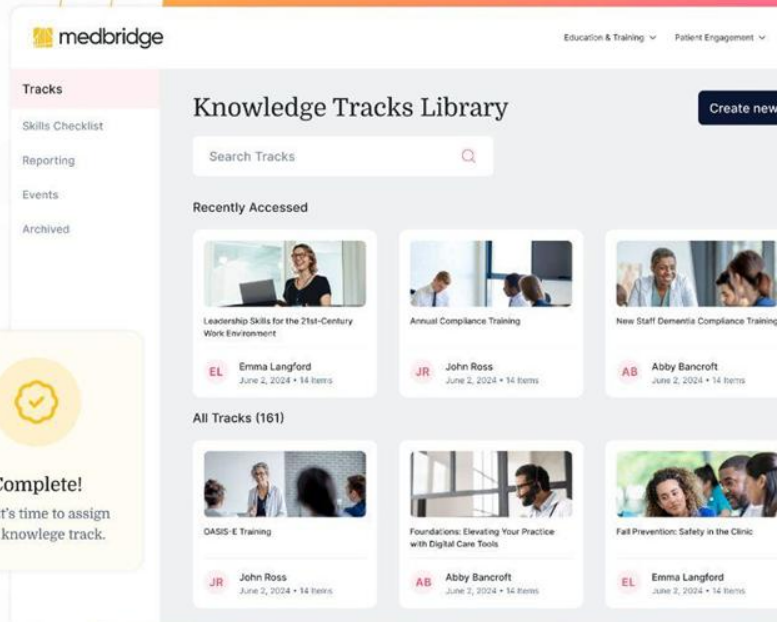
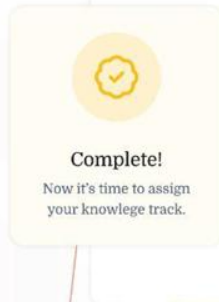


HOME HEALTH

Staff retention and onboarding solution

Boost retention and reduce new-hire time to productivity with onboarding and targeted skill-based training.

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OASIS-E1 2025 Essentials

HHVBP GG Focus, Outcomes, and Submission Requirements

03/18/25

Speakers



Cindy Krafft

PT, MS, HCS-O
Owner/Founder

knkhelp.com



Anna Zimmerman

MSW, Sr. Program Manager,
Home Health & Hospice

Learning Objectives

1. Verify accurate data collection for GG0130 and GG0170 for outcomes and HHVBP
1. Analyze the changing OASIS submission requirements in 2025
1. Discuss OASIS and HHVBP “hot topics” challenging home health agencies

GG0130 and GG0170

Verifying Accurate Data Collection

OASIS Data Collection and HHVBP

Self-Care

- Eating
- Oral Hygiene
- Toileting Hygiene
- Shower/Bathe Self
- Upper Body Dressing
- Lower Body Dressing
- Putting On/Taking Off Footwear

Mobility

- Roll Left and Right
- Sit to Lying
- Lying to Sitting on Side of Bed
- Sit to Stand
- Chair/Bed-to-Chair Transfer
- Toilet Transfer
- Car Transfer
- Walk 10 ft / 50 ft / 150 ft / 10 ft Uneven
- 1 step (curb) / 4 steps / 12 steps
- Picking Up Object
- WC/Scooter: 50 ft / 150 ft

Accurate Data Collection

Coding:

Safety and Quality of Performance – If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.



06. **Independent** – Patient completes the activity by themselves with no assistance from a helper.
05. **Setup or clean-up assistance** – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.



If activity was not attempted, code reason:



07. **Patient refused**
09. **Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
10. **Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)**
88. **Not attempted due to medical conditions or safety concerns**



OASIS Submission Requirements

What Is Happening in 2025?

CMS Q&As

Question 1

Under all-payer OASIS data collection, what OASIS time points are required for non-Medicare/non-Medicaid patients?

CMS Q&As

Answer 1

The transition to all-payer will not change the OASIS data collection time points. OASIS data collection time points are described in OASIS Guidance Manual Coding Instructions for M0100 Reason for Assessment, and include

- Start of care (SOC)
- Resumption of care (ROC)
- Recertification (follow-up)
- Major decline or improvement in patient's health status (other follow-up)
- Transferred to an inpatient facility (TRN)
- Discharge from agency (DC)
- Death at home (DAH)

CMS Q&As

Question 2

During the phase-in for the transition to mandatory OASIS data collection and submission for all patients regardless of payer, will we be able to submit just the voluntary Start of Care (SOC) OASIS for a patient with a M0090 date between January 1, 2025, and June 30th, 2025? Or would we be required to submit all subsequent OASIS assessments for that patient as well?

CMS Q&As

Answer 2

For HHAs choosing to collect and submit a Start of Care (SOC) OASIS during the 1/1/25 to 6/30/25 voluntary phase-in period, any subsequent assessments (i.e., transfer, resumption, recert, other follow-up, discharge, and death at home) for this patient are also voluntary, including those assessments for time points occurring on or after 7/1/2025.

CMS Q&As

Question 3

During the phase-in for the transition to mandatory OASIS data collection and submission for all patients regardless of payer, will we be able to submit just the voluntary Start of Care (SOC) OASIS for a patient with a M0090 date between January 1, 2025, and June 30th, 2025? Or would we be required to submit all subsequent OASIS assessments for that patient as well?

CMS Q&As

Answer 3

No, agencies do not need to discharge and complete a new SOC for non-Medicare/non-Medicaid patients who are on service prior to 2025 and who remain on service on or after January 1, 2025. The same concept applies for patients who are on service during the voluntary phase and remain on service on or after July 1, 2025.

Preparing for July 1

Analyze

OASIS-Related Workflow

- Time for data collection / effective use of the 5-day window
- Time spent in the review process / number of touches
- Effective use of clinicians to complete the work / occupational and speech therapies

Educate

Do Not Assume Everyone Understands Equally

- Explain the purpose of the expanded data collection
- Focus on the data collectors
- Focus on the data reviewers

Monitor

OASIS-Related Workflow

- Workflow timeframes and expectations
- Correction rates for data collectors
- Consistency and effectiveness of the review process

OASIS and HHVBP “Hot Topics”

Joining the Conversation

Hot Topics

- ▶ OASIS Apathy
- ▶ Never-Ending Corrections
- ▶ Fluency of 1800s and GGs
- ▶ Future of HHVBP
- ▶ Staffing and Onboarding

Medbridge Solution

Home Health Ecosystem

Home Health Ecosystem

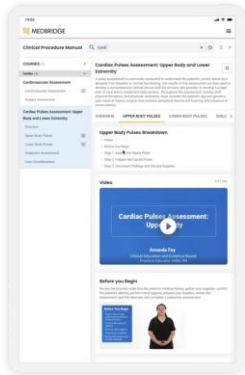
A single platform that supports nurses from day one and helps deliver better patient outcomes

- Reduce onboarding time with high-quality, setting-specific content
- Access our tablet-optimized Clinical Procedure Manual anywhere
- Improve care quality with our digital Skills & Competency Manager
- Deliver better patient outcomes to maximize reimbursement



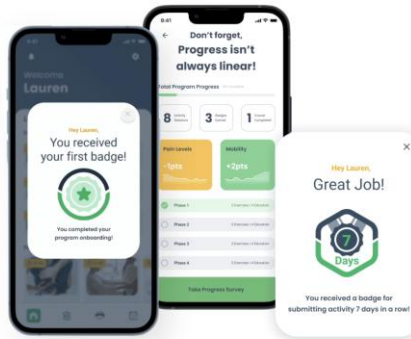
A Full Solution Suite to Drive Better Quality

Product Ecosystem



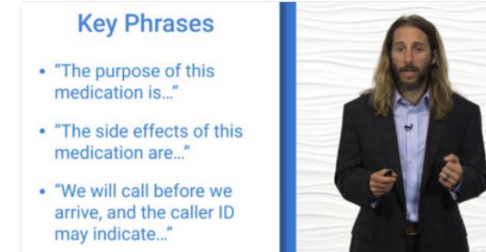
- LMS and Knowledge Tracks
- Skills
- Clinical Procedure Manual

Easy-to-Access Content



- On-demand CEUs
- Microlearnings
- Clinician App

Quality Content



- OASIS-E1
- HHVBP
- Compliance
- Onboarding

Medbridge OASIS Solution

Improve OASIS-E1 accuracy and boost quality ratings with best-in-class OASIS education

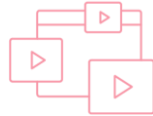
Medbridge OASIS Education



Full Course Series Updates

Prepare your team with our refreshed full course series for OASIS-E1, featuring new patient demonstrations

6 hours



Boosters Updates

Keep skills sharp with targeted microlearning focused on items impacting HHVBP and reimbursement

5-8 minutes each



Case Scenarios

Help clinicians apply their knowledge and practice scoring OASIS items with demonstrations and quizzes

10 minutes each



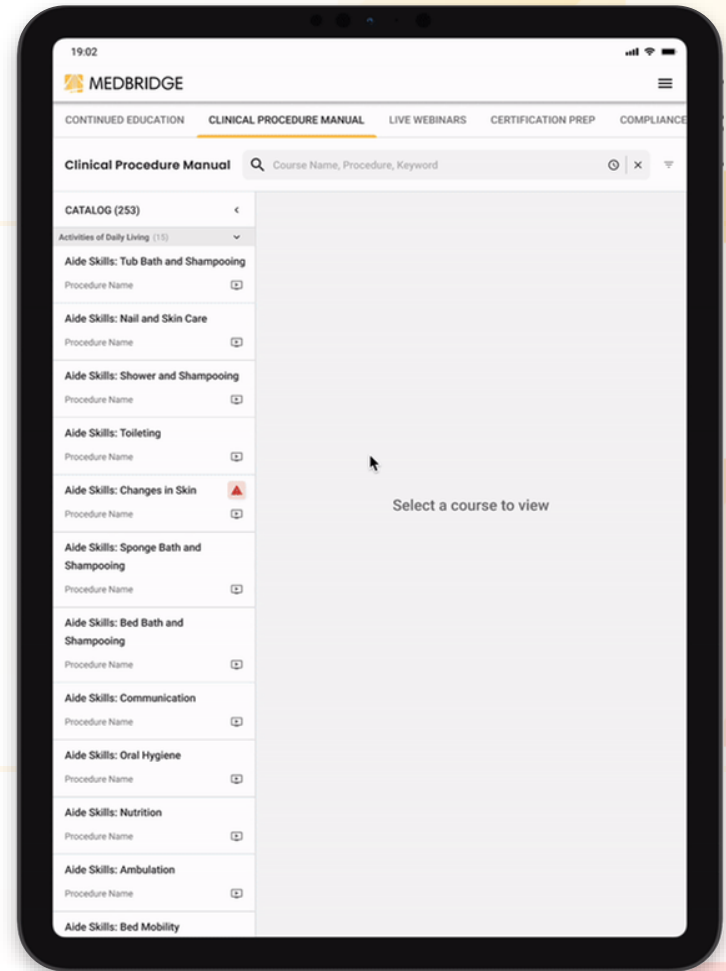
OASIS-E1 Certificate

Upskill experienced clinicians with this certificate program

11 hours



The Ultimate Digital Companion to Succeed in HHVBP





Cindy Krafft, PT, MS, HCS-O
Owner/Founder

cindy.krafft@knkhelp.com



Mission

Empower home health agencies with revenue protection strategies

Core Values

Innovation, trust, and integrity

knkhelp.com



Questions?

Thank You

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www.medbridge.com/hhvbp



9:41 AM

House Call Episode 1: Assessing Patient Readiness to Change

presented by Amanda Fay, MSN, RN & Tonya Miller, PT, DPT, PhD

House Call
Episode 1: Assessing Patient Readiness

Runtime: 14 Minutes
Assessment Time: 4 Minutes

Important for clinicians to understand patients' readiness for change. In this course, we explore how to assess a patient's readiness to change during a home health visit. Understanding when a...

Syncing Devices

Audio Only Courses

0:00 15:23