

OASIS Data Sets

OASIS-B1 (12/2002) Data Set - Approved Final Version

The Centers for Medicare & Medicaid Services (CMS) announces the approval by the Office of Management and Budget (OMB) of the proposed changes to the reduced burden OASIS in response to the Department of Health and Human Services department-wide initiative to reduce regulatory burden in healthcare.

CMS has removed the following items from the OASIS instrument:

- M0160) Financial Factors, (M0310) Structural Barriers, (M0320) Safety Hazards, (M0330) Sanitation Hazards, (M0600) Patient Behaviors.
- We have removed 18 demographic items to a Patient Tracking Sheet to be completed at the Start of Care assessment and updated only when needed.
- Two assessments will no longer be required, reason for assessment 2 - Start of care with no further visits planned, and reason for assessment 10 - Discharge- no further visits after start of care.
- One new OASIS item (M0245) is added to facilitate compliance with the Health Insurance Portability and Accountability Act effective October 1, 2003.

Since the reason for assessment 2 -Start of care with no further visits planned has been eliminated, agencies should follow these recommendations if a patient needs only one visit in the episode. According to the Condition of Participation at 42 CFR 484.55, each patient must receive a comprehensive assessment. However, in this case, the agency is not required to collect the OASIS items and the agency is not required to encode or submit that assessment. This assessment can be placed in the clinical record for documentation and planning purposes. A discharge assessment is no longer required for one-visit episodes.

If the home health agency has a Medicare fee-for-service patient and expects to receive payment for the single visit, agencies must follow the PPS payment rules. This means, that for payment for Medicare fee-for-service patients, you must encode and submit reason for assessment 1 for patients with one-time only no further visits planned episodes

Since we have eliminated reason for assessment 10 - Discharge - no further visits after start of care, there is now no discharge indicator for the patient who had only one visit, is no longer with from the agency, and there is no possibility of completing a discharge assessment. If there is only one visit made and the patient is no longer available, no discharge assessments are required.

HHAs have the option of either modifying their existing assessment forms to include only the reduced OASIS instrument (plus all other agency-determined components of the follow-up comprehensive assessment) or of retaining their current assessment forms (OASIS-B1 (8/2000)). This change applies only to the specific OASIS items required to be collected, encoded, and submitted. Use of a new reduced OASIS assessment form is completely optional. HHAs may incorporate the changes effective December 16, 2002 or may choose to wait until October 1, 2003, when M0245 will be required. Once the reduced OASIS is implemented, if an agency continues to encode and submit the entire OASIS for the time points that do not require the entire OASIS, the extra items (that are not on the reduced form) will be ignored and will not be stored in the state database. No errors or warnings will occur. If vendor software is not updated before implementation on Dec 16, 2002, then no HHA submission problems will result.

Please note that the new reduced OASIS-B1 (12/2002) applies only to OASIS completed on Dec 16, 2002 and later.