



Texas Association for
Home Care & Hospice
Leading ★ Advancing ★ Advocating

Winter Conference

Thursday, February 19, 2026

2:00pm-3:00pm

7a. Better Data Begins with Better Questions: OASIS E-2 Essentials

Presented by:

Lisa Selman-Holman, JD, BSN, RN, VP Clinical Services

Thank you to our Partners:



Better Data Begins with Better Questions: OASIS-E2 Essentials

This document contains confidential and proprietary information. It may not be reproduced or transmitted in any form without the express written consent of Netsmart Technologies, Inc.

mcbee part of Netsmart

1

Your Presenter



Lisa Selman-Holman, JD, BSN, RN
VP Clinical Services

Confidential. Copyright © Netsmart. All rights reserved.

2

2

OASIS-E2

Effective April 1, 2026

Confidential. Copyright © Netsmart. All rights reserved.

3

3

Changes for OASIS-E2

Table 1. Number of Data Elements Added and Removed for OASIS-E2

Time Point	#DE in OASIS-E1	#DE added for OASIS-E2	#DE removed for OASIS-E2	Net change (+/-)	#DE in OASIS-E2
SOC	200	1	1	0	200
ROC	169	4	1	+3	172
FU	43	0	0	0	43
TOC	23	0	1	-1	22
DAH	10	0	1	-1	9
DC	147	0	2	-2	145

Notes: DE = data element(s), SOC = Start of Care, ROC = Resumption of Care, FU = Follow-up, TOC = Transfer of Care, DAH = Death at Home, DC = Discharge.

Confidential. Copyright © Netsmart. All rights reserved.

4

4

OASIS item effective with discharges January 1, 2025

O0350. Patient's COVID-19 vaccination is up to date.	
Enter Code	
<input type="checkbox"/>	0. No, patient is not up to date
	1. Yes, patient is up to date

Effective with assessments completed on or after the date of publication of the CY 2026 HH PPS final rule, the data from...OASIS item O0350 would no longer be used in the calculation of the measure.

The item will be removed from the OASIS as of April 1, 2026. Until then, any valid answer can be used.

The related quality measure was retired.

Highlights:

CMS estimated this would take 0.30 minutes

Now they are saying that removing it will result in a decrease in clinician cost of \$4,326,249

Confidential. Copyright © Netsmart. All rights reserved.

Remember these slated for 2027? Savings of \$13,484,033

R0310. Living Situation

Enter Code	What is your living situation today?
<input type="checkbox"/>	0. I have a steady place to live
	1. I have a place to live today, but I am worried about losing it in the future
	2. I do not have a steady place to live
	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 tool, which was developed and is owned by the National Association of Community Health Centers (NACHC). This tool was developed by the Association of Asian Pacific Community Health Organization (AAPCHO) and the Oregon Primary Care Association. For more information, please visit www.prapare.org.

R0320. Food

Enter Code	A. Within the past 12 months, you worried that your food would run out before you got money to buy more.
<input type="checkbox"/>	0. Often true
	1. Sometimes true
	2. Never true
	7. Patient declines to respond
	8. Patient unable to respond
Enter Code	B. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
<input type="checkbox"/>	0. Often true
	1. Sometimes true
	2. Never true
	7. Patient declines to respond
	8. Patient unable to respond

Hager, E. R., Quigg, A. M., Block, M. M., et al. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics*, 126(1), 26-32. doi:10.1542/peds.2009-3146.

R0330. Utilities

Enter Code	In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?
<input type="checkbox"/>	0. Yes
	1. No
	2. Already shut off
	7. Patient declines to respond
	8. Patient unable to respond

Cook, J. T., Frank, D. A., Casey, P. H., et al. (2008). A Brief Indicator of Household Energy Security: Associations with Food Security, Child Health, and Child Development in US Infants and Toddlers. *Pediatrics*, 122(4), 867-875. doi:10.1542/peds.2008-0286.

Confidential. Copyright © Netsmart. All rights reserved.

Transportation—Replacing

Modified

R0340. 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.

Current

Past six months to a year

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

Adapted from: NACHC® 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.

Collect at SOC/ROC only.

Confidential. Copyright © Netsmart. All rights reserved.

7

7

Updating Transportation Question

A1250 → A1255

**SOC
ROC
NOT at DC**

A1255. Transportation (NACHC®)

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

**Think about
effect on
OUTCOMES!**

Adapted from: NACHC® 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.

- **Item Intent:** Identifies if a lack of transportation has kept the patient from medical appointments, meetings, work or from getting things needed for daily living.
- **Item Rationale:**
 - Access to transportation for ongoing health care and medication access needs is essential to effective care management.
 - Understanding patient transportation needs can help organizations assess barriers to care and facilitate connections with available community resources.
 - Information regarding transportation barriers will help facilitate better care coordination and discharge planning.

Confidential. Copyright © Netsmart. All rights reserved.

8

8

Replacing Gender with Sex

SOC

M0069 Gender → A0810 Sex

A0810. Sex	
Enter Code	
<input type="checkbox"/>	1. Male 2. Female

- Item Intent: Specifies the sex of the patient.
- Response-Specific Instructions:
 - Interview the patient and/or caregiver. Referral information (including hospital or physician office clinical data), or observation and physical assessment may be used.
 - Based on the resources mentioned above, enter a response for patient's sex.
- Dash is **not** a valid response for this item.

Confidential. Copyright © Netsmart. All rights reserved.

9

9

Addition To ROC Timepoint

Information used for Risk Adjustment and must be available at SOC and ROC

A1110. Language	
Enter Code	
<input type="checkbox"/>	A. What is your preferred language? <input type="text"/>
	B. Do you need or want an interpreter to communicate with a doctor or health care staff? 0. No 1. Yes 9. Unable to determine

B0200. Hearing	
Enter Code	Ability to hear (with hearing aid or hearing appliances if normally used)
<input type="checkbox"/>	0. Adequate – no difficulty in normal conversation, social interaction, listening to TV 1. Minimal difficulty – difficulty in some environments (e.g., when person speaks softly, or setting is noisy) 2. Moderate difficulty – speaker has to increase volume and speak distinctly 3. Highly impaired – absence of useful hearing

Change in Skip Patterns

B1000. Vision	
Enter Code	Ability to see in adequate light (with glasses or other visual appliances)
<input type="checkbox"/>	0. Adequate – sees fine detail, such as regular print in newspapers/books 1. Impaired – sees large print, but not regular print in newspapers/books 2. Moderately impaired – limited vision; not able to see newspaper headlines but can identify objects 3. Highly impaired – object identification in question, but eyes appear to follow objects 4. Severely impaired – no vision or sees only light, colors, or shapes; eyes do not appear to follow objects

Confidential. Copyright © Netsmart. All rights reserved.

10

10

D0150 Changes

- **Dash** is a valid response for Column 1. Enter a Dash in Column 1 if the symptom presence was not assessed. Leave Column 2, Symptom Frequency, blank.
- **Dash** is a valid response for Column 2.
- 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.

D0150, Patient Mood Interview (PHQ-2 to 9)			
Determine if the patient is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, code D0150A1 and D0150B1 as 9. No response, leave D0150A2 and D0150B2 blank, end the PHQ-2 interview, and leave D0160, Total Severity Score blank. Otherwise, say to patient: “Over the last 2 weeks, have you been bothered by any of the following problems?”			
If symptom is present, enter 1 (yes) in column 1, Symptom Presence. If yes in column 1, then ask the patient: “About how often have you been bothered by this?” Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day	<input type="checkbox"/>	<input type="checkbox"/>
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)	<input type="checkbox"/>	<input type="checkbox"/>
9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)	<input type="checkbox"/>	<input type="checkbox"/>
	3. 12-14 days (nearly every day)	<input type="checkbox"/>	<input type="checkbox"/>
		↓ Enter Scores in Boxes ↓	
A. Little interest or pleasure in doing things		<input type="checkbox"/>	<input type="checkbox"/>
B. Feeling down, depressed, or hopeless		<input type="checkbox"/>	<input type="checkbox"/>
If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.			
C. Trouble falling or staying asleep, or sleeping too much		<input type="checkbox"/>	<input type="checkbox"/>
D. Feeling tired or having little energy		<input type="checkbox"/>	<input type="checkbox"/>
E. Poor appetite or overeating		<input type="checkbox"/>	<input type="checkbox"/>
F. Feeling bad about yourself — or that you are a failure or have let yourself or your family down		<input type="checkbox"/>	<input type="checkbox"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television		<input type="checkbox"/>	<input type="checkbox"/>
H. Moving or speaking so slowly that the other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual		<input type="checkbox"/>	<input type="checkbox"/>
I. Thoughts that you would be better off dead, or of hurting yourself in some way		<input type="checkbox"/>	<input type="checkbox"/>

Copyright © Pfizer Inc. All rights reserved. Reproduced with permission.

Confidential. Copyright © Netsmart. All rights reserved.

11

11

Quiz – D0150

Item D0150B, Feeling Down, Depressed, or Hopeless. The patient, when asked how often they have been bothered by feeling down, depressed, or hopeless, responds: “How would you feel if you were here?”

Clinician says “You asked how I would feel, but it is important that I understand your feelings right now. How often would you say that you have been bothered by feeling down, depressed, or hopeless during the last 2 weeks?”

Patient responds: “I just don’t even know”

- Code 0, Never or 1 day
- Code 1, 2-6 days (several days)
- Code 2, 7-11 days (half or more of the days)
- Code 3, 12-14 days (nearly every day)
- Dash



Confidential. Copyright © Netsmart. All rights reserved.

12

mcbee part of Netsmart

12

D0160 Total Severity Score Changes

D0160. Total Severity Score	
Enter Score	Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items)
<input type="text"/>	

- **Coding Instructions:**
- If only the PHQ-2 is completed because both D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ interview and skip D0160, Total Severity Score.
- If only the PHQ-2 is completed because both D0150A2 and D0150B2 are coded 0 or 1, add the numeric scores from these two frequency items and enter the value in D0160, Total Severity Score
- If the PHQ-9 was completed (D0150C-I were not skipped due to the responses in D0150A and B), and if the patient answered the frequency responses of at least 7 of the 9 items on the PHQ- 9; add the numeric scores from D0150A2-D0150I2 and enter in D0160 Total Severity Score.
- If symptom frequency is blank **or dashed** for 3 or more items, the interview is deemed NOT complete. D0160, Total Severity Score should be coded as "99"
- The Total Severity Score will be between 00 and 27 (or "99" if symptom frequency is blank for 3 or more items).
- Dash is not a valid response for this item.

Confidential. Copyright © Netsmart. All rights reserved.

13

13

D0160 Total Severity Score Scoring Rules

- If only the PHQ-2 is completed because both D0150A2 and D0150B2 are coded 0 or 1, add the numeric scores from these two frequency items and enter the value in D0160.
- If items D0150C through D0150I were asked, calculate the Total Severity Score:
 - Item D0160 is used to store the total severity score for the Patient Mood Interview. The score in item D0160 is based upon the sum of the values that are contained in the following nine items: D0150A2, through D0150I2.
- The following rules explain how to compute the score that is placed in item D0160. These rules consider the "number of missing items in Column 2" which is the number of items in Column 2 that are **skipped or dashed**. An item in Column 2 is skipped if the corresponding item in Column 1 was equal to 9 (no response) or a dash (symptom presence not assessed).
 - If all the items in Column 2 have a value of 0, 1, 2, or 3 (i.e., they all contain non-missing values), then item D0160 is equal to the simple sum of those values.
 - If any of the items in Column 2 are **blank (or skipped) or dashed**, then omit their values when computing the sum.
 - If the number of missing items in Column 2 is equal to one, then compute the simple sum of the eight items in Column 2 that have non-missing values, multiply the sum by 9/8 (1.125), and place the result rounded to the nearest integer in item D0160.
 - If the number of missing items in Column 2 is equal to two, then compute the simple sum of the seven items in Column 2 that have non-missing values, multiply the sum by 9/7 (1.286), and place the result rounded to the nearest integer in item D0160.
 - If the number of missing items in Column 2 is equal to three or more, then item D0160 must equal [99].

Confidential. Copyright © Netsmart. All rights reserved.

14

14

Changes to Falls

Fall with Major Injury

Confidential. Copyright © Netsmart. All rights reserved.

15

15

Background



- Approximately 20–30% of older adults (≥ 65 years old) experience one or more falls each year.
- These falls are associated with substantial burden to the health care system, individuals, and families from resulting injuries, fractures, and reduced functioning and quality of life.
- Falls among older adults are a major public health concern because of the \$30 billion in direct US healthcare costs annually as well as the immense psychological and physical impacts.
- Evidence from national surveillance data and research indicates falls are the leading cause of injury-related death in persons aged 65 years or older.

Confidential. Copyright © Netsmart. All rights reserved.

16

16

OIG Findings

- Recent studies found substantial underreporting of FMIs in assessment data, specifically citing that approximately 50% of FMIs are not reported across settings.
- Sanghavi et al. (2020) found that only 57.5% of claims-identified FMI events were reported in MDS assessments by skilled nursing facilities,
- 2023 report reviewing the home health setting released by the OIG found that only 45% of claims-identified FMI events were reported by home health agencies in Outcome and Assessment Information Set (OASIS) assessment data.
- Additionally, home health agencies (HHAs) with the lowest FMI scores as reported on Care Compare tended to have the highest levels of underreporting.

Confidential. Copyright © Netsmart. All rights reserved.

17

OASIS Items—Let's Talk About Falls

J1800. Any Falls Since SOC/ROC, whichever is more recent	
Enter Code	Has the patient had any falls since SOC/ROC , whichever is more recent?
<input type="checkbox"/>	0. No → <i>Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH</i>
	1. Yes → Continue to J1900, Number of Falls Since SOC/ROC

J1900. Number of Falls Since SOC/ROC, whichever is more recent	
	↓ Enter code in boxes
Coding: 0. None 1. One 2. Two or more	<input type="checkbox"/> A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
	<input type="checkbox"/> B. Injury (except major): As described in the OASIS manual
	<input type="checkbox"/> C. Major injury: As described in the OASIS manual

Confidential. Copyright © Netsmart. All rights reserved.

18

Scoring Tips for J1800 & J1900

Report falls that occurred at any time during the **quality episode**, regardless of where the fall occurred.

Intercepted falls are considered falls. They may or may not result in injury.

For example:

- A fall that occurred at the doctor's office during the HH quality episode would be reported.
- A fall that occurred during a qualifying inpatient facility **transfer** (e.g., hospital or SNF) would **not** be reported as it did not occur within a HH quality episode.
- A major injury confirmed after the TOC OASIS was completed should still be added.



REMINDER: A **quality episode** begins with either a Start of Care (SOC) or a Resumption of Care (ROC) and ends with either a Transfer (TRF), Death at home (DAH) or Discharge (DC) assessment.

Confidential. Copyright © Netsmart. All rights reserved.

19

Definition Changes—Fall

- 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).~~



Change: A fall due to an overwhelming external force (e.g., a patient pushing another patient) is considered a fall.

Confidential. Copyright © Netsmart. All rights reserved.

20

More Definition Updates—Injury

- *Injury except major* updated to read: Includes but **is not limited to** skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain.
- *Major Injury* updated to read: Includes **but is not limited to traumatic** bone fractures, joint dislocations/**subluxations**, **internal organ injuries**, **amputations**, **spinal cord injuries** closed head injuries, and **crush injuries** with altered consciousness, subdural hematoma.
 - ➔ • New Tip: Fractures **confirmed** to be pathologic (vs traumatic) are not to be considered a major injury resulting from a fall.

Confidential. Copyright © Netsmart. All rights reserved.

21

New Examples from CMS re: pathological fractures

- The patient has a fall but the physician diagnosed a pathological fracture.
 - J1800 Yes—the patient did have a fall
 - J1900C- None—the pathological fracture is not considered a major injury
- The patient has a fall and has osteoporosis, but the physician diagnosed a traumatic fracture.
 - J1800 Yes—the patient did have a fall
 - J1900c-1—the patient had a fall with major injury.

Confidential. Copyright © Netsmart. All rights reserved.

22

More Definitions

- **Balance Challenge** - a *purposeful intervention* designed to assess and improve a patient's ability to maintain postural control and stability during increasingly difficult tasks.
- **Intercepted Fall**- occurs when a patient *would have fallen but did not* actually come to rest on the ground or a lower surface because either:
 - the patient caught themselves, or
 - another person (e.g., caregiver, staff member) intercepted and stopped the fall before it happened
- **Unexpected Stumble** - an unplanned loss of balance or brief disruption in gait where a person momentarily trips or *nearly* falls but typically recovers without coming to rest on the ground or a lower surface.

Fall - 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).

Confidential. Copyright © Netsmart. All rights reserved.

23

23

Falls in Balance Training

- 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. J1800 = No.
- 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**, it would be reported as both a fall and a major injury in J1800 and J1900 (specifically J1800 – Yes and J1900C 1 major injury)

Confidential. Copyright © Netsmart. All rights reserved.

24

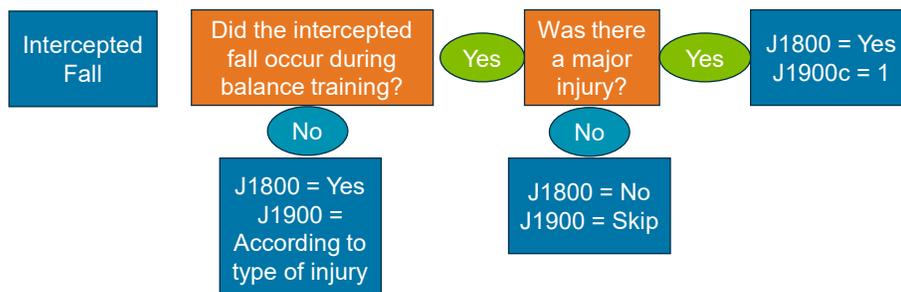
Example: Unexpected stumble

- A patient is ambulating with a walker and with the help of a physical therapist. The patient unexpectedly stumbles, and the therapist has to bear some of the patient's weight in order to prevent the fall.
- Coding: J1800 would be coded 1, Yes. It would be counted as "no injury" fall for J1900A.
- Rationale: The patient unexpectedly stumbled, which was not anticipated by the therapist, and the therapist intervened to prevent a fall. *An intercepted fall is considered a fall if it is not an anticipated loss of balance resulting from a supervised therapeutic intervention where the patient's balance is being intentionally challenged during balance training.*

Confidential. Copyright © Netsmart. All rights reserved.

25

Intercepted Falls During Balance Training



Confidential. Copyright © Netsmart. All rights reserved.

26

Falls M1033 vs. J1800/J1900

Update
October
2025

Type of Fall	M1033	J1800/1900
Witnessed & Unwitnessed	✓	✓
Overwhelming Force	YES	YES
Therapeutic Balance Retraining	Sometimes	Sometimes
Intercepted Falls	✓	✓

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—this is still considered a fall.

Confidential. Copyright © Netsmart. All rights reserved.

M1033

Definitions are the same.

M1033: Risk of Hospitalization

M1033. Risk for Hospitalization	
Which of the following signs or symptoms characterize this patient as at risk for hospitalization?	
↓	Check all that apply
<input type="checkbox"/>	1. History of falls (2 or more falls — or any fall with an injury — in the past 12 months)
<input type="checkbox"/>	2. Unintentional weight loss of a total of 10 pounds or more in the last 12 months
<input type="checkbox"/>	3. Multiple hospitalizations (2 or more) in the past 6 months
<input type="checkbox"/>	4. Multiple emergency department visits (2 or more) in the past 6 months
<input type="checkbox"/>	5. Decline in mental, emotional, or behavioral status in the past 3 months
<input type="checkbox"/>	6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
<input type="checkbox"/>	7. Currently taking 5 or more medications
<input type="checkbox"/>	8. Currently reports exhaustion
<input type="checkbox"/>	9. Other risk(s) not listed in 1-8
<input type="checkbox"/>	10. None of the above

Confidential. Copyright © Netsmart. All rights reserved.

The FMI Outcome

Confidential. Copyright © Netsmart. All rights reserved.

29

Comparison

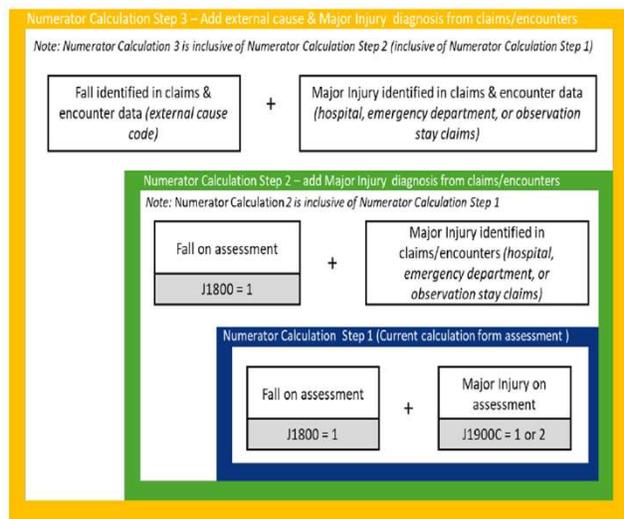
Original

- The original version of the measure has been consistent across post-acute care and home health settings, such that an FMI is identified when both a fall and major injury are indicated on the patient assessment (i.e., numerator includes item J1800 identifying that there was a fall indicated on the assessment and item J1900C identifying that there was a major injury indicated on the assessment).

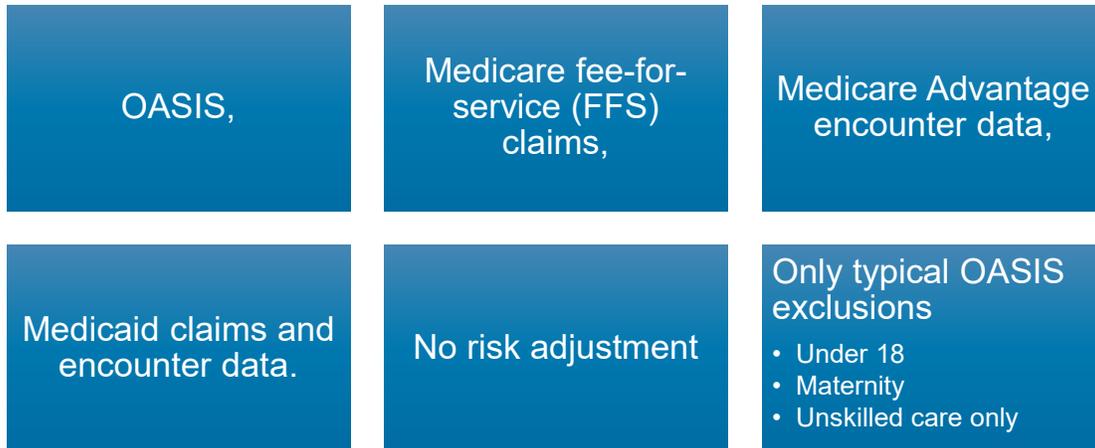
Confidential. Copyright © Netsmart. All rights reserved.

30

New



Data Sources and Risk Adjustment

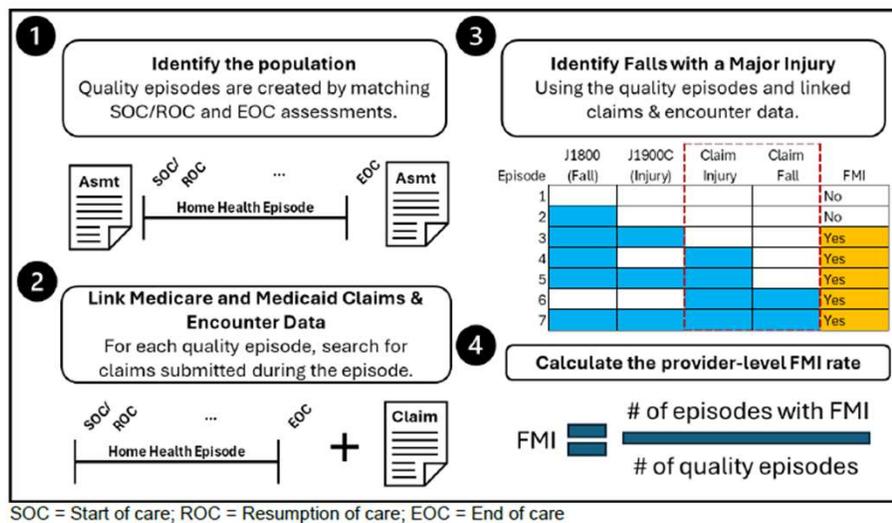


Confidential. Copyright © Netsmart. All rights reserved.

31

31

Detail on Calculation



Confidential. Copyright © Netsmart. All rights reserved.

32

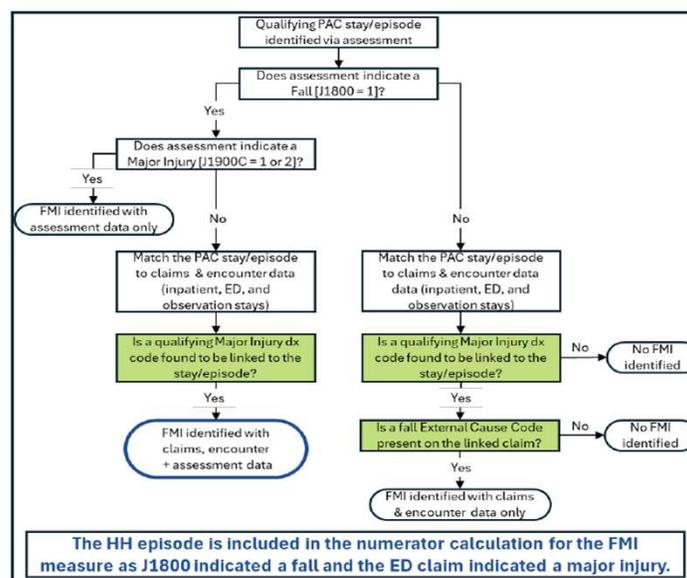
Definitions according to the Tech Specs

- Injury Related to Fall:** Any documented injury that occurred because of, or was recognized within, a short period of time (e.g., hours to a few days) after the fall and attributed to the fall.
- Injury (Except Major):** Includes, but is not limited to, skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain.
- Major Injury:** Including, but not limited to, traumatic bone fractures, joint dislocations/subluxations, internal organ injuries, amputations, traumatic spinal cord injuries, head injuries, and crush injuries.

J1900c

Confidential. Copyright © Netsmart. All rights reserved.

33



Confidential. Copyright © Netsmart. All rights reserved.

34

Exclusions

* Some language was changed for clarity. Source: Numerator Exclusions

Concern	Numerator Exclusion
Injury occurred before the HH stay	Exclude injury codes identified as sequela Exclude injury codes identified as subsequent encounter
FMI event claim on same date as admission	Exclude when from date = episode start date
FMI event occurred while in hospital	Exclude diagnosis codes without a corresponding Present on Admission (POA) flag
FMI event occurred following discharge from HH episode/stay.	Exclude claim when: From date > episode end date Episode ends with a discharge to home

Confidential.

35

Numeration Calculation Step	Data Source	Mean FMI Rate	Percent Providers with No FMI Events
Numerator Calculation Step 1 (Assessment data only)	Assessment	1.053	28.1%
Numerator Calculation Step 2 (Assessment + Major Injury in Claims)	Assessment, Claims	1.73	17.6%
Numerator Calculation Step 3 (Assessment + fall or Major Injury in Claims)	Assessment, Claims	2.37	14.5%

New Calculation Shows a Different Story

Confidential. Copyright © Netsmart. All rights reserved.

36

OASIS-E2 Guidance Manual Changes

- New/changed items
- More tips throughout – better explanations, more examples
- Addition of prior Q&As into guidance – See Appendix D

Chapter 3 Section K K0520	K0520D Therapeutic Diet Coding Tips N/A	K0520D Therapeutic Diet Coding Tips <ul style="list-style-type: none"> A fluid restricted diet is considered a therapeutic diet for item K0520D if the fluid restriction is prescribed to manage a disease or clinical condition. Therapeutic diets are not defined by the content of what is provided or when it is served, but WHY is the diet required 	New Coding Tips from OASIS Q&As.
Chapter 3 Section O O0110	O0110: Special Treatments, Procedures, and Programs Coding Instructions <ul style="list-style-type: none"> Code O0110E1, Tracheostomy care, if cleansing of the tracheostomy and/or cannula is performed. This item may also be checked if the patient performs their own tracheostomy care or receives assistance. 	O0110: Special Treatments, Procedures, and Programs Coding Instructions <ul style="list-style-type: none"> Code O0110E1, Tracheostomy care, if cleansing of the tracheostomy and/or cannula is performed and/or if care to the tracheostomy/stoma is part of the current care/treatment plan, even after decannulation. This item may also be checked if the patient performs their own tracheostomy/stoma care or receives assistance. <ul style="list-style-type: none"> This item also includes laryngectomy care. 	Revised Coding Instructions from OASIS Q&As

Confidential. Copyright © Netsmart. All rights reserved.

37

37

HHVBP Changes

2026

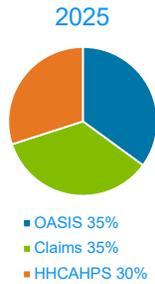
Confidential. Copyright © Netsmart. All rights reserved.

38

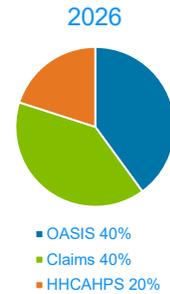
38

Changes in Measures

2025 Measures	Weight
Discharge Function Score	20%
Oral Meds (M2020)	9%
Dyspnea (M1400)	6%
PPH	26%
DTC-PAC	9%
HHCAHPS Care of Patients	6.00%
HHCAHPS Communication	6.00%
HHCAHPS Specific Care Issues	6.00%
HHCAHPS Overall Rating	6.00%
HHCAHPS Willingness to Recommend	6.00%



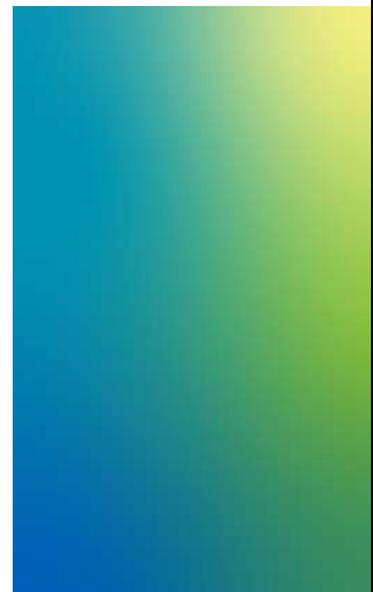
2026 Measures	Weight
Discharge Function Score	15%
Improvement in Oral Med Management	11%
Improvement in Dyspnea	7%
Improvement in Bathing	3.5%
Improvement in Dressing Upper Body	1.75%
Improvement in Dressing Lower Body	1.75%
PPH	15%
DTC-PAC	15%
MSPB	10%
Willingness to Recommend	10%
Overall Rating	10%



Confidential. Copyright © Netsmart. All rights reserved.

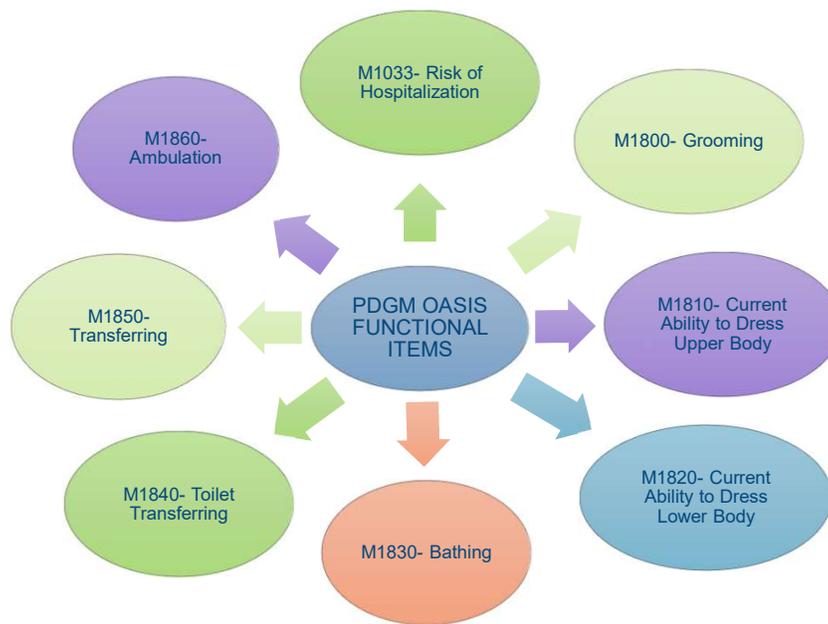
PDGM Changes

Related to OASIS for 2026



Confidential. Copyright © Netsmart. All rights reserved.

PDGM OASIS Functional Items



Confidential. Copyright © Netsmart. All rights reserved.

41

41

Points for Functional Item Responses

OASIS Item	OASIS Answer	CY2024	CY2025	CY2026
M1800	0 or 1	0	0	0
	2 or 3	3	3	3
M1810	0 or 1	0	0	0
	2 or 3	5	5	5
M1820	0 or 1	0	0	0
	2	3	3	4
	3	11	11	12
M1830	0 or 1	0	0	0
	2	0	3	2
	3 or 4	7	10	10
M1840	5 or 6	14	18	17
	0 or 1	0	0	0
	2, 3 or 4	6	5	6
M1850	0	0	0	0
	1	3	1	1
M1860	2,3,4 or 5	6	4	4
	0 or 1	0	0	0
M1860	2	6	6	5
	3	4	2	1
	4,5, or 6	20	18	20
M1033	4 or more items checked	11	12	12

Confidential. Copyright © Netsmart. All rights reserved.

42

42

CY 2026 Clinical Group Threshold

Clinical Group	Low 2024	Low 2025	Low 2026	Med 2024	Med 2025	Med 2026	High 2024	High 2025	High 2026
MS Rehab	0 - 28	0-29	0-31	29-41	30-43	32-45	42+	44+	46+
Neuro Rehab	0 - 34	0-33	0-34	35-49	34-49	35-52	50+	50+	53+
Wound	0 - 28	0-32	0-33	29-49	33-48	34-52	50+	49+	53+
Complex Nursing	0 - 28	0-29	0-31	29-52	30-53	32-54	53+	53+	55+
Behavioral Health	0 - 28	0-28	0-31	29-41	29-44	32-46	42+	45+	47+
MMTA Aftercare	0 - 28	0-27	0-30	29-39	28-40	31-42	40+	41+	43+
MMTA Cardiac	0 - 28	0-27	0-28	29-41	28-40	29-43	42+	41+	44+
MMTA Endocrine	0 - 27	0-27	0-27	28-39	28-40	28-41	40+	41+	42+
MMTA GI/GU	0 - 31	0-32	0-34	32-46	33-47	35-48	47+	48+	49+
MMTA Infection	0 - 28	0-31	0-32	29-43	32-44	33-46	44+	45+	47+
MMTA Respiratory	0 -29	0-32	0-33	30-44	33-44	34-46	45+	45+	47+
MMTA Other	0 - 28	0-28	0-30	29-41	29-43	31-45	42+	44+	46+
Point Changes	0 to 3			1 to 4			1 to 4		

Confidential. Copyright © Netsmart. All rights reserved.

43

43

CY 2026 Functional Impairment Threshold

Points	MMTAAfter	MMTA Cardiac	MMTA Endo	MMT GI/GU	MMTA Infect	MMTA Resp	MMTA Other	Neuro Rehab	Wound	Complex	MS Rehab	BH
28	Low	Low	Medium	Low	Low	Low	Low	Low	Low	Low	Low	Low
29	Low	Medium	Medium	Low	Low	Low	Low	Low	Low	Low	Low	Low
30	Low	Medium	Medium	Low	Low	Low	Medium	Low	Low	Low	Low	Low
31	Medium	Medium	Medium	Low	Low	Low	Medium	Low	Low	Low	Low	Low
32	Medium	Medium	Medium	Low	Low	Low	Medium	Low	Low	Medium	Medium	Medium
33	Medium	Medium	Medium	Low	Medium	Low	Medium	Low	Low	Medium	Medium	Medium
34	Medium	Medium	Medium	Low	Medium	Medium	Medium	Low	Medium	Medium	Medium	Medium
35	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
36	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
37	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
38	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
39	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
40	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
41	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
42	Medium	Medium	High	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
43	High	Medium	High	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
44	High	High	High	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
45	High	High	High	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
46	High	High	High	Medium	Medium	Medium	High	Medium	Medium	Medium	High	Medium
47	High	High	High	Medium	High	High	High	Medium	Medium	Medium	High	High
48	High	High	High	Medium	High	High	High	Medium	Medium	Medium	High	High
49	High	High	High	High	High	High	High	Medium	Medium	Medium	High	High
50	High	High	High	High	High	High	High	Medium	Medium	Medium	High	High
51	High	High	High	High	High	High	High	Medium	Medium	Medium	High	High
52	High	High	High	High	High	High	High	Medium	Medium	Medium	High	High
53	High	High	High	High	High	High	High	High	High	Medium	High	High
54	High	High	High	High	High	High	High	High	High	Medium	High	High
55+	High	High	High	High	High	High	High	High	High	High	High	High

Confidential. Copyright © Netsmart. All rights reserved.

44

44

Questions?



Contact me via email

LisaSelman-Holman@McBeeAssociates.com



Join me at Homecare Coding,
OASIS, PDGM, VBP & HOPE

STAY CONNECTED



@McBee

@McBeeassociates

Confidential. Copyright © Netsmart. All rights reserved.

mcbee part of Netsmart

45

Resources:

- OASIS E2 Manual
- OASIS Quarterly Q and A October 2025
- OASIS Static Q and A
- All OASIS materials can be found at:
<https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals>
- Home Health - Falls with Major Injury Respecification Technical Specification Report <https://www.cms.gov/files/document/fmi-technical-specification-report-hh.pdf-0> List of codes found in Appendix B and Appendix C
- Home Health J1800/J1900 Errata
- <https://www.federalregister.gov/documents/2025/12/02/2025-21767/medicare-and-medicaid-programs-calendar-year-2026-home-health-prospective-payment-system-hh-pps-rate>

Confidential. Copyright © Netsmart. All rights reserved.

46