Health Services Advisory Group (HSAG) Overview:
The Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands

Debra Nixon, PhD, MSHA, BSN
HSAG Corporate Advisor
About HSAG

Nearly 25 percent of the nation’s Medicare beneficiaries

HSAG is the Medicare QIN-QIO for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands.

Home Health Quality Improvement (HHQI)
National Cardiovascular Campaign

- Participation helps home health agencies (HHAs) achieve measurable improvements in the cardiovascular health of their patient populations.
  - Data-driven
  - More than 14,000 HHAs participating nationwide
    - 802 in Arizona, California, Florida, Ohio, and U.S. Virgin Islands
  - Aligned with the Million Hearts® initiative
  - Five milestones to achieve
  - Select focus areas (ABCS - Aspirin therapy, Blood pressure control, Cholesterol management, and Smoking screening/cessation)
  - Use of HHQI’s educational tools and resources
  - Access to quality improvement technical assistance
HHA HHQI Milestone Stats

- HHAs registered with HHQI = 75%
  - Mile 1 = Attend one CardioLAN*
  - Mile 2 = Register for data access
  - Mile 3 = Perform data abstraction
  - Mile 4 = Perform six months of data abstraction
  - Mile 5 = Achieve noted improvement

Results are based on HHQI’s September report.

*Learning and Action Network

Immunization Initiative

- Centers for Medicare & Medicaid Services (CMS) initiative to improve HHAs’ immunization rates
- Aligns with the Healthy People 2020 goals
  - National absolute immunization rates of 70 percent for influenza, 90 percent for pneumonia, and 30 percent for zoster
- By 2019, an absolute rate of 90 percent for adult immunization status assessment
- Star ratings now include immunization rates.
HHAs Participating in HHQI & Immunization

*Ohio and the U.S. Virgin Islands do not participate in the Immunization initiative.

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<tr>
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<td>U.S. Virgin Islands</td>
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<td>Florida</td>
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HSAG HHA Contacts

**Arizona, California, Ohio**—Debra Buehler, MA
702.606.3345 | dbuehler@hsag.com

**Florida**—Diane B. Chronis, BS, RN, CMUP
813.865.3170 | dchronis@hsag.com

**Virgin Islands**—Gwen Williams, BA, BS
340.244.5440 | gwilliams@hsag.com
OASIS Educational Coordinators

AZ
- Shirley Newman
  - 520.628.6983 | Shirley.Newman@azdhs.gov

CA
- Marilou Isaac
  - 916.552.8750 | Marilou.isaac@cdph.ca.gov

FL
- Kellie Caswell
  - 850.412.4501 | FLQIES_HELP@ahca.myflorida.com

OH
- Shirley Wamsley
  - 614.644.0251 | Shirley.Wamsley@odh.ohio.gov

Arizona Department of Health Services
Division of Public Health Licensing

Arizona State Agency October 30, 2015

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Objectives

• To provide an overview of OASIS Process
• To emphasize the purpose for OASIS in data development of outcomes
• To enhance understanding of OASIS process to accurately reflect patient outcomes

What is OASIS?

• **Outcome and Assessment Information Set (OASIS)**
• Standardized data collection instrument
• Includes 100+ items/questions collected at various time points
• Developed to measure patient outcomes
OASIS Defined

• OASIS is a data set.
• It is comprised of domains:
  ▪ Patient Tracking
  ▪ Clinical Record Items
  ▪ Patient History & Diagnoses
  ▪ Living Arrangements
  ▪ Sensory Status
  ▪ Integumentary Status
  ▪ Respiratory Status
  ▪ Cardiac Status
  ▪ Elimination Status
  ▪ Neuro/Emotional/Behavioral Status
  ▪ ADLs/IADLs
  ▪ Medications
  ▪ Care Management
  ▪ Therapy Need & Plan of Care
  ▪ Emergent Care
  ▪ Discharge

OASIS Defined

• Compares patient outcomes at two points in time
• Utilized to calculate payment algorithms for Medicare Prospective Payment System (PPS)
• Submission of OASIS required to participate in the Medicare program
OASIS History

- 1999: OASIS
- 2010: OASIS-C
- 2014: OASIS-C1/ICD-9
- 2015: OASIS-C1/ICD-10

OASIS Data Use
OASIS Data Use
Quality Outcomes

- Data items measure:
  - Patient outcomes
  - Patient risk factors
- Quality Outcome Measurement: The measurement of changes in a patient’s health status between two points in time.
- Outcome of care data reflect the quality of care provided to the patient.
- Called quality data or quality outcomes

OASIS Data Use
Quality Outcome Episode

- An outcome measure is calculated from data collected at two points in time.
- A quality episode is not the same as a payment episode.
Types of Outcome Measures

End Result

• Compares a patient’s status at beginning and end of a care episode
• Care episode starts at SOC/ROC and ends at Transfer/DC
• Reports improvement, decline, or stabilization

Types of OASIS-based Utilization Outcome Measures

Utilization

Calculates rate that specific services are utilized.

- Acute care hospitalization
- Hospital emergency department use with hospitalization
- Discharge to the community
Process Quality Measures (1)

- Evaluate the rate that specific evidence-based processes of care are used
- Focus on high-risk, high-volume, problem-prone areas for home health care
- Include domains:
  - Timeliness of care delivery
  - Assessment
  - Care planning
  - Care plan implementation
  - Education and prevention

Process Quality Measures (2)

- Outcomes of care impacted by:
  - Patient’s home environment
  - Caregivers
  - Physician practice patterns
- Generally represent care that is directly within the control of the agency.
Quality Reports

• Used by CMS and your agency for quality initiatives.
• Report types:
  – Outcome Based Quality Improvement (OBQI)
  – Outcome Based Quality Monitoring (OBQM)
  – Process Based Quality Improvement (PBQI)

Home Health Compare (1)

• A subset of OASIS-based quality performance information posted on the Medicare Web site.
Home Health Compare (2)

- A subset of OASIS-based quality performance information posted on the Medicare Web site
- Process of care measures
- Outcome measures
  - Improvement measures
  - Health care utilization measures
- Patient Experience of Care Survey results
  - Patient satisfaction data gathered from a different source, Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)

Reimbursement

- Reimbursement provided under the Medicare Prospective Payment System (PPS)
- Predicts cost to provide care to a specific patient based on certain patient characteristics, functional ability, and service utilization
- Based on a 60-day payment episode
- Factors in a subset of OASIS items
- Assigns the Medicare patient to a home health resource group, or HHRG
- Other payers may use PPS-like payment models
How do we get the OASIS data?
Comprehensive Assessment

- Conditions of Participation for home health agencies revised in 1999
  - 42 CFR §484.11 Release of Patient Identifiable OASIS Information
  - 42 CFR §484.20 Reporting OASIS Information
  - 42 CFR §484.55 Comprehensive Assessment of Patients

The Comprehensive Assessment Condition requires the agency to:
- Identify the patient’s need for home care.
- Meet the patient’s medical, nursing, rehabilitative, social, and discharge planning needs.
- Identify eligibility for the home health benefit and homebound status for Medicare patients.

Comprehensive Assessment
OASIS Requirement

- Must incorporate the OASIS data set in a clinically meaningful way and exactly as written as part of the comprehensive assessment
- OASIS assessment required for skilled Medicare or Medicaid, adult, non-maternity patients
- OASIS Guidance Manual
  - Chapter 1 – Introduction to OASIS
  - Appendix A – OASIS and the Comprehensive Assessment
Collecting OASIS Data

Eligible Patients

OASIS data are collected for:

- Medicare and Medicaid patients
- 18 years and older receiving skilled services

OASIS data collection **excluded** for:

- Pre- or postnatal conditions
- Patients receiving only personal care, homemaker, or chore services exclusively

Collection Time Points

- Not all OASIS items are completed at every assessment time point.
- Understanding the time point definitions is critical to ensuring accurate and complete data collection.
Collecting OASIS Data

Collection Completion Times

<table>
<thead>
<tr>
<th>Time Points</th>
<th>Home Visit</th>
<th>Completion Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start of Care (SOC)</td>
<td>Yes</td>
<td>Within 5 days after the SOC date</td>
</tr>
<tr>
<td>Resumption of Care (ROC) following inpatient stay</td>
<td>Yes</td>
<td>Within 48 hours of inpatient facility discharge</td>
</tr>
<tr>
<td>Recertification within the last 5 days of each 60-day certification period</td>
<td>Yes</td>
<td>During the last 5 days of each 60-day certification period</td>
</tr>
<tr>
<td>Other Follow-up</td>
<td>Yes</td>
<td>Within 48 hours of significant change in condition</td>
</tr>
<tr>
<td>Discharge from Homecare</td>
<td>Yes</td>
<td>Within 48 hours of becoming aware of need to discharge</td>
</tr>
<tr>
<td>Transfer to Inpatient Facility/Death at Home</td>
<td>No</td>
<td>Within 48 hours of knowledge of transfer or death</td>
</tr>
</tbody>
</table>

Who Completes the Assessment?

Who **can** complete:
- Registered Nurse (RN)
- Physical Therapist (PT)
- Occupational Therapist (OT)
- Speech Language Pathologist (SLP)/Speech Therapist (ST)

Who **cannot** complete:
- Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)
- Physical Therapy Assistant (PTA)
- Occupational Therapy Assistant (OTA)
- Master of Social Work (MSW)
- Home Health Aide
Collecting OASIS Data
Who Completes the Assessment
When...(1)

In cases involving nursing:

- The RN must complete the comprehensive assessment at Start of Care.
- Any discipline qualified to perform assessments may complete subsequent assessments:
  - RN
  - PT
  - SLP
  - OT

Collecting OASIS Data
Who Completes the Assessment
When...(2)

For therapy only cases:

- When no nursing need...It is acceptable for a PT or SLP to conduct and complete the comprehensive assessment at Start of Care – for Medicare PPS.
- An OT may conduct and complete the assessment when the need for occupational therapy establishes program eligibility – not Medicare PPS.
Getting it Right!
OASIS Conventions to Support Accuracy

• Rules to follow when completing OASIS items
• Support accurate data collection
• Sixteen general conventions
• Three conventions specific to ADLs / IADLs domain
• OASIS Guidance Manual
  – Chapter 1– Table 2

OASIS Convention #1
Time Period Under Consideration

• Report what is true on the day of assessment unless a different time period has been indicated in the item or related guidance.
• The day of assessment is defined as the 24 hours immediately preceding the home visit and the time spent for the home visit.
OASIS Convention #2
Care Episode

• Care episode also called a quality episode
• Begins with a Start of Care or Resumption of Care assessment
• Concludes with a Transfer or Discharge assessment

(M1041) Influenza Vaccine Data Collection Period: Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?

OASIS Convention #3
When Ability or Status Varies

• When ability or status varies on the day of assessment, report what is true greater than 50% of the time unless item specifies differently.
• Remember that the day of assessment encompasses the time you are in the home and the previous 24 hours.
OASIS Basics Webinar

**OASIS Convention**

**Minimize NA and Unknown**
- Minimize the use of Not Applicable (NA) and Unknown (UK)
- Use only when appropriate
- NA and UK do not support capture of outcome information.

(M2250) **Plan of Care Synopsis**

<table>
<thead>
<tr>
<th>Plan/Intervention</th>
<th>No</th>
<th>Yes</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. Falls prevention interventions</td>
<td>☐ 0</td>
<td>☑ 1</td>
<td>☐ NA</td>
</tr>
</tbody>
</table>

  - Falls risk assessment indicates patient has no risk for falls

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**OASIS Convention**

**No Reference to Prior Assessments**

For items documenting current status:
- Independent observation of patient condition and ability at time of assessment
- No referring to prior assessment

For process items that require documentation of prior care:
- Acceptable to review Time period “at the time of or since the time of the most recent SOC, ROC, or FU OASIS assessment”
- Clinical record

Health Services Advisory Group
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OASIS Convention
Multiple Strategies to Complete Items

- Combine relevant strategies as needed:
  - Patient observation
  - Interviews with caregivers or physicians
  - Physical assessment
- Recognize opportunities to gather data from multiple sources

OASIS Convention “Assistance”

- Refers to assistance from another person(s)
- Not limited to physical contact; includes verbal cues and supervision.
- Examples:
  - Hands-on assistance
  - Contact guard
  - Standby assistance
  - Verbal cueing/reminders
OASIS Convention
Be Accurate and Comprehensive

• Answer OASIS items:
  – Accurately based upon CMS guidance
  – Comprehensively
• Follow skip patterns when indicated.

(M1306) Does this patient have at least one Unhealed Pressure Ulcer at Stage II or Higher or designated as “unstageable”?  
☐ 0 – No [Go to M1050]  
☐ 1 – Yes

OASIS Convention
Understand Definitions in OASIS

• Certain words have specific definitions for use in the OASIS instrument.
• Example: “Surgical wounds” refers to wounds resulting from a surgical procedure except ostomies, cataract surgeries of the eye, surgery to mucosal membranes, or a gynecological surgical procedure via a vaginal approach.
OASIS Convention
Follow the Rules

• Follow the item-specific guidance in Chapter 3 of the OASIS-C Guidance Manual

RESPONSE—SPECIFIC INSTRUCTIONS

• Select Response options 0, 1, or 2 if the patient has a diagnosis of heart failure, regardless of whether the diagnosis is documented elsewhere in the OASIS assessment.
• Select “NA” if the patient does not have a diagnosis of heart failure.
• If the patient has a diagnosis of heart failure, select Response 1 – Yes, to report symptoms associated with heart failure even if there are other co-morbidities that also could produce the symptom (e.g., dyspnea in a patient with pneumonia and heart failure).
• Consider any new or ongoing heart failure symptoms that occurred at the time of the previous OASIS assessment or since that time.

OASIS Convention
Stay Current
Stay current with evolving CMS OASIS guidance updates:

• OASIS–C Guidance Manual

• CMS Questions and Answers
  – https://www.qtso.com/hhatrain.html

• CMS Quarterly Q & As – January, April, July, October
  http://www.oasisanswers.com
OASIS Convention
“One Clinician” Rule

• Only one clinician takes responsibility for accurately completing a comprehensive assessment unless otherwise indicated.

• Exceptions:
  – Medication items M2000-M2004
  – Noted in item-specific guidance

RESPONSE—SPECIFIC INSTRUCTIONS

• 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 (e.g., presence of potential ineffective drug therapy or patient noncompliance), and another clinician (in the office) assists with review of the medication list (e.g., for possible duplicate drug therapy or omissions) does not violate the requirement that the comprehensive patient assessment is the responsibility of and must be ultimately completed by one clinician. Agency policy and practice will determine this process and how it is documented. The M0090 date — the date the assessment is completed — would be the date the two clinicians collaborated and the assessment was completed.

OASIS Convention
One Calendar Day

(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

“One calendar day” means until the end of the next calendar day.
OASIS Convention

“That is” & “For example”

“Specifically” = only circumstances listed
M1610 Urinary Incontinence or Catheter
Response 2 – Patient requires a urinary catheter (specifically, external, indwelling, intermittent, or suprapubic).

“For example” = clinician may consider other relevant circumstances or attributes.
M2430 Reason for Hospitalization
Response 3 – Respiratory infection (for example, pneumonia, bronchitis)

ADLs / IADLs Convention #1
Report Ability, Not Performance

Report the patient’s ability, not actual performance or willingness to perform a task.
ADLs / IADLs Convention #2
SAFE Ability

• The **level** of ability refers to the patient’s ability to **safely** complete specified activities.

• Observe the patient performing tasks to assess safety.

ADLs/IADLs Convention #3
Consider Only Included Tasks

• Understand what tasks are included and excluded in each item.

• Ensure accurate responses based only on what is expected to be included.

• Pay attention to tasks, behaviors, and symptoms specifically included in each item.

**Grooming**: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).
ADLs / IADLs Convention #4
When Ability Varies Between Tasks

• Report what is true in the majority of the included tasks.
• Give more weight to tasks that are more frequently performed.

(M1800) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).
  □ 0 – Able to groom self unaided, with or without the use of assistive devices or adapted methods.
  □ 1 – Grooming utensils must be placed within reach before able to complete grooming activities.
  □ 2 – Someone must assist the patient to groom self.
  □ 3 – Patient depends entirely upon someone else for grooming needs.

ADLs/IADLs Convention #5
Medical Restrictions

Consider medical restrictions when:
• Selecting the best response to functional items such as:
  – Ambulation
  – Transferring
• Determining ability, for example:
  – Physician orders no tub or shower bathing until staples removed.
  – Physician orders bed rest or specific non-weight bearing status.
M1041 Patient History and Diagnoses C-16 (1)

OASIS ITEM

(M1041) Influenza Vaccine Data Collection Period: Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?

- [ ] 0 - No [ Go to M1051 ]
- [ ] 1 - Yes

ITEM INTENT

Identifies whether the patient was receiving services from the home health agency during the time period for which influenza vaccine data are collected (October 1 and March 31).

TIME POINTS ITEM(S) COMPLETED

Transfer to inpatient facility
Discharge from agency – not to an inpatient facility

Transfer/DC; PBQI Measure; “Influenza Immunization Received for Current Flu Season”

M1041 Patient History and Diagnoses C-16 (2)

RESPONSE—SPECIFIC INSTRUCTIONS

- A care episode is one that includes both SOC/ROC and Transfer/Discharge. Therefore, when completing this item at Transfer or Discharge, only go back to the most recent SOC or ROC to determine if the patient was receiving home health agency services on or between October 1 through March 31.
- If no part of the care episode (from SOC/ROC to Transfer or Discharge) occurred during the time period from October 1 and March 31, mark “No.”

DATA SOURCES / RESOURCES

- Clinical record and calendar
### M1046 Patient History and Diagnoses C-17 (1)

**OASIS ITEM**

**[M1046] Influenza Vaccine Received:** Did the patient receive the influenza vaccine for this year’s flu season?

- 1 - Yes; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge)
- 2 - Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)
- 3 - Yes; received from another health care provider (for example, physician, pharmacist)
- 4 - No; patient offered and declined
- 5 - No; patient assessed and determined to have medical contraindication(s)
- 6 - No; not indicated - patient does not meet age/condition guidelines for influenza vaccine
- 7 - No; inability to obtain vaccine due to declared shortage
- 8 - No; patient did not receive the vaccine due to reasons other than those listed in Responses 4 - 7.

### M1046 Patient History and Diagnoses C-17 (2)

**ITEM INTENT**

For a patient with any part of the home health episode (SOC/ROC to Transfer/Discharge) occurring between October 1 and March 31, identifies whether the patient received an influenza vaccine for this year’s flu season, and if not, the reason why. This item meets National Quality Forum (NQF) standards for harmonization of influenza measures across care settings.

**TIME POINTS ITEM(S) COMPLETED**

- Transfer to an inpatient facility
- Discharge from agency - not to an inpatient facility

Transfer/DC; PBQI Measure; “Influenza Immunization Received for Current Flu Season”
M1046 Patient History and Diagnoses C-17 (3)

**RESPONSE—SPECIFIC INSTRUCTIONS**

- Complete if Response 1 for M1041 is selected. Select only one response.
- Select Response 1 if your agency provided the influenza vaccine to the patient during this episode of care (SOC/ROC to Transfer/Discharge).
- Select Response 2 if your agency provided the flu vaccine for this year’s flu season prior to this home health episode, (for example, if the SOC/ROC for this episode was in winter, but your agency provided the vaccine for the current flu season during a previous home health episode in the fall when the vaccine for the current flu season became available).
  - You may select Response 2 if a current patient was given a flu vaccine by your agency during a previous roster billing situation during this year’s flu season.
- Select Response 3 if the patient or caregiver reports (or there is documentation in the clinical record) that the patient received the influenza vaccine for the current flu season from another provider. The provider can be the patient’s physician, a clinic, or health fair providing influenza vaccines, etc.

M1046 Patient History and Diagnoses C-17 (4)

**RESPONSE—SPECIFIC INSTRUCTIONS (continued M1046)**

- Responses 1 or 2 or 3 may be selected even if the flu vaccine for this year’s influenza season was provided prior to October 1 (that is, flu vaccine was made available early).
- Select Response 4 if the patient and/or healthcare proxy (for example, someone with power of attorney) refused the vaccine.
- Note: It is not required that the agency offered the vaccine. Select Response 4 only if the patient was offered the vaccine and he/she refused.
- Select Response 5 if the influenza vaccine is contraindicated for medical reasons. Medical contraindications include anaphylactic hypersensitivity to eggs or other component(s) of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, or bone marrow transplant within 6 months.
M1046 Patient History and Diagnoses C-18

RESPONSE—SPECIFIC INSTRUCTIONS (continued M1046)

• Select Response 6 if age/condition guidelines indicate that influenza vaccine is not indicated for this patient. Age/condition guidelines are updated as needed by the CDC. Detailed information regarding current influenza age/condition guidelines is posted to the CDC website (see link in Chapter 5). It is the agency’s responsibility to make current guidelines available to clinicians.

• Select Response 7 only in the event that the vaccine is unavailable due to a CDC-declared shortage.

• Select Response 8 only if the patient did not receive the vaccine due to a reason other than Responses 4-7.

DATA SOURCES / RESOURCES

• Clinical record
• Patient/caregiver interview
• Physician or other health care provider
• A link to CDC Guidelines can be found in Chapter 5 of this manual.

M1051 Patient History and Diagnoses C-19 (1)

OASIS ITEM

(M1051) Pneumococcal Vaccine: Has the patient ever received the pneumococcal vaccination (for example, pneumovax)?

☐ 0 - No
☐ 1 - Yes [ Go to M1500 at TRN; Go to M1230 at DC ]

ITEM INTENT

Identifies whether the patient has ever received the pneumonia vaccine.

TIME POINTS ITEM(S) COMPLETED

Transfer to an inpatient facility
Discharge from agency - not to an inpatient facility

Transfer/DC; PBQI Measure; “Pneumococcal Polysaccharide Vaccine Ever Received”
OASIS Basics Webinar

M1051 Patient History and Diagnoses C-19 (2)

**RESPONSE—SPECIFIC INSTRUCTIONS**

- Select Response 1 if the patient has ever received the pneumococcal vaccine.

**DATA SOURCES / RESOURCES**

- Clinical record
- Patient/caregiver interview

M1056 Patient History and Diagnoses C-20 (1)

**OASIS ITEM**

(M1056) Reason Pneumococcal Vaccine not received: If patient has never received the pneumococcal vaccination, state reason:

- 1 - Offered and declined
- 2 - Assessed and determined to have medical contraindication(s)
- 3 - Not indicated; patient does not meet age/condition guidelines for pneumococcal vaccination
- 4 - None of the above

**ITEM INTENT**

Explains why the patient has never received the pneumococcal vaccination.
### M1056 Patient History and Diagnoses C-20 (2)

#### TIME POINTS ITEM(S) COMPLETED

- Transfer to an inpatient facility
- Discharge from agency - not to an inpatient facility

**Transfer/DC; PBQI Measure; “Pneumococcal Polysaccharide Vaccine Ever Received”**

#### RESPONSE—SPECIFIC INSTRUCTIONS

- Response 1 should be selected if the patient and/or healthcare proxy (for example, someone with power of attorney) refused the vaccine.
- Response 2 should be selected if pneumococcal vaccine administration is medically contraindicated for this patient. Medical contraindications include anaphylactic hypersensitivity to component(s) of the vaccine, acute febrile illness, bone marrow transplant within past 12 months, or receiving course of chemotherapy or radiation therapy within past 2 weeks.

### M1056 Patient History and Diagnoses C-20 (3)

#### RESPONSE—SPECIFIC INSTRUCTIONS (continued M1056)

- Select Response 3 if CDC age/condition guidelines indicate that pneumococcal vaccination is not indicated for this patient. Age/condition guidelines are updated as needed by the CDC. Detailed information regarding current pneumococcal vaccination age/condition guidelines are posted to the CDC’s website (see link in Chapter 5). It is the agency’s responsibility to make current guidelines available to clinicians.
- Response 4 should be selected only if the agency did not provide the vaccine due to a reason other than Responses 1 - 3.

#### DATA SOURCES / RESOURCES

- Patient/caregiver interview
- Physician
- Clinical Record
- A link to CDC Guidelines for pneumococcal vaccine administration can be found in Chapter 5 of this manual.
When in doubt....

Read the book 😊

OASIS Guidance Manual
OASIS-C1/ICD-10 version
October 2015

CMS Web Based Training

Website: surveyotraining.cms.hhs.gov

Outcome and Assessment Information Set (OASIS) Training
Activity Code: 0CMSOASISCWBT

Class Description: These OASIS-C online training modules provide instruction to assist Home Health Agencies (HHAs) in accurately completing the Outcome and Assessment Information Set (OASIS). In addition to providing an overview of the OASIS and conventions for data accuracy, these modules cover specific OASIS-C domains and provide item-specific guidance such as item intent, time points for item completion, response-specific item instructions, and data sources and resources.
CMS Web Based Training cont’d

Welcome to the CMS, Center for Clinical Standards and Quality, Survey and Certification Group training site.
Select the option: IAM A PROVIDER>
• Select “Web based Training”
• Scroll down to the Outcome and Assessment Information Set (OASIS) Training.

OASIS Educational Coordinators
• Arizona – Shirley Newman:
  shirley.newman@azdhs.gov
• California – Marilou Isaac:
  Marilou.isaac@cdph.ca.gov
• Florida – Kellie Caswell
  – FLQIES_HELP@ahca.myflorida.com
• Ohio – Shirley Wamsley
  – Shirley.Wamsley@odh.ohio.gov
Questions and Responses

Don’t Forget to Take the Survey

Continuing Education (CE) units are available for your participation in this webinar.

Complete the OASIS Basics webinar survey to obtain your Certificate of Attendance for CE submission!

https://www.surveymonkey.com/r/OASIS_Basics
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