

CATEGORY 1 - APPLICABILITY

Q1. To whom do the OASIS requirements apply?

A1. The comprehensive assessment and OASIS data collection requirements apply to Medicare certified home health agencies (HHAs) and to Medicaid home health providers in States where those agencies are required to meet the Medicare conditions of participation. The comprehensive assessment requirement currently applies to all patients regardless of pay source, including Medicare, Medicaid, Medicare managed care (now known as Medicare Advantage), Medicaid managed care, and private pay/including commercial insurance. The comprehensive assessment must include OASIS items for all skilled Medicare, Medicaid, and Medicare or Medicaid managed care patients with the following exceptions: patients under the age of 18, patients receiving maternity services, and patients receiving only chore or housekeeping services. Section 704 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 temporarily suspended OASIS data collection for non-Medicare and non-Medicaid patients. OASIS requirements for patients receiving only personal care (non-skilled) services have been delayed since 1999. The transmission requirement currently applies to Medicare and Medicaid patients receiving skilled care only. **Note:** The Medicare PPS reimbursement system requires a PPS (HHRG/HIPPS) code to be submitted on the claim of any Medicare PPS patient under 18 or receiving maternity services. While the OASIS data set was not designed for these population types, and is not required by regulation to be collected, in these rare instances, HHAs desiring to receive payment under Medicare PPS would need to collect the data necessary to generate a HHRG/ HIPPS code. The HHA is not required to transmit these data to the State. (You can read or download the December 2003 notice from <http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopofPage>. Search for 04-12)) [Q&A EDITED 08/07]

Q2. Would OASIS be completed on a 22-year old female who is receiving home care because of an infected C-section incision?

A2. A 22-year old female who is a post-partum patient (i.e., treatment is provided for conditions related to pregnancy and/or childbirth) would be excluded from the OASIS collection requirement unless that patient was a Medicare PPS patient, as noted in the response to Q1.

Q3. How do the OASIS regulations apply to Medicaid HHA programs? Do the OASIS regulations apply to HHAs operating under Medicaid waiver programs?

A3. The OASIS regulations apply to HHAs that must meet the home health Medicare conditions of participation (CoP). An agency that currently must meet the Medicare CoP under Federal and/or State law will need to meet the CoP related to OASIS and the comprehensive assessment. If an HHA operates under a Medicaid waiver, and if that State's law requires HHAs to meet the Medicare CoP in order to operate under the Medicaid waiver, then OASIS applies. If an HHA operates under a Medicaid waiver, and if that State's law does not require that the HHA meet the Medicare CoP in order to operate under the Medicaid waiver, then OASIS does not apply. HHAs should be aware of the rules governing HHAs in their State. Currently, OASIS requirements apply to all patients receiving skilled care reimbursed by Medicare, Medicaid, and Medicare or Medicaid managed care patients with the following exceptions: patients under the age of

18, patients receiving maternity services, patients receiving only chore or housekeeping services. OASIS requirements have been delayed for patients receiving only personal care (non-skilled) services.

Q4. We are an HHA that also provides hospice services. Do the OASIS requirements apply to our hospice patient population? What if they are receiving 'hospice service' under the home care agency (not the Medicare hospice benefit)? Would OASIS apply?

A4. Medicare conditions of participation (CoP) for home health are separate from the rules governing the Medicare hospice program. Care delivered to a patient under the Medicare home health benefit needs to meet the Federal requirements put forth for home health agencies, which include OASIS data collection and reporting for skilled Medicare and Medicaid patients. Care delivered to a patient under the Medicare hospice benefit needs to meet the Federal requirements put forth for hospice care, which do not include OASIS data collection or reporting. However, if a Medicare patient is receiving skilled terminal care services through the home health benefit, OASIS applies. [Q&A EDITED 08/07]

Q5. We have a branch of our agency that serves non-Medicare patients. Can you elaborate on whether we need to do the comprehensive assessment with OASIS for these patients? We do serve Medicaid patients from this branch --does this make a difference?

A5. If an HHA is required to meet the Medicare conditions of participation (CoP), then all of the CoP apply to all branches of that agency including the comprehensive assessment and OASIS data collection. Whether the agency has different branches operating under a single provider agreement/number serving different patient populations does not matter. Some States, as a part of State licensure or certification, allow HHAs to establish completely separate entities for serving other than Medicare/Medicaid patients. If the separate entity does not have to comply with the Medicare CoP for any reason (e.g., they do not have to meet the Medicare CoP to compete for managed care contracts, etc.) and the individual State does not require Medicare compliance, then none of the CoP applies. To be considered a separate entity, several requirements must be met, including separate incorporation for tax and business purposes, separate employer IDs, separate staff, separate billing and cost reporting systems, etc. If this separate entity is not meeting the Medicare CoP, then it cannot be using Medicare certification for any reason, including payment or competing for contracts.

Q6. Does the patient's payer source matter? Should we collect OASIS data on private pay patients who are only paying for aide service? What about a patient receiving therapy services under Medicare Part B?

A6. Effective December 8, 2003, OASIS data collection for non-Medicare/non-Medicaid patients was temporarily suspended under Section 704 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. Note that the conditions of participation (CoP) at 42 CFR sections 484.20 and 484.55 require that agencies must provide **each** agency patient, regardless of payment source, with a patient-specific comprehensive assessment that accurately reflects the patient's current health status

and includes information that may be used to demonstrate the patient's progress toward the achievement of desired outcomes. The comprehensive assessment must also identify the patient's continuing need for home care, medical, nursing, rehabilitative, social, and discharge planning needs. If they choose, agencies may continue to collect OASIS data on their non-Medicare/non-Medicaid patients for their own use. A Survey and Certification Memo (#04-12) sent to surveyors on 12/11/03, further explains the requirement change. It is accessible at <http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopofPage> (Search for 04-12)

If the agency provides services to a private pay patient paying for personal care services only, e.g. aide services the agency would be required to conduct a comprehensive assessment, excluding OASIS, of the patient. A comprehensive assessment is not required if only chore or housekeeping services are provided.

The Medicare home health benefit exists under both Medicare Part A and Medicare Part B. Patients receiving skilled therapy services under the Medicare home health benefit that are billed to Medicare Part B would receive the comprehensive assessment (including OASIS items) at the specified time points if care is delivered in the patient's home. If a Medicare patient receives therapy services at a SNF, hospital, or rehab center as part of the home health benefit simply because the required equipment cannot be made available at the patient's home, the Medicare conditions of participation apply, including the comprehensive assessment and collection and reporting of OASIS data. However, if the services are provided to a patient RESIDING in an inpatient facility, then these are not considered home care services, and the comprehensive assessment would not need to be conducted.

If a Medicare beneficiary receives outpatient therapy services from an approved provider of outpatient physical therapy, occupational therapy, or speech-language pathology services under the Medicare outpatient therapy benefit (as opposed to the Medicare home health benefit), then OASIS requirements would not apply. Bear in mind that under PPS, if the patient is under a home health plan of care, the outpatient therapy is bundled into the prospective payment rate and is not a separate billable service. See our February 12, 2001 Survey and Certification memorandum (#3 for 2001) at <http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopofPage>, "The Application of OASIS Requirements to Medicare Beneficiaries...", for more information on the applicability of OASIS to Medicare beneficiaries. [Q&A EDITED 08/07]

Q7. When a nurse visits a patient's home and determines that the patient does not meet the criteria for home care (e.g., not homebound, refuses services, etc.), is the comprehensive assessment required? What about OASIS data collection?

A7. If the individual was determined to not be eligible for services, the patient would not be admitted for care by the agency, and no comprehensive assessment or OASIS data collection would be required. No data would be transmitted to the State agency.

Q8. A patient turns 18 while in the care of an HHA -when do we do the first OASIS assessment?

A8. If the patient is under age 18 and the home care is covered under Medicare PPS, the HHA must complete the comprehensive assessment, including the OASIS, to obtain a Medicare PPS (HHRG/HIPPS) code. The HHRG/HIPPS code is submitted on the request for advance payment (RAP). The OASIS data would not be submitted to the State OASIS system. For a skilled Medicare/Medicaid patient who turns 18 while under the care of an HHA, the comprehensive assessment with OASIS data collection and submission to the State OASIS system would occur the first time one of the following events takes place: 1-When patient returns home from a qualifying inpatient stay - Resumption of Care, i.e., RFA#3; 2-When patient is transferred to an inpatient facility for 24 hours or longer (for a reason other than diagnostic tests) -Transfer to an Inpatient Facility -RFA#6 if not discharged from the HHA or RFA#7 if discharged from the HHA; 3-When the 60 day recertification is due, i.e., the last five days of the certification period -Follow-up, i.e., RFA#4; 4-When there is a major decline or major improvement in the patient's condition to update the care plan -Other follow-up, i.e., RFA#5; or 5-On death of the patient at home, or when the patient is discharged from the agency i.e., RFA#8 - death or RFA#9 -normal discharge.

If the patient is not a Medicare or Medicaid patient, other regulations apply. Effective December 8, 2003, OASIS data collection for non-Medicare/non-Medicaid patients was temporarily suspended under Section 704 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. Note that the conditions of participation (CoP) at 42 CFR sections 484.20 and 484.55 require that agencies must provide **each** agency patient, regardless of payment source, with a patient-specific comprehensive assessment that accurately reflects the patient's current health status and includes information that may be used to demonstrate the patient's progress toward the achievement of desired outcomes. The comprehensive assessment must also identify the patient's continuing need for home care, medical, nursing, rehabilitative, social, and discharge planning needs. If they choose, agencies may continue to collect OASIS data on their non-Medicare/non-Medicaid patients for their own use. To access the CoP, go to <http://www.cms.hhs.gov/center/hha.asp>, click on "Conditions of Participation: Home Health Agencies" in the "Participation" category.

A memo was sent to surveyors on 12/11/03, "The Collection and Transmission of the Outcome and Assessment Information Set (OASIS) for Private Pay Patients," which you can access by going to the CMS OASIS web site at <http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopofPage>, scroll down and click on "Survey and Certification Policy Memoranda," it is memo 04-12 on the list for 2003. [Q&A EDITED 08/07]

Q9. Can you explain the term 'skilled service?'

A9. Skilled services covered by the Medicare home health benefit are discussed in the Medicare Benefit Policy Manual. This publication can be found on our website at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>. [Q&A EDITED 08/07]

Q10. What is the current status of OASIS applicability to patients receiving only personal care services?

A10. The applicability of OASIS to patients receiving only personal care services is delayed and will remain so until a new Federal Register notice is published that announces otherwise.

Q11. Do we need to collect OASIS on a patient admitted to home health with post-partum complications? If we open a patient 2-3 months after a C-section for infection of the wound, do we collect OASIS, or do we consider this "maternity"? What is the definition of "maternity" and when do we collect OASIS on these patients?

A11: In the OASIS User's manual, Chapter 4, Section C, it clarifies that the Conditions of Participation do not require OASIS data collection for patients receiving only maternity-related services.

Post-partum complications and a wound infection in the C-section incision are only possible in maternity patients. You are not required to collect OASIS on maternity patients unless the payer requires the data collection for payment. Maternity patients are patients who are currently or were recently pregnant and are receiving treatment as a direct result of the pregnancy.

[Q&A ADDED 08/07; Previously CMS OCCB Q&A 05/07 #1]