

April 6, 2009

OMB, Office of Information and  
Regulatory Affairs  
Attention: CMS Desk Officer.  
Form Number: CMS-R-245 (OMB# 0938-0760)

We are writing to comment on the proposed changes to the Outcome and Assessment Information Set, referred to as OASIS-C 12.2

While some of the changes from OASIS-C to OASIS version 12.2 are positive, we continue to have the following concerns.

**Concern: M1010 & 1012 Inpatient Diagnosis and ICD Code**

**Suggestion for Change:** Eliminate this requirement. If CMS needs the data it is available from the hospitals.

**Rationale:** Not all institutions make this information available in a timely manner. Home health providers do not have access to this information without the timely cooperation of the institution from which the patient is discharged. This is an undue burden and unrealistic expectation because final hospital coding often does not occur until the hospital generates the bill. It is not realistic for home care clinicians to have knowledge of the coding requirements for inpatient facilities; requiring them to enter this information with insufficient or completed data from referrals sources will result in errors in a patient's medical record.

**Concern: M1032**

We appreciate the heading change to "Risk for Hospitalization" from a previous version which indicated "Frailty Indicators." However, we have the following concerns

- Response 2 indicates "multiple hospitalizations (2 or more)." What constitutes a hospitalization? Is it all the types of facilities listed under M1000: short stay acute hospital, long-term care hospital, inpatient rehabilitation hospital or unit or psychiatric hospital. What about observation care in the hospital? Is that considered "hospitalization?"
- Response 4 says "Taking five or more medications." Does this include prescription and over the counter medications? Why 5 medications when best practice information usually indicates 8 medications, prescription and/or over the counter.

**Suggestion for Change:** Clarify all of the above

**Concern: M1036 Risk Factors past or present likely to affect current health:**

**Suggestion for Change:** Add the following:

1. Difficulty affording or accessing health care resources
2. Cultural or language barriers

**Concern: M1306 & M1307**

- The two questions seem unclear regarding how they work together or what purpose they serve. M1306 asks about a pressure ulcer at Stage 2 or higher, but

M1307 just asks about a Stage 2 (not higher). It is also unclear why the request is for the date of the “oldest” unhealed ulcer in M1307. We believe that it would be better to ask for the date of identification versus the date of onset.

**Suggestion for Change:** Clarify all of the above

**Concern:** M1320 Status of Most Problematic Pressure Ulcer

**Suggestion for Change:** Clarify that this pertains only to stages 3 and 4

**Rationale:** A healed stage 1 or 2 would no longer be considered a pressure ulcer.

**Concern:** (M1350) Does this patient have a **Skin Lesion** or **Open Wound**

**Suggestion for Change:** Clarify that BOWEL ostomy is the only excluded ostomy since previous M0 item excluded all ostomies

**Concern:** (M2002) Medication Follow-up

**Suggestion for Change:** (1) Provide clarity regarding “contacting” the physician – does this mean leaving a message with the MD office, sending a fax, talking directly with physician? (2) Extend the time from to longer than “within one day” since contact within such a short time frame is not always possible. (3) Clarify what is to be done if the physician is contacted but nothing is resolved? (4) Clarify what constitutes “clinically significant” issues?

**Concern:** (M2250) Plan of Care Synopsis: g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician

**Suggestion for Change:** Eliminate this item

**Rationale:** Moisture retentive dressings are noted on the 485 as supplies. It is in the home care clinician’s area of expertise to recommend a wound treatment; however, the physician makes the final determination regarding orders for moisture retentive dressings. Physicians need be responsible for ordering such dressings. It is not the home care clinician’s area of expertise or scope of practice to determine the use of moisture retentive dressings. Physicians need be responsible for ordering such dressings. It is not up to the home care industry to change physician practice.

**Concern:** M1890 Ability to use Telephone

**Suggestion for Change:** Eliminate this item

**Rationale:** This assessment is covered in an emergency plan and safety assessment.

**Concern:** M2020 Management of Oral Medications

**Suggestion for Change:** Go back to the question asking only about prescription medications (not all medications) and eliminate previous instructions to mark the patient as independent if taking the majority of medications. Further clarify how to answer the item choices – what if both 1 and 2 pertain – how should the question be answered?

**Rationale:** The actual medication has an impact on the patient’s health status. For example, if a patient is taking Colace and a vitamin and remembers to take them but is also taking Digoxin but forgets to take it, the current assessment instructions would be to mark the patient as independent. In general, compliance with and ability to take

prescription medications impacts the outcome far greater than over-the-counter medications.

Other general comments and concerns:

We are concerned that there were only 11 pilot agencies. This is not statistically significant. There are over 9,000 Medicare-certified providers. We suggest pilot studies on a much larger scale in order determine the feasibility and usefulness of the proposed OASIS changes.

Please carefully consider our concerns before proceeding with the plan to implement OASIS-C, version 12.2.

Sincerely,

Jill Havlik R.N., BSN, PHN Clinical Supervisor  
HealthEast Home Care  
1700 University Ave  
St Paul, MN 55104