



April 8, 2009

OMB, Office of Information and Regulatory Affairs
 Attn: CMS Desk Officer
 OMB# 0938-0760

Re: Information Collection - Medicare and Medicaid Programs OASIS Collection Requirements as Part of the CoPs for HHAs and Supporting Regulations in 42 CFR, Sections 484.55, 484.205, 484.245, 484.250 [74FR10050]

Dear CMS Desk Officer:

We welcome the opportunity to comment on the Department of Health and Human Services (HHS) Centers for Medicare and Medicaid Services (CMS) information collection request, Medicare and Medicaid Programs OASIS Collection Requirements as Part of the CoPs for HHAs and Supporting Regulations in 42 CFR, Sections 484.55, 484.205, 484.245, 484.250.

We would like to bring to your attention a critical need to change plans developed by CMS for implementing a required form in home health agencies in 2010. The current implementation plans call for use of a proprietary format that impedes interoperability, wastes resources, and is based on a timeline that does not allow for the development/installation of software. These problems can be solved by a needed change in current plans (as described below). Doing so is essential to the new Administration's agenda for advancing interoperable Health Information Technology (HIT) in all sectors of healthcare.

We write to you as enthusiastic supporters of the new Administration's agenda, who represent the national associations for America's home care, hospice and long term care providers, other providers across the aging services continuum, physicians and nurses who care for home care patients, and vendors who develop and supply software and other services to the field.

Issue 1: Interoperability and efficiency with use of standards for the OASIS-C

The importance of HIT standards: Electronic submission of OASIS data to CMS is federally mandated and has been instrumental in home care Electronic Health Record (EHR) adoption rates.

These rates compare favorably with those in hospitals and physician offices--but these EHRs are still largely non-interoperable thus limiting home care's ability to exchange electronic, machine-readable data with healthcare providers, payers, public health and others.

Interoperability requires the utilization of accepted HIT standards. The implementation of an updated OASIS data set is a unique opportunity to advance interoperability and make a significant impact on home care agencies/EHR products which is the direction healthcare is heading with a goal of widespread, interoperable electronic health records by 2014. The accepted standards exist, but CMS currently does not plan to adopt them for OASIS-C. Instead, CMS plans to continue to collect OASIS-C data using proprietary data exchange formats that are not interoperable – this is inconsistent with the national agenda to advance EHRs and is short sighted in recognizing the opportunity with the OASIS-C rollout.

Implementing OASIS-C without approved HIT standards will have the following impact:

- Substantially impairs needed quality of care enhancements and increases costs for providers and ultimately the public and private payers, including CMS.
- Forces state Medicaid agencies to spend valuable resources to update a non-standard, proprietary data system, rather than using those resources to advance standardization in preparation for a 2014 national goal.
- Creates additional costs for home care agencies as they will be forced to create one method to exchange information with CMS and a different method to exchange information with other healthcare providers (for example through a health information exchange or health information network). This approach conflicts with HHS' announced intent to have uniformity and consistency in data collection in the healthcare industry as well as reduce the administrative costs for the collection and reporting of such data.

Recommendation: We recommend that CMS aligns its implementation plan with HHS' goals by endorsing and applying the following HITSP approved CHI standards for OASIS-C:

1. HL7's CDA standard for document exchange and pertinent coding/semantic standards specifically LOINC, HITSP codes, SNOMED-CT and ICD.
2. In particular, we strongly recommend that CMS accept the OASIS-C in CDA format versus a proprietary format for electronic submission. This recommendation will require the implementation timeline for OASIS-C to be extended to allow for HIT standards to be applied to the final data set due to be published in July 2009.

Issue 2: Timing of OASIS-C Implementation

Final data specifications for OASIS-C will be published in July 2009 with implementation required on January 1, 2010. This allows only five months from final notice to implementation. For software changes of this magnitude, programming the new requirements are a small part of the process. Software must be tested for accuracy and compliance, both in the lab and in the field. Providers will require training and planning for integration with their clinical processes. The OASIS-C changes affect much more than the form itself. The modifications are pervasive throughout the medical record

and reimbursement areas. A five month implementation period is not adequate to accommodate a change of this magnitude.

For OASIS-C to accommodate approved HIT standards recommended above, additional time is needed. Standards must be applied, reviewed and tested on the final OASIS-C data specifications which won't be published until July 2009. Although the standards are identified, they must be applied to OASIS, reviewed and tested, and then rolled out to the community for incorporation into OASIS software – an additional five or six months are needed from the date of final data specification publication to accommodate the standards process.

Recommendation: In light of the above concerns, we recommend a delay in OASIS-C implementation until at least July 1, 2010. This gives the industry an additional five or six months from the final release of OASIS data in July 2009 to accommodate the standards process and allow an appropriate amount of time for programming, testing, training and integration. This new timeframe will provide the industry an opportunity to properly change systems and processes in a quality manner.

We would also like to take this opportunity to point out that these comments also apply to the CMS data set MDS 3.0 for nursing facilities. This data set was scheduled to be implemented on October 1, 2009, but has been delayed. The delay provides an opportunity for HIT standards to be incorporated in the same manner that we are requesting for OASIS-C.

We are happy to meet with you in person or by phone to discuss our recommendations and develop strategies that will result in an accurate and quality implementation of this important clinical instrument.

Sincerely,

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