

UPDATE

QUARTERLY  
OASIS UPDATE


Teleconference Series


QUARTERLY OASIS UPDATE

April 22, 2026

PRESENTED BY: OASIS ANSWERS, INC.

April 2026



  
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**Presenters**

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Post-Acute Care Senior Clinical Manager

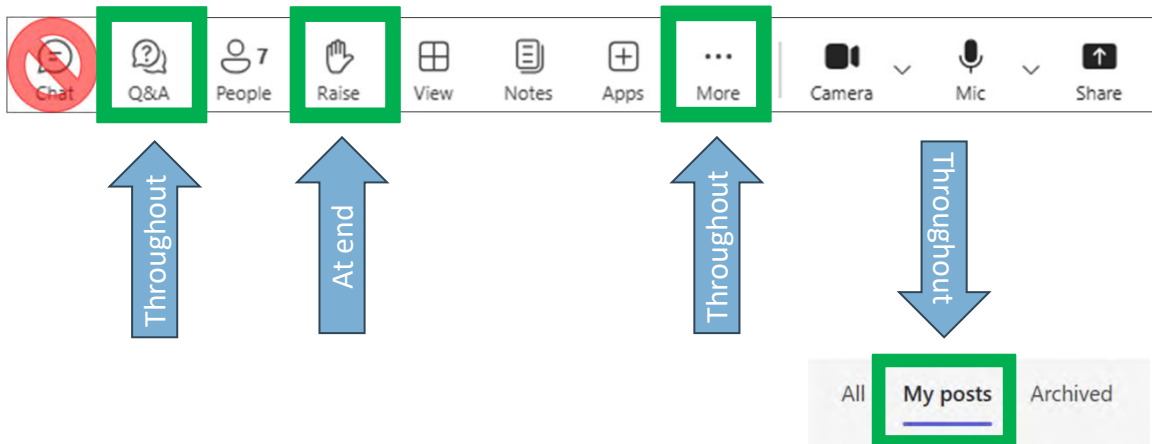
  
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## Microsoft TEAMS Features



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## SESSION HANDOUTS:

OAI Quarterly OASIS Update Slides



CMS April 2026 OASIS Quarterly Q&As



Application Scenarios



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# AGENDA:

## OASIS Answers Updates

### CMS Updates

FINAL OASIS-E2 Resources: Instruments, Guidance Manual and CMS OASIS Q&As

NEW Home Health Quality Measure User's Manual and Risk Adjustment Technical Specifications

iQIES Software Update

HH Star Rating and HHVBP Quality Measure Utilization Crosswalk

### Highlights

Determining the Appropriate Assessing Clinician at SOC

Coding Accurately with OASIS-E2 Guidance

### Feature Presentation

Review of NEW April 2026 CMS Quarterly OASIS Q&As

Application Scenarios – April 2026 CMS Quarterly OASIS Q&As



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## Participant Questions and Answers

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# OASIS Answers Update

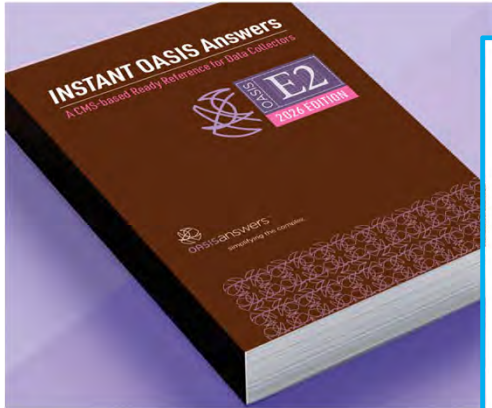


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# INSTANT OASIS Answers 2026 (OASIS-E2)



386 INSTANT OASIS Answers 2026 - OASIS-E2

A112 & 12 When a portion of the surgical wound is intact/healed, and a portion of the wound is open and healing by secondary intention, to determine the healing status consider the portion of the wound bed that is healing by secondary intention when applying the healing status coding criteria of "% of the wound bed covered with granulation tissue" or "% of wound bed covered with avascular tissue". If the surgical wound has more than one area healing by secondary intention, separated by one or more areas of intact/healed tissue, all open areas healing by secondary intention would be included as the "wound bed", when applying the percentages to determine healing status.

**OASIS item**

**M1400.** When is the patient dyspneic or noticeably Short of Breath?

Enter Code ☐ 0 Patient is not short of breath

1 When walking more than 20 feet, climbing stairs

2 With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)

3 With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation

4 At rest (during day or night)

**Item intent**  
Identifies the level of exertion/activity that results in a patient's dyspnea or shortness of breath.

**Time Points Item(s) Completed**  
Start of Care  
Resumption of Care  
Discharge

**Response-Specific Instructions**

- Conduct physical assessment, including observation. Interview the patient/caregiver and/or review the health history.
- If the patient uses oxygen continuously (at all times during the day of assessment, with only brief interruptions), code the response based on assessment of the patient's shortness of breath while using oxygen.

387 INSTANT OASIS Answers 2026 - OASIS-E2

- If the patient uses oxygen intermittently, code the response based on the patient's shortness of breath **without** the use of oxygen.
  - Responses are based on the patient's actual use of oxygen in the home, not on the physician's oxygen order.
- For a chairfast or bedbound patient, evaluate the level of exertion required to produce shortness of breath.
- The chairfast patient can be assessed for level of dyspnea while performing ADLs or at rest.

**Coding instructions**

- Code 0, Patient is not short of breath**, if the patient has not been short of breath on the day of assessment.
- Code 1, When walking more than 20 feet, climbing stairs**, and/or if demanding bed-mobility activities produce dyspnea in the bedbound patient (or physically demanding transfer activities produce dyspnea in the chairfast patient).
- Dash is not a valid response** for this item.

**CMS** **CMS OASIS STATIC Q&As**  
CMS Q&As 02/26  
<https://oas.oas.org/providers/home-health-agency-the-provider/reference-manuals>

**CATEGORY 4B**

**Q113.1. M1400.** What is the correct response for the patient who is only short of breath when supine and requires the use of oxygen only at night, due to this positional dyspnea? The patient is not short of breath when walking more than 20 feet or climbing stairs. (O&A EDITED 05/22; ADDED 08/07; M number updated 09/07; Previously CMS OCCB Q&A 07/06 Q31)

A113.1. Since the patient's supplemental oxygen use is not continuous, M1400 - Dyspnea should reflect the level of exertion that results in dyspnea without the use of the oxygen. The correct response would be 4 - At rest (during day or night). It would be important to include further clinical documentation to explain the patient's specific condition.

**Q113.2. M1400.** What is the correct response to M1400 - Dyspnea, if a patient uses a CPAP or BiPAP machine during sleep as treatment for obstructive sleep apnea? (O&A EDITED 05/22; ADDED 08/07; Previously CMS OCCB Q&A 07/07 Q12)

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## Final OASIS-E2 Resources

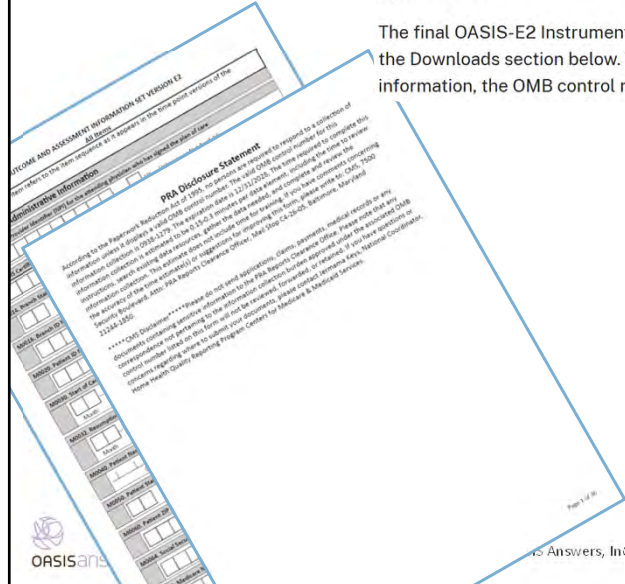
### CMS Updates

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# Final OASIS-E2 Instruments

April 1, 2026

The final OASIS-E2 Instruments (All Items and Time Point versions), effective April 1, 2026, are available in the Downloads section below. The instrument documents have been updated to include OMB approval information, the OMB control number (0938-1279), and an expiration date of 12/31/2028.



**Downloads**

[Final-OASIS-E2-All-Item-04-01-2026 \(ZIP\)](#)

<https://www.cms.gov/medicare/quality/home-health/oasis-data-sets>

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# Final OASIS-E2 Guidance Manual & CMS OASIS Q&As

February 26, 2026

The final Guidance Manual for the OASIS-E2 version of the OASIS data set and OASIS-E2 Questions and Answers documents, effective April 1, 2026, are available in the Downloads section below.

<https://www.cms.gov/medicare/quality/home-health/oasis-user-manuals>

<https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals>

Final Outcome and Assessment Information Set  
OASIS-E2 Manual



Effective April 1, 2026  
Centers for Medicare and Medicaid Services



**OASIS-E-2 Q & A's**

Updated: Feb 24, 2026

- Category 1: Applicability (posted 02/24/2026)
- Category 2: Comprehensive Assessment (posted 02/24/2026)
- Category 3: Follow-up Assessments (posted 02/24/2026)
- Category 4: OASIS Data Set - Forms and Items (posted 02/24/2026)



**Downloads**

[Final OASIS-E2 Questions and Answers \(ZIP\)](#)

[Final OASIS E2 Manual\\_04\\_01\\_2026 \(PDF\)](#)



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# NEW Home Health Quality Measure User's Manual and Risk Adjustment Technical Specifications

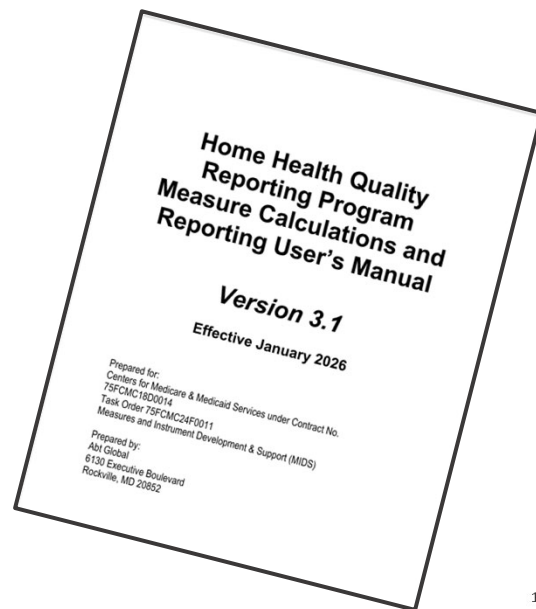
CMS Updates

## Updated Home Health Quality Measure User's Manual

### Changes include:

- Episode creation process
- New section all payer data submission transition
- Updated iQIES reporting timelines
- Updated risk adjustment information

<https://www.cms.gov/medicare/quality/home-health/home-health-quality-measures>



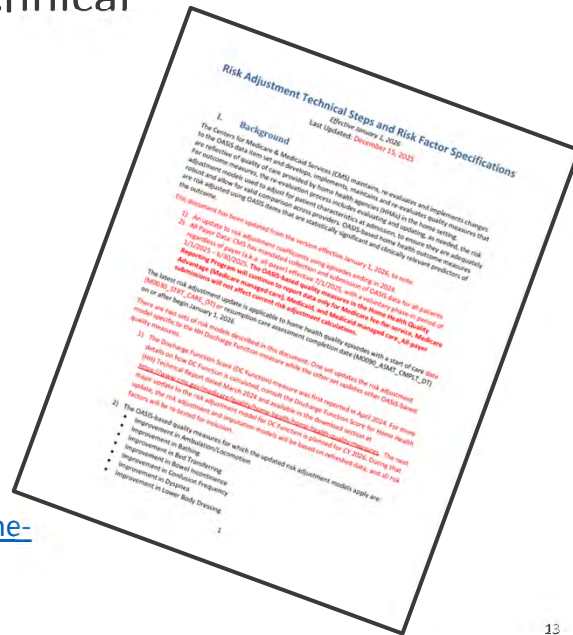
# Updated Risk Adjustment Technical Specifications

Effective as of January 1, 2026

## Changes include:

- Risk adjustment coefficients for episodes ending in 2024
- All-payer data submission transition information
  - *All-payer data not affecting current risk adjustment calculations*
- Updates to models for Discharge Function Score and other OASIS-based measures

<https://www.cms.gov/medicare/quality/home-health/home-health-quality-measures>



# iQIES Software Update

CMS Updates

# OASIS iQIES Software Discontinuation

As part of our ongoing efforts to modernize and streamline data submission and assessment management, The Centers for Medicare & Medicaid Services (CMS) is officially discontinuing the legacy Internet Quality Improvement and Evaluation System (iQIES) front-end user interface (data entry software for manually creating assessments) effective April 1, 2026. Home Health Agencies (HHA's) will not be able to use this software to directly input assessment data for OASIS assessments with target dates on or after 4/1/2026. Prior assessments (dated 1/1/2025 – 3/31/2026) will be accepted until 12/31/2026. Future data will need to be uploaded in the correct format. For additional information and questions visit the [Home Health Data Specifications](#) page.

For additional information and questions: <https://www.cms.gov/medicare/quality/home-health/data-specifications>



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## HH QoPC Star Rating and HHVBP Quality Measure Utilization Crosswalk

CMS Updates



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## Quality of Patient Care (QoPC) Star Rating

Measure Name	Measure Type
Timely Initiation of Care	OASIS-based process measure
Improvement in Ambulation	OASIS-based outcome measure
Improvement in Bed Transferring	OASIS-based outcome measure
Improvement in Bathing	OASIS-based outcome measure
Improvement in Shortness of Breath	OASIS-based outcome measure
Improvement in Management of Oral Medications	OASIS-based outcome measure
Home Health Within Stay Potentially Preventable Hospitalization (PPH)	Claims-based outcome measure



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## HHVBP Applicable Measure Set (2026)

Measure Name	Measure Type
Improvement in Dyspnea (Shortness of Breath)	OASIS-based outcome measure
Improvement in Management of Oral Medications	OASIS-based outcome measure
Improvement in Bathing	OASIS-based outcome measure
Improvement in Upper Body Dressing	OASIS-based outcome measure
Improvement in Lower Body Dressing	OASIS-based outcome measure
Discharge Function Score	OASIS-based outcome measure
Discharge to Community- Post Acute Care	Claims-based outcome measure
Home Health Within Stay Potentially Preventable Hospitalization (PPH)	Claims-based outcome measure
Medicare Spending Per Beneficiary- Post Acute Care	Claims-based outcome measure
Overall Rating of Home Health Care (Overall Rating)	HHCAHPS Survey-based measure
Willing to Recommend the Agency	HHCAHPS Survey-based measure



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# HHVBP Applicable Measure Set (2026)

## HHVBP

20 home health quality episodes  
20 home health stays  
40 completed surveys



Sufficient data for at least 5 of the applicable measures



## TPS

Total Performance Score

## APP

Adjusted Payment Percentage



up to 5%

Measure Name	Measure Type
Improvement in Dyspnea (Shortness of Breath)	OASIS-based outcome measure
Improvement in Management of Oral Medications	OASIS-based outcome measure
Improvement in Bathing	OASIS-based outcome measure
Improvement in Upper Body Dressing	OASIS-based outcome measure
Improvement in Lower Body Dressing	OASIS-based outcome measure
Discharge Function Score	OASIS-based outcome measure
Discharge to Community- Post Acute Care	Claims-based outcome measure
Home Health Within Stay Potentially Preventable Hospitalization (PPH)	Claims-based outcome measure
Medicare Spending Per Beneficiary- Post Acute Care	Claims-based outcome measure
Overall Rating of Home Health Care (Overall Rating)	HHCAHPS Survey-based measure
Willing to Recommend the Agency	HHCAHPS Survey-based measure



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# QoPC Star Rating and HHVBP Crossover Measures

## QoPC Star Rating

Measure Name	Measure Type
Timely Initiation of Care	OASIS-based process measure
Improvement in Ambulation	OASIS-based outcome measure
Improvement in Bed Transferring	OASIS-based outcome measure
Improvement in Bathing	OASIS-based outcome measure
Improvement in Shortness of Breath	OASIS-based outcome measure
Improvement in Management of Oral Medications	OASIS-based outcome measure
Home Health Within Stay Potentially Preventable Hospitalization (PPH)	Claims-based outcome measure

## HHVBP

Measure Name	Measure Type
Improvement in Dyspnea (Shortness of Breath)	OASIS-based outcome measure
Improvement in Management of Oral Medications	OASIS-based outcome measure
Improvement in Bathing	OASIS-based outcome measure
Improvement in Upper Body Dressing	OASIS-based outcome measure
Improvement in Lower Body Dressing	OASIS-based outcome measure
Discharge Function Score	OASIS-based outcome measure
Discharge to Community- Post Acute Care	Claims-based outcome measure
Home Health Within Stay Potentially Preventable Hospitalization (PPH)	Claims-based outcome measure
Medicare Spending Per Beneficiary- Post Acute Care	Claims-based outcome measure
Overall Rating of Home Health Care (Overall Rating)	HHCAHPS Survey-based measure
Willing to Recommend the Agency	HHCAHPS Survey-based measure

Measure Name	Measure Type
Improvement in Bathing	OASIS-based outcome measure
Improvement in Dyspnea (Shortness of Breath)	OASIS-based outcome measure
Improvement in Management of Oral Medications	OASIS-based outcome measure
Home Health Within Stay Potentially Preventable Hospitalization (PPH)	Claims-based outcome measure



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## QoPC Star Rating and HHVBP Crossover Measures

Measure Name	Measure Type
Improvement in Bathing	OASIS-based outcome measure

Numerator

HH episodes where the OASIS value recorded on the discharge assessment indicates **less impairment** in bathing at discharge than at SOC/ROC

Denominator

HH episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.

Percent of HHA's patients that got better at **bathing** in the reporting period



**Measure specific exclusions:** HH episodes for which the patient, start/resumption of care, was able to bathe self independently, or patient is nonresponsive, quality episodes that end with inpatient facility transfer, death, or discharge to non-institutional/home hospice



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### M1830: Bathing

**M1830: Bathing:**  
Current ability to wash entire body self. Excludes grooming (washing face, washing hands, and shampooing hair).

Enter Code: ☐

0. Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
1. With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
2. Able to bathe in shower or tub with the intermittent assistance of another person:
  - a. for intermittent supervision or encouragement or reminders, **OR**
  - b. to get in and out of the shower or tub, **OR**
  - c. for washing difficult to reach areas.
3. Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
4. Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
5. Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person.
6. Unable to participate effectively in bathing and is bathed totally by another person.

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## QoPC Star Rating and HHVBP Crossover Measures

Measure Name	Measure Type
Improvement in Dyspnea (Shortness of Breath)	OASIS-based outcome measure

Numerator

HH episodes where the OASIS value recorded on the discharge assessment indicates **less dyspnea** at discharge than at SOC/ROC

Denominator

HH episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.

Percent of HHA's patients whose **breathing** improved in the reporting period



**Measure specific exclusions:** HH episodes for which the patient, start/resumption of care, was not short of breath at any time or quality episodes that end with inpatient facility transfer, death, or discharge to non-institutional/home hospice



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### M1400: When is the patient dyspneic or noticeably Short of Breath?

**M1400: When is the patient dyspneic or noticeably Short of Breath?**

Enter Code: ☐

0. Patient is not short of breath
1. When walking more than 20 feet, climbing stairs
2. With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)
3. With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation
4. At rest (during day or night)

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## QoPC Star Rating and HHVBP Crossover Measures

Measure Name	Measure Type
<b>Improvement in Management of Oral Medications</b>	OASIS-based outcome measure

Numerator

HH episodes where the OASIS value recorded on the discharge assessment indicates **less impairment in taking oral medications correctly** at discharge than at SOC/ROC

Denominator

HH episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.

Percent of HHA's patients got better at taking their **medications** correctly in the reporting period



**Measure specific exclusions:** HH episodes for which the patient, start/resumption of care, was able to take oral medications correctly without assistance or supervision, or a patient is non-responsive or quality episodes that end with inpatient facility transfer, death, or discharge to non-institutional/home hospice



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### M2020: Management of Oral Medications

**M2020: Management of Oral Medications**  
 Patient's correct ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)

Enter Code

☐ 0. Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.

1. Able to take medication(s) at the correct times if:

- a. individual dosages are prepared in advance by another person; OR
- b. another person develops a drug diary or chart.

2. Able to take medication(s) at the correct times if given reminders by another person at the appropriate times.

3. Unable to take medication unless administered by another person.

NA. No oral medications prescribed.

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## QoPC Star Rating and HHVBP Crossover Measures

Measure Name	Measure Type
<b>Home Health Within Stay Potentially Preventable Hospitalization (PPH)</b>	Claims-based outcome measure

Numerator

HH stay with at least one (1) potentially preventable **hospitalization or observation stay**

Denominator

Expected number of hospitalizations or observation stays if same patients were treated at the average HHA

Percent of HHA's patients that were **admitted to the hospital** for a potentially preventable condition while receiving home health care



**Measure specific exclusions:** patients that are less than 18 years old, patients that were not continuously enrolled in Part A FFS Medicare for 12 months prior, LUPA claims, patient receives service from multiple agencies, stays were information required for risk adjustment was missing



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Medicare FFS claims



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# Determining the Appropriate Assessing Clinician at SOC

## Highlights



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## Qualifying Clinicians

OASIS Guidance  
Manual Introduction  
– 1.5.6 Who  
Completes OASIS?

- As identified in (M0080) Discipline of Person Completing Assessment, the comprehensive assessment including OASIS data collection, if applicable, is the responsibility of a registered nurse (RN) or any of the therapies, including physical therapist (PT), speech language pathologist/speech therapist (SLP/ST), or occupational therapist (OT).



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# Nursing is Ordered on SOC Referral

OASIS Guidance Manual  
Introduction – 1.5.6 Who  
Completes OASIS?

- Per the HH Conditions of Participation (CoPs), a registered nurse (RN) must complete the initial assessment and comprehensive assessment including OASIS, and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status

CMS OASIS Q&As – Cat 2,  
Q10

- If nursing is ordered in the initial referral, then the case is NOT therapy-only, and the RN should conduct the Start of Care (SOC) comprehensive assessment including OASIS. If there is no order for nursing in the initial referral then the case is therapy-only at SOC, and the therapist can perform the SOC comprehensive assessment including OASIS. Either discipline may perform subsequent.

CMS OASIS Q&As – Cat 2,  
Q51

- The Condition of Participation, §484.55, stipulates that a registered nurse must conduct the initial assessment unless it is a therapy only case. Since "initial" means first, when nursing orders exist at start of care, the RN must be the first person to see the patient and complete the initial assessment requirements. The Conditions also require that if nursing orders exist at SOC, the RN must complete the SOC comprehensive assessment including the OASIS.

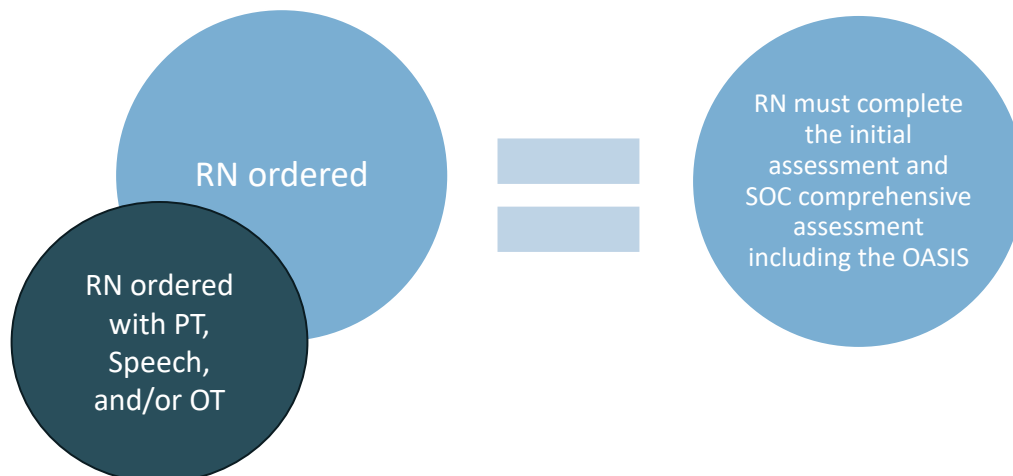


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# Nursing is Ordered on SOC Referral



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## Agency Policy: Nursing completes all OASIS assessments

### CMS OASIS Q&As – Cat 2, Q12

- If the agency chooses to have an RN conduct the comprehensive assessment, the RN should perform an assessment on or within 5 days after the therapist's SOC date.

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## Therapy Only

### OASIS Guidance Manual Introduction – 1.5.6 Who Completes OASIS?

- When SLP, PT, or OT is the only service ordered by the physician or allowed practitioner who is responsible for the home health plan of care, **the initial assessment visit** may be made by the appropriate rehabilitation skilled professional.
  - For Medicare patients, an OT may complete the initial assessment when OT is ordered with another qualifying rehabilitation therapy service (SLP or PT) that establishes program eligibility.
- When PT, SLP, or OT is the only service ordered by the physician or allowed practitioner, a PT, SLP, or OT may complete **the comprehensive assessment**, and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status.
  - For Medicare patients, the OT may complete the comprehensive assessment when OT is ordered with another qualifying rehabilitation therapy service (SLP or PT) that establishes program eligibility.
  - For non-Medicare/non-Medicaid patients, if OT is the only service ordered, HHAs should follow the Medicare home health benefit definition of “skilled services” to determine if OASIS is required. If the OT services meet this definition of “skilled services” then OASIS is required, assuming the patient does not meet any of the OASIS exemptions. Please note that while the need for OT alone does not establish initial eligibility for the Medicare home health benefit it may establish eligibility for other payers.



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## Therapy Only

OASIS Guidance Manual  
Introduction – 1.5.6 Who  
Completes OASIS?  
(continued)

- In a case where PT is the only ordered service and assuming PT services establish program eligibility for the payer, the PT could conduct the initial assessment visit and the SOC comprehensive assessment. Likewise, assuming skilled nursing services establish program eligibility for the payer, the RN could complete these tasks as well, even in the absence of a skilled nursing need and related orders. If speech pathology services were also a qualifying service for the payer, it would be acceptable, although not required, for the SLP to conduct the initial assessment visit and/or complete the comprehensive assessment for the PT only case, even in the absence of a skilled SLP need and related orders. Likewise, a PT could admit and complete the initial assessment visit and comprehensive assessment for an SLP-only patient, where both PT and SLP were primary qualifying services (like the Medicare home health benefit). It should be noted that under the Medicare home health benefit (and likely under other payers as well), the visit(s) made by the RN, (or SLP, or PT, etc.) to complete the initial assessment and comprehensive assessment tasks would not be reimbursable visits, therefore would not establish the start of care date for the home care episode.

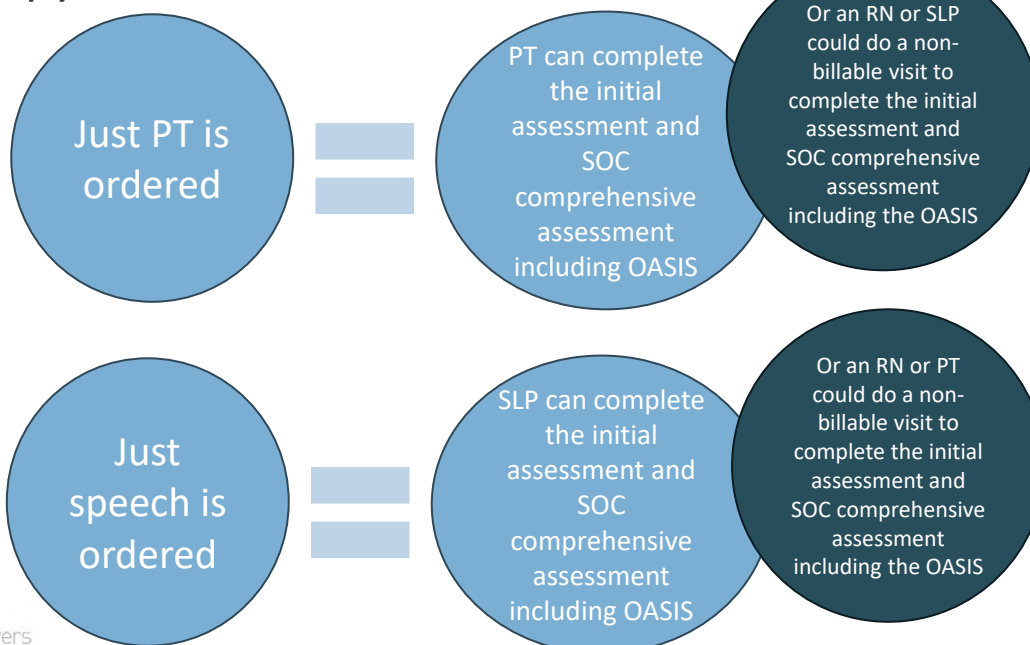


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## Therapy Only

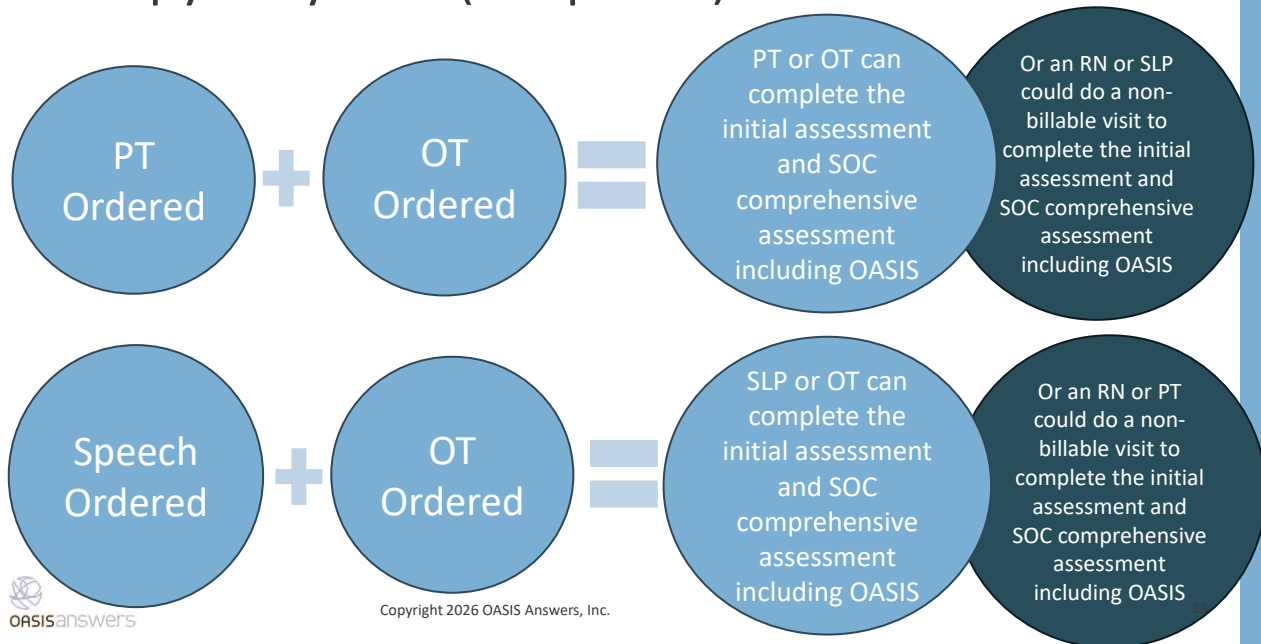


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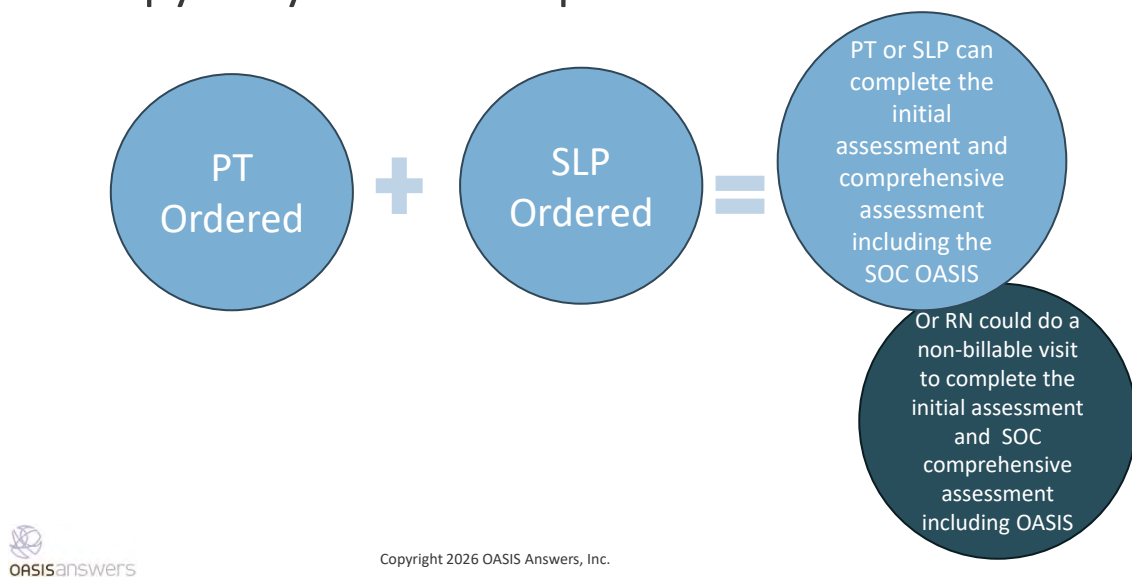


## Therapy Only – PT (or Speech) AND OT



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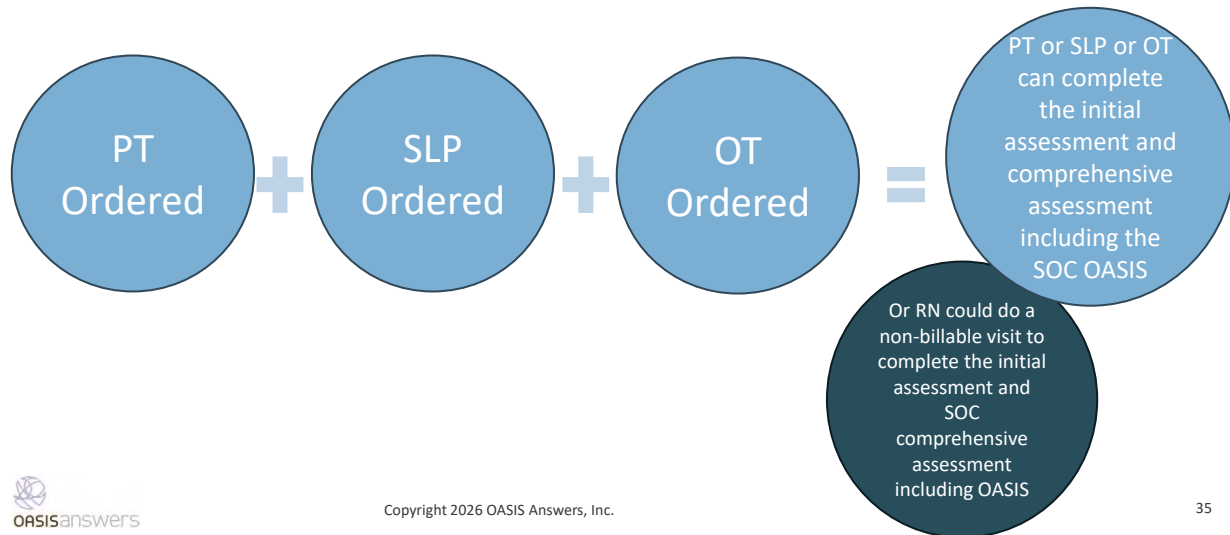
## Therapy Only – PT AND Speech



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## Therapy Only



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## Pay Source Changes

OASIS Guidance Manual  
Introduction – 1.5.2.3  
Changes in Payer Source

- When an active patient is receiving both nursing and rehabilitation therapy services and experiences a payer change mid-episode that requires a new SOC OASIS, CMS recommends but does not require that the RN complete the SOC comprehensive assessment including OASIS.
- When there is a pay source change **from MA to Medicare FFS**, while a **new SOC OASIS is required** the original eligibility for the home health benefit is uninterrupted. If continued OT is the only active service at the time of the pay source change from MA to Medicare FFS, the OT can complete the SOC OASIS and continue to provide care as the only active discipline for the remainder of the home health stay.

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# Coding Accurately with OASIS-E2 Guidance

## Highlights



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## Convention #9 – New to Chapter 1 but NOT New to OASIS Guidance

An agency's **software may not “answer” or “generate” a final code for the OASIS items.** Following agency policies, the assessing clinician is responsible for considering available information and ensuring the appropriate OASIS item response(s) were selected, within the appropriate timeframe and consistent with data collection guidance.



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## Convention #9 – New to Chapter 1 but not new to OASIS Guidance

### Historical references

- Category 4a Q24 – original guidance published in 2013

**Q24. I am concerned that our software vendor has a new version coming out that answers the OASIS questions for you. I believe that it looks at how you answer comprehensive assessment items, and it then answers the OASIS items for the clinician. Does CMS consider this type of software feature compliant?** [Q&A EDITED 10/18; EDITED 10/16; ADDED & EDITED 06/14; Previously CMS Qtrly Q&A 01/13 Q3]

**A24.** An agency's software may not "answer" or "generate" the OASIS response for the assessing clinician.



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## Convention #9 – New to Chapter 1 but not new to OASIS Guidance

### Historical references

- Category 4b Q661– original guidance published in 2022

**Q661. A1005, A1010, A1110, A1255, B1300, & D0700. Can information collected prior to Start of Care/Resumption of Care be used to complete the new OASIS items such A1005 - Ethnicity, A1010 - Race, A1110 - Language, A1255 - Transportation, B1300 - Health Literacy, and D0700 - Social Isolation?** [Q&A EDITED 02/26; ADDED 10/23; Previously CMS Qtrly Q&A 10/22 Q2]

**A661.** If information used to complete the OASIS is gathered prior to the patient's admission this information should be verified, and coded following applicable coding guidance, during an assessment that occurs during the SOC/ROC assessment timeframe. An agency's software may not "answer" or "generate" the OASIS response for the assessing clinician.



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## Convention #9 –

## New to Chapter 1 but NOT New to OASIS Guidance

An agency's **software may not “answer” or “generate” a final code for the OASIS items.** Following agency policies, the assessing clinician is responsible for considering available information and ensuring the appropriate OASIS item response(s) were selected, within the appropriate timeframe and consistent with data collection guidance.



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## A1255 - Transportation

### Same Name but not the Same Item

**A1250. Transportation (NACHC®)**  
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

↓	Check all that apply
<input type="checkbox"/>	A. Yes, it has kept me from medical appointments or from getting my medications
<input type="checkbox"/>	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input type="checkbox"/>	C. No
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond

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**OLD**

**New**

**A1255. Transportation**

Enter Code	In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
<input type="checkbox"/>	0. Yes
	1. No
	7. Patient declines to respond
	8. Patient unable to respond

Questions on transportation and housing have been derived from the national PRAPARE® social drivers of health assessment tool (2016), which was developed and is owned by the National Association of Community Health Centers (NACHC). This tool was developed in collaboration with the Association of Asian Pacific Community Health Organization (AAPCHO) and the Oregon Primary Care Association (OPCA). For additional information, please visit [www.prapare.org](http://www.prapare.org).



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## A1255 - Transportation

Same Name but not the Same Item

### Difference #1 Time points have changed

#### A1255

##### Time Points Item(s) Completed

- Start of Care
- Resumption of Care

#### A1250

##### Time Points Item(s) Completed

- Start of Care
- Resumption of Care
- Discharge from agency



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## A1255 - Transportation

Same Name but not the Same Item

### Difference #2 Response Options are different

#### A1255

- 0. Yes
- 1. No
- 7. Patient declines to respond
- 8. Patient unable to respond

#### A1250

- A. Yes, it has kept me from medical appointments or from getting my medications
- B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- C. No
- X. Patient unable to respond
- Y. Patient declines to respond



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## A1255 - Transportation

Same Name but not the Same Item

### Difference #3 No Longer a Check All That Apply!

**A1250. Transportation (NACHC®)**

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

↓	Check All that apply
<input type="checkbox"/>	A. Yes, it has kept me from medical appointments or from getting my medications
<input type="checkbox"/>	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input type="checkbox"/>	C. No
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond

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**A1250**

**A1255**

**A1255. Transportation**

Enter Code

☐ In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

0. Yes  
1. No  
7. Patient declines to respond  
8. Patient unable to respond

Questions on transportation and housing have been derived from the national PRAPARE® social drivers of health assessment tool (2016), which was developed and is owned by the National Association of Community Health Centers (NACHC). This tool was developed in collaboration with the Association of Asian Pacific Community Health Organization (AAPCHO) and the Oregon Primary Care Association (OPCA). For additional information, please visit [www.prapare.org](http://www.prapare.org).



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## A1255 - Transportation

Same Name but not the Same Item

### Difference #4 Lookback Period Has Changed

### Difference #5 The Question to Ask the Patient Has Changed

**A1255**

"In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?"

**A1250**

"In the past six months to a year, has lack of transportation kept you from medical appointments or from getting your medications?" ①

"In the past six months to a year, has lack of transportation kept you from non-medical meetings, appointments, work, or from getting things that you need?" ②



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## D0150 - Patient Mood Interview New Guidance for Column 2

### Coding Instructions for Column 2: Symptom Frequency

#### OASIS-E2

- **Dash** is a valid response for this item.
  - Dash indicates “no information.” CMS expects dash use to be a rare occurrence.

#### OASIS-E1

- **Dash** is not a valid response for this item.

### Coding Tips

#### OASIS-E2

- In the rare situation that the patient cannot provide a frequency, following a “Yes” response to a symptom in Column 1, enter a dash in column 2. CMS expects a dash response to be rare.

#### OASIS-E1



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## J1800 – Any Falls Since SOC/ROC J1900 – Number of Falls Since SOC/ROC Top Changes for Data Collectors to be Aware Of

### #1 Falls due to an Overwhelming Force Counts!

#### 2026 Guidance

- A fall due to an overwhelming external force (e.g., a patient pushes another patient) is considered a fall.

#### 2025 Guidance

- Falls are not a result of an overwhelming external force (e.g., a patient pushes another patient).



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J1800 – Any Falls Since SOC/ROC

J1900 – Number of Falls Since SOC/ROC

Top Changes for Data Collectors to be Aware Of

## #2 Fall during a Supervised Therapeutic Intervention Resulting in Major Injury Counts!

### 2026 Guidance

- 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 an intercepted fall.
- An exception is if a major injury results from a fall or intercepted fall that occurs when a clinician is intentionally challenging a patient's balance, during balance training. This would be reported as both a fall and a major injury in J1800Any Falls Since SOC/ROC and J1900 Number of Falls Since SOC/ROC.



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J1800 – Any Falls Since SOC/ROC

J1900 – Number of Falls Since SOC/ROC

Top Changes for Data Collectors to be Aware Of

## #3 Major Injury Definition has Expanded!

### 2026 Guidance

- Includes but is not limited to traumatic bone fractures, joint dislocations/subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries, and crush injuries.



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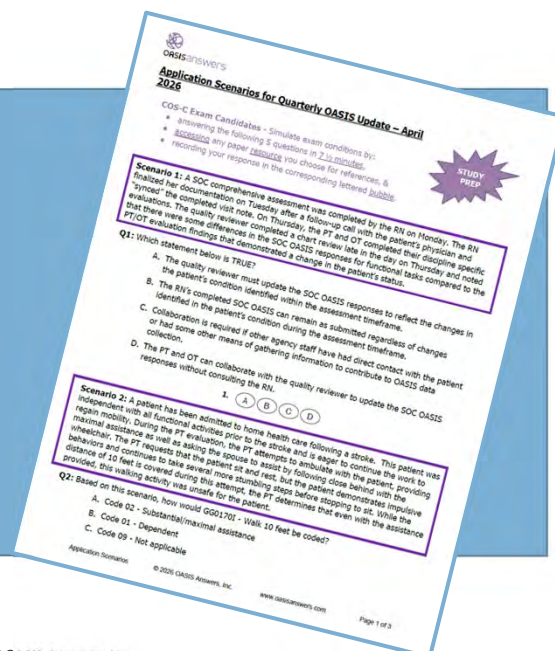
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# April 2026 CMS Quarterly OASIS Q&As



# Application Scenarios



# Questions???

OASIS Questions that relate to existing OASIS guidance or issues otherwise not presented on today's call may be forwarded to your state's OASIS Education Coordinator:  
OASIS Education Coordinators (by state) posted at:  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/OASIS-Coordinators>

Questions related to quality measures or OASIS data collection may be forwarded to  
[homehealthqualityquestions@cms.hhs.gov](mailto:homehealthqualityquestions@cms.hhs.gov) (for OASIS and claims-based measures)  
and [hhcahps@rti.org](mailto:hhcahps@rti.org) (for HH CAHPS measures).

To register for future OASIS Answers Quarterly OASIS Updates, visit [www.oasisanswers.com](http://www.oasisanswers.com)



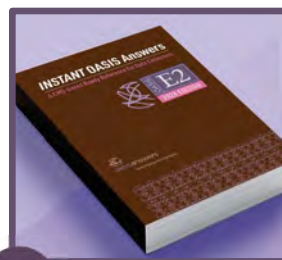
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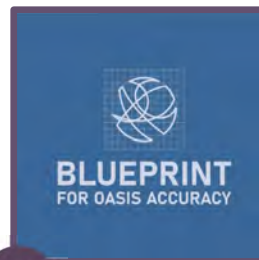
## The Path to OASIS Expertise!



**1** Get Oriented!



**2** Grab your Key Resource!

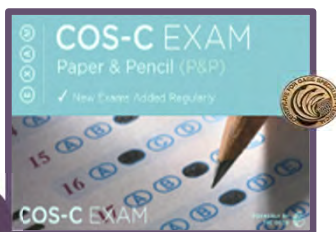


**3** Attend the 2-day Comprehensive Workshop



**4** Extra self-paced Study Prep!

Get Certified via paper & pencil or computer-based testing



**5**

Stay up-to-date throughout the year (Jan/Apr/Jul/Oct)



**6**



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**WORKSHOP**

**OASIS E1**

**2-DAY OASIS DATA COLLECTION WORKSHOP**

Effective, up-to-the-minute, in person education targeted for field data collectors, their supervisors and those preparing for the COS-C Exam. Experience the comprehensive and nationally acclaimed two-day Blueprint for OASIS Accuracy workshop, presented by OASIS Answers' expert Blueprint Presenter Team.

**EXAM**

**COS-C EXAM**

The Certificate for OASIS Specialist – Clinical (COS-C) Exam is a voluntary certificate examination that evaluates an individual's knowledge of CMS' OASIS data collection guidance.

**TESTING OPTIONS AVAILABLE:**

- Paper & Pencil Test @ a Workshop Location
- Computer Based Test @ a Computer Based Testing Center

Locations	Blueprint for OASIS Accuracy Training	COS-C Exam Administration
Nashville, TN	May 13-14, 2026	May 15, 2026
Portland, OR	June 3-4, 2026	June 5, 2026
Raleigh/Durham, NC	Sept. 30-Oct. 1, 2026	Oct. 2, 2026
Dallas, TX	Nov. 11-12, 2026	Nov. 13, 2026
Las Vegas, NV	Dec. 2-3, 2026	Dec. 4, 2026



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\*Held as part of 2026 COS-C / CHS-C Conference

to register for OASIS Answers' training and testing.



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**LET'S STAY ENGAGED!**

Invite OASIS Answers to your INBOX

Sign up for emails from OASIS Answers

Invite OASIS Answers to your AGENCY

**OASIS UPDATE**

**CMS Posts FINAL OASIS-E1 Guidance Manual**

CMS has posted the final OASIS-E1 Guidance Manual and the corresponding change table, effective January 1, 2025.

[Continue Reading](#)

**NEW! CMS Posts Guidance on OASIS All-Payer Collection and Submission!**

With the

**NEW! CMS Provides Updates to the OASIS Static Q&As Categories 1-4!**

CMS has posted new

**Private Blueprint Workshops**

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## OASIS Answers' HOPE Training & Testing for Hospice providers

### HOPE in Action

Comprehensive education on the CMS guidance directing HOPE data collection.

This exam prep/education is available via:

- Self-paced recorded web modules
- Live in-person workshop
- Live interactive webinar

This training provides detailed instruction in the available CMS guidance related to HOPE item coding.

The experts at OASIS Answers Inc. (OAI) are experienced in simplifying complex CMS data collection guidance into organized and engaging provider education. Learn the HOPE guidance and practice applying it to common and realistic patient situations. The OAI team has provided support to the CMS government contracts for HIS implementation and for HOPE testing and education, and is well-equipped to get eager providers up-to-speed. HOPE in Action is uniquely designed to also serve as exam preparation for the Certificate for HOPE Specialist - Clinical (CHS-C) Exam.

Target audience: hospice clinical and quality staff engaged in HOPE data collection, abstraction, implementation, auditing, quality initiatives, and education.

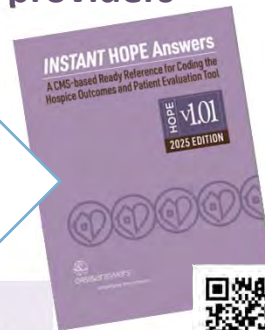


HOPE Training & CHS-C Exam Prep

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Key Resource for use during the Open-book testing & every day!



### Certificate for HOPE Specialist - Clinical (CHS-C) Certification Exam

The Certificate for HOPE Specialist - Clinical (CHS-C) exam evaluates an individual's knowledge of CMS HOPE data collection guidance. The CHS-C exam is a voluntary certification examination available to hospice providers interested in establishing and demonstrating their expertise and commitment to HOPE data accuracy. The CHS-C Certification is recommended for Hospice clinicians and staff involved with HOPE data collection, abstraction, implementation, auditing, quality initiatives and education. Administration of the 100-item multiple-choice open-book test is via a national network of computer-based testing centers.



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Get HOPE Certified!



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## Upcoming Teleconference Schedule

Wednesday – July 22, 2026

1:00-2:30 Eastern

12:00-1:30 Central

11:00-12:30 Mountain

10:00-11:30 Pacific



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# Nursing Contact Hours Disclosure

*This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.*

*Participants who attend the entire session as demonstrated by signing in and who complete the post-workshop evaluation confirming their participation in the resource activity will be awarded 1.5 contact hours. Certificates will be emailed to participants by OASIS Answers within 30 days of completion of the workshop.*

*The authors, planners, reviewers and faculty of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.*

*Please direct questions regarding this educational activity to OASIS Answers, Inc. at [oaionline@oasisanswers.com](mailto:oaionline@oasisanswers.com)*

## **Additional information**

*The certificates will be emailed to participants by OASIS Answers, Inc. to the email address provided at registration. If you do not receive your certificate within four weeks of attending the workshop, please contact OASIS Answers, Inc. at [oaionline@oasisanswers.com](mailto:oaionline@oasisanswers.com).*



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