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CMS, Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier/OMB Control Number CMS-10545
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Re: Outcome and Assessment Information Set (OASIS) OASIS–C2/ICD–10 (CMS-10545)

Dear CMS Office of Strategic Operations and Regulatory Affairs Staff,

The Association of Home Care Coding and Compliance (AHCC), the national membership organization for home health coding and compliance professionals, together with the Board of Medical Specialty Coding and Compliance (BMSC), the credentialing arm of AHCC appreciate the opportunity to comment on the proposed changes to OASIS D.

Although we appreciate CMS's attempts at providing a neutral change in that many items were deleted to make way for additional items, the deletion of many of the items will not save time in that, especially the best practices, will still need to be a part of the comprehensive assessment. For example, the agency will likely still assess for pain and for pressure ulcer risk, even if the actual OASIS items were deleted. CMS's estimate of the time saved is therefore inaccurate.

The removal of M1011 and M1017 will increase the productivity of OASIS review/coders because searching through medical records for the information that will indicate a change in medication/treatment regimen has been overburdensome. The value of such information is questionable.

The removal of M1025 actually saves no time because the vast majority of agencies have not been completing this optional item.

Thank you for adding the "3 – None of the above" option to M1028.

There are multiple errors in the M1311 item regarding nomenclature of pressure ulcer vs. pressure injury. For example, Lines A, B and C use the term "pressure ulcers," whereas lines D and E use "pressure ulcers/injuries" and line F uses "pressure injuries." Please make the language consistent throughout. M1322 uses the term "pressure injuries."

M1311 at Discharge is missing a box in the right column at A2.

M1320 should stay part of the OASIS items as it provides information regarding progress/lack of progress on the pressure injury healing.

Information regarding changes to M1730 previously noted by CMS were missing in the proposed rule, along with other items planned in the Neuro, Behavioral, Mental section. Is this an oversight or will these changes be proposed for yet an additional change to OASIS in the future?

M2030 is on the Proposed OASIS Items for Removal for SOC, ROC, Follow-Up and DC but the item is still in the draft OASIS D. What is the intention regarding this item?

Many data collectors felt that M2102 was overwhelming and were confused by guidance, especially the most recent guidance that there was no intended consistency between answers to the ADL/IADL items in M2102 and the corresponding M1800 items. We support the removal of the M2102 items, as proposed.

We would like to see more information regarding the rationale for the removal of M2430. How will hospitalizations for scheduled treatments or procedures be removed from the Acute Care Hospitalization statistics without this item? We would rather see the deletion of M2310 as the information involved in M2310 is not readily available.

Please reconsider the removal of M2430: this data is reported on the Patient Characteristics report for agency use in QAPI activity monitoring. Most agencies are working to reduce their acute care hospitalization rate – the reason for hospitalization is key information in this effort, and this item is the only way to obtain this information without extensive and time consuming record auditing.

We believe CMS's goal of alignment of standardized sections with other PAC instruments, *on its face*, is a good goal, and we understand that the alignment is mandated by the IMPACT Act, however home health is NOT like the other settings. We have patients who do not sleep in beds, who live in the backyard shed, and empty their bowels and bladders into 5 gallon Home Depot buckets. The addition of the GG items accentuates how different our settings are from the usual PAC setting.

The second issue with the additional GG items is the redundancy with the M1800 ADL/IADL items. The conflicting guidance between the M1800 items and the GG items will cause confusion and inaccurate data. The use of assistive devices may change the answers to the M1800s, but does not change the answers in the proposed GG items.

M1830 does not include drying self, however GG0130E does include drying. M1830 includes the washing of the back and the GG item does not include washing of the back. The largest difference is that M1830 includes getting to the area for bathing and getting into and out of the tub/shower and the GG0130E does not include that aspect of the assessment.

CMS has indicated that GG0130 at follow-up will consist of eating, oral hygiene and toileting hygiene. Traditionally, only payment items have been included on the follow-up.

Sincerely,
The Association of Home Care Coding and Compliance



Jan Milliman
Chief Executive Officer
Association of Home Care Coding and Compliance