

Questions and Answers Regarding Home Health Episodes and the Transition into HH PPS Refinement

Q: What should home health agencies (HHAs) do if an OASIS assessment is completed during the last five days of calendar year 2007, but that assessment must provide the HIPPS code for a payment episode that begins before January 1, 2008?

A: The revised HH PPS requires HIPPS codes based on OASIS data specifications version 1.60 for all Medicare payment episodes beginning on or after 1/1/2008. These specifications are effective for OASIS Reasons for Assessment (RFAs –M0100) 01, 03, 06, 07, 08 or 09 with completion dates (M0090) of 1/1/2008 or later. To allow for the 5-day recertification window for episodes of continuous care that begin on 1/1/2008 through 1/5/2008, the new OASIS data specifications are effective for OASIS RFAs 04 or 05 with completion dates (M0090) of 12/27/2007 or later.

There may be cases where an OASIS assessment with RFA 04 or 05 on 12/27/2007 or later may be needed to provide the HIPPS code for an episode that begins prior to 1/1/2008. Examples would include recertifications with episodes starting from 12/27/2007 through 12/31/2007, or follow-up assessments for the purpose of obtaining a SCIC adjustment to an episode beginning in 2007. In these cases CMS is temporarily waiving the requirement that HHAs enter the actual OASIS completion date in M0090, only within the time frame of 12/27/2007 through 12/31/2007. This temporary CMS waiver will allow HHAs to enter the date of 12/26/2007 in M0090, even though the actual OASIS completion date was a date in the period of 12/27/2007 through 12/31/2007. When the Grouper software is run, it will calculate the correct HIPPS code and treatment authorization code needed for the claim for an episode starting in 2007.

The HHA will submit this OASIS assessment with the artificial M0090 date of 12/26/2007 to the State system. The State system may return a warning message stating to the HHA that their assessment is outside the recertification period. HHAs need not address this warning message in this special case.

The temporary CMS waiver allowing an artificial M0090 date of 12/26/2007 is allowed **ONLY** on assessments where:

- M0100 (RFA) = 04 or 05; AND
- the assessment completion date (M0090) is in the period of 12/27/2007 through 12/31/2007; AND
- the assessment is needed to produce a HIPPS code required for billing on a payment episode beginning on or before 12/31/2007.

This waiver will not be applicable to any other assessment performed either before or after this brief period, when all existing OASIS instructions regarding item M0090 apply. CMS is issuing this waiver, which is essentially a one-time exception, to facilitate the transition to the revised HH PPS case-mix system and save HHAs the burden of

completing two separate assessments in these instances. CMS will alert State surveyors of this one-time exception.

Q. What should HHAs do if they are completing a Start of Care (SOC) or Resumption of Care assessment for an episode that starts between December 27 and December 31, 2007 but the assessment is not completed until January 1, 2008? Since the full assessment window for a SOC is 5 days and for a ROC is 48 hours, this could happen in either case. If we enter an assessment completion date (M0090) of January 1, 2008 the Grouper will give us a HIPPS code that does not apply to the episode that starts before January 1.

A: HHAs should make every effort to ensure that they complete their OASIS assessments in these cases before January 1, 2008. CMS believes that in a majority of cases this should be possible. However, the assessment window guidelines are not changed by the transition to the refined HH PPS. There may be a minority of cases where the assessment cannot be completed sooner and HHAs need a means to calculate the accurate HIPPS code for the episode.

In these cases, CMS is temporarily waiving the requirement that HHAs enter the actual OASIS completion date in M0090. This temporary CMS waiver will allow HHAs to enter the date of 12/31/2007 in M0090, even though the actual OASIS completion date was a date on or after 1/1/2008. When the Grouper software is run, it will calculate the correct HIPPS code and treatment authorization code needed for the claim for an episode starting in 2007.

The HHA will submit this OASIS assessment with the artificial M0090 date of 12/31/2007 to the State system. These M0090 dates will be within the required assessment window, so no error messages will be received.

The temporary CMS waiver allowing an artificial M0090 date of 12/31/2007 is allowed ONLY on assessments where:

- M0100 (RFA) = 01 or 03; AND
- the assessment window begins on or after 12/27/2007 and ends after 1/1/2008; AND
- the assessment is needed to produce a HIPPS code required for billing on a payment episode beginning on or before 12/31/2007.

This waiver will not be applicable to any other assessment performed either before or after this brief period, when all existing OASIS instructions regarding item M0090 apply. CMS is issuing this waiver, which is essentially a one-time exception, to facilitate the transition to the revised HH PPS case-mix system. CMS will alert State surveyors of this one-time exception.

Q: What should HHAs do if they have a patient who is in an episode, goes into the hospital, and comes out during the 5-day window period between December 27 and December 31, 2007? The patient's next payment episode will begin on or after January 1, 2008 so the HHA needs a HIPPS code that applies to that date. However, when they complete their resumption of care (RFA 03) assessment within 48 hours, the resulting assessment completion (M0090) date is before January 1. How will the HHA get a HIPPS code that applies to the refined HH PPS?

A: HHAs should complete the ROC assessment within the 48 hour assessment window as required. In these cases, CMS is temporarily waiving the requirement that HHAs enter the actual OASIS completion date in M0090. This temporary CMS waiver will allow HHAs to enter the date of 1/1/2008 in M0090, even though the actual OASIS completion date was a date between 12/27/2007 and 12/31/2007. When the Grouper software is run, it will calculate the correct HIPPS code and treatment authorization code needed for the claim for an episode starting in 2008.

The HHA will submit this OASIS assessment with the artificial M0090 date of 1/1/2008 to the State system. The State system may return a warning message stating to the HHA that their assessment is outside the recertification period. HHAs need not address this warning message in this special case.

The temporary CMS waiver allowing an artificial M0090 date of 1/1/2008 is allowed ONLY on assessments where:

- M0100 (RFA) = 03; AND
- the assessment window begins on or after 12/27/2007 and ends before 1/1/2008; AND
- the assessment is needed to produce a HIPPS codes required for billing on a payment episode beginning on 1/1/2008 or later.

NOTE: Some data systems may not allow entry of a M0090 date later than the current date, so entry would need to be deferred until 1/1/2008 or later.

This waiver will not be applicable to any other assessment performed either before or after this brief period, when all existing OASIS instructions regarding item M0090 apply. CMS is issuing this waiver, which is essentially a one-time exception, to facilitate the transition to the revised HH PPS case-mix system. CMS will alert State surveyors of this one-time exception.