

OASIS Matters

News from the Texas OASIS Helpdesk

July 2015

First Reporting Period for the New Quality Assessments Only (QAO) Measure Began July 1, 2015! Will Your Score Impact Your Payment?

The first 12-Month annual payment performance period for the new Quality Assessments Only (QAO) metric began July 1, 2015 and runs through June 30, 2016. The QAO metric will be used to assess home health agencies' (HHAs) compliance with the new "Pay-for-Reporting Performance Requirement".

HHAs with compliance levels below 70 percent on the QAO metric will see a 2 percentage point reduction in their annual payment update (APU) for calendar year 2017.

CMS has distributed informational QAO Historical Performance Reports to home health agencies' CASPER Shared Folders. The QAO Historical Performance Reports are based on the home health agency's 2013-2014 OASIS assessment submissions to assist home health agencies in assessing their current level of QAO compliance. These reports will show the calculation of the QAO metric based on OASIS assessment submissions during the APU performance reporting period July 2013 – June 2014. You can compare your QAO score on this 2013-2014 QAO Performance Report to see how you measure up to meet the 2015-2016 standard score of 70. The QAO score on your agency's 2013-2014 QAO Historical Performance Report will NOT be used to evaluate the HHA's performance for 2014-2015. The reports are purely informational. The QAO Performance Report will also provide guidance on how to improve your score if your agency would not have met the 2015-2016 standard score of 70.

Note: QAO Historical Performance Reports will be available in the CASPER folders for 120 days, or until October 26, 2015.

CMS provided a Special Open Door Forum: Home Health Quality Reporting Requirements: Quality Assessment Only (QAO) Measure Review and Historical Performance on June 2, 2015. For more information on the Home Health Quality Reporting Requirements and the slide deck for the materials presented in the Special Open Door Forum, go to:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Requirements.html>



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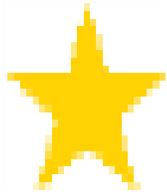
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WORRIED ABOUT YOUR HOME HEALTH AGENCY'S QAO METRIC SCORE?

HERE ARE A FEW TIPS FROM YOUR TEXAS OASIS EDUCATION COORDINATORS:

- ◆ Make sure your agency complies with the Medicare Conditions of Participation for Outcomes and Assessment Information Set (OASIS) Reporting requirements at 42§CFR 484.20 and Comprehensive Assessment requirements at 42§CFR 484.55.
- ◆ Complete all required OASIS assessments.
- ◆ Submit within 30 days of completing the assessments (M0090 - Date assessment completed).
- ◆ Make sure to review your agency's Final Validation Reports to ensure the OASIS assessments were successfully submitted. This means the assessment was accepted.
- ◆ The [OASIS Assessment Reference Sheet](#) provides a great reference tool for the reasons for assessments, time frame to complete the assessments as well as when to submit the assessments.



The Quality of Patient Care Star Ratings will be published on Home Health Compare

beginning July 16, 2015, and will be updated on a quarterly basis. The second round of Quality of Patient

Care Star Rating Provider Preview reports, showing the calculation of the star rating to be published in October 2015 has also been distributed to home health agencies' CASPER shared folders. The reports will be available in CASPER folders for 120 days, or until October 26, 2015.

“Quality of Patient Care Star Ratings to be Posted on Home Health Compare in July; Provider Preview Reports for October Distributed”

**GOOD NEWS!
THE OASIS-C1/ICD-10 GUIDANCE
MANUAL AND DATA SET FINALIZED!**

The **OASIS-C1 / ICD-10 version** of the OASIS data set received Paperwork Reduction Act approval from the Office of Management and Budget (OMB) on May 29, 2015. The complete set of OASIS-C1/ICD-10 data items, as well as the subsets of OASIS-C1/ICD-10 items that are to be collected at each time point (Start of Care, Recertification, etc.) can be found in the Downloads section on the following CMS link:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-C1-DataSets.html>

The OASIS-C1/ICD-10 data set is scheduled to be the version required for all assessments completed on or after **October 1, 2015**, when ICD-10 is scheduled to be implemented by CMS. Detailed instructions for use of the OASIS-C1/ICD-10 data set can be found in the OASIS-C1/ICD-10 Guidance Manual, which is posted on the following CMS OASIS User Manuals link:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>

The only change between the draft OASIS-C1/ICD-10 Guidance Manual and the final version is the addition of the OMB approval number: OMB #0938-1279.

Appendix G of the OASIS-C1/ICD-10 Guidance Manual contains a table (Table G2) that indicates the changes from OASIS-C1/ICD-9 version to the OASIS-C1/ICD-10 version.

The **OASIS-C1 / ICD-10 version** data must be encoded and submitted to CMS using the OASIS Data Specifications, version 2.12.n. These can be accessed via the “OASIS Data Specifications” link at:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/DataSpecifications.html>



TWO NEW MEASURES TO BE POSTED ON HOME HEALTH COMPARE

Beginning in July 2015, two new quality measures will be added to home health compare:

- Re-hospitalization During the First 30 Days of Home Health
- Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health

HOME HEALTH COMPARE PROVIDER PREVIEW REPORTS PUBLISHED QUARTERLY

As of April 1, 2015, home health agencies began to receive Home Health Compare Provider Preview Reports for all process and outcome measures on a quarterly basis instead of an annual basis. The Home Health Compare Provider Preview Reports have been distributed to home health agencies in the CASPER shared folders.

Need To Know information! Proposed Rule Would Modernize Medicare's Home Health Agency Conditions of Participation!

The most current home health agency practices are reflected in the proposed regulation by focusing on the care provided to patients and the impact of that care on patient outcomes. The focus of the proposed regulation is placed on assuring the protection and promotion of patient rights; enhances the process for care planning, delivery, and coordination of services; streamlines regulatory requirements; and builds a foundation for ongoing, data-driven, agency-wide quality improvement.

Proposed regulation changes to Current Medicare Conditions of Participation can be found in the Federal Register / Vol. 79, No. 196 / Thursday, October 9, 2014 / Proposed Rules, located at the following link:

[CMS-3819-P](#)

A Home Health Crosswalk (Cross Reference of Current to Proposed Requirements) can be found on page 61188 of the above link.

Single Helpdesk for Home Health Quality Questions

Questions about home health quality measures, home health pay-for-reporting and the QAO metric, home health Quality of Patient Care Star Ratings and star rating preview reports can all be submitted to: HomeHealthQualityQuestions@cms.hhs.gov

Home Health, Hospice & Durable Medical Equipment Open Door Forum

The Home Health, Hospice & Durable Medical Equipment Open Door Forum (ODF) addresses the concerns of three unique health care areas within the Medicare & Medicaid programs.

Home Health PPS, CASPER reports, payment policy updates, home health claim processing updates, clarifications regarding important rule making, and home health program initiatives are just a few of the home health topics and announcements that CMS discusses. CMS even takes questions during the ODFs! Special ODFs are held to independently discuss new and important program topics such as the Home Health Star Rating and the Quality Assessment Only metric.

To sign up for Home Health, Hospice & Durable Medical Equipment Open Door Forum notifications follow the links below. Click on the following link: <https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/>

RESOURCES AND IMPORTANT LINKS

(CTRL + CLICK to access links!)

DADS OASIS Resource page: <http://www.dads.state.tx.us/providers/HCSSA/oasis.html>

OASIS-C1/ ICD-9 Guidance Manual: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>

OASIS-C1/ ICD-10 Guidance Manual: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>

Guide to OASIS-C1/ ICD-10 Guidance Manual changes: [OASIS-C1/ ICD-9 Guidance Manual changes, in transition to OASIS-C1/ ICD-10:](#)

OASIS Submission Users Guide available: <https://www.gtso.com/hhatrain.html>

OASIS Questions and Answers: <https://www.gtso.com/hhatrain.html>



Are You Missing Out On Important Information?

HOW TO STAY INFORMED

Receive MLN Connects Provider eNews.

Click on [subscribe now](#) to receive the weekly *MLN Connects Provider eNews* for the latest Fee-For-Service program information, event announcements, claims and pricer information, and MLN educational product updates.

Participate in Home Health, Hospice & DME Open Door Forums.

Click on [Home Health, Hospice & Durable Medical Equipment Open Door Forum](#) and scroll down to “Related Links”. Click on Home Health, Hospice & DME Open Door Forum Mailing List Sign Up.

Receive Texas Department of Aging and Disability Services Home and Community Support Services Agencies (HCSSA) news and alerts.

Sign up here: https://service.govdelivery.com/accounts/TXHHSC/subscriber/new?topic_id=TXHHSC

Join CMS Mailing lists. [Press Releases - Opens in a new window](#)

Register for Palmetto email updates: [PalmettoGBA.com: Registration page](#)



Technically Speaking

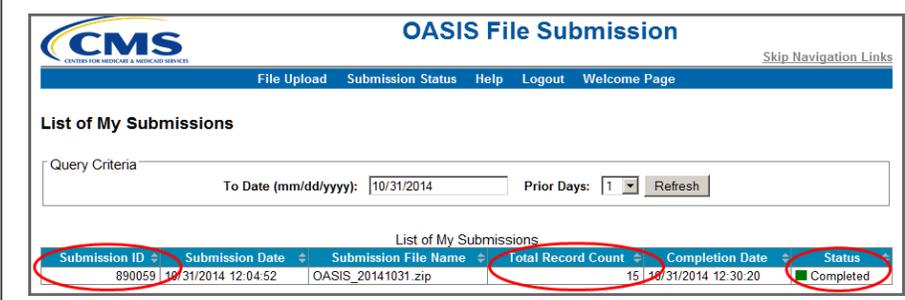
Information and Tips from the Texas OASIS Automation Coordinators

Sometimes when an agency submits OASIS information they don't receive their Final Validation Report (FVR), even after waiting days or weeks later. They receive the OASIS File Submission report that shows the submission ID, date/time of submission and file name, but no FVRs are returned. It's frustrating, but here's some helpful information.

One reason can be due to the incorrect facility ID in the assessment software. Did your agency change software? Do you rely on a vendor to enter the information? If the facility ID is wrong, the database reads the incorrect ID and does not process the file. The OASIS system cannot process records when it is unable to determine to which agency the records belong. If that happens to you, check the agency information in the software for any inaccurate information. Another reason can be that the file submitted was not in a .zip file format. Make sure this is the format your software submits.

Always determine if your submission file was processed successfully. When you log into the OASIS File Submission System, the File Upload page is presented. Select the Submission Status link on the OASIS File Submission File Upload page. Locate your submission file and verify the Status is "Completed". A Completed status means the submitted file process is complete. For submission files with a Completed status, make sure to note the "Total Record Count". Refer to Figure a.

Figure a.



Submission ID	Submission Date	Submission File Name	Total Record Count	Completion Date	Status
890059	10/31/2014 12:04:52	OASIS_20141031.zip	15	10/31/2014 12:30:20	Completed

When the Status is "Completed" and the Total Record Count is zero (0), the OASIS system did not process the file and a Final Validation Report is NOT generated. There is a problem.

To determine the reason why files are not processed and a Final Validation Report was not generated, you can run a CASPER report called a Submitter Final Validation Report.

Log in to CASPER.

Go to the Reports category.

On the left side of the screen, select the HHA Provider category.

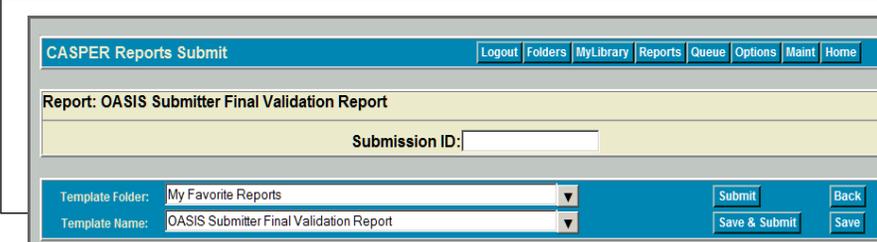
On the right side of the screen, look for the Submitter Final Validation Report.

If you don't see it, use the page #s and go to the next page until you find it. It will be toward the end of reports.

The person who performed the OASIS transmission will need to enter the submission ID from the submission report.

The report will be returned in your folder and will list why the file failed. Refer to Figure b.

Figure b.



For a Quick Reference Guide to Submissions, status, and FVR reports please see Appendix A of the Submission Users Guide at this link: [Appendix A](#)