



1



2

Objectives

- Connect the IMPACT Act of 2014 with the evolution of OASIS
- Compare and contrast measures for *Reconciled Medication List to Provider* and *Reconciled Medication List to Patient*
- List three best practice strategies to prepare for success in transfer of health information

3

OASIS Evolution and the IMPACT Act of 2014

Data collected is used for:

- Quality improvement initiatives
- Payment reform
- Quality reporting
- Public reporting

Standardized data:

- Improves communication between post-acute care settings
- Helps to coordinate care between settings
- Facilitates discharge planning
- Improves patient outcomes

OASIS Evolves

- To comply and facilitate with items above

4

OASIS-E Manual

Table of Contents

CHAPTER 1: OASIS GUIDANCE MANUAL INTRODUCTION
 CHAPTER 2: DATA ACCURACY AND CORRECTION OF THE OASIS ASSESSMENTS
 CHAPTER 3: ITEM-BY-ITEM GUIDE TO THE OASIS ASSESSMENT INSTRUMENT
 Section A: ADMINISTRATIVE INFORMATION - PATIENT TRACKING
 Section A: ADMINISTRATIVE INFORMATION
 Section B: HEARING, SPEECH, AND VISION
 Section C: COGNITIVE PATTERNS
 Section D: MOOD
 Section E: BEHAVIOR
 Section F: PREFERENCES FOR CUSTOMARY ROUTINE ACTIVITIES
 Section G: FUNCTIONAL STATUS
 Section GG: FUNCTIONAL ABILITIES AND GOALS
 Section H: BLADDER AND BOWEL
 Section I: ACTIVE DIAGNOSES
 Section J: HEALTH CONDITIONS
 Section K: SWALLOWING/NUTRITIONAL STATUS
 Section M: SKIN CONDITIONS
 Section N: MEDICATIONS
 Section O: SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS
 Section Q: PARTICIPATION IN ASSESSMENT AND GOAL SETTING
 Appendix A: GLOSSARY AND COMMON ACRONYMS
 Appendix B: OASIS-E ITEMS, TIMEPOINTS, AND USES
 Appendix C: OASIS-E INSTRUMENTS
 Appendix D: DESCRIPTION OF CHANGES FROM OASIS-D TO OASIS-E
 Appendix E: REFERENCES AND RESOURCES
 Appendix F: OASIS AND QUALITY IMPROVEMENT



OASIS-E Layout of Chapter Three

- Item Intent
- Time Points Item(s) Completed
- Response-Specific Instructions
- Coding Instructions
- Coding Tips

Data Sources moved here

Parts of Response-Specific Instructions moved here

OASIS-D Layout
 Item Intent
 Time Points
 Response-Specific Instructions
 Data Sources/Resources

OASIS-E Glossary

- Includes definitions from item instructions
- New item terms (e.g., Disorganized Thinking, Category Cue, Health Information Exchange)

| | | |
|--------------------|--|--|
| <p>Fall</p> | | <p>Unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the patient or an observer, or identified when a patient is found on the floor or ground. Falls are not a result of an overwhelming external force (e.g., a patient pushes another patient). An intercepted fall is considered a fall. An intercepted fall occurs when the patient would have fallen if he or she had not caught him/herself or had not been intercepted by another person. However, an anticipated loss of balance resulting from a supervised therapeutic intervention where the patient's balance is being intentionally challenged during balance training is not considered a fall.</p> |
|--------------------|--|--|

7

OT and OASIS Manual Update

- **Effective January 1, 2022**, OTs may conduct the SOC comprehensive assessments including OASIS for Medicare patients when the physician's referral order does not include skilled nursing, but does include PT and/or SLP, along with OT. Any discipline qualified to perform OASIS assessments (RN, PT, SLP, OT) may complete subsequent OASIS assessments (e.g., transfers, recertifications, resumptions of care, discharge) after the SOC.

8

Retired Static Q&As

Q6. Does information documented in OASIS have to be backed up with documentation elsewhere in the patient's records? [Q&A EDITED 10/18] Q&A EDITED 12/12]

A6. There is no regulatory requirement that OASIS assessment data be duplicated elsewhere in the patient record.

[Q&A RETIRED 05/22]

9

OASIS-D to OASIS-E

- Standardization across PAC settings to uniformly collect SDoH items and to enable calculation of standardized, cross-setting quality measures, pursuant to the provisions of IMPACT Act
 - Standardized assessment data elements are assessment items and response options that are harmonized across four PAC assessment instruments, and to which aligned standards and definitions apply.
- ✓ New sections and items
 - ✓ Different time point versions
 - ✓ Removal of some items
 - ✓ Revision of some items
 - ✓ Updated skip patterns

OASIS-D Revision: Main reason for revising OASIS is to increase standardization across PAC settings to enable calculation of standardized, cross-setting QMs, pursuant to the provisions of the IMPACT Act

10

New IMPACT items added for OASIS-E:

A1005 – A2124: New Identification Information items

B0200 Hearing and **B1300** Health Literacy added; M1200 changes to **B1000**-Vision with revised responses

C0100 – C1310: New Cognitive Patterns items; BIMS and CAM used for assessment

D0150 – D0160 New/revised Mood items; PHQ 2-9 added replacing M1730 with D0150. **D0700** Social Isolation item added

J0510 - J0520: New Health Conditions items for effect of pain on sleep and therapy. M1242 changes to **J0530** with revised responses and time period for consideration

K0520: New Swallowing and Nutritional Status items. M1030 Parenteral nutrition changes to K0520 and is revised

N0415: New Medication items to identify specific high risk drug classes patient is taking

O0110: Identifies special treatments, procedures, and programs patient uses (i.e. chemotherapy, radiation, oxygen, suction, trach care, ventilator/BiPAP/CPAP, IV meds, transfusions, dialysis, etc.)



11

11

OASIS-E Items Removed

| Items Removed | |
|---|---|
|  | M2016 Patient/CG Drug Education Intervention |
|  | M0140 Race/Ethnicity |
|  | M1200 Vision |
|  | M1730 Depression Screening |
|  | M1910 Falls Risk Assessment |
|  | M1242 Frequency of Pain Interfering |
| | M1051 Pneumococcal Vaccine |
| | M1056 Reason Pneumococcal Vaccine not Received |
| | M2401 Row A Diabetic Foot Care |



12

Removed From Follow-up

| No Longer Collected at Follow-up | |
|----------------------------------|---|
| M1610 | Urinary Incontinence or Urinary Catheter Presence |
| M1620 | Bowel Incontinence Frequency |
| M1630 | Ostomy for Bowel Elimination |
| M1021 | Primary Diagnosis |
| M1023 | Other Diagnoses |
| M1400 | When is patient dyspneic or SOB |
| M1311 | Current Number of Unhealed PU at Each Stage |
| M1322 | Current Number of Stage 1 PU |
| M1324 | Stage of Most Problematic Unhealed PU that is Stageable |
| M1330 | Stasis Ulcer |
| M1332 | Current Number of Stasis Ulcers |
| M1334 | Status of Most Problematic Stasis Ulcer Observable |
| M1340 | Surgical Wound |
| M1342 | Status of Most Problematic Surgical Wound Observable |
| M2030 | Management of Injectable Medications |
| M2200 | Therapy Need |

- D1 Optional items at Follow-up are now removed in OASIS-E

13

Follow-up Item Removal and Best Practice

- Primary and secondary diagnoses
 - Diagnosis alignment with continued care delivery/POC
 - Communication process for claim update
- M1400 Dyspnea/SOB – Star, VBP
 - ‘Pulse check’
 - Re-evaluate interventions (e.g., Is therapy needed for breath support?)
- M13xx Wound items – PAC cross-setting measure, PAEs
 - ‘Pulse check’
 - Evaluate wound care effectiveness

14



Transfer of Health Information

Quality Process Measure



15

Transfer of Health Information

Rationale

- Meets the mandate of the Improving Post-Acute Care Transformation Act of 2014 (IMPACT Act)
- Improve:
 - Care coordination
 - Quality of care
- Aid in med reconciliation
- Help subsequent providers
- Mitigate adverse outcomes related to meds
- Critical for safe and effective transitions and DCs



Accurately communicating the existence of and providing for the transfer of health information and care preferences of an individual to the individual, family caregiver of the individual, and providers of services furnishing items and services to the individual when the individual transitions from a PAC provider to another applicable setting, including a different PAC provider, a hospital, a critical access hospital, or the home of the individual.



16

Transfer of Health Information

Reconciled Medication List to Provider

Reconciled Medication List to Patient

| | | | | | |
|--|---|--|--|---|---|
|  When | <ul style="list-style-type: none"> • Begins with DCs and Transfers on or after January 1, 2023 |  What | <ul style="list-style-type: none"> • Identify if the HHA provided a current reconciled med list to specific providers/ to patient |  How | <ul style="list-style-type: none"> • OASIS-E data set – Transfer and Discharge data set • Not risk adjusted • Public reporting quarterly |
|--|---|--|--|---|---|

17

Reconciled Medication List at Transfer

Gateway

| M0100. This Assessment is Currently Being Completed for the Following Reason | |
|--|--|
| Enter Code <input type="checkbox"/> | Start/Resumption of Care 1. Start of care – further visits planned 3. Resumption of care (after inpatient stay) Follow-Up 4. Recertification (follow-up) reassessment 5. Other follow-up Transfer to an Inpatient Facility 6. Transferred to an inpatient facility – patient not discharged from agency 7. Transferred to an inpatient facility – patient discharged from agency Discharge from Agency – Not to an Inpatient Facility 8. Death at home 9. Discharge from agency |

- TOH measure captured at the end of a quality episode
- RFA 6 and RFA 7 triggers A2120

18

Reconciled Med List to at Transfer

At Transfer

| A2120. Provision of Current Reconciled Medication List to Subsequent Provider at Transfer | |
|---|---|
| At the time of transfer to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider? | |
| Enter Code <input type="checkbox"/> | <p>0. No – Current reconciled medication list not provided to the subsequent provider → Skip to J1800, Any Falls Since SOC/ROC</p> <p>1. Yes – Current reconciled medication list provided to the subsequent provider → Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider</p> <p>2. NA – The agency was not made aware of this transfer timely → Skip to J1800, Any Falls Since SOC/ROC</p> |



Code 0, No, if at **transfer** or discharge to a subsequent provider, your agency did not provide the patient's current reconciled medication list to the subsequent provider.

Code 1, Yes, if at transfer or discharge to a subsequent provider, your agency did provide the patient's current reconciled medication list to the subsequent provider.

A2120 only: Code 2, NA, if at transfer to a subsequent provider, your agency was not made aware of the transfer timely and was, therefore, unable to provide the patient's current reconciled medication list to the subsequent provider.

Dash is not a valid response for this item.



19

Reconciled Medication List at Discharge

Gateway One M0100 Reason for Assessment

| M0100. This Assessment is Currently Being Completed for the Following Reason | |
|--|---|
| Enter Code <input type="checkbox"/> | <p>Start/Resumption of Care</p> <p>1. Start of care – further visits planned</p> <p>3. Resumption of care (after inpatient stay)</p> <p>Follow-Up</p> <p>4. Recertification (follow-up) reassessment</p> <p>5. Other follow-up</p> <p>Transfer to an Inpatient Facility</p> <p>6. Transferred to an inpatient facility – patient not discharged from agency</p> <p>7. Transferred to an inpatient facility – patient discharged from agency</p> <p>Discharge from Agency – Not to an Inpatient Facility</p> <p>8. Death at home</p> <p>9. Discharge from agency</p> |

- TOH measure captured at the end of a quality episode



20

M2420 Discharge Disposition

Review of New Guidance

| M2420. Discharge Disposition | | | |
|--|--------------------------|--------------------------|---|
| Where is the patient after discharge from your agency? (Choose only one answer.) | | | |
| <table border="1"> <tr> <td style="padding: 2px;">Enter Code</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table> | Enter Code | <input type="checkbox"/> | <ol style="list-style-type: none"> 1. Patient remained in the community (without formal assistive services) → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge 2. Patient remained in the community (with formal assistive services) → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge 3. Patient transferred to a non-institutional hospice → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge 4. Unknown because patient moved to a geographic location not served by this agency → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge <p>UK Other unknown → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge</p> |
| Enter Code | <input type="checkbox"/> | | |

- ▲ Code 1: Choose when Codes 2, 3, 4, and UK do not apply
- ▲ Code 2: Another MCR certified HHA
- Code 3: Non-institutional hospice
- Code 4: Unknown because moved to another geographic location
- Code UK: Unknown but not due to geographic location

21

Reconciled Med List at Discharge

Gateway Two M2420 Discharge Disposition

| M2420. Discharge Disposition | | | | | | | | | |
|--|--------------------------|--|---|--|--|--|------------|--------------------------|---|
| Where is the patient after discharge from your agency? (Choose only one answer.) | | | | | | | | | |
| <table border="1"> <tr> <td style="padding: 2px;">Enter Code</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table> | Enter Code | <input type="checkbox"/> | <ol style="list-style-type: none"> 1. Patient remained in the community (without formal assistive services) → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge 2. Patient remained in the community (with formal assistive services) → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge 3. Patient transferred to a non-institutional hospice → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge 4. Unknown because patient moved to a geographic location not served by this agency → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge <p>UK Other unknown → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge</p> | | | | | | |
| Enter Code | <input type="checkbox"/> | | | | | | | | |
| <table border="1"> <thead> <tr> <th colspan="2">A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge</th> </tr> </thead> <tbody> <tr> <td colspan="2">At the time of discharge to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider?</td> </tr> <tr> <td style="vertical-align: top;"> <table border="1"> <tr> <td style="padding: 2px;">Enter Code</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table> </td> <td> <ol style="list-style-type: none"> 0. No – Current reconciled medication list not provided to the subsequent provider → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge 1. Yes – Current reconciled medication list provided to the subsequent provider → Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider </td> </tr> </tbody> </table> | | A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge | | At the time of discharge to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider? | | <table border="1"> <tr> <td style="padding: 2px;">Enter Code</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table> | Enter Code | <input type="checkbox"/> | <ol style="list-style-type: none"> 0. No – Current reconciled medication list not provided to the subsequent provider → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge 1. Yes – Current reconciled medication list provided to the subsequent provider → Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider |
| A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge | | | | | | | | | |
| At the time of discharge to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider? | | | | | | | | | |
| <table border="1"> <tr> <td style="padding: 2px;">Enter Code</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table> | Enter Code | <input type="checkbox"/> | <ol style="list-style-type: none"> 0. No – Current reconciled medication list not provided to the subsequent provider → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge 1. Yes – Current reconciled medication list provided to the subsequent provider → Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider | | | | | | |
| Enter Code | <input type="checkbox"/> | | | | | | | | |

22

Reconciled Med List at Discharge

Gateway Two M2420 Discharge Disposition

M2420. Discharge Disposition
Where is the patient after discharge from your agency? (Choose only one answer.)

| | |
|---|---|
| Enter Code <input type="checkbox"/> | 1. Patient remained in the community (without formal assistive services) → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge |
| | 2. Patient remained in the community (with formal assistive services) → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge |
| | 3. Patient transferred to a non-institutional hospice → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge |
| | 4. Unknown because patient moved to a geographic location not served by this agency → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge |
| | UK Other unknown → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge |

A2123. Provision of Current Reconciled Medication List to Patient at Discharge
At the time of discharge, did your agency provide the patient's current reconciled medication list to the patient, family and/or caregiver?

| | |
|---|---|
| Enter Code <input type="checkbox"/> | 0. No— Current reconciled medication list not provided to the patient, family, and/or caregiver → Skip to B1300, Health Literacy |
| | 1. Yes— Current reconciled medication list provided to the patient, family, and/or caregiver → Continue to A2124, Route of Current Reconciled Medication List Transmission to Patient. |



23

Route of Transmission

A2122 Route of Current Reconciled Medication List Transmission to Subsequent Provider
Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.

| | |
|--|--------------------------|
| Route of Transmission | ↓ Check all that apply ↓ |
| A. Electronic Health Record | <input type="checkbox"/> |
| B. Health Information Exchange | <input type="checkbox"/> |
| C. Verbal (e.g., in-person, telephone, video conferencing) | <input type="checkbox"/> |
| D. Paper-based (e.g., fax, copies, printouts) | <input type="checkbox"/> |
| E. Other Methods (e.g., texting, email, CDs) | <input type="checkbox"/> |

A2124. Route of Current Reconciled Medication List Transmission to Patient
Indicate the route(s) of transmission of the current reconciled medication list to the patient, family, and/or caregiver.

| | |
|--|--------------------------|
| Route of Transmission | ↓ Check all that apply ↓ |
| A. Electronic Health Record | <input type="checkbox"/> |
| B. Health Information Exchange | <input type="checkbox"/> |
| C. Verbal (e.g., in-person, telephone, video conferencing) | <input type="checkbox"/> |
| D. Paper-based (e.g., fax, copies, printouts) | <input type="checkbox"/> |
| E. Other Methods (e.g., texting, email, CDs) | <input type="checkbox"/> |

- Guidance is the same

24

Route Guidance

Code A. Electronic Health Record

- Both discharging and receiving provider have direct access to a common EHR system
- Patient has direct access to their med information through a patient portal
- Checking this route does not require confirmation that provider or patient has accessed the med list



25

Route Guidance

Code B. Health Information Exchange

- HIE is used to electronically exchange the current reconciled list to provider or patient
- HIE may be a regional health data system
- An EHR may generate and exchange a med list through a HIE
 - Select both Code A and Code B in this instance
- Direct Messaging (Direct Exchange) by a health information service provider (HISP) that 'pushes' information to an HER
 - Select both Code A and Code B in this instance



26

Route Guidance

Code C. Verbal

- Verbally communicated (e.g., in-person, telephone, video conference)

Code D. Paper Based

- Paper based method (e.g., printout, fax, e-fax)
- An interface that allows documents from agency EHR to be electronically faxed to the subsequent provider

Code E. Other Methods

- Method not listed in the above (e.g., texting, email, CDs)



27

Calculation Reconciled Med List to Provider

Numerator

Quality episodes that at the time of DC/Transfer, the agency provided a current reconciled med to the subsequent provider

Denominator

Number of traditional (MCR Part A, Part B), MCR Advantage and MCD covered HH quality episodes ending in DC/Transfer to specified providers



- Short-term general hospital
- SNF
- Intermediate care
- Home under care of another organized HH or hospice
- Hospice in an institutional facility
- Swing bed
- IRF
- LTCH
- MCD nursing facility
- Inpatient psych
- Critical access hospital



28

Calculation Reconciled Med List to Patient

Numerator

Quality episodes that at the time of DC/Transfer, the agency provided a current reconciled med to the patient, family, and/or caregiver

Denominator

Number of traditional (MCR Part A, Part B), MCR Advantage and MCD covered HH quality episodes ending in DC to a private home/apartment, board/care, assisted living, group home, or transitional living



- Private home/apartment
- Board/care
- Assisted living
- Group home
- Transitional living

29

Means of Providing a Current Reconciled Med List

Definition

- Providing the current reconciled medication list at the time of transfer or discharge can be accomplished by any means, including active means (e.g., by mail, electronically or verbally) and more passive means (e.g., a common electronic health record (EHR), giving providers access to the portal)

30

Contents of a Reconciled Med List

Coding Tips

- List of the patient's current medications at the time of discharge that was reconciled by the agency prior to the patient's discharge
- Be guided by current standards of care and any applicable regulations and guidelines (e.g., CoPs) in determining what information should be included in a current reconciled medication list
- Defining the completeness is left to the discretion of the providers and patient who are coordinating this care

31

Contents of a Reconciled Med List

- Current prescribed and over-the-counter medications
- Nutritional supplements, vitamins, and/or homeopathic and herbal products
- Administered by any route at the time of discharge or transfer

*This information serves as guidance and as stated prior, the completeness of the medication list is left to the discretion of the providers and patient

Examples

Demographics: name, DOB, active diagnoses

Known allergies, sensitivities, and reactions

Medications: name, strength, dose, route, frequency, purpose, special instructions

For patient: consumer-friendly terminology and plain language

32

Item/Measure Coding

- Patients that are not taking any prescribed or OTC meds at the time of DC
 - Clearly document patient is taking no meds at time of DC
 - Clearly communicate and document to the patient, family, and/or CG that the patient is taking no medications at DC
- At the time of transfer/discharge: Period of time as close to the actual time of transfer or discharge as possible (may be based on agency, State, or Federal guidelines for data collection)

33

CoPs for Home Health

Interpretive Guidelines

- Transfer and Discharge §484.50(d)(1) The HHA must ensure timely transfer of patient information to the alternate entity to facilitate continuity of care, i.e., the HHA must ensure that patient information is provided to the alternate entity prior to or simultaneously with the initiation of patient services at the new entity
- Coordination of Care, Written information to the patient §484.60(e)(2) The HHA must prepare and provide to the patient and his or her caregiver (if any) written information regarding the patient's medication regimen as based on the results of the medication review conducted at §484.55(c)(5). The medication administration instructions must be written in plain language that does not use medical abbreviations

34

Accuracy Strategies

- Review current policies and procedures
- Develop and revise transfer and discharge processes
 - Is your current medication reconciliation process effective? Are your clinicians compliant with this process?
 - Educate on best practice to reconcile medications
 - Med reconciliation should be a top priority
 - Develop clinician habits now!
- Assess OASIS competency
- Monitor compliance

35

Scenarios

36

Scenario One

Mrs. Sparrow is discharged from an acute hospital following a right hip fracture with a home health referral for skilled nursing, physical therapy, and occupational therapy. On Day 7, the patient experiences an additional fall and sustains a right arm fracture. She is readmitted to the acute hospital, transferred to SNF three days later, and remains inpatient until the end of her episode. On Day 8, the clinician is notified of the transfer, updates the patient's reconciled medication list in the patient portal, and completes RFA 6 *Transfer to an inpatient facility – patient not discharged from agency*.

| M0100. This Assessment is Currently Being Completed for the Following Reason | |
|--|--|
| Enter Code | Start/Resumption of Care |
| 6 | 1. Start of care – further visits planned |
| | 3. Resumption of care (after inpatient stay) |
| | Follow-Up |
| | 4. Recertification (follow-up) reassessment |
| | 5. Other follow-up |
| | Transfer to an Inpatient Facility |
| | 6. Transferred to an inpatient facility – patient not discharged from agency |
| | 7. Transferred to an inpatient facility – patient discharged from agency |
| | Discharge from Agency – Not to an Inpatient Facility |
| 8. Death at home | |
| 9. Discharge from agency | |

37

Scenario One (continued)

M0100 Response 6 will require the completion of the Transfer data set timepoint that includes M2120 *Provision of Current Reconciled Medication List to Subsequent Provider at Transfer*.

What is the appropriate code for M2120?

| A2120. Provision of Current Reconciled Medication List to Subsequent Provider at Transfer | |
|---|---|
| At the time of transfer to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider? | |
| Enter Code | 0. No – Current reconciled medication list not provided to the subsequent provider → Skip to J1800, Any Falls Since SOC/ROC |
| 0 | 1. Yes – Current reconciled medication list provided to the subsequent provider → Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider |
| | 2. NA – The agency was not made aware of this transfer timely → Skip to J1800, Any Falls Since SOC/ROC |

Rationale: The reconciled medication list was updated in the patient portal. Code 1 requires provision of the list to the subsequent **provider**.

38

Scenario One with Different Clinician Action

On Day 8, the clinician is notified of the transfer, updates the patient’s reconciled medication list in the patient portal and the shared organizational EHR, and completes RFA 6 *Transfer to an inpatient facility – patient not discharged from agency*.

| A2120. Provision of Current Reconciled Medication List to Subsequent Provider at Transfer | |
|---|---|
| At the time of transfer to another provider, did your agency provide the patient’s current reconciled medication list to the subsequent provider? | |
| Enter Code | 0. No – Current reconciled medication list not provided to the subsequent provider → Skip to J1800, Any Falls Since SOC/ROC |
| 1 | 1. Yes – Current reconciled medication list provided to the subsequent provider → Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider |
| | 2. NA – The agency was not made aware of this transfer timely → Skip to J1800, Any Falls Since SOC/ROC |

Code 1 for A2120 requires the clinician to code A2122 *Route of Current Reconciled Medication List to Subsequent Provider*

| A2122 Route of Current Reconciled Medication List Transmission to Subsequent Provider | |
|---|-------------------------------------|
| Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider. | |
| Route of Transmission | ↓ Check all that apply ↓ |
| A. Electronic Health Record | <input checked="" type="checkbox"/> |
| B. Health Information Exchange | <input type="checkbox"/> |
| C. Verbal (e.g., in-person, telephone, video conferencing) | <input type="checkbox"/> |
| D. Paper-based (e.g., fax, copies, printouts) | <input type="checkbox"/> |
| E. Other Methods (e.g., texting, email, CDs) | <input type="checkbox"/> |

39

Scenario Two

Mr. Ross is discharged from skilled nursing April 8th. The nurse reconciles the medication list and updates the medication chart in the home. Physical therapy continues to see the patient and discharges the patient to home with goals met on April 29th. One day prior, the PTA had visited the patient, reconciled and updated the patient medication chart in the home. On the day of discharge, the PT reconciles and updates the med list in the patient portal.

| M0100. This Assessment is Currently Being Completed for the Following Reason | |
|--|---|
| Enter Code | Start/Resumption of Care |
| 9 | 1. Start of care – further visits planned |
| | 3. Resumption of care (after inpatient stay) |
| | Follow-Up |
| | 4. Recertification (follow-up) reassessment |
| | 5. Other follow-up |
| | Transfer to an Inpatient Facility |
| | 6. Transferred to an inpatient facility – patient not discharged from agency |
| | 7. Transferred to an inpatient facility – patient discharged from agency |
| | Discharge from Agency – Not to an Inpatient Facility |
| | 8. Death at home |
| | 9. Discharge from agency |

40

Scenario Two (continued)

M0100 Code 9 will require the completion of the Discharge data set timepoint that includes M2420 *Discharge Disposition*

| M2420. Discharge Disposition | |
|--|--|
| Where is the patient after discharge from your agency? (Choose only one answer.) | |
| Enter Code | 1. Patient remained in the community (without formal assistive services) → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge |
| 1 | 2. Patient remained in the community (with formal assistive services) → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge |
| | 3. Patient transferred to a non-institutional hospice → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge |
| | 4. Unknown because patient moved to a geographic location not served by this agency → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge |
| | UK Other unknown → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge |

Rationale: Discharge disposition is not another skilled HHA or non-institutional hospice, and is known to the clinician, therefore Code 1 is appropriate.

41

Scenario Two (continued)

Code 1 for M2420 will require the clinician to respond to A2123 *Provision of Current Reconciled Medication List to Patient at Discharge*

| A2123. Provision of Current Reconciled Medication List to Patient at Discharge | |
|---|---|
| At the time of discharge, did your agency provide the patient's current reconciled medication list to the patient, family and/or caregiver? | |
| Enter Code | 0. No – Current reconciled medication list not provided to the patient, family, and/or caregiver → Skip to B1300, Health Literacy |
| 1 | 1. Yes – Current reconciled medication list provided to the patient, family, and/or caregiver → Continue to A2124, Route of Current Reconciled Medication List Transmission to Patient. |

Rationale: PT reconciled and updated the med list on day of DC. PTA reconciled and updated the med list the day prior to DC.

42

Scenario Two (continued)

Code 1 for M2123 will require the clinician to respond to A2124 *Route of Current Reconciled Medication List Transmission to Patient*

| A2124. Route of Current Reconciled Medication List Transmission to Patient | |
|---|-------------------------------------|
| Indicate the route(s) of transmission of the current reconciled medication list to the patient, family, and/or caregiver. | |
| Route of Transmission | |
| | ↓ Check all that apply ↓ |
| A. Electronic Health Record | <input checked="" type="checkbox"/> |
| B. Health Information Exchange | <input type="checkbox"/> |
| C. Verbal (e.g., in-person, telephone, video conferencing) | <input type="checkbox"/> |
| D. Paper-based (e.g., fax, copies, printouts) | <input checked="" type="checkbox"/> |
| E. Other Methods (e.g., texting, email, CDs) | <input type="checkbox"/> |

Rationale: The med list was reconciled and updated in the home by the PTA and within the patient EHR portal by the PT.

43

Additional *What if* Scenarios

- Patient is discharged to home. Eight days after DC, the patient is mailed a reconciled med list.
- Patient's med list reconciled and updated in the home one week prior to discharge to home. No additional reconciliation is performed at DC visit.

What is the definition of *at the time of transfer/discharge for your agency?*

44



QUESTIONS?