

What to Expect with OASIS-E

[KanTime](#) has written this info sheet to help agencies understand the differences within OASIS-E. We know the formatting is entirely different than the OASIS-D1, and there will be a lot of training and learning curves over the next year.

With that being said, this infosheet is a high overview of the OASIS-E based on a draft from CMS. It will be updated once new information becomes available in the coming months.

Why CMS Is Changing the OASIS

Per the [OASIS-E Guidance Manual](#):

“Currently, the main reason for revising the OASIS is to increase standardization across post-acute care (PAC) settings to uniformly collect social determinants of health data and to enable calculation of standardized, cross-setting quality measures (QMs), pursuant to the provisions of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act. Standardized assessment data elements are assessment items and Code options that are harmonized across four PAC assessment instruments, and to which aligned standards and definitions apply.”

What Are These Changes?

Changes from OASIS-D1 to OASIS-E

- Removal of Items
 - M1030
 - M1051/1056
 - M1910
 - M2016
 - M2401a- Diabetic foot care

- Addition of new OASIS-E items
 - A1110 - Language
 - A1250 - Transportation
 - A2121/2120 - Provision of Current Reconciled Medication List to Subsequent Provider at Discharge/Transfer
 - A2122 - Route of Current Reconciled Medication List Transmission to Patient at Discharge
 - A2123 - Provision of Current Reconciled Medication List Transmission to Patient
 - B0200 - Hearing
 - B1300 - Health Literacy
 - C0100 - Should Brief Interview of Mental Status be Conducted?
 - C0200-C0500 - BIMS
 - C1310 - Signs and Symptoms of Delirium (from CAM)
 - D0160 - Total Severity Score
 - D0700 - Social Isolation
 - J0510 - Pain Effect on Sleep
 - J0520 - Pain Interference with Therapy Activities
 - J0530 - Pain Interference with Day-to-Day Activities
 - K0520 - Nutritional Approaches
 - N0415 - High-Risk Drug Classes: Use and Indication
 - O0110 - Special Treatments, Procedures, and Programs

Documentation Time *Estimated* By CMS for Each Timepoint

Number of Data Elements (DE) added and Removed for OASIS-E

Time Point	#DE in OASIS-D	#DE added for OASIS-E	#DE removed for OASIS-E	Net Change (+)	#DE in OASIS-E	Total Time
SOC	158	59	14	45	203	57.3 min
ROC	131	49	8	41	172	48 min
FU	36	8	0	8	44	13.2 min
TOC	22	1	1	0	22	6.6 min
DAH	9	0	0	0	9	2.7 min
DC	97	51	2	49	146	40.2 min
Total	444	168	25	143	596	-

As you can see from the chart there is a net change of 143 items, which is a good thing! However, it may take clinicians longer for the Start of Care (SOC), but recertification and follow-up (FU) will be shorter based on what [CMS](#) is saying.

Proposed Change in Clinician Burden Cost

OASIS-E	OASIS-D	Difference
\$900,679,044.53	\$559,827,580.49	\$340,851,464.04
		(\$30,020.39 per HHA)

OASIS-E Sections

CMS has proposed to now have the OASIS presented in Sections due to the mix of M items and new items adopted from other settings.

Below is a chart of the new sections and their titles.

Section	Title	Section	Title
A	Administration Information <ul style="list-style-type: none"> • Patient Tracking 	H	Bowel and Bladder
B	Hearing, Speech, Vision	I	Active Diagnoses
C	Cognitive Patterns	J	Health Conditions
D	Mood	K	Swallowing/Nutritional Status
E	Behavior	M	Skin Conditions
F	Preferences for Customary Routine Activities	N	Medications
G	Functional Status	O	Special Treatments, Procedures, and Programs
GG	Functional Status: Functional Abilities and Goals	Q	Participation in Assessment and Goal Setting

* Note: No section L or P