

OASIS E1

[Access a Certificate of Completion here.](#)

[Access the Ohio Department of Health OASIS Training Videos webpage here.](#)

[Access the DRAFT OASIS E1 Manual.](#)

[Access the OASIS E Manual.](#)

[Access the DRAFT OASIS-E1 All Items Effective 01/01/2025.](#)

[Access the HH QRP Patient COVID-19 Vaccine Measure Specifications.](#)

[Access the Home Health Assessment Requirements Calendar Year 2025 \(PDF\).](#)

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[Access the Ohio Department of Health Outcome and Assessment Information Set \(OASIS\) webpage here.](#)

OASIS E1

Effective Jan. 1, 2025

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OASIS Education Coordinator
Bureau of Survey and Certification

Created November 2024



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Resources

- [DRAFT OASIS E1 All Items Effective 01/01/2025.](#)
- [DRAFT OASIS E1 Manual.](#)
- [OASIS E Manual.](#)
- [HH QRP Patient COVID-19 Vaccine Measure Specifications.](#)
- [Home Health Assessment Requirements Calendar Year 2025 \(PDF\).](#)



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Objectives

- Today we will review.
 - Removal of M0110 and M2200.
 - Addition of new COVID-19 item O0350.
 - Revisions for GG0130, GG0170, and D0150.
 - Discharge Disposition language update for M2420.
 - Updated skip pattern for M0102.



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Considered Criteria when Adding/Removing OASIS Items

- Calculate a measure for the Home Health Quality Reporting Program (HH QRP).
- Home Health Prospective Payment System (PPS).
- Survey process for Medicare certification.
- Calculate a measure in the Home Health Value-Based Purchasing (HH VBP) demonstration.
- Critical risk-adjustment factor.
- Fulfill a data category as part of the Conditions of Participation.

Home Health Assessment Requirements Calendar Year 2025 (PDF).



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Removed OASIS Items

- M0110. Episode Timing.
- M2200. Therapy Need.

Home Health Assessment Requirements Calendar Year 2025 (PDF).



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Added OASIS Item

- Collection time points.
 - Transfer.
 - Death at home.
 - Discharge.

00350. Patient's COVID-19 vaccination is up to date.	
Enter Code <input type="text"/>	0. No, patient is not up to date 1. Yes, patient is up to date

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HH QRP Patient COVID-19 Vaccine Measure Specifications



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Updated Instructional Language

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 (<u>without formal assistive services</u>) → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge
<input type="checkbox"/>	2. Patient remained in the community (<u>with formal assistive services</u>) → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge



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 (<u>without skilled services from a Medicare Certified HHA or non-institutional hospice</u>) → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge
<input type="checkbox"/>	2. Patient remained in the community (<u>with skilled services from a Medicare Certified HHA</u>) → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge



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OASIS E All Items Set.



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Updated Skip Pattern

M0102. Date of Physician-ordered Start of Care (Resumption of Care)
If the physician indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	→ Skip to M0110, Episode Timing, if date entered
Month	Day	Year				
<input type="checkbox"/> NA — No specific SOC/ROC date ordered by physician						



M0102. Date of Physician-ordered Start of Care (Resumption of Care)
If the physician indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	→ Skip to A1250, Transportation, if date entered
Month	Day	Year				
<input type="checkbox"/> NA — No specific SOC/ROC date ordered by physician						



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OASIS E All Items Set.



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OASIS E1 Manual

- Appendix D.
 - Description of changes from OASIS E to OASIS E1 effective Jan. 1, 2025.



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Certificate of Completion

- Let us know what you think.
- Complete a short **post-training evaluation** to receive your certificate of completion.



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Contact Information

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The Ohio Department of Health takes every effort to protect personal health information (PHI). If it is necessary to exchange PHI about a patient with an OASIS inquiry, please contact Cheryl Moya at 419-245-2440 for instructions on the safest way to accomplish this.



**Department of
Health**