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Your Top OASIS-E Questions Answered

By MedBridge

Overview

With the recent rollout of OASIS-E, the most substantial revision to OASIS for years, home health employees are facing a significant learning curve. To help your staff get up to speed faster, we partnered with industry experts K&K Health Care Solutions to answer some of the most pressing questions we've been receiving from clinicians about OASIS-E.

This eBook will dive into:

1. Whether OASIS-E documentation timelines and deadlines differ from previous versions of OASIS
2. How to accurately address some of the new OASIS-E items that clinicians are finding most challenging
3. How MedBridge can help

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Documentation Timelines

Does CMS have a regulation for timeliness of OASIS-E documentation?

Yes, the CMS Home Health Conditions of Participation (CoPs) require that home health agencies electronically transmit accurate, completed, and encoded OASIS data to a centralized data submission system within 30 days of completing the assessment (M0090 Date Assessment Completed). You can refer to the QIES Technical Support Office (QTSO) website for more information.

How much longer do you anticipate OASIS-E admissions will initially take for staff to complete?

The expectation is for times to be longer in January and start to return to “normal” over February and March as clinicians become more comfortable with the new items.

Early indicators are that time spent in the home for an admission has been running about 30 minutes longer than usual since the beginning of OASIS-E implementation, although some visits are shorter and some are longer.

Download our guide Thriving with OASIS-E: What’s Changed and How to Best Train Your Staff to learn how to improve staff competency and confidence with OASIS-E.

OASIS-E in Practice

For B1300, Health Literacy, if the patient inflates their answer, do we record it as is? I can see that patients don't want to be thought of as not being able to understand directions.

The official guidance instructs the data collector to select the response provided by the patient without interpretation. If it appears that the response might not be accurate based on the overall assessment of the patient, that can be noted in the documentation and addressed over the course of care, but the initial response provided by the patient shouldn't be changed.

For the "indication noted box" in item N0415, High-Risk Drug Classes: Use and Indication, do we only look to the medication list for the indication, or can we extrapolate from the problem list? As an example, glipizide is on the medication list, but no physician has listed that it is for treatment of hypoglycemia. Diabetes is on the problem list. Would the indication box get checked for hypoglycemic?

The guidance states, "If Column 1 is checked (patient is taking medication in the drug class), review patient documentation to determine if there is a documented indication noted for all medications in the drug class (Column 2)." Currently clinicians can't extrapolate from a problem list, so in the example given, they shouldn't check the "indication noted" box for hypoglycemic. Future clarifications could alter this guidance, so it's important to monitor official CMS updates.

For therapy-only cases, is the policy on medication reconciliation different in OASIS-E, and does the RN still need to perform medication reconciliation?

The involvement of nursing in the medication reconciliation process for cases that only have therapy services providing care is driven by the by the Medicare CoPs and is not an OASIS-driven issue, so is not different in OASIS-E.

Is it true that the Follow-up/Recertification assessment no longer needs ICD-10 codes in OASIS-E? If so, what happens with Plan of Care and Resumption of Care?

The OASIS-E document required for Recertification no longer includes M1021 or M1023 regarding primary or secondary diagnoses, so there is no place to enter them. The diagnosis codes for the Plan of Care at Recertification should be reviewed and updated as part of determining whether to continue care and to ensure the correct information is on the billing claim for that episode. The Resumption of Care document does contain both M1021 and M1023, so diagnoses would be reported in OASIS.

OASIS-E in Practice

Continued

If a different diagnosis is appropriate at Recertification, then we should include that diagnosis. Are we able to add diagnoses at Recertification even though the OASIS items have been removed? Where would you update the diagnosis since we can't go back to the Start of Care?

At Recertification, the diagnoses can be updated on the Plan of Care and in the clinical documentation as there is no OASIS item at that time point to capture it. Going back to the Start of Care would not be appropriate.

In the past, pain hasn't been tracked for outcomes, risk adjustment, or value-based purchasing. Did this change with the additional pain questions in OASIS-E?

Currently the expanded pain questions are not tied to public reporting of outcomes or value-based purchasing as we have no baseline information, but that can change as data collection moves forward. Regardless, all OASIS items need to be collected consistently, following the most current guidance.

Some of my OASIS clinicians have been taught that they only need to answer one GG goal and can record a dash (not answered) for the rest of them. Do they still need to assess and set a goal for all the GG questions that can be assessed?

Agencies aren't required to complete more than one self-care or mobility discharge goal, although they may choose to do so. Clinicians should use a dash to indicate any remaining self-care or mobility goals where a discharge goal is not established.

Agencies may report a discharge goal for all GG0130 and GG0170 activities. Use agency policies, practices, and clinical judgment to determine when and how discharge goals will be established and how goals and interventions will be documented on the Plan of Care.

For some additional context, here are Response-Specific Instructions from CMS for both GG0130 and GG0170:

Agencies are required to complete a discharge goal for a minimum of one of the following self-care or mobility activities:

GG0130A2 – Eating

GG0130B2 – Oral hygiene

GG0130C2 – Toileting hygiene

GG0170B2 – Sit to lying

GG0170C2 – Lying to sitting on side of bed

GG0170D2 – Sit to stand

GG0170E2 – Chair/bed-to-chair transfer

GG0170F2 – Toilet transfer

GG0170J2 – Walk 50 feet with two turns

GG0170K2 – Walk 150 feet

GG0170R2 – Wheel 50 feet with two turns

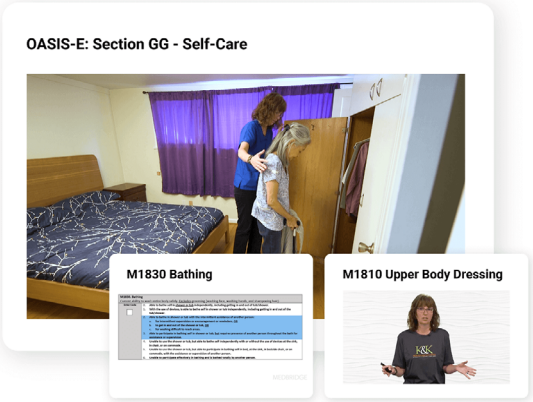
GG0170S2 – Wheel 150 feet

Regarding the MAHC 10 — Fall Risk Assessment Tool, how do we show functional improvement if patients are still a fall risk at discharge?

OASIS-E doesn't require the use of a specific tool to assess for fall risk at the time of discharge, so using the MAHC 10 tool wouldn't be mandatory in this situation if you determine that it isn't appropriate. Agencies can decide which tool(s), if any, they will use as part of determining the level of safe functional ability at discharge. Information collected using a formal instrument is only one option available to you when assessing fall risk at discharge.

How MedBridge Can Help

The MedBridge OASIS Training Solution includes a comprehensive series of integrated, effective OASIS course packages, designed to provide your clinicians with everything they need to know about OASIS-E while keeping their skills sharp over time. By providing education directly to staff rather than trainers, our courses elevate efficiency and accuracy. The OASIS Training Solution has helped agencies **reduce OASIS errors by 28 percent, which could lead to additional reimbursement of $150 per patient episode under the value-based purchasing model.**



Developed in partnership with K&K Health Care Solutions, leading experts in in home health compliance and regulatory education, our solution allows organizations to provide the right level of training for their staff, from onboarding to refreshers, which has led to reduced errors. And because it's integrated with our Learning Management System, it allows you to easily create, administer, customize, and scale automated training programs and view completion status.

MedBridge OASIS-E Courses

OASIS-E Certificate Program (approximately 8 hours)
Help your staff members distinguish themselves, expand their expertise, and gain confidence with our OASIS-E Certificate Program.

Full 10-Course Series (approximately 6 hours)
Prepare your team with our refreshed full course series covering sections A-Q of OASIS-E and featuring new hands-on patient demonstrations.

New Items Course (approximately 45 minutes)
Provide experienced clinicians with this concise course focusing on the 27 items new to OASIS-E.

Boosters (approximately 2 to 7 minutes each)
Keep skills sharp with targeted boosters, recently updated to include items impacting PDGM and HHVBP.

Case Scenarios (approximately 1 hour)
Help clinicians apply their knowledge and practice scoring OASIS items with demonstrations and quizzes.

Conclusion

As your team members adapt to the changes in the new OASIS revision, it's normal for them to experience frustration or stress at times. Taking the time to identify and address common sticking points and areas of confusion can help them grow in confidence and competency more quickly. You can continue to set your clinicians up for success with OASIS-E by following these additional tips:

- ☑ **Re-train staff on any ongoing problem areas.** Are any previous OASIS items that didn't change in the new revision still problem areas for your agency? If so, continue to work to reduce errors in these areas.
- ☑ **Set a strong foundation with high-quality OASIS-E onboarding.** We recommend incorporating effective, expert-led OASIS training into your organization's onboarding program.
- ☑ **Train all staff members on the new elements in OASIS-E.** Look for high-quality, engaging, expert-led course content targeted directly at the staff members who use OASIS.
- ☑ **Monitor and remediate errors on an ongoing basis.** Without proper training, your clinicians might be replicating errors without realizing it. By incorporating effective monitoring along with refresher courses, you can reinforce knowledge, encourage practice, and improve accuracy.

ABOUT MEDBRIDGE

Founded in 2011, MedBridge is an innovator at the intersection of healthcare technology, education, and patient engagement. We have helped more than 2,500 healthcare organizations grow their business, elevate their workforce, and deliver exceptional patient experiences. For more information, visit **medbridgeeducation.com.**

See how MedBridge can help your organization. **Contact us to request a demo.**

Meet K&K Health Care Solutions

Longtime trusted MedBridge partners Cindy Krafft, PT, MS, HCS-O, and Sherry Teague, MESS, ATC, PTA, HCS-D, HCS-O, are co-owners and founders of K&K Health Care Solutions, a premier healthcare consulting company with proven expertise in interdisciplinary, patient-centered care management. K&K Health Care Solutions helps agencies ensure that claims documentation, OASIS data collection, and coding are accurate the first time, saving staff valuable time and money that can be used to take great care of patients.

As two of the foremost experts in home health compliance and regulation, with a combined fifty years of experience in the field, Cindy and Sherry served as expert collaborators on this guide and are also co-developers of our OASIS courses. They provide a wealth of information on a host of critical topics, including defensible documentation, the OASIS tool, ICD-10 coding, PDGM, maintenance therapy, and many more.

Visit the **K&K Health Care Solutions website.**