

CMS Response to Public Comments Received for CMS-10545

The Centers for Medicare and Medicaid Services (CMS) received comments from home care providers and organizations. CMS received four (4) comments related to CMS-10545 Outcome and Assessment Information Set OASIS-E. This is the reconciliation of these comments.

Comment #1:

The commenter notes the expansion of OASIS-E compared to OASIS-D and recommends CMS remove some documentation to reduce burden. The commenter states burden to home health agencies is increased with staff training required in preparation for Value-Based Purchasing.

Response:

While historically a large majority of the OASIS assessments were completed by registered nurses, recent flexibilities in the form of temporary PHE-related waivers and the Medicare Home Health Flexibility Act allow HHAs experiencing nursing shortages more flexibility in utilizing rehabilitation therapists to complete OASIS assessments.

Regarding the expansion of the HHVBP Model, it should be noted that the OASIS items used in the Model are not new, have been in use by HHAs for many years, and that these items are not changing with the implementation of OASIS-E. CMS is not requiring or expecting any additional OASIS burden for the expanded HHVBP Model, beyond the long-standing requirements for accurate data collection and submission.

Comment #2:

The commenter recommends removal of items M0110 Episode Timing and M2200 Therapy Need from OASIS-E as these items are no longer used by CMS.

Response:

Regarding removal of M0110 (Episode Timing) and M2200 (Therapy Need), we note that although these items are no longer used to influence payment under the Patient Driven Grouping Model (PDGM), other payers including Medicare Advantage may be using these data in their PPS-like payment models. In such cases, agencies should follow instructions from individual payers directing data collection. Agencies may code M0110 (Episode Timing) and M2200 (Therapy Need) with NA – not applicable – for assessments where the data are not required for the patient’s payer (including all Medicare fee-for-service assessments).

Comment #3:

An organization recommended a one-year delay in the implementation of OASIS-E due to nursing shortages and other challenges associated with COVID-19 and because of time needed for staff training in preparation for the Home Health Value-Based Purchasing model implementation.

Response:

CMS recognizes the competing challenges that HHAs have been facing in recent years. However, we believe at this time home health agencies should be able to carry out their operations to meet regulatory requirements related to OASIS-E data collection, while also addressing any issues related to COVID-19. This approach is consistent with efforts being implemented in other settings, such as skilled nursing facilities, where accommodations initially implemented to relieve provider burden are now being terminated in order to restore requirements intended to address patient quality, risk and safety.

While historically a large majority of the OASIS assessments were completed by registered nurses, recent flexibilities in the form of temporary PHE-related waivers and the Medicare Home Health Flexibility Act allow HHAs experiencing nursing shortages more flexibility in utilizing rehabilitation therapists to complete OASIS assessments.

Regarding the expansion of the HHVBP Model, it should be noted that the OASIS items used in the Model are not new, have been in use by HHAs for many years, and that these items are not changing with the implementation of OASIS-E. CMS is not requiring or expecting any additional OASIS burden for the expanded HHVBP Model, beyond the long-standing requirements for accurate data collection and submission.

Comment #4:

The commenter recommended removal of M0110 Episode Timing and M2200 Therapy Need because these items are not used by CMS. The commenter recommended CMS revise burden estimates because clinical staff need more time to complete complex OASIS items and more time for additional staff is required for OASIS training and OASIS submission.

Response :

Regarding removal of M0110 (Episode Timing) and M2200 (Therapy Need), we note that although these items are no longer used to influence payment under the Patient Driven Grouping Model (PDGM), other payers including Medicare Advantage may be using these data in their PPS-like payment models. In such cases, agencies should follow instructions from individual payers directing data collection. Agencies may code M0110 (Episode Timing) and M2200 (Therapy Need) with NA – not applicable – for

assessments where the data are not required for the patient's payer (including all Medicare fee-for-service assessments).

Regarding CMS burden estimates of the amount of time to complete each data element, CMS notes that each OASIS item comprises one or more data elements, depending on the complexity of the item. CMS appreciates the inquiry about OASIS training burden estimates. We note an inadvertent error in the characterization of training burden. This is intended as hours and cost burden for ongoing OASIS training for current and new staff and not a one-time update only for OASIS-E. The inquirer referred to administrative staff burden; however, CMS calculates burden for training clinical, not administrative staff. The estimates of burden for HHA training are based on training an HHA may need to conduct in addition to all other training CMS provides for the new version of OASIS, including national provider training, You Tube videos for standardized assessment item training, and other resources as indicated on CMS website. And, for OASIS submission, CMS estimates burden associated only with the submission activity, which can be completed by an administrative staff person. This estimate does not include time the home health agency may spend in review of the OASIS assessments for accuracy.