical Ventilator (ventilator or respirator)	
	G1. Non-invasive Mechanical Ventilator	
n (nasogastric, gastrostomy, jejunoston any other	G2. BIPAP	
sanal)	G3. CPAP	
he above	Other	
le above	H1. IV Medications	
	H2. Vasoactive medications	
	H3. Antibiotics	
	H4. Anticoagulation	
	H10. Other	
	11. Transfusions	
	J1. Dialysis	
	J2. Hemodialysis	
	J3. Peritoneal dialysis O1. IV Access	
	O1. IV Access O2. Peripheral	
	O3. Mid-line	
	OS. Mid-line O4. Central (e.g., PICC, tunneled, port)	
	None of the Above	U
	Z1. None of the Above	



Participation in Assessment and Goal Setting

Section Q

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	(01) Intervention Synopsis: (Check on recent SOC/ROC assessment, wer plan of care AND implemented?	nly <u>one</u> t re the fo	oox in ea lowing in	ch row.) A terventior	It the time of or at any time since the most is BOTH included in the physician-ordered
	Plan / Intervention	No	Yes	Not Applicable	
a.	Diabetic foot care include time foring for the presence of site to the lower extremities and patient/caregiver education proper foot care	D	01	DNA	Patient is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee).
b.	Falls prevention interventions	D	ים		Every standardized, validated multi-factor fail risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no risk for fails.
C.	Depression Intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	D	D1	<u>□</u> NA	Patient has no diagnosis of depression AND every standardized, validated depression screening conducted at or since the most recent SOC/ROC assessment indicates the patient has: 1) no symptoms of depression but does not meet ortieria for further evaluation of depression based on screening tooi used
d.	Intervention(s) to monitor and mitigate pain	D	ים		Every standardized, validated pain assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no pain.
e.	Intervention(s) to prevent pressure ulcers	D	01	DNA	Every standardized, validated pressure ulcer risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient is not at risk of developing pressure ulcers.
t.	Pressure ulcer treatment based on principles of moist wound healing	D	D1		Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.

Se	Section Q Participation in Assessment and Goal Setting						
	401. Interventi						
						vere the following interventions BOTH included in the	
ph	ysician-ordered	plan of care AND i	mplement	ed? (Mark o	nly one box in e	each row.)	
					Not		
Pla	n/Intervention		No	Yes	Applicable		
			↓Check	only one box	in each row↓		
в.	Falls prevention	interventions	0		□ NA	Every standardized, validated multi-factor fall risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no risk for falls.	
c.	medication, refe	monitoring plan	□ ₀	□1	□ _{NA}	Patient has no diagnosis of depression AND every standardized, validated depression screening conducted at or since the most recent SOC/ROC assessment indicates the patient has: 1] no symptoms of depression; or 2] has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.	
D.	Intervention(s) mitigate pain	to monitor and	0	1		Every standardized, validated pain assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no pain.	
E.	Intervention(s) pressure ulcers	to prevent	0		□ _{NA}	Every standardized, validated pressure ulcer risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient is not at risk of developing pressure ulcers.	
F.		reatment based on ist wound healing	0	□ 1	□ _{NA}	Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.	

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Miscellaneous

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Social Determinants of Health Emerging focus = Social Determinants of Health (SDOH) Dually-eligible enrollees Focuses of CMS Population health Reduction of health care spending Patient/caregiver satisfaction Past initiatives have focused on Increasing access to health care Treating medical conditions

How Will OASIS E be used?

- Patient-Driven Groupings Model (PDGM) Functional Grouper Scoring
- Home Health Quality Reporting Program (HHQRP) measures
- Star Ratings on Care Compare
- Value Based Purchasing (VBP)



PDGM Items from OASIS E As far as we know now, these items will <u>continue</u> to contribute to payment calculations under PDGM: M1033 Risk for Hospitalization M1800 Grooming M1810 Ability to Dress Upper Body M1820 Ability to Dress Lower Body M1830 Bathing M1840 Toilet Transferring M1845 Toileting Hygiene M1850 Transferring M1860 Ambulation/Locomotion

2022 HHQRP Measures – Claims

	Claims-based
ACH	Acute Care Hospitalization During the First 60 Days of HH (NQF #0171).
DTC	Discharge to Community-Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP) (NQF #3477)
ED Use	Emergency Department Use without Hospitalization During the First 60 Days of HH (NQF #0173).
MSPB	Total Estimated Medicare Spending Per Beneficiary (MSPB)-Post Acute Care (PAC) HH QRP.
PPR	Potentially Preventable 30-Day Post-Discharge Readmission Measure for HH Quality Reporting Program.

2022 HHQRP Measures – <u>HHCAHPS</u>

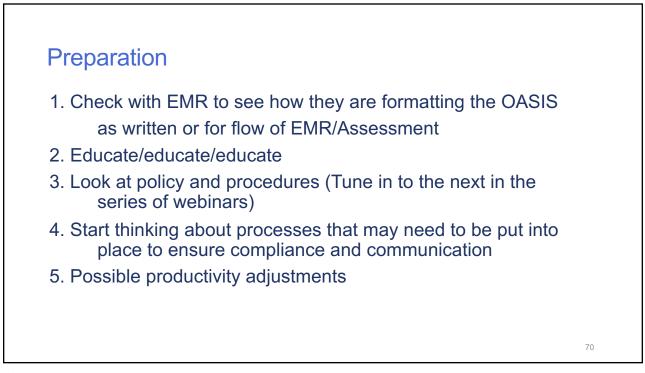
HHCAHPS-based				
CAHPS Home Health	CAHPS® Home Health Care Survey (experience with care) (NQF #0517) ⁵⁰			
Survey	- How often the HH team gave care in a professional way.			
	- How well did the HH team communicate with patients.			
	- Did the HH team discuss medicines, pain, and home safety with patients.			
	- How do patients rate the overall care from the HHA.			
	- Will patients recommend the HHA to friends and family.			

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2022 HHQRP Measures – OASIS-Based

Short Name	Measure Name & Data Source
	OASIS-based
Ambulation	Improvement in Ambulation/Locomotion (NQF #0167).
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).
Application of Functional	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional
Assessment	Assessment and a Care Plan That Addresses Function (NQF #2631).
Bathing	Improvement in Bathing (NQF #0174).
Bed Transferring	Improvement in Bed Transferring (NQF # 0175).
DRR	Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) HH QRP.
Drug Education	Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care.
Dyspnea	Improvement in Dyspnea.
Influenza	Influenza Immunization Received for Current Flu Season
Oral Medications	Improvement in Management of Oral Medications (NQF #0176).
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care
Timely Care	Timely Initiation Of Care (NQF #0526).
TOH - Provider	Transfer of Health Information to Provider-Post-Acute Care ⁴⁸
TOH - Patient	Transfer of Health Information to Patient-Post-Acute Care ⁴⁹





Questions?

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