

OMB, Office of Information and Regulatory Affairs
Attention CMS Desk Officer

**Comments on Form Number CMS-R-245
OASIS-C**

Dear Sir/ Madam:

We would first like to thank the Centers for Medicare and Medicaid Services (CMS) for their responsiveness to comments submitted in January. We noted in the updated (OASIS-C version 12.2) that several of our areas of concern were addressed.

The measurement of the largest stage 3 or 4 ulcer (M1310 and M1312) is now consistent with clinical guidelines and includes the depth (M1314). In addition, M1308 now stipulates in column 3 that admission refers to both SOC and ROC. However, we feel that the guidelines for this item need to be clear as to the specific wounds referred to in column 3. Does the term "these" in column 3 refer to any pressure ulcer described in column 1 or only those reported in column 2? This is a particular concern when the stage of a pressure ulcer has changed since SOC/ROC.

We also noted in the crosswalk document that there have been attempts where possible to harmonize the OASIS-C with other post acute tools. We did note a discrepancy between the crosswalk and the OASIS-C section titled: Items to be Used at Specific Time Points on page 3 of the document. The OASIS-C indicates in this section that the follow-up assessments will include M1810-M1860. The crosswalk document does not include M1845 in the follow-up assessments. Please clarify whether M1845 Toilet Hygiene will be part of the follow-up assessments and HHRG calculation.

Certain items continue to be areas of concern.

- **M1012 Inpatient Procedure** will be a challenge for most home health agencies to complete accurately. The procedure codes are entered in the patient's record after discharge. They will not be uniformly available at the time of referral or within the timeframe for completion of the Start of Care (SOC) OASIS. The lack of the availability of this information will result in the use of unspecified codes. In addition, in the majority of situations, the inpatient procedures codes reported on the OASIS will probably not be consistent with those reported by the inpatient site. The operative report contains very specific data re: the procedures performed and is used by the in-patient sites for procedural coding. This data is not available to home care agencies. When ICD-10-PCS is implemented the coding of procedures becomes more specific. This will further impact the accurate completion of this item.
- **M1240 Has the patient had a formal Pain Assessment...?** includes the term severe in responses #1 and #2. Guidelines will be needed to define the term "severe" in a standard fashion.

- **M1900 Prior Functioning ADL/IADL** includes in item “a” a list of 3 ADL activities for the response. How will the response be determined if the patient’s ability varies among the activities. **Item M2100 Care Management** is more clearly stated for it includes the statement “needing assistance = patient needs assistance on any item on the “e.g.” list”. We would suggest the same type of explanatory phrase for item M1900.
- **Item 2250 Plan of Care Synopsis** has incorporated several process measures included on the OASIS-C version released in November 2008(M1308, M1360, M1940, M1734, M1244, M1304 and M1306). However, the item still includes the phrase “does the physician-ordered plan of care include the following.” We continue to be concerned that orders may be in the process of being obtained when the OASIS is completed. Items “a” and “g” include an option for that situation. We would suggest that items “b” through “f” also have that option.
- **Item M2400 Intervention Synopsis** indicates that the interventions need to be BOTH included in the physician-ordered plan of care AND implemented. If the MD did not order the intervention how is this to be answered? Do all sub items “a” through “f” need to be answered? The “Not Applicable” responses do not include an option for when the MD does not order the intervention. This is particularly an issue with item #f pressure ulcer treatment based on moist wound healing. The “not applicable” response provides an option for when this type of dressing was not indicated but does not include an option for when the dressing is not ordered.

In summary, our recommendations for change in this round of comments are based on input we received from direct service and clinical specialty providers in our organization. In the absence of clearer definitions or specific instructions on the OASIS-C for the completion of the items noted above we continue to be concerned re: the items specified. Although these concerns may be addressed in the guidelines, the average clinician in the field should not need to regularly consult the guidelines to answer the items accurately. Improvements in the actual item to foster clarity will result in more accurate responses and meaningful data on the provision of home health services.